

Care Navigation Guide

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This document was produced for use by trained and supervised staff as part of a comprehensive systems-level secondary prevention strategy to prevent stimulant related overdoses

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Introduction

Care navigation is intended to address multiple complex psychosocial needs and thereby enhance a patient's recovery environment. Many individuals with stimulant use disorder, particularly methamphetamine use disorder (MUD), require ongoing support to stabilize multiple psychosocial needs related to safe housing, access to services, and remaining in recovery. The client's needs may change over time based on the stage of recovery and multiple evolving factors.

When implemented to its fullest, care navigation allows patients to engage across the scope of addiction treatment and the recovery continuum. The care navigator can assist persons by

- Providing a single point of contact for multiple health and social services systems;
- Advocating for the client in accessing care;
- Being flexible, community-based, trauma-informed, and client-oriented; and
- Assisting the client with needs generally thought to be outside the realm of substance abuse treatment.

The primary goal of the [REDACTED] navigation intervention is to help the client connect to addiction treatment services. In addition to helping clients connect to treatment, care navigation is expected to help the client avoid recurrent use of emergency department and public response systems and lower the client's risk of overdose.

This manual describes the philosophy of care of this intervention and specific practices to apply that philosophy.

Philosophical Approach: Strengths-based, Trauma-informed, Patient-responsive, Evidence-based, and Socially Conscious

There are key philosophical pillars to this care navigation intervention.

First, we utilize a strengths-based foundation that builds upon an individual's successes. The strengths-based approach holds that patients have natural abilities, capabilities, competencies, and resources that can improve their opportunity at recovery and living the positive life they desire. In this framework, it is incumbent upon the care navigator to recognize the client's resilience and apply principles of supportive psychotherapy to foster these strengths.

There are many reasons clients' strengths may be obscured: the psychiatric and medical sequelae of addiction, the adverse impact of social determinants of health, and the impact of trauma on their own lives.

Trauma-informed care is a care philosophy that recognizes the need to organize treatment, care management, and healthcare services around the complex impact of physical, emotional, and sexual trauma in persons' lives. This trauma affects how individuals interact with the healthcare system. Providers' own personal history of trauma may impact their ability to deliver

compassionate care. Given the high prevalence of trauma among persons with MUD, trauma-informed care practices are fundamental to this care navigation approach.

Identifying clients' strengths and advocating for trauma-informed care demands a client-responsive approach to care. If we assume that our clients hold the strength to pursue recovery, and that we must be sensitive to the likelihood of trauma in their lives, it follows naturally that we allow patients to guide us in providing services. This client-guided approach means that we will work on the client's priorities in recovery first and respect their opinions on what they need at a given time.

Following the client's lead in this manner positions the care navigator to support the delivery of evidence-based addiction treatment. There are efficacious and life-saving treatments for substance use disorders; care navigation can make these treatments more accessible and effective for clients. As such, for methamphetamine use disorders, care navigators should seek to connect patients to treatment services that offer contingency management. Additionally, to promote connection to the navigation intervention, contingency management principles will be incorporated into the intervention. A harm reduction approach may be needed for clients who are disinterested in ceasing their substance use entirely.

Finally, this intervention acknowledges that all these approaches demand social consciousness of multiple adverse determinants on patients' health. These include stigma against those with addiction and mental illness, homelessness, racism and discrimination based on gender, age, or sexual orientation, and poverty.

Foundations of Care Navigation

This manual is designed to support care navigators with a variety of professional backgrounds. The intervention does not presume a certain licensure or care discipline. However, care navigators should feel comfortable working directly and safely with clients, including in community settings and through phone and electronic communications.

These are fundamental client care knowledge and skills of the care navigator working with MUD clients:

- Applying a client's stage of change with regards to addiction treatment and behavioral change
- Providing motivational interviewing
- Providing contingency management
- Leveraging local healthcare and social resources in service of the patient's recovery
- Organizing and completing a variety of tasks on behalf of the patient

There are key ongoing activities that are expected of the care navigator. The following should also be enacted for in a client-specific fashion consistent with the Philosophical Approach described on page 3:

- Determine eligibility for different services
- Assess motivation for treatment readiness
- Assess and re-assess service needs based on addiction recovery
- Develop a brief, individualized service plan
- Monitor the efficacy of a treatment plan
- Re-evaluate and adapt the plan periodically as necessary
- Provide education as needed, including methamphetamine use
- Coordinate care with other providers
- Advocate for and support the patient
- Actively refer patients for services and follow-up on the outcome of the referral
- Manage healthcare and other records
- Proactively outreach patients
- Motivate and assist clients in accessing long-term support for health care

Contact frequency

All participants will be contacted at least twice per week by the care navigator over the first month of the intervention. If the client does not actively engage, the care navigator will contact the participant weekly through the remainder of the 3-month intervention period. This communication may include in-person meetings, texts, calls, or videoconference.

Visit One: Introduction to Care Navigation

This visit will take place directly after enrollment in the study and ideally before the patient discharges from the acute or crisis care encounter. The purpose of the initial visit is to build a working relationship with the patient. This relationship is centered on mitigating barriers and enhancing motivation relevant to the patient's engagement in addiction treatment. This initial visit and all subsequent visits incorporate principles of contingency management, an evidence-based therapy for MUD. The visit may be brief but could also last up to an hour.

Primary Visit One Objectives

- Develop rapport
- Foster psychological safety
- Assess stage of change to reduce methamphetamine use/enter treatment

- Understand motivations for recovery or continued use
- Introduce linkage-to-care and contingency management
 - Offer range of resources including peer support

Potential Assessment Questions

- If treatment works, what do you think would be different in your life?
- What has your prior experience with addiction treatment been? What worked, and what didn't?
- How important is it to you to stop using methamphetamine?
- How confident are you that you can cut down, or stop using methamphetamine?
- What would prevent you from making an outpatient treatment appointment?
- How can I help you attend that appointment?
- What is the best way to stay in touch?

Tasks

- Problem-solve barriers to accessing initial treatment
- Complete visit documentation
 - Describe stage of change to reduce methamphetamine use
 - Identify patient-described goal
 - Identify at least one primary assessment and intervention domain (Table 2)
- Begin contingency management
 - Complete consent
 - Preload payment card with \$10
 - Conduct first spin
 - Link to wheel: <https://wheelofnames.com/9xn-q6v>
 - 1/50 Jumbo: \$50
 - 2/50 Large: \$30
 - 8/50 Medium: \$15
 - 15/50 Small: \$5
 - 24/50 Positive Message Quote
 - Appendix 1 details the incentives program.
- Identify next step for addiction treatment intake
- Identify time and place of the next care navigation contact

Subsequent Visits: Ongoing Care Navigation

Ongoing visits focus on maintaining rapport, identifying barriers to meeting goals (engaging in treatment), and problem-solving around those barriers. Clients' motivation to participate in linkage should be enhanced by contingency management.

Primary Ongoing Visit Objectives

- Foster rapport
- Review goals of prior visit and progress towards achievement
- Identify additional barriers to treatment engagement

Potential Ongoing Assessment Questions

- Were you able to attend your outpatient appointment?
 - If so, what issues did you have making it? What was your experience?
 - If not, what happened?
- How confident are you that you will continue to go?
- How can I help you keep going to appointments?
- What else do you need to achieve your goals?

Tasks

- Problem-solve barriers to accessing care
- Conduct contingency management spin
 - Up to one spin per calendar week for a 30 minute in-person, phone, or virtual visit
 - Up to 12 spins or \$595 total
 - Same link and reward schedule as at the initial visit
- Complete documentation
 - Update status of assessment and intervention domains
 - Describe interventions
- Identify next step for addiction treatment intake or follow-up visit
- Identify the time and place of next care navigation contact

Problem-solving

- Patient presents with “Too many problems”
 - Review specific goals
 - Review specific domains again
- “Not interested in treatment”
 - Apply motivational interviewing

Assessment and Intervention Domains

Each Key Domain identifies an area of potential need for the client. These domains reflect the complex and intertwined impacts of trauma, addiction, and social determinants of health on the client’s recovery trajectory. Table 2 lists and describes these domains. The purpose of describing these domains is to categorize in what way the care navigator is assisting the patient, provide a systematic framework for considering possible interventions for a client, and improve replicability of and staff training on the intervention.

This care navigation intervention does not detail a systematic review of these domains. Rather, clients should describe their needs in their own words, and the care navigator can

categorize those needs into these domains. Table 2 contains sample assessment questions that may guide further exploration of particular domains.

Each domain has key activities with which the care navigator may assist in order to ameliorate barriers associated with each.

At every visit, the care navigator rates the significance of need in each domain identified by the client. Table 1 characterizes the differing severity of needs. In addition to an overall rating, the care navigator notes whether there has been progress made in addressing this domain; this progress can be characterized as “better,” “stable,” or “worse.” For example, a client may still have substantial care needs in one domain but has nevertheless improved since the last visit, so would be rated as “substantial” and “better.” As care proceeds, the domain may improve sufficiently to be re-rated as a “moderate” domain of need.

Table 1. Assessment of Care Navigation Needs

Significance of need	Description
Minimal	No current need in this area, or only occasional needs, that the client is able to address entirely on their own or with minimal guidance from the case manager; client typically addresses these domains without additional resources or supportive interventions by the care navigator.
Moderate	Consistent needs of the client that do not typically interfere with daily functioning or ongoing treatment engagement, or they can be mitigated with occasional active intervention; needs are typically temporary and remain resolved for several weeks to months.
Substantial	Ongoing and substantial needs that regularly interfere with daily functioning or treatment engagement; significant active intervention is expended addressing this domain.
Not assessed	This domain has not been raised by the client nor assessed by the care navigator.

Table 2. Assessment and Intervention Domains

Key Domains	Descriptions	Assessment questions	Key activities (as they might appear in medical record)	Local resources
Citizenship	Clients who are not U.S. citizens may have interest in obtaining citizenship. Community organizations and agencies can assist clients.	• Where were you born? • If not born in the United States, how long have you lived here? • Are you interested in becoming a US citizen (if the individual has lived in the US for at least 5 years)? • Would you like some resources to assist you?	• Identify community citizenship resources • Link to patient's specific consulate/embassy for further resources • Assist with citizenship process • No intervention at this time • Other ***	○
Communication	Communication includes access to technology essential to communicating with others. These include a phone, computer, and internet. Communication is essential for clients to	• What is your preferred language? • Do you need an interpreter? • Do you have a cell phone? Do you have access to computer? Do	• Assist with obtaining cell phone • Obtain interpreter services • Teach on the use of technology • No intervention at this time • Other ***	○ Care navigator is able to offer a cell phone; initial prepaid phone has 90 minutes with data; clients may receive up to 2 subsequent prepaid cards of 120 minutes each

	connect with clinical service providers.	you have access to the internet? • Have you ever used a computer or phone to connect with one of your service providers (medical doctor, psychiatrist, psychologist, CM, etc)? • Do you have trouble understanding written instructions?		
Disability	Clients with disabilities may need assistance connecting to disability resources, such as SSI and SSDI.	• Are you currently on disability/SSDI? •	• Assist with SSI/SSDI process • No intervention at this time • Other ***	○
Food and Clothing Access/Assistance	Food bank/home-delivered meals involve the provision of actual food or meals. The provision of essential household supplies such as hygiene items and household-cleaning	• Have you worried that your food would run out before you got money to buy more? • Are you currently on food stamps or	• Identify resources for obtaining food or clothing • Provide clothes • Provide food • Assist with TANF/food stamps • No intervention at this time • Other ***	○ [redacted] food pantry ○ [redacted] clothes closet

	supplies should be included. Clothing assistance involves referrals to free or discounted clothing community services, stores, and/or organizations.	would you like to apply for food stamps? • Do you find yourself with appropriate clothing for (season)? •		
Housing	Housing services are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain substance use disorder treatment. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive	• Where do you typically stay at night? • What is your current living situation? (steady place to live, have a place to live today but worried about the future, I do not have a steady place to live (shelter, temporarily living with others) • Have you applied for low-income housing? • Would you like to apply for	• Provide short-term shelter options • Assist with long-term housing • No intervention at this time • Other ***	○ Pay ○ Identify housing options ○ Complete paperwork ○ Start on waitlist ○ Respite options ○ Emergency shelter ○ Housing/shelter specific for risk category

	services such as sober living arrangements, residential mental health services, or assisted living residential services.	low-income housing?		
Legal	Many individuals receiving substance use treatment may have ongoing legal problems, and some may be court-ordered to attend a treatment program.	• Do you have any legal/criminal justice concerns today? • Are you required by a court to participate in substance treatment?	• Assist with legal resources • Provide related financial assistance • No intervention at this time • Other ***	
Medical— Primary and Specialty Care		• Do you have a primary care provider? • When was the last time you saw a doctor? • Do you have any medical needs? • Do you have difficulty accessing/paying for prescription medications you need?	• Manage emergent/urgent condition • Schedule appointments • Accompany to care • Collaborate with provider • Assist with obtaining medication • Appointment reminder • No intervention at this time • Other ***	

Medical— Comorbid psychiatry illness	Mental health services are psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. These services are conducted in a group or individual setting and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers. Clients should be enrolled in substance treatment programs that can adequately assess and treat other ongoing mental health needs.	• Do you have any concerns about your mental health today? This can include problems with emotions; anger; depression; anxiety; etc. • Do you currently have a mental health counselor? Do you currently have a psychiatrist? • Are you interested in receiving mental health counseling? • Do you have any difficulty accessing/paying for prescription medications or attending appointments?	• Crisis evaluation • Schedule appointments • Accompany to care • Collaborate with provider • Assist with obtaining medication • Appointment reminder • No intervention at this time • Other ***	○
Medical— Oral/Dental	Oral health care is the provision of routine and emergency dental care. This includes	• Are you having any dental concerns currently?	• Identify dental provider • Schedule dental appointment • Appointment reminder • No intervention at this time	○

	diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers. Such services may be delivered by appropriately licensed agency staff or may be delivered by community providers through a voucher or direct payment arrangement.	• When was the last time you saw a dentist? • Are you interested in receiving dental care? • Is your dental pain inhibiting your ability to eat? Sleep? Get things done that you need to? • In the past, what has been the biggest challenge with receiving dental care?	• Other ***	
Medical Insurance	Maintain continuity of health insurance. Providing fair and impartial guidance to clients as they determine their eligibility for health coverage and facilitating enrollment in such coverage.	• Do you have a primary care provider? • Do you currently have medical insurance?	• Provide information on enrollment or eligibility • Assist with enrollment • Identify alternatives to health insurance • No intervention at this time • Other ***	☐ 
Substance Treatment	Substance treatment services can be provided inpatient,	• Apply stages of change from baseline	• Assist with urgent/emergent condition (eg, intoxication) • Refer patient to services	☐ 

	trauma, effects of trauma, or domestic violence. Domestic violence is violence committed by someone in the victim's domestic circle, or someone with an intimate relationship with the victim. There are many different types of traumatic violence: physical, sexual, emotional, psychological, spiritual, cultural, verbal, financial, or neglect.		• Address physical/emotional/social sequelae of DV • Engage law enforcement • No intervention at this time • Other ***	o 
Treatment Adherence/Education	Treatment initiation and education is the provision of services and supports designed to help people with methamphetamine use disorder make informed decisions about their treatment and help them follow the prescribed treatment regimen including contingency management.	• What things might make it hard to make it to your first appointment? • What things are making it hard to stay in treatment? • What aspects of your treatment are hard to comply with?	• Provide strategies to improve adherence • Enhance motivation for adherence • Education on treatment • Communicate plan to relevant providers • No intervention at this time • Other ***	o

	Challenges in adherence to prescribed treatment should be identified and addressed.	• Have you been in treatment before? If so, what challenges have you faced with regard to staying in treatment? • What are your main goals for entering treatment?		
Vital Records & Documentation	Vital records and documentation includes helping clients obtain social security documents, birth certificates, ID's, driver license, marriage licenses. Clients may also need assistance connecting to the Labor and Employment Office for unemployment.	• Do you currently have valid identification documents such as a driver's license or ID? • Do you need help obtaining a SS card? • Do you need help obtaining your birth certificate?	• Assist with obtaining identification • Assist with unemployment • Provide financial assistance to obtain ID • No intervention at this time • Other ***	○ Social Security Card and Income Verification Office
Vocational/Employment Support	Vocational support includes interview skills training and linkage to education and training.	• Have you thought about your employment goals?	• Identify community vocational/employment opportunities • Assist with enrollment • No intervention at this time • Other ***	○ Goodwill 

		Have you considered going back to school?		
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Supervision

The care navigator should have access to regular consultation.

Group supervision will be provided by a multidisciplinary team that includes clinicians, project staff, and peer recovery specialists. There is a single designated supervisor who is always available to the care navigator.

There are several important goals for supervision:

- Problem-solve difficulties faced by patients and care navigation
- Ensure care navigation remains focused and leverages evidence-based practices
- Improve the effectiveness of the intervention when possible
- Improve reliability and replicability of the intervention
- Enhance the resilience and efficacy of the care navigator

Regular supervision with the multidisciplinary group occurs every 1-2 weeks. Supervision may be scheduled more frequently based on case volume and complexity. The designated supervisor should be available for ad hoc consultation as needed.

The focus of the supervision group should reflect the care navigator's priorities. A standing agenda includes

- Brief overview of agenda for the team
- Review of any outstanding items and follow-up from the prior session
 - Led by care navigator
- Introduction of new patients
 - Led by care navigator
 - Share initial navigation plan with group
- Caseload review
 - Led by care navigator and/or supervisor
 - Identify patients who are in need of outreach
- Care navigation updates
 - Led by anyone
 - Introduction to new care partners or community resources
 - Review of ongoing partnerships or systemic issues facing the care navigator
- Study updates
 - Notes on any relevant updates to the scientific study as a whole

Crisis

It is possible that the care navigator will encounter a client who is experiencing a psychiatric or medical crisis. At all times, the care navigator should be familiar with resources for helping patients access care. These include

- the supervisor and Principal Investigator;

- the patient’s current providers;
- Colorado Crisis Line (844-493-8255);
- Denver Health Mobile Crisis Services (303-602-7221); or
- Emergency Services.

The care navigator is not a licensed clinician and not expected to maintain the physical safety or security of the scene. The care navigator should be familiar with basic techniques of personal safety and verbal de-escalation; the navigator should not go “hands on” with an agitated or unsafe patient. Rather, the care navigator should ensure their own safety first and immediately call for appropriate assistance.

Termination

Concluding services is a necessary component of all therapeutic interventions. Given its design as a study intervention, this case manual envisions that the care navigation intervention ends at 3 months regardless of outcome.

The ideal termination session should summarize the patient’s current status and goals. Outstanding tasks should be completed and addressed. In addition to the patient-directed review of care domains, these questions may guide the navigator in this termination session:

- Tasks
 - “Is there anything I said I would do for you and have not finished?”
 - Complete the task if possible or advise on next steps
 - “Do you know when your next appointment with your (physician/counselor/case manager) is?”
 - “Do you know when you will meet with the research assistant to complete your final study interview? You will be compensated for your time.”
- Summarizing care
 - “What did we do together that was most helpful for you?”
 - “What could we have done better?”
 - “Is there anything else that would be helpful to talk about now?”
 - “What recommendations do you have for helping us treat patients better in the future?”
- Explicit termination
 - “This is our last session together. I will no longer be available to you for in-person meetings, phone calls, or text messages.”
 - “If you have ongoing needs, you may speak with your regular provider. If it is an emergency, you can access crisis care through the Colorado Crisis Line, Psychiatric Emergency Services, or a crisis walk-in center.”

If the patient attempts to contact the care navigator after termination, the care navigator should politely note that they are no longer working together and re-direct the patient to their primary provider or crisis services as needed.

Appendix 1. Patient Handout: Overview of Incentives Program

Overview of Incentives Program BEAT Meth Care Navigation

Contingency management is a therapy to treat methamphetamine addiction. Contingency management includes an incentive to participate in care navigation.

As part of the Care Navigation intervention, when you meet with your navigator you will have the opportunity to spin a virtual wheel and randomly receive an incentive based on the result of the spin. Each spin, there is a 52% chance that you will win cash: these are the possible cash amounts you can win:

Small prize: \$5.00 (30% chance)

Medium prize: \$15.00 (16% chance)

Large prize: \$30.00 (4% chance)

Jumbo prize: \$50.00 (2% chance)



On your first meeting with the care navigator, you will receive a \$10 incentive to get started as well as completing your first spin.

Afterwards, you may spin once per week for each time you meet with the care navigator. You have the opportunity to spin up to 12 times. These spins are in addition to any contingency management spins you do as part of other treatment programs.

Your participation in this incentive program is voluntary, and you can refuse participation or withdraw from participation at any time without penalty.

Appendix 2. Contents of the Contingency Management Wheel

- The wheel is hosted online: <https://wheelofnames.com/9xn-q6v>
 - In person-visits also spin using this virtual wheel.
- There are 50 possible options on the wheel:
 - “Small” prizes worth \$5 (15/50, or 30%)
 - “Medium” prizes worth \$15 (8/50, 16%)
 - “Large” prizes” worth \$30 (2/50, 4%)
 - “Jumbo” prize worth \$50 (1/50, 2%)
 - Positive message quotes (24/50, 48%)
- These are the order of the spinner tiles and contents of the quotes:
 1. It costs \$0.00 to be grateful for what you already have.
 2. Small
 3. Give yourself some credit for how far you’ve come.
 4. To recover is to create a life in which numbness is no longer necessary for survival.
 5. Small
 6. Small
 7. Recovery doesn’t mean my problems go away. It just means I have the tools to deal with them.
 8. The first step towards getting somewhere is to decide that you are not going to stay where you are.
 9. Small
 10. Medium
 11. Small
 12. Every day is a new beginning. Stay away from what might have been and look at what can be.
 13. Medium
 14. Small
 15. Small
 16. You can’t keep dancing with the devil and wondering why you’re still in hell.
 17. Saying “No” means you know you’re limits.
 18. You do not find a happy life—you make it.
 19. Small
 20. Small
 21. Growth begins when we start to accept our own weakness.
 22. Small daily improvements are the key to staggering long-term results.
 23. Medium
 24. Large
 25. Just like the seasons, people have the ability to change.
 26. The clouds will always move and the sun will always shine.
 27. Small
 28. Medium

- 29. Medium
- 30. Medium
- 31. Serenity is not freedom from the storm, but peace amid the storm.
- 32. Strength doesn't come from what you can do—it comes from overcoming the things you once thought you couldn't.
- 33. Small
- 34. Your life does not get better by chance—it gets better by change.
- 35. Rock bottom became the solid foundation on which I rebuilt my life.
- 36. Medium
- 37. Small
- 38. Large
- 39. You are not the mistakes you have made.
- 40. Small
- 41. Medium
- 42. Jumbo
- 43. These times are hard, but they will pass.
- 44. You only fail when you stop trying.
- 45. Small
- 46. New beginnings are often disguised as painful endings.
- 47. You wake up every morning to fight the same demons that left you so tired the night before, and that, my love, is bravery.
- 48. Stars can't shine without darkness.
- 49. The best way out is through.
- 50. Small