

Beyond the Clinic Walls, Treatment Without Borders

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BEYOND THE CLINIC WALLS, TREATMENT WITHOUT BORDERS

By

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ACRONYMS & TERMINOLOGY

- OASAS= NYS Office of Addiction Services and Support
- SUD= Substance Use Disorder
- CRPA= Certified Recovery Peer Advocate
- MAT= Medicated Assisted Treatment
- MOU's= Memorandum of Understanding
- Harm Reduction
- Person-Centered Care
- Inpatient
- Outpatient
- Stages of change

WHAT IS THE BAYWOOD CENTER?

- Outpatient Treatment facility for addiction
- Who do we treat
- Approach
- Original expectation
- Telehealth bridges some gaps to treatment
- Review of OASAS guidelines for assessments

WHAT IS COMMUNITY OUTREACH?

- Innovative approach to treatment.
- Started in 2018
- Harm reduction focused
- Opioid Settlement Funds
- Goal of Community Outreach
- Initial guidance
- Medical appointments

MEETING PEOPLE WHERE THEY ARE

- For those experiencing barriers
- Locations
- Community partnerships
- SUD treatment:
 - Assessments
 - MAT
 - Narcan training
 - Harm Reduction Kits
 - CRPA support

HARM REDUCTION KITS



Include:
Deterra
Narcan
Fentanyl test strips
Xylazine test strips
Alcohol prep pads
Saline solution
Emergen-C packets

HYGIENE KITS



Include:
Toothbrush
Toothpaste
2 in 1
Shampoo/Conditioner
Hand sanitizer
Narcan
Q-tips
Bar soap
Deodorant
Compressed towel
*Hand warmers
*Socks

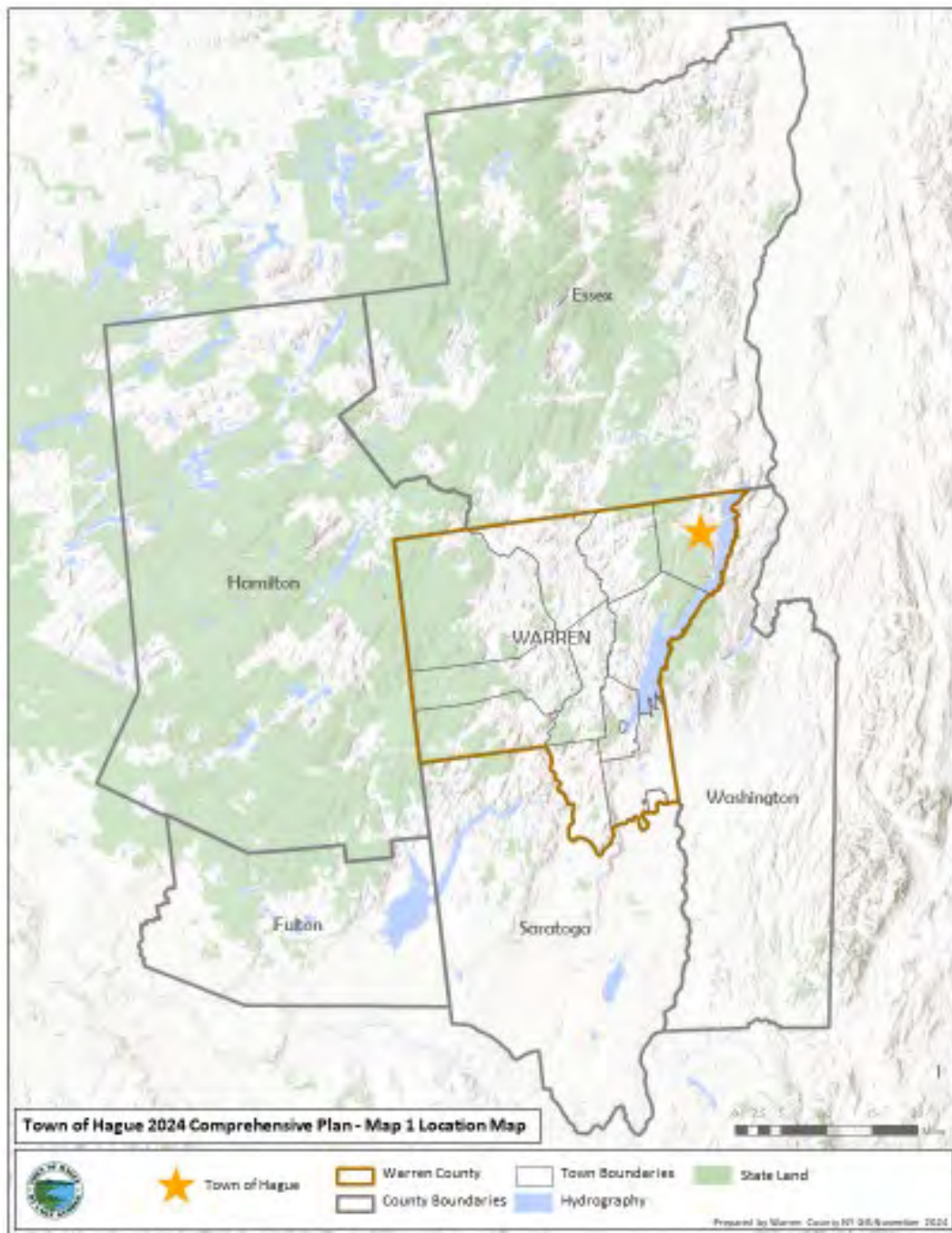
WOUND CARE KITS



Include:
Emergen-C
Hand sanitizer
Narcan
Alcohol prep pads
Q-tips
Band-Aids
Saline solution
Fentanyl test strips
Xylazine test strips
Bacitracin ointment
Compressed towel

TERRITORY

- Territory for the first 5 years.
- Limited to individual's who were within an hour of Queensbury.
- Since October 2023, we hired 3 additional counselors and a CRPA.
- Expanded to 5 counties.
- Distance from Queensbury is no longer considered.



Covering Warren, Washington, Saratoga, Essex, and Hamilton Counties.

Southern tip (Clifton Park) to
Northern tip (Chesterfield)
= 124.4 miles or 2 hours

Eastern tip (White Creek) to
Western tip (Lake Pleasant)
= 107 miles or 2 hours 15 minutes

Copyright- Town of Hague

CLIENT REPORTED OUTCOMES

- Clients who have discharged successfully:
 - BH
 - SL
 - BP
- Clients who are still engaged in outreach program:
 - JA

STATISTICS

- 620-635 referrals
- 80% engage
- 20% not able to connect
- **No show rate= 9%**
- Medical assessment, no show rate= 21.45%
- **33.4% are discharged successfully.**
- **Compared to typical in-clinic setting:**
 - **No show rates- 16%**
 - **Successful discharges are 20.5%**

OPPORTUNITIES FOR GROWTH

- Rural counties
- Unknown reach
- Harm reduction is the doorway to change
- Lack of previous success
- Decreasing no shows

SELF-SUSTAINING

- First grant funds- self-sustaining within first 18 months
- Second grant funds, 1 year
- Statistics

CONTACT INFORMATION

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Beyond the Clinic Walls, Treatment Without Borders

Presentations and guide

By Ashley Spaulding, CASAC-G, B.A., M.S.

Slide 1: Introduction

Slide 2: Acronyms & Terminology

- OASAS= NYS Office of Addiction Services and Support
- SUD= Substance Use Disorder
- CRPA= Certified Recovery Peer Advocate, so someone who's been through the process before and has stabilized in their recovery and now wants to help others do the same.
- MAT= Medicated Assisted Treatment
- MOU's= Memorandum of Understanding
- Harm reduction= an evidence-based approach to substance use that aims to minimize the negative health, social, legal, and economic consequences of drug use.
- Person Centered Care= client is the expert on their own life and drives the therapeutic process.
- Inpatient= a facility a client goes to (hospital or non-medical) and stays in for anywhere between 14-90 days depending on insurance and court orders. In inpatient they attend groups, individual session, and medication management.
- Outpatient= a facility a client attends during the day. Includes groups, individual session, medication, and family therapy.
- 6 Stages of change= Precontemplative, contemplative, preparation, action, maintenance, and termination.
 - **Precontemplation:** Individuals are not considering making a change in the foreseeable future. They may be unaware of the problem or its consequences, sometimes in denial.
 - **Contemplation:** People recognize their behavior is problematic and begin to weigh the pros and cons of making a change. They may feel ambivalent about taking action
 - **Preparation:** Individuals intend to take action soon and may begin making small, preliminary steps toward behavior change. They are starting to plan for the change
 - **Action:** People make specific, overt modifications to their behavior. They are implementing their plan and making visible changes to their lifestyle or surroundings.

- **Maintenance:** Individuals have sustained the new behavior for at least six months and are working to prevent a relapse into old habits. This stage involves consolidating new routine
- **Termination:** The desired change has become deeply integrated into the person's life, and they have zero temptation to return to old behaviors. The change is a permanent part of their identity

Slide 3: What is The Baywood Center

- We are an outpatient facility that specializes in addiction. We comply with OASAS standards of operation. We treat drug and alcohol addiction, screen for gambling addiction and complete mental health screenings during the assessment process.
- We treat anyone who has had drugs or alcohol negatively affect their life, whether it's their personal use, or a loved one's use. We recognize that addiction is a family disease and thus the entire family needs support through active addiction and the recovery process.
- Our approach is a person-centered, harm reduction model.
- The original expectation of outpatient was all appointments took place in the clinic.
- Prior to 2020, telehealth wasn't an option and all appointments were attended in person at the clinic.
- Since 2020, telehealth has become an option and can act as a bridge for support but doesn't create the same connection as in-person services.
- Other complications that arise when using just telehealth, drug screening isn't possible, medication checks are more difficult, and it's more difficult to see the visual cues of someone who may be struggling more than they're able to admit at that time.
- Per OASAS guidelines; individuals are required to have an assessment to enter the program to confirm they meet criteria. The assessment includes completing a biopsychosocial, multiple screenings for mental health, gambling screening, and a medical assessment.
- The medical assessment makes sure there's no underlying issues that could be a cause for concern.

Slide 4: What is Community Outreach

- With the constantly changing landscape of recovery and ever evolving increase in risks while engaging in substance use, we've created an innovative approach to treatment that allows us to meet individuals exactly where they are at.
- In 2018, the Community Outreach Program was born to help individuals overcome barriers to treatment. This program makes getting treatment, MAT, and recovery easier for individuals who are in any stage of change including those in a pre-contemplative to contemplative stage of change.

- An individual does not have to want to stop using in order to meet with our staff, they just need to have a desire to speak with someone and a desire to decrease the harm their use is causing.
- Our foundation is a harm reduction approach, focused on helping the individual meet basic needs then work towards addressing substance use, unless client is at risk for immediate harm.
- Established with the first initial wave of Opioid Settlement Funds, these funds purchased a vehicle, laptop, and small cooler, that allowed us to expand clinical outpatient services beyond the walls of the clinic and into the community.
- Side note, the small cooler was necessary for traveling with urine and saliva samples which get sent to a lab for drug testing.
- Goal of outreach was to help individuals who experience barriers to treatment overcome those barriers, or meet them whether they're at to bypass the barriers.
- My initial guidance with the funds was to go help people who can't get to the clinic.
- Medical appointments are the only part of outreach that cannot be done in the community and requires the individual to come in clinic or via telehealth (post 2020).
- Since medical appointments cannot be done in the community, this is one of the few barriers we continue to face with the Community Outreach program.
- The other barrier we face is insurance, but with the assistance of grants we've been able to provide temporary support to individuals who don't have another facility that will take their insurance in the area.

Slide 5: Meeting People Where They Are

- For individuals who are experiencing barriers like child care, mental health, trauma, transportation, physical limitations, shame, distance to treatment, lack of resources in their area, and work hours, just to name a few, they are given the option to engage in SUD treatment in the comfort of their own home or anywhere in the community that they feel comfortable.
- Some locations we've used for appointments; homes, schools, churches, Stewarts, Duncan Donuts, libraries, shelters, probation departments, DSS, park benches, the beach and abandon houses.
- Community partnerships: through community partnerships, we've been able to provide SUD treatment to unhoused individuals in the shelter, incarcerated individuals at the jails, and schools (middle, high school, and college). We've been trying to partner with our local hospital as well to make the process easier for those coming into the ER with addiction related injuries or illnesses to get connected to treatment.
- Substance Use Disorder treatment includes; assessments, individual sessions, MAT, Narcan training, connection to resources and referrals, harm reduction kits, hygiene kits, wound care kits, and CRPA support.

- CRPA is a Certified Recovery Peer Advocate, so someone who's been through the process before and has stabilized in their recovery and now wants to help others do the same.

Slide 6-8:

(6) Review Harm reduction kit

(7) Review hygiene kit

*Hand warmers and socks are added to the kits in the winter.

(8) Review wound care kit

*Benefits of the different kits is to decrease spread of diseases and additional harm as a result of active drug use. Also, hygiene kits give individuals a sense of feeling "human again".

Slide 9:

- For the first 5 years, one counselor covered Warren, Washington, and Saratoga County.
- There were instances when we crossed over these borders during that time period but availability was limited and we'd usually cap it at individual's who were within an hour of Queensbury.
- Since October 2023, we hired 3 additional counselors and a CRPA.
- Territory wise, we've expanded to also include all of Essex County and all of Hamilton County.
- With the expansion, distance from Queensbury is no longer considered when taking on a new referral.

Slide 10:

- First, let me give credit to the Town of Hague which had a great map showing our territory, minus Fulton County.
- From the southern tip (Clifton Park) to the northern tip (Chesterfield) it's roughly 124.4 miles or 2 hours
- From the eastern tip (White Creek) to the western tip (Lake Pleasant) it's roughly 107 miles or 2 hours 15 minutes
- We divide the territory by geographical zones to make client distribution for counselors more manageable. Each counselor is assigned 1-2 counties surrounding Warren, with all counselors sharing Warren County.
 - Hamilton & Saratoga
 - Essex & Washington
 - Northern Essex & Warren

Slide 11:

- According to discharge survey's many clients report the Community Outreach Program has helped them connect to resources and overcome barriers.
- Examples:
 - Brian H- male, early 40's, was actively using crack, started out homeless, living in a tent in Essex County, no contact with his daughter, facing legal charges, unemployed. Discharged successfully; has an apartment with his girlfriend, working full time, addressing legal charges, sees his daughter consistently.
 - Sara L- female, late 30's, started out living in an apartment, was actively using cocaine, almost completely shut in, struggled to get to the clinic due to depression and severe trauma, lost custody of her children due to use and domestic violence. Discharged successfully; started with outreach and slowly started to attend groups in clinic, engaged in mental health counseling with a counselor who specialized in EMDR. She learned skills to have a healthy relationship and moved in with her now husband, gained back custody of her two children plus a third that she had during her treatment episode, and is working full time.
 - Brandi P- female, early 40's; started out homeless living in a shelter, on parole, minimal contact with her children, drug use prior to prison was benzo's and cocaine, and she was unemployed. By the time she was discharged successfully, she had full custody of her children, moved into an apartment, was working full time, and got off parole successfully.
 - Joel A- male in his mid 60's, still in treatment for alcohol; started out in a house that was being foreclosed on, wife was going to prison for DV towards him, and has a tendency towards suicidal ideations when drinking. We've struggled to get this individual connected to mental health counseling because of his barriers; transportation, housing, lack of technology. When he goes to the BHU after an episode of drinking and suicide ideations/attempts, they set him up with follow up telehealth for mental health but he doesn't follow up due to a lack of technology. During his treatment episode, we've been able to support him while he went through cancer treatments, lost his housing, and even when experiencing severe depression episodes, he's continued to engage with staff. We've also helped him apply for senior housing in his area and he's currently sitting on waiting lists.
- Many clients have reported they don't "feel like a number" in the Community Outreach Program. They express feeling the staff members are compassionate and cares about their well-being.
- Other things we've noticed with outreach clients is that if they need to be switched to telehealth or a phone call for one reason or another, they tend to miss those appointments most of the time. This indicates to us, that they are benefiting from the action of the counselor showing up at their door/preferred community meeting place.

Slide 12:

- Since starting the Community Outreach program, we have received 620-635 referrals.
- 80% of individuals referred engage in the program to some degree.
- 20% of referrals we're not able to connect to.
- No show rate for community appointments is 9%
- For the medical assessment, in outreach the no show rate is 21.45%
 - This shows the significant decrease in engagement if the client is required to attend an appointment at the clinic or via telehealth within the outreach program.
- 33.4% of clients are discharged successfully.
- Compared to typical in-clinic setting:
 - No show rates- 16%
 - Successful completions are 20.5%

Slide 13:

- Northeastern NY is not the only area with rural counties that lack addiction resources.
- It is unknown how many individuals, if given the opportunity to address barriers, would engage in services and achieve recovery on some level.
- Harm reduction is the doorway to change.
 - Harm reduction allows for individuals who may not be ready to stop using to explore the severity of their addiction and the impact it's having on their life without pressure.
- Many individuals who may not have engaged in any level of treatment prior to outreach or who have not been successful in the typical in-clinic setting, have been able to engage, stabilize, and improve their quality of life.
- To decrease no shows for medical assessments, we have started to reach out to primary care doctors for records instead of require the individual to get to the office or attend telehealth. This has helped decrease no show rates even further.

Slide 14:

- After establishing the program with grant funding, within the first 18 months it was able to become self-sustaining through billable services.
- With the second set of grant funds, it took 1 year to become self-sustaining through billable services, MOU's, and contracts with counties to expand services into more rural areas.
- In addition to being financially sustainable, the community outreach program decreases no show rates, has a higher rate of successful discharges, and documented improvement in quality of life.