



Driven To Make Our Roadways Safer

# DUI MAT INTEGRATION/OUTREACH PILOT PROJECT

Best Practices



## Best Practices

Best Practice performance measures were developed during the project by the Best Practices Steering Committee. Four meetings were held on 2/5, 4/1, 6/3, 8/5. Each meeting focused on one category, with Best Practices for COVID-19 response being developed at the June meeting and distributed immediately to all Subcontractors.

Participants included: DUI MAT Project Team – Barbara Aday-Garcia, Janice Forbes, Michealine Flower; Jennifer Strother, OHS-MHN; Cristal Pizano, ABC Traffic Programs; Jon Roberson and Jeff Davied, The Awareness Group; Dena Elder, Solutions for Positive Choices; John Durbin, Bridges Professional Treatment; Johanna Chaney and Annika Michetti, County of San Luis Obispo; John Wasielewski, Janus of Santa Cruz; Elaine Hansen, The High Road Programs.

## Categories

**Integration** – Posters, handouts, intake, groups, education, face to face integration

**Outreach** – Treatment providers, Hub & Spokes, community outreach, County interaction

**Identification** – Prescreens, enrollment, 2<sup>nd</sup> level assessments where indicated

**Case Management** – Treatment referrals, monitoring active clients, warm handoff referrals

## Integration

Best Practices for educating clients and staff.

### **Posters and Handouts**

- Post OUD, Poly SUD, Pain Management and Medication-Assisted Treatment (MAT) informational posters in common client and staff areas.
- Have handouts on OUD, Poly SUD, Pain Management, MAT and other OUD materials in common client areas.
- Educate counselors on having informational handouts available for clients.
- Provide handouts to all clients during intake and at education sessions.
- Utilize all DUI MAT provided posters and handouts including the MAT client handout, Marijuana SUD, Poly SUD, and pain management.
- Direct mail informational handouts/postcards to people who are on leave of absence or otherwise not attending program.
- If possible, print handouts in color on heavy paper as people tend to hold onto a higher quality piece.
- Utilize technology to distribute the information such as posting handouts on a website, adding a link to handouts in an email signature or emailing the handouts to a client directly (with the proper release).

### **Intake**

- Educate clients on the assessment process and purpose including why assessments are provided and how that can benefit them.
- Implement a prescreen for OUD/Poly SUD for every new client.



- Inform clients that additional treatment resources are available in their community and the DUI program can help them identify appropriate services.

### **Group**

- Incorporate group topics for OUD/Poly SUD and MAT to inform and encourage clients to explore their substance use history and potential risk factors.
- Encourage Journaling. Whether clients write their own reflective notes or complete written exercises that allow for exploration and self-disclosure, clients are more thoughtful and insightful when they have an opportunity to take time to reflect and write their thoughts and feelings with supportive counselor facilitation.
- Train counselors to review journaling/exercises to identify areas to revisit in face to face sessions. Immediate action should be taken if a client notes a mandated reporting or at-risk SUD issue.
- Include a short five-minute overview and Q&A about OUD, Poly SUD, and MAT by a knowledgeable staff member in a group session. Have the staff member leave a card with a phone number so that clients can follow up directly. Staff members in a group session also benefit from the presenter as a role model.

### **Education**

- Incorporate OUD/Poly SUD and MAT information into the educational curriculum.
- Incorporate the community and treatment referrals available and provide referral handout.
- Include in the education curriculum information on OUD/Poly SUD treatment referrals.
- Revisit the DAST during an education session. Instruct them to put their phone number on the DAST if they want a follow up from a staff member.

### **Face to Face**

- Review journaling/exercises and address any triggers or other areas of need.
- Revisit assessments and review entire substance use history.
- Review and follow-up on last referral provided.
- Provide new referral as needed and develop a plan on how the client will access the referral.
- Provide additional information or handouts that may benefit the client.

### **Staff Training**

- Provide each counselor with a copy of the MAT Toolkits including Medication-Assisted Toolkit for DUI Programs, Medication-Assisted Toolkit for Counselors, MAT for Opioid Addiction, Helping Participants Access MAT, Challenging MAT Myths, Narcan Instructions
- Provide training for all counselors on the MAT Toolkits.
- Provide training for all counselors on the science, stigma, and treatment of OUD and Poly SUD.
- Holding weekly, bi-weekly or monthly all-staff meetings has been proven to increase the quality of treatment provided to clients. Include OUD, Poly SUD, and MAT as a staff meeting topic/training. The programs learned that consistent staff meetings resulted in higher levels of engagement, brainstorming, and new approaches.
- Develop and use a quiz to support staff training. The quiz will cover MAT, treatment options, the MAT toolkits, and other information.
- During clinical supervision meetings and employee reviews, discuss the counselor's skills in assessing, referring, monitoring, and documentation.



## Outreach

Best Practices related to locating and engaging with treatment providers, Hub & Spokes, Counties, and other SUD resources in the community.

- Complete the Contact Form for the main contacts in your area. The Contact Form provides identification of resources within the County to develop partnerships for collaboration and treatment.
- Consider joining community coalitions and task forces to raise awareness of the DUI Program in the treatment community.
- Once connections are made with treatment providers, schedule an onsite visit to their location. Strong relationships with treatment providers could potentially benefit clients when they are ready for treatment.
- Reach out to County contacts. If possible, schedule time to meet and present the program, distribute handouts, and collaborate.
- Developing relationships with the County and treatment providers support client services and elevate the program within the community. Collaboration bridges gaps in communication between agencies.

## Identification

Best Practices related to engaging and integrating staff and clients with the DUI MAT program. Includes prescreens, enrollment, and referrals to 2<sup>nd</sup> level assessments where indicated.

- If a full assessment is not provided at enrollment, use a prescreen to identify possible OUD/Poly SUD. Utilizing a prescreen for OUD/Poly SUD at enrollment assists the program to identify those that can benefit from additional treatment referrals.
- Continue to revisit the prescreens and/or full assessments at face to face sessions. This can provide the client with another opportunity to evaluate their substance use and history.
- Perform a clinical review of at-risk clients. An at-risk client may present a significant history with negative consequences of their use. Examples include financial, relationships, multiple DUIs, etc. Clinical reviews can be formal or informal, with peer group or with counselor and supervisor. Reach out to them as appropriate and on a regular basis to see if there is interest in additional treatment resources.
- Require thorough documentation of risk factors, referrals, and follow-up by staff to ensure that important information for each client is a reflective overview of client care.
- Be aware of polysubstance use. Many clients present with an only alcohol or only drug DUI yet state multiple other substances are an issue.
- To meet Title 9 regulations an assessment is required. Use an assessment that includes drug use and history.

## Case Management

All Best Practices related to Case Management including treatment referrals, monitoring active clients, and warm handoff referrals.

- Utilize face to faces:



- To review prescreens and assessments to provide the clients another opportunity to evaluate their past and present substance use.
- Provide referrals based upon client need. Refer the client to a specific resource that will support their need. Ideally, the counselor will connect the client to the specific resource with a warm handoff. A warm handoff is connecting the client with an identified person at the treatment provider. It may include calling the point of contact at the treatment resource, making an appointment with the client, or sending an email to the point of contact prior to the client's arrival.
- Review previous referral provided and the benefits or challenges the client experienced through the treatment provider. Partner with the client to adjust or change the referral as appropriate.
- Document all referrals, and follow up on previous referrals, in the face to face notes for follow up at next face to face session.

### Best Practices for the COVID-19 Pandemic

#### **DUI MAT Invoicing and Reporting**

- Continue to charge staff time related to DUI MAT to the DUI MAT agreement. You will continue to invoice and report on the same schedule, and you will continue to receive payments.
- ANY DUI MAT activity during the crisis is chargeable to the project.

#### **Integration During the COVID-19**

- Think outside the box to keep the project active. Here are a few ideas:
  - Mail the Client Handout to every client with a letter from the company.
  - Have a MAT counselor send the Client Handout via email to every client.
    - Put emails in the BCC to send once to all.
  - Print the new flyers on Poly SUD and Marijuana
  - Print and distribute (either email or mail) a list of resources in the community.
    - Look on the [211 website](#) for resources.
    - Include Treatment and other referrals already on your list.
  - When doing virtual group or telephonic sessions, have counselors mention DUI MAT, then send the MAT team member a note to follow-up.
  - Have DUI MAT staff present DUI MAT in virtual groups as they were before.
  - Go through files and reach out to high risk clients.
    - Run lists of high-risk clients and had counselors call, using a script, to ask how they are doing with the crisis.
    - Do check-ins over the phone. We can do everything over the phone for MAT that we did before the pandemic.
    - The clients appreciate the call and feel the support. Even telephonic is incredibly important as a customer service and public safety issue. It's important for them to feel the support during this time.
  - Have the DUI MAT lead call to schedule assessments over the phone or on a virtual meeting. Continue to count all DAST prescreens.
  - Reach out to diverse populations of clients to help them setup and use remote services technology.



### **Remote Client Services (Telehealth)**

- Set up Remote Client Services.
- Customize the Client Letter and Release from the webinar.
- Transition DUIP to online options that support regulations.
- Ensure clients are aware of community resources for all their needs.
- Position staff to continue working with active MAT clients throughout the crisis as we don't know how long this will last.
- For virtual Zoom meetings, use a Waiting Room to ensure that only your clients enter the meeting. Use passwords and registration to provide another level of security.

### **DUI MAT Team Engagement**

- Hold virtual weekly or bi-weekly MAT team meetings. DUI MAT team meetings have been proven to provide consistency through the COVID-19 pandemic.

### **Payments and Income**

- Evaluate DUIP fee options for clients experiencing COVID-19 impact.
- Make sure that your payment policies are in line with the County.
- SBA loans are available for businesses. There are also loans and grants that do not have to be paid back.

### **Community Resources and Treatment Centers**

- Check Hub and Spokes and other treatment resources to determine current status for treatment referrals during the pandemic.
  - MAT providers are open for business. Most treatment resources are still available because they are medically necessary, though their operations may be modified.
- Create a resource page on your website for resources available during the crisis or provide the resource page you have already created to clients via email or image