

**Multidisciplinary Team Care:
Involving Community Justice,
Child Welfare and Other
Agencies to Improve Patient
Outcomes**



Disclosures/Conflicts of Interest

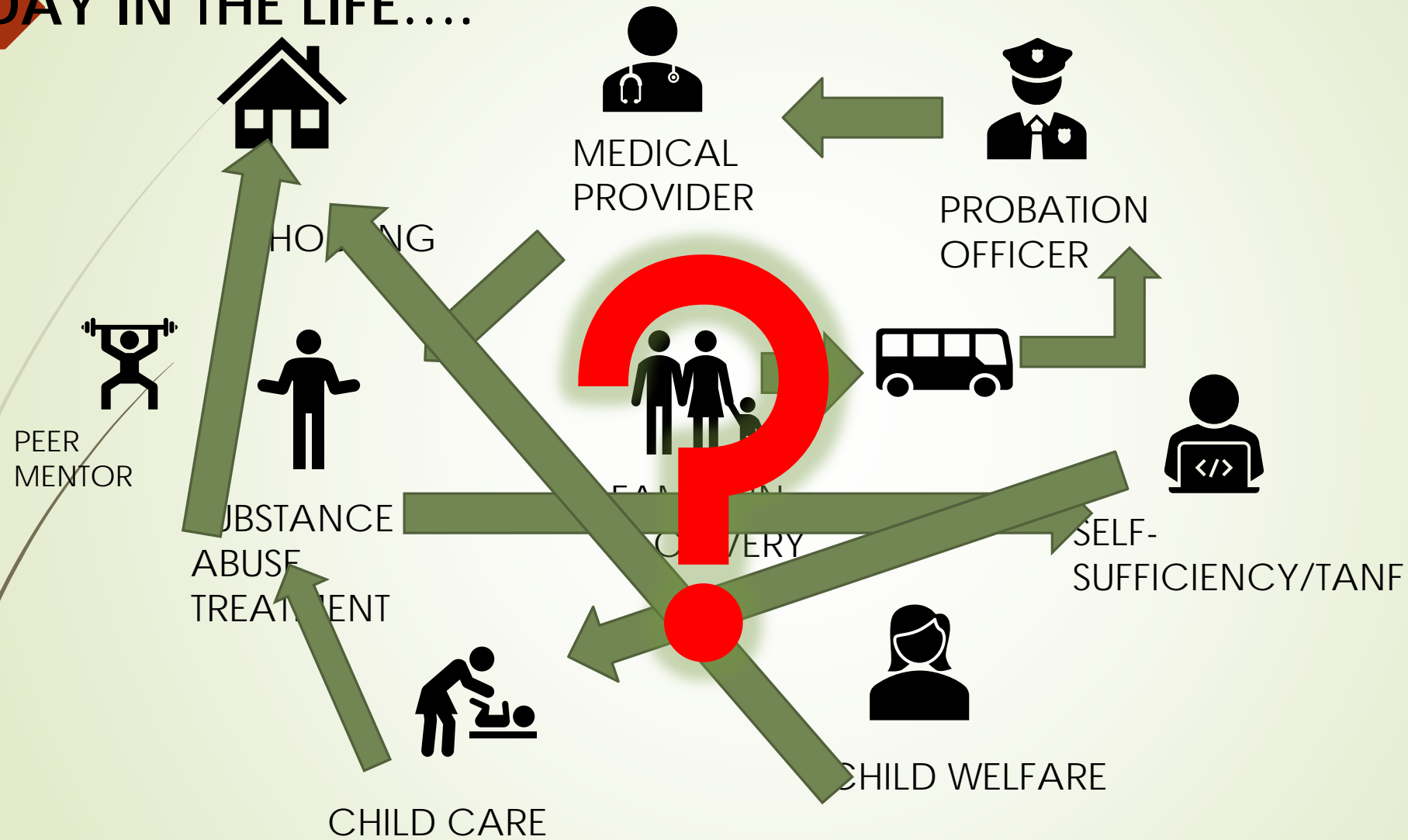
- ▶ Kerri Hecox : no disclosures
- ▶ Jeremy Hubbard: no disclosures
- ▶ Rowna Hunt: no disclosures



Program Background

- ▶ Oasis Center opened in January 2019 as a primary care clinic specializing in the needs of families in recovery from substance use disorder. Criteria for care at the clinic are: having at least one parent (or pregnant mother) with a substance use disorder and at least one child <6 years old. Emphasis on recruiting mothers with Opioid Use Disorder (OUD)
- ▶ Multidisciplinary Team formed as a response to high level of patient involvement in multiple systems: Substance Abuse Treatment, Child Welfare, Community Justice and Self-Sufficiency


A DAY IN THE LIFE....





OVERWHELMING FOR ANYONE

And what if the planning part of your brain isn't fully working yet?




The brain regions and neural processes that underlie addiction overlap extensively with those that support cognitive functions, including learning, memory, and reasoning.

From a psychological and neurological perspective, addiction is a disorder of altered cognition.

--Thomas J. Gould, PhD

Addiction and Cognition



Chronic amphetamine and heroin users show a deficits in a range of cognitive skills, including verbal fluency, pattern recognition, planning, and the ability to shift attention from one frame of reference to another ([Ornstein et al., 2000](#)). The decision making deficits resembled those observed in individuals with damage to the prefrontal cortex, suggesting that both drugs alter function in that brain area ([Rogers et al., 1999](#)).

Thomas J Gould, PhD

ADDICTION HIJACKS THE REWARD PATHWAY OF THE BRAIN

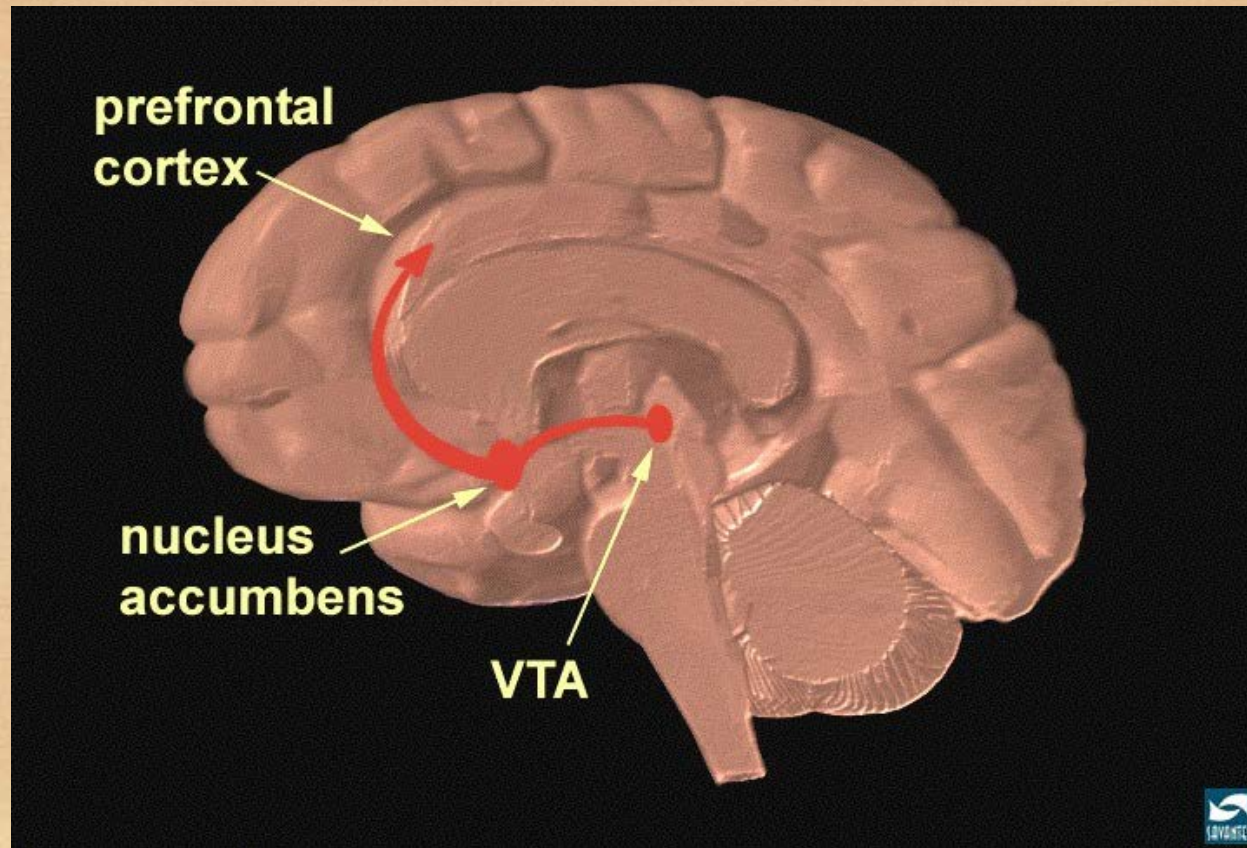


Image courtesy of NIH, The Neurobiology of Drug Addiction

REWARD PATHWAYS ARE VERY INTERLINKED WITH LEARNING, MEMORY AND EMOTIONAL REGULATION

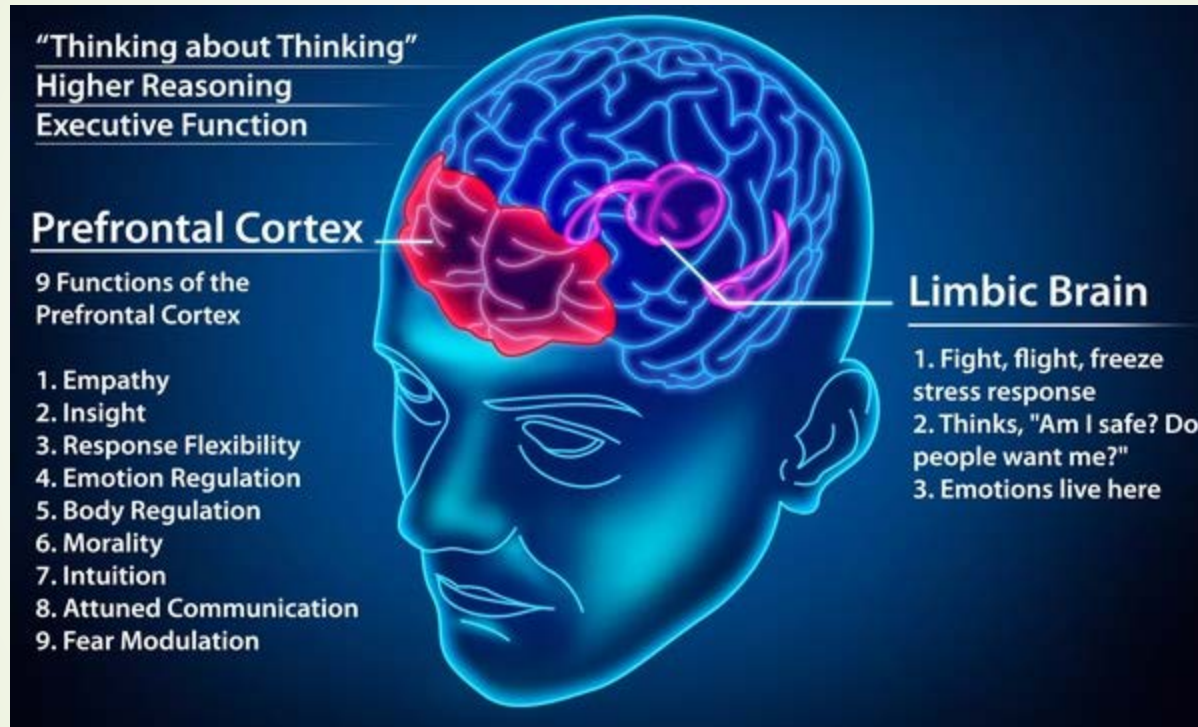
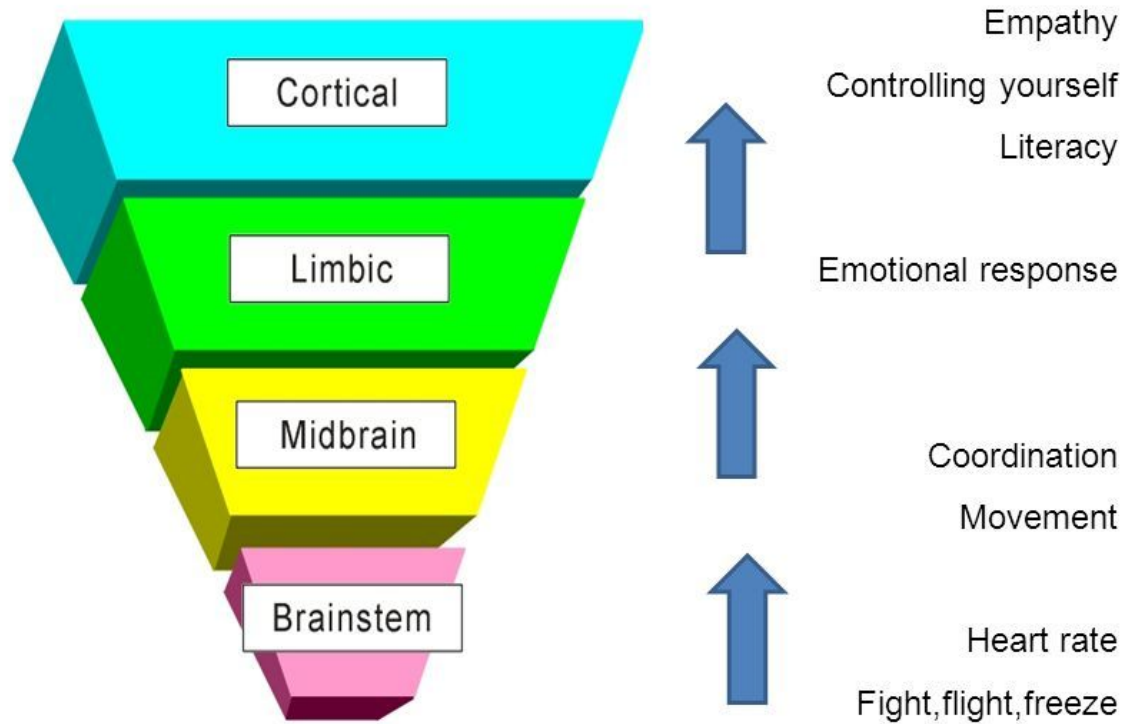


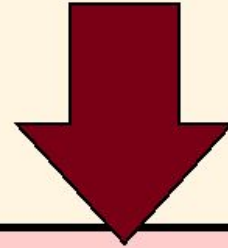
Image courtesy Dan Siegel, MD, via Pocket Rocket Scientist at Dunkin Donuts

Perry's Neurosequential Model



Perry, B.D. (2002). *Brain Structure and Function I: Basics of Organisation*. Adapted in part from "Maltreated Children: Experience, Brain Development and the Next Generation" (W.W. Norton & Company).

Bruce Perry, MD, PhD, Child Trauma Institute



| | | | | | |
|--------------------------------------|--------------------------------------|-----------------------------------|----------------------------------|-------------------------------------|--------------------------------------|
| Sense of Time | Extended Future | Days Hours | Hours Minutes | Minutes Seconds | Loss of Sense of Time |
| Primary secondary Brain Areas | NEOCORTEX <i>Subcortex</i> | SUBCORTEX <i>Limbic</i> | LIMBIC <i>Midbrain</i> | MIDBRAIN <i>Brainstem</i> | BRAINSTEM <i>Autonomic</i> |
| Cognition | Abstract | Concrete | Emotional | Reactive | Reflexive |
| Mental State | CALM | ALERT | ALARM | FEAR | TERROR |



Goals of Multidisciplinary Team Approach

- ▶ Approach clients/patients from a neurobiologically informed perspective. Ask the question: “What kind of planning is this person’s brain capable of right now?”
- ▶ Coordinate the requirements of various involved agencies to give clients/patients the best chance of success
- ▶ Provide a supportive, non-punitive team approach. People who believe they can succeed are much more likely to do so than those who don’t



What Agencies are Involved in the MDT

- Oasis Center of Rogue Valley
- Jackson County Community Justice
- Jackson County Department of Human Services-Child Welfare
- Jackson County Department of Human Services- Self-Sufficiency
- Addictions Recovery Center
- OnTrack of Rogue Valley



Who is on the Multidisciplinary Team

- ▶ MDT coordinator (Oasis Center employee)
- ▶ Probation Officer
- ▶ Child Welfare caseworker
- ▶ CADC from each of the two of the largest substance abuse treatment agencies (ARC, OnTrack)
- ▶ Self-Sufficiency (food stamps, financial aid for families) worker
- ▶ Physician (Oasis Center)
- ▶ Working on adding Child Care Coordinator and Housing
- ▶ Team meets weekly, and most clients are transferred onto the caseloads of the respective member of the team (i.e.—if the have a different DHS caseworker they are transferred to Oasis caseworker)



Format Of Program

- ▶ Contact person from referring agency (DHS, etc) discusses program with client and refers if interested
- ▶ Client meets with MDT coordinator to discuss program structure, sign ROIs for participation
- ▶ MDT coordinator reviews client goals with program and current challenges
- ▶ Client scheduled for intake meeting with MDT



First Meeting with Client

- ▶ All MDT participants are present, and their role in client's life explained
- ▶ Client is given a day planner at first meeting, where all agency personnel write in their contact information
- ▶ Client introduces self to group in their own words: open-ended "tell us about yourself"
- ▶ Requirements from each agency and consequences of action/inaction explained
- ▶ Long and short-term goals for client built collaboratively
- ▶ MDT coordinator writing in patient's day planner all the dates/times for appts and goals for the week



Oasis Center MDT Participant Case Plan

Name _____ Initials _____

Date _____

these are drop downs

| | | | | | | | |
|-------------------------|-------------------|--------------------|-----------------------|-----------------|--------------------|------------------|-----------|
| Emotional Health | Anxiety | Depression | Anger | Psychosis | Coping Deficit | Self-Care | Other MH |
| Parenting | Parenting Classes | Childcare School | Special Needs Kid | Parental Stress | No Support | Foster Placement | |
| Housing | Homeless | Lives with Parents | Program Participation | Barriers | | | |
| Self-Efficacy | GED College | Budget | Basic Needs | Time Management | Cognitive Deficits | Unemployed | No Job Hx |
| Structure | Probation | Court Obligations | Treatment | Recovery Sup. | Child Welfare | Self-Sufficiency | |

Goal _____

Barriers _____

Strengthes _____

Action Steps

| | | |
|-------|-----------------|-------|
| _____ | Due Date | _____ |
| _____ | Due Date | _____ |
| _____ | Due Date | _____ |
| _____ | Due Date | _____ |



After First Meeting

- ▶ Client keeps the day planner, all of their appts/responsibilities/goals for the first week written in
- ▶ Check in weekly with MDT coordinator (who is Certified Recovery Mentor) either by phone or in person
- ▶ Stamp system in the back of the planner, for every achieved goal that week client gets a stamp that can be used to “purchase” rewards (gift cards, child care supplies, etc)
- ▶ Each time the client brings the planner to the clinic and shows they are using it they get a coffee card

Community Justice

- The assigned PO to MDT supervises an Opioid Addicted caseload
- Primary task is to promote public safety through offender reformation

Caseload

- Supervise clients on both probation or Post-Prison Supervision (parole)
- A most clients on caseload are on for drug or property crimes
- 29% of caseload female
 - MDT – 64% are female clients
- 85% of caseload is high risk offenders
 - MDT – 55% are at a high risk

Community Safety

- Arrest clients who pose an immediate community safety risk or risk to themselves
- Follow up on information about possible violations of supervision conditions
- Work closely with other law enforcement agencies



**I AM A
PROBATION
OFFICER
TO SAVE TIME,
LET'S JUST ASSUME
THAT I AM
NEVER WRONG**

Case Planning

- Client are assessed for likelihood to recidivate using either the LS/CMI or WRNA
- Based on assessment, MDT needs, and clients desires a case plan is developed
- Case plans are individualized
- Utilization of Evidence Based Practices including Motivational Interviewing, Goal Setting, Reward driven supervision, and targeted interventions
- Jail used sparingly and never as punishment
- Incarceration used for community safety and offender safety only

PO's – MDT Benefits

- Increased coordination with community partners
- MAT has been shown effective in reducing recidivism

Agencies' – MDT Benefits

- An accountability component
 - Increased oversight on difficult population
 - Keeps “helpers” – “helpers”
- Less likely that probation causes force detoxification from incarceration

Client's – MDT Benefits

- Decrease in overlap or competing requirements from multiple agencies
- A probation officer with specialized training in needs of this population
- Supervision focused on “getting well” not just probation conditions

Child Welfare

- The assigned Caseworker is handles all MDT clients
- Not all MDT clients will have open Child Welfare cases, participation in MDT may help divert the opening of a case
- Primary task is to safety of children through safety planning & case planning to promote safe parents

Safety Planning

- Ensure both the immediate & long-term safety of children
- Observe parent-child interaction & complete in-home visits with families
- Oversee placement of children into foster care
- Work with the Court, CASA, and other agencies to ensure the immediate safety
- Report any possible safety concerns to the Court

Case Planning

- Based on founded safety concerns the Caseworker creates a case plan that addresses both parental & child areas for concern
- Goal is return of the child to a parent once deemed safe & safety concerns have been addressed
- However, Caseworker also must make plans for foster placement & termination of parental rights
- Caseworker monitors & reports to the Court parental adherence to case plan including treatment adherence, drug use, participation in other programs...

Caseworker's

–

MDT Benefits

- Increased coordination with community partners
- MAT has been shown effective in reducing recidivism
- Additional accountability component that is not related to the children but is focused on the parents action

Agencies' –

MDT Benefits

- Someone to oversee the safety of children, when most services & attention is on the parents
- Consistency in responses to concerns or problems
- Child Welfare system is demystified for MDT team members

Client's –

MDT Benefits

- Decrease in overlap or competing requirements from multiple agencies
- A Caseworker with specialized training in needs of this population
- Relationship with Caseworker less adversarial

Self-Sufficiency

- Assist clients with TANF & SNAP
- Provide information & help in obtaining other resources within the community
- Benefit: A team member who is tied into community resources & how to access them

Outpatient Treatment

- Provides coordination of treatment services for participants
- Updates treatment plan as participant needs changes
- Benefit: A treatment provider with an understanding of MAT; close coordination with doctor & accountability team members

MAT Patient

- One coordinate team whose members are composed of employees from some of the most difficult systems to navigate
- A team that understands MAT & addiction
- A team that is committed to removing barriers
- A team focuses on helping the client “get well”



Questions?



References



- ▶ National Institute of Health, The Neurobiology of Drug Addiction, <https://www.drugabuse.gov/publications/teaching-packets/neurobiology-drug-addiction/section-ii-reward-pathway-addiction/3-reward-pathway>
- ▶ Addiction and Cognition, Thomas J Gould, PhD, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3120118/>
- ▶ Bruce Perry, MD, PhD, Child Trauma Institute, Seven Slide Series <https://www.youtube.com/watch?v=uOsgDkeH52o>