Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

How to join the Zoom webinar

- **Online:** https://dhswi.zoom.us/j/82980742956(link is external)
- **Phone:** 301-715-8592
  - Enter the Webinar ID: 829 8074 2956#.
  - Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- Download or view the presentation materials. The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.

- Participate live or view the recording to earn continuing education hours (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: https://www.dhs.wisconsin.gov/wppnt/2021.htm.

Rapid Access Model for Substance Use Disorder (SUD) Screening

By
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Disclosures/Background

- Nothing to disclose
- Have experience in the human services field for over 17 years
- Residential treatment with adolescents for emotional and behavioral disorders
- Inpatient behavioral health for adults- mental health crisis/detox
- SUD counseling in Day Treatment, IOP, EC, Individual
- Screening/referral case manager, grant administrator, SUD program development

General overview

- Why we screen
- How we screen (ASAM)
- Wisconsin SUD statistics
- Opioid Epidemic
- Prescription Drug Monitoring Program (PDMP)
- Effects of the Pandemic
- Telehealth components
- Funding of the service

How the Rapid Access Model began

- In 2012 we identified the need for rapid screening of individuals to the appropriate level of care.
- We had individuals going in and out of detox frequently with no long term plan
- We participated in a NIATx change project with the University of Wisconsin-Madison to address the frequent detox re-admissions.
- Through this project we were able to create a clinic 2 hours a day, 4 days a week to screen individuals for SUD needs and refer to the identified ASAM level of care

How this model grew

- Initially we expected to serve individuals who are uninsured or underinsured.
- Many individuals who had active insurance began coming in asking for guidance:
  - They didn’t know where their insurance covered
  - They didn’t know what level of care they should be requesting
- This grew into the screening clinic becoming the “go to” for the county.
- Police, EMS, Emergency Departments and behavioral health providers began referring anyone in need of SUD services to the clinic
- We then created a screening tool

Why do we need screener/assessments?

- Best match clients to the appropriate level of care
  - This is also most cost effective to provide the appropriate level of care at the moment
- Enhance outcomes
  - If an individual enrolls in the proper level of care they are more likely to succeed
- Support clinical decisions
- Insurance coverage!
- Data collection


MOUNT SAINT 12-STEP
MOUNT SAINT 12-STEP
MOUNT SAINT 12-STEP
EVERYONE NEEDS THE SAME TREATMENT.

AODA Walk-in

JSVL
BLT

Start Time:
End time:

MR #_____

Name: _____ DOB:_____ Age:____ Gender: M/F Date: _____

Highest level of education: _____ Race/Ethn:_____ Support Group Participation:_____

Referral Source: _____ CPS/PO: _____ Commun. Disease:_____

Insurance: _____ Employment: _____

DOC: _____ Polysub: Y N Pregnant? Y N Due date:_____

IV use?: Yes No __ In the past, none currently Last IV use_____

Hx of overdose?: _____ Yes _____ No Most recent _____

First use: _____ Last use:_____

Current use: _____

_____

History of use:_____

_____

Hx of withdrawal symptoms: Seizures - Hallucinations _____

Impact of substance use:_____

Treatment History:

Detox: _____ Outcome: _____

Residential: _____ Outcome:_____

Day Treatment:_____ Outcome:_____

Individual: _____ Outcome: _____

Mental Health:

Suicidal Ideation: Yes No Plan: _____

History of SI: Yes No History of SI attempt: Yes No Details: _____

Current/Past MH provider: _____ DX: _____

Sleep _____ Racing thoughts _____ Paranoia ____ Halluc. V/A_____ Grief _____

Current Medications: _____

Current Medical Concern:_____

Current Living Situation: _____

Support System: _____

ASAM Basics

https://www.asam.org/

Guiding Principles of ASAM

- Consider the whole person
- ASAM is an ongoing assessment that is part of the treatment
- Design treatment for the specific client
- Individualize treatment times
- Provide a spectrum of services
- Moving from one-dimensional to multidimensional assessment
- Moving from program driven treatment to clinically driven and outcomes driven treatment
- Moving from fixed to variable length of treatment

https://www.asam.org/

DIMENSION 1:
Acute Intoxication and/or Withdrawal Potential

- Addresses the severity of the individual's presenting SUD.
- Interviewer attempts to assess the severity of the individual's SUD and the degree of impairment in everyday functioning.
- Of particular concern is the risk of severe withdrawal syndrome.
- An individual who is experiencing symptoms of withdrawal (or who is at great risk of doing so) may require higher level of care such as Hospitalization or Local Detox center

What to look for in Dimension 1

- What **time** was their last use and what is their current withdrawal symptoms (sweats, tremors, nausea, anxiety, depression)
- How long have they been using regularly/daily?(“I have been drinking about 5-8 beers with 1-2 shots of the hard stuff every night for the last 3 months”)
- What are they using?
  - Benzodiazepines & Alcohol can have deadly withdrawal.
  - Benzodiazepines and opiates can be deadly when combined
  - Opiates and stimulants can make you feel really badly, but not as harmful; however, if they are throwing up or having a lot of diarrhea and not drinking water this could be dangerous
- History of withdrawal (“When I stopped 2 years ago I had a seizure”)
- How long was the longest time they stayed sober? (“I went to jail for 4 days and I started to shake and threw-up, but that’s it”)
- Current level of intoxication (Slurred speech, confused…)

Severe Withdrawal Symptoms Benzodiazepines & Alcohol

High Predictively

- Past hx of seizures
- Delirium tremens
- Frequent sleep disturbances or nightmares in the previous weeks
- Presence of sweating
- Tremors
- Pulse over 100 while BAL is over .10%

Low Predictively

- Amount of daily drinking
- Duration of heavy
- drinking
- Age
- Gender

*Alcohol withdrawals intensifies over 6 to 24hrs after last drink, peaks at 36hrs. Withdrawals diminish over 1-2 days.

Closer look into use history

DOC: _____ Polysub: Y N Pregnant? Y N Due date:_____

IV use?: Yes No __ In the past, none currently Last IV use_____

Hx of overdose?: _____ Yes _____ No Most recent _____

First use: _____ Last use:_____

Current use: _____

_____

History of use:_____

_____

Hx of withdrawal symptoms: Seizures - Hallucinations _____

Impact of substance use:_____

DIMENSION 2:
Biomedical Conditions
& Complications

- Investigates the individual's overall physiological condition in order to determine whether there are any medical problems or concerns.
- If an individual is suffering from a medical problem that is complicated by substance use, or he or she has a health problem of such severity that medical care is immediately necessary, then the inclusion of medical management in the treatment setting becomes critically important. For example, a heart condition that is worsened due to ongoing cocaine use.

Biomedical Conditions & Complications Continued…

- Are there current physical illnesses, **other than** withdrawal, that need to be addressed because they create risk or complicate treatment?
- Is the client pregnant? What is their pregnancy history?
- Are there chronic conditions that affect treatment?
  - Hypertension, cardiac disorders, vascular disorders, diabetes, and seizure disorders are significant concerns
- Chronic pain syndromes are often an issue
- There are a range of chronic disorders that may need to be considered in placement decisions

Dimension 3: Emotional, Behavioral, or Cognitive Conditions & Complications

- The goal of this dimension is to identify any mental health disorders which could complicate SUD treatment and which may need to be treated concurrently.
- This dimension addresses the individual's mental status, in terms of the effects of any emotional or behavioral problems on the presenting SUD.
- The individual is evaluated in terms of his or her emotional stability, and the interviewer attempts to assess the degree to which the individual could present a danger to self or others.
- Identifies any unpredictable or self-defeating behaviors in response to emotional or environmental stressors

Emotional, Behavioral, or Cognitive Conditions & Complications Continued…

- Are there current psychiatric illnesses or psychological, behavioral, emotional, or cognitive problems that need to be addressed because they create risk or complicate treatment?
- Are there chronic conditions that affect treatment?
- Do any emotional, behavioral, or cognitive problems appear to be a part of the addictive disorder, or do they appear to be independent?
- Even if connected with the addictive disorder, are they severe enough to warrant specific mental health treatment?
- Is the individual capable of managing the activities of daily living?
- Does the individual have the resources to cope with the emotional, behavioral, or cognitive problems?
- In general, it is estimated that 50-60% of individuals with a SUD have a MH disorder

Mental Health:

Suicidal Ideation: Yes No Plan: _____

History of SI: Yes No History of SI attempt: Yes No Details: _____

Current/Past MH provider: _____ DX: _____

Sleep _____ Racing thoughts ____ Paranoia ___ Halluc. V/A _____ Grief _____

Current Medications: _____

Current Medical Concern: _____

DIMENSION 4: Readiness/Motivation

- This dimension examines the individual's attitude towards treatment.
- Assess each drug separately. Some individuals may be willing to discontinue alcohol but not THC.
- Looks at client's willingness to explore the need for treatment to deal with mental disorders.
- The degree to which the individual understands the nature and consequences of their SUD, as well as their motivation to engage in recovery, are vital considerations to be made when deciding upon an appropriate setting for treatment.

Readiness/Motivation Continued…

- What is the individual's emotional and cognitive awareness of the need to change?
- What is their level of commitment to and readiness for change?
- What is or has been their degree of cooperation with treatment?
    - Assess current and past
- What is their awareness of the relationship of alcohol or other drug use to negative consequences?
- Are there external motivators?
    - External is motivation to enter treatment, internal is motivation to recover
- Do they see value in recovery?

*REMEMBER- Resistance and non-compliance are characteristic of all chronic illnesses/disorders, not just SUD.

Dimension 5: Relapse, Continued Use or Continued Problem Potential

- This dimension's focus is the individual's ability to maintain recovery by having an understanding of, or skills in coping with addictive or co-occurring mental health disorders to prevent relapse.
- It examines how the individual copes with triggers, stress and peer pressure without recurrence of addictive thinking, behaviors or continued problems such as SI or HI.

Relapse, Continued Use or Continued Problem Potential

- Is the individual in immediate danger of continued severe mental health distress and or alcohol and drug use?

- How aware is the individual of relapse triggers, ways to cope with cravings to use substances, and skills to control impulses to use or impulses to harm self or others?

- Does the individual have any recognition, understanding, or skills with which to cope with his or her addictive or mental disorder in order to prevent relapse, continued use or continued problems such as suicidal behavior?

DIMENSION 6:
Recovery/Living Environment

- Evaluates the individual's social and living environment in terms of how it promotes or hurts the individual's recovery efforts.
- Evaluates whether or not the individual's peers, family, and/or significant others are supportive of his or her recovery, either directly or indirectly.
- Severe environmental conditions can require increased treatment needs.
- How the individual copes with this environment is crucial in developing the treatment plan.

Scoring the ASAM

- What guides placement priorities?
  - The highest severity problem, with specific attention to Dimensions *1, 2, and 3* should guide the individuals entry point into the treatment continuum.
  - Resolution of any acute problem provides an opportunity to shift the individual down to a less intensive level of care.
    - Consider specifically if the individual is using opioids how to decrease their risk level

Medication Assisted Treatment (MAT) for Opioid Use Disorder

- Treatment with medications for opioid use disorder is estimated to reduce mortality by up to 50% among people with opioid use disorder.
- Remission versus recovery: remission or abstinence from the substance is fantastic. Decreased use is considered harm reduction and this is a better outcome than a fatal overdose.
- Many professional groups endorse the practice of treating the person with opioid use disorder with the medication with which the person wants to be treated. This is thought to lead to better adherence.

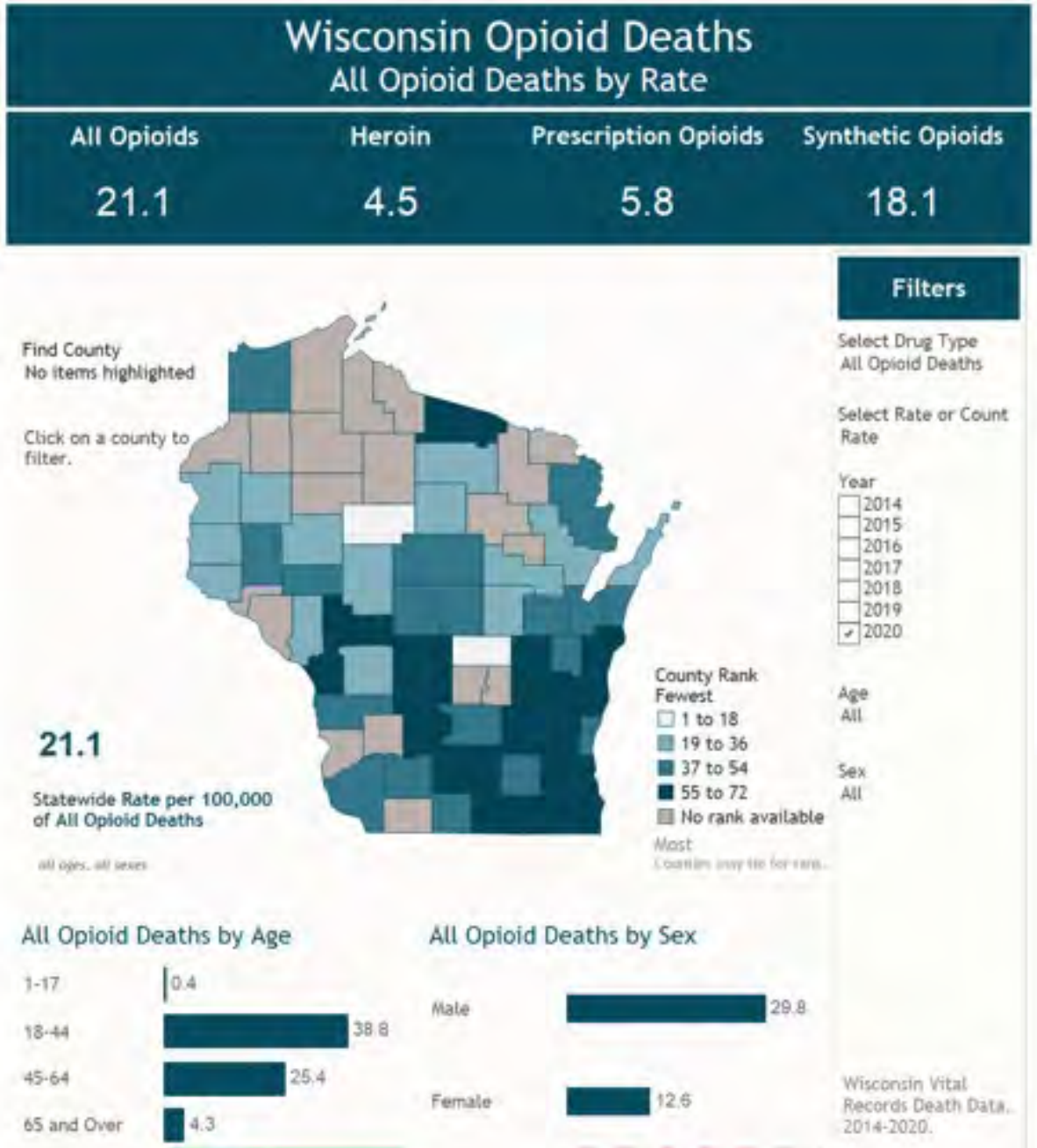
Medication- Assisted Treatment

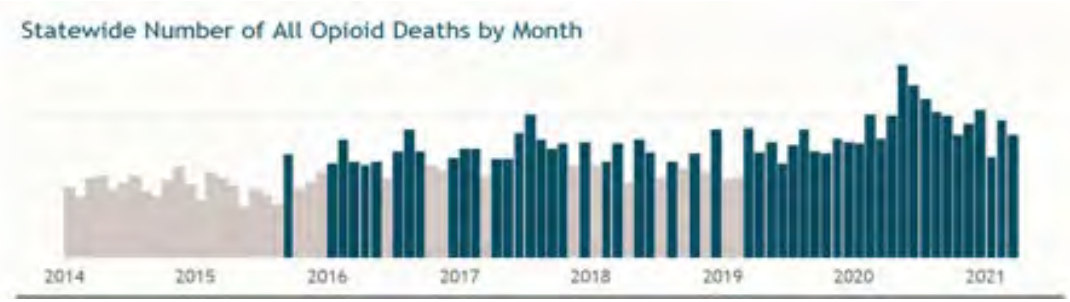
- Methadone (full agonist)
- Buprenorphine (partial agonist)- Subutex, Suboxone, Sublocade
- Naltrexone (antagonist)- Vivitrol, ReVia

Opioid Overdose Deaths increasing during the pandemic

- Drug-overdose deaths in the U.S. surged nearly 30% in 2020, the result of a deadlier supply and the effects of the Covid-19 pandemic, according to preliminary federal data and public health officials.

- The estimated 93,331 deaths from drug overdoses last year, a record high, represent the sharpest annual increase in at least three decades, and compare with an estimated toll of 72,151 deaths in 2019, according to Centers for Disease Control and Prevention.





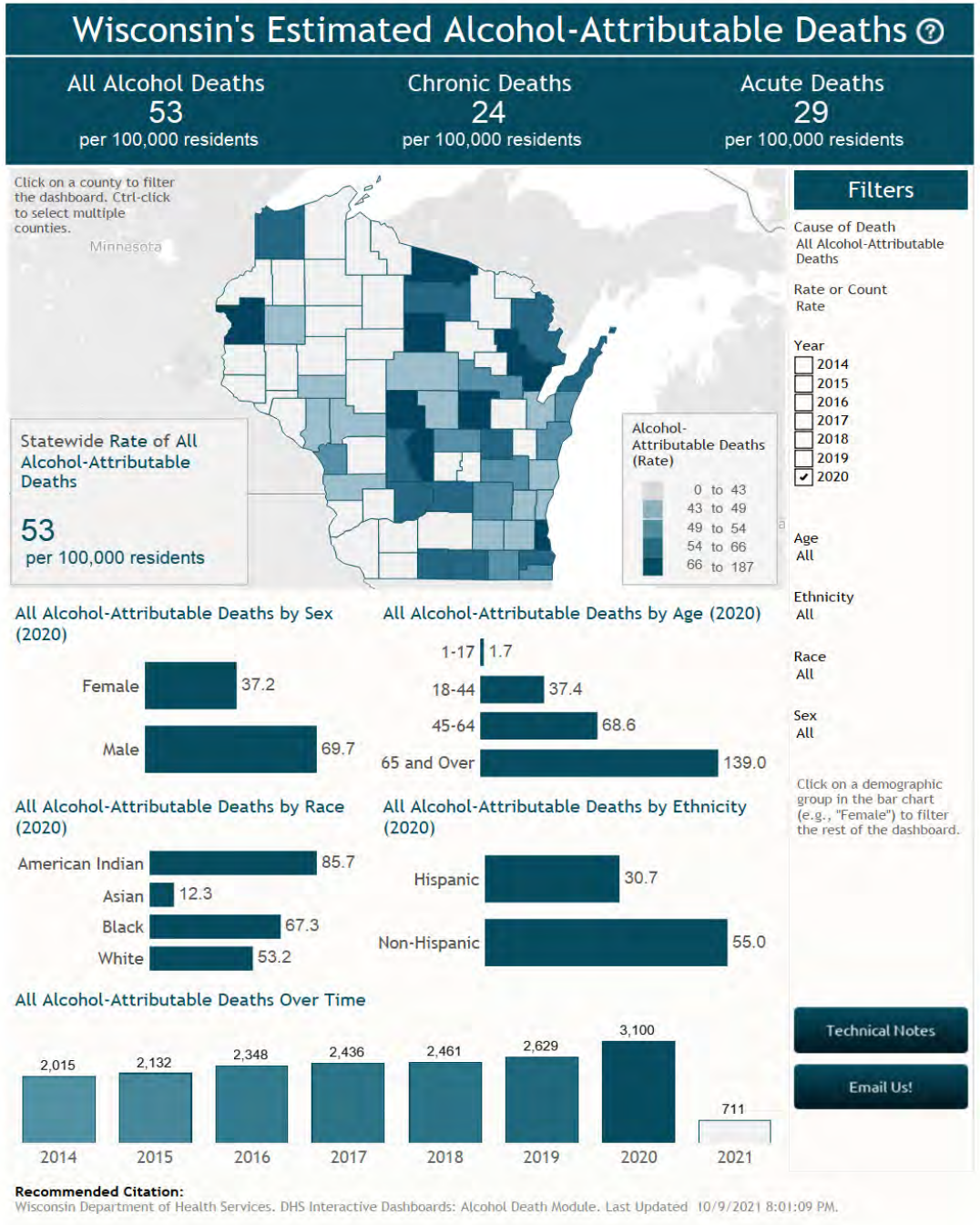
https://www.dhs.wisconsin.gov/opioids/deaths-county.htm

CDC Recommendations

- The increase in overdose deaths highlights the need for essential services to remain accessible for people most at risk of overdose and the need to expand prevention and response activities.
- CDC issued a health advisory to medical and public health professionals, first responders, harm reduction organizations, and other community partners recommending the following actions as appropriate based on local needs and characteristics:
  - Expand distribution and use of naloxone and overdose prevention education.
  - Expand awareness about and access to and availability of treatment for substance use disorders.
  - Intervene early with individuals at highest risk for overdose.
  - Improve detection of overdose outbreaks to facilitate more effective response.

Harm Reduction

- Individuals using opioids are always provided information on harm reduction
- We offer prescription lock boxes
- There a safe using tips provided.
  - We partner with Vivent Health for these resources
- Provide a referral to obtain Narcan.
- You do not need a prescription for Nacan at most pharmacies in Wisconsin.
- Insurance does cover Narcan



https://www.dhs.wisconsin.gov/alcohol/deaths-county.htm

Alcohol Use
Youth Population

	Ever Consumed Alcohol	Alcohol Use in the Past Month	Perceive Great Risk from Weekly Binge Drinking
Wisconsin	58.4%	29.8%	36.7%
U.S.	56.5%	29.2%	43.1%

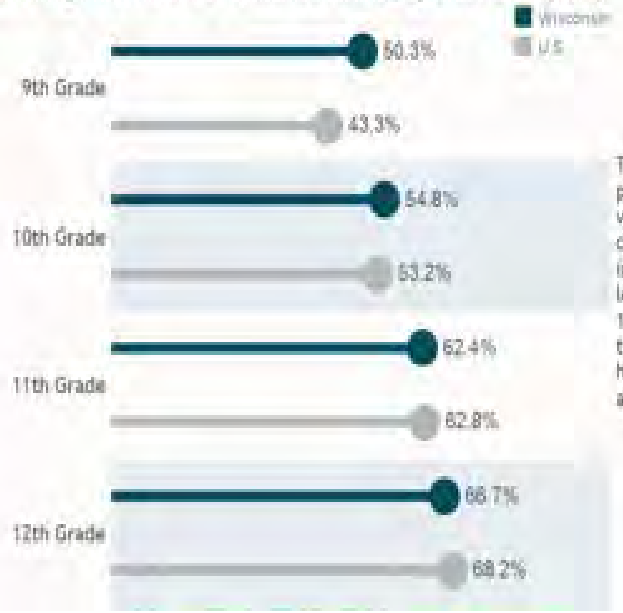
Overview:
This dashboard displays estimates from two national health surveys, the Youth Risk Behavior Survey and the National Survey on Drug Use and Health. These surveys present a picture of youth alcohol usage in Wisconsin and the nation.

Select a Question:
Ever Consumed Alcohol

Filters

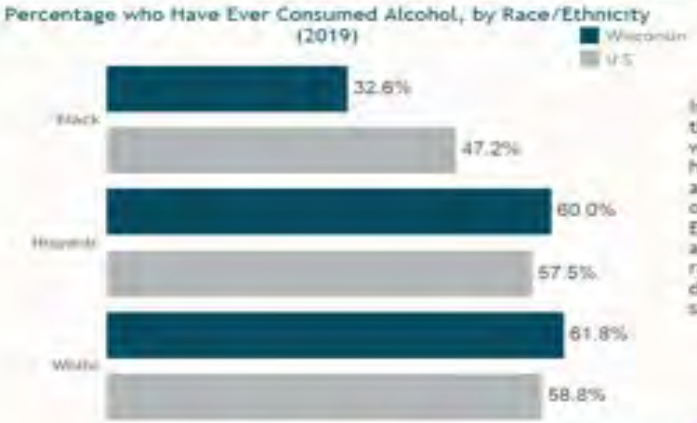
Select a Demographic:
Grade Level

Percentage who Have Ever Consumed Alcohol, by Grade Level (2019)



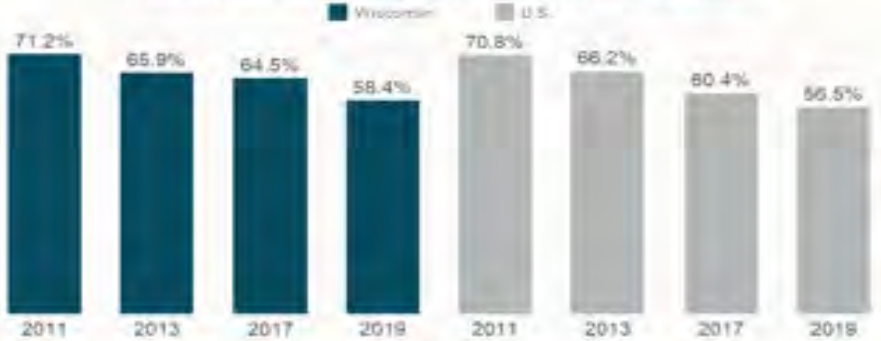
The estimated percentage of youth who have ever consumed alcohol increases as grade level increases. By 12th grade over two-thirds of youths have consumed alcohol.

Percentage who Have Ever Consumed Alcohol, by Race/Ethnicity (2019)



In both Wisconsin and the U.S., Black youths were less likely to have ever consumed alcohol than hispanic or white youths. Estimates were not available for other race/ethnicity groups due to insufficient sample size.

Trend Over Time: Percentage who Have Ever Consumed Alcohol



Technical Notes

Email Us!

https://www.dhs.wisconsin.gov/alcohol/youth-use.htm

Wisconsin Stimulant Deaths

2014–2020

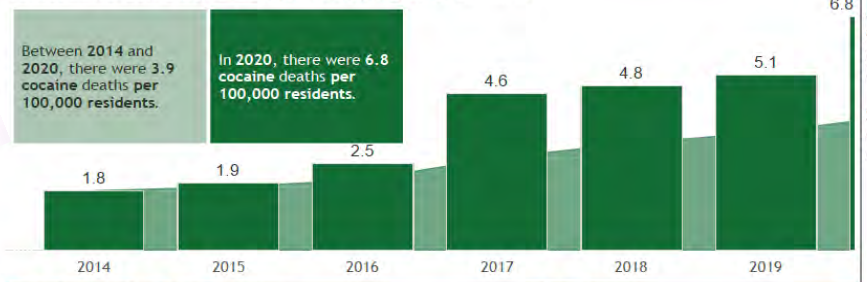
	Death Count	Death Rate per 100,000
Cocaine	1,593	3.9
Other Psychostimulants	822	2.0

This dashboard shows deaths involving cocaine or other psychostimulants. Many stimulant deaths involve multiple substances, such as opioids or benzodiazepines, in addition to stimulants. This dashboard includes all deaths involving stimulants, not just those where stimulants were the sole cause of death. The category "other psychostimulants" includes methamphetamine and other psychostimulants.

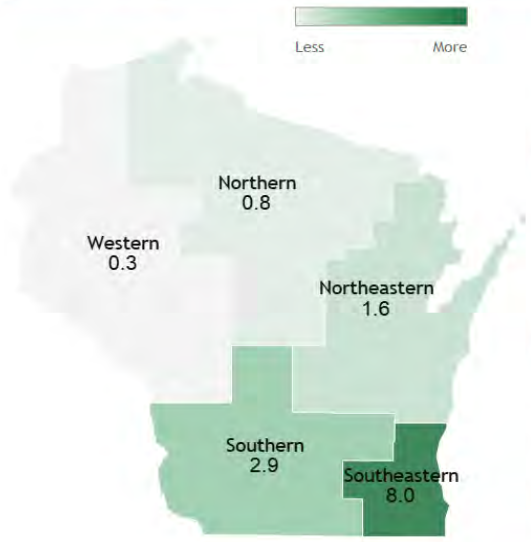
Annual and Cumulative **Cocaine Death Rate** Over Time

Between **2014** and **2020**, there were **3.9 cocaine** deaths **per 100,000 residents.**

In **2020**, there were **6.8 cocaine** deaths **per 100,000 residents.**



Cocaine Death Rate (2014-2020)



By Region

Northern	0.8
Northeastern	1.6
Western	0.3
Southern	2.9
Southeastern	8.0
Unknown	N/A

By Age and Sex

	Female	Male
Under 17	N/A	N/A
18-44	4.1	8.3
45-64	3.5	8.8
Over 65	0.2	1.6

By Race and Ethnicity

White	3.1
Black	14.6
American Indian	6.3
Asian	0.6
Hispanic	4.0
Non-Hispanic	3.9

Filters

Select a Drug:
- (●) Cocaine
- ( ) Other Psychostimulants

Select Rate or Count:
- ( ) Count
- (●) Rate

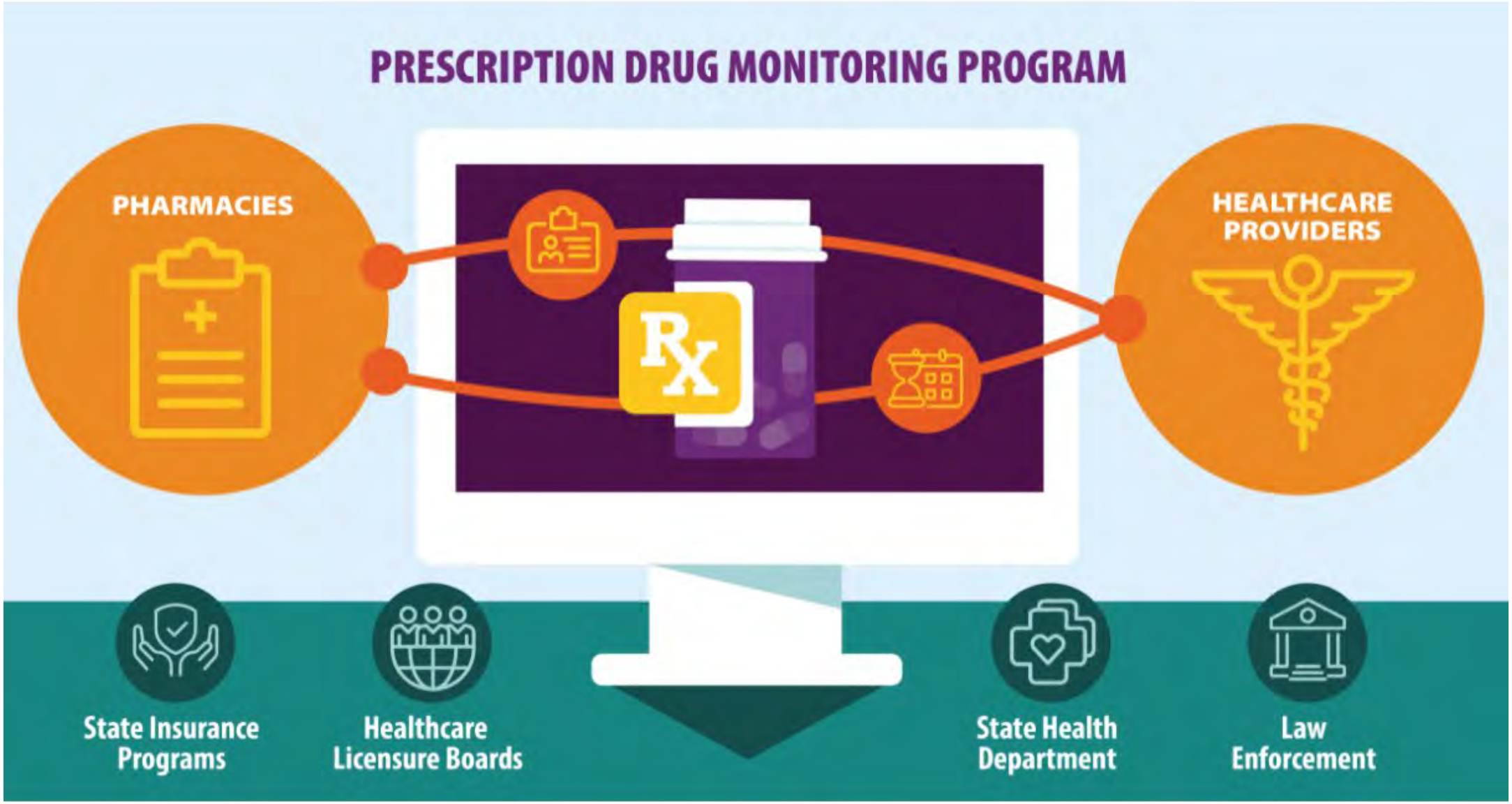
Technical Notes

Email Us!

WISCONSIN DEPARTMENT of HEALTH SERVICES

Recommended Citation: Wisconsin Department of Health Services. Interactive Dashboards, Stimulant Death Module [web query]. Data last updated 9/25/2021 5:00:28 AM

https://www.dhs.wisconsin.gov/aoda/stimulants-deaths.htm



https://www.cdc.gov/drugoverdose/pdmp/index.html

Prescription Drug Monitoring Program (PDMP) – What is it?

An electronic database that tracks controlled substance prescriptions in a state. A PDMP can provide health authorities timely information about prescribing and patient behaviors.

- Pharmacies and other dispensers of monitored prescription drugs submit data
- Data is added to a statewide database
- Authorized users access PDMP data to verify prescription information (Doctors, SUD Counselors, Nurses)

https://pdmp.wi.gov/statistics

PDMP

- Pharmacies must report by the end of the next business day
- Monitored Prescription Drugs only- Controlled Substance
- Dispensed by a pharmacy or dispensing practitioner, not inpatient or directly administered
- Methadone and Suboxone – pharmacy dispensed
- Only gathers basic patient demographic information

PDMP Components

- Clinical Healthcare Tool
  - Patient Prescription Histories
  - Prescribing, Treatment, Dispensing Decision Support
- Interdisciplinary Communication Tool
  - Law Enforcement Alerts
  - Law Enforcement and Medical Examiner Investigations
- Prescribing Practice Assessment Tool
  - Prescriber Metrics Report
  - Medical Coordinator Access
- Public Health Tool
  - Interactive Statistics Dashboard
  - Dispensing Data Trends (State- and County- Level)

In August 2021, the WI ePDMP recorded:

Controlled Substance Prescriptions Dispensed

Healthcare Professional Patient Queries

(Includes Delegates)

Law Enforcement Reports Submitted

(Based on Date of Submission)

How to tie these tools all together-quickly

- Prior to the pandemic, we provided only in person screening services
- When Covid-19 hit we wanted to continue the service and were able to pivot with telehealth
- Started to offer Zoom and GoogleDuo appointments during regularly scheduled clinic hours from 2-4
- Clinician still had eyes on the individual to best assess for withdrawal needs or intoxication
- Clinician would mail or email paperwork
  - Some individuals requested to pick up in the clinic and return

How is this rapid screening funded?

- Historically grant funds were used to support this service (Substance Abuse Block Grant)
- During the pandemic we started to explore how this service could be billable
- In a county setting we were able to transition this screening into crisis services.
- On average, we serve about 200-250 individuals per year
  - In 2018 we served a record high of 306 individuals
  - During the pandemic in 2020 we served 174 individuals

Block Grant

- “The federal Substance Abuse Block Grant (SABG) program provides funds to states to plan, implement, and evaluate activities to prevent and treat substance use disorder. It is the largest federal program dedicated to improving publicly funded substance use disorder prevention and treatment systems.”
- 20% Prevention
- 10% Women’s Treatment Services
- Priority admission for pregnant women
- Payment of last resort
- No funds can be used for housing assistance
- Cannot be used for treatment services for incarcerated individuals

The nuts and bolts to this screening

- Using the screening tool previously shared, it generally takes about 15-30 minutes per person to complete
- Remember, this is just screening and not an assessment
  - We want to avoid having individuals share their story multiple times
- This screening is used to connect someone to the appropriate level of care where they will then enroll in a program and get a full assessment
- This can be done by phone if video telehealth is not an option using only patient self report

Contact Information

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