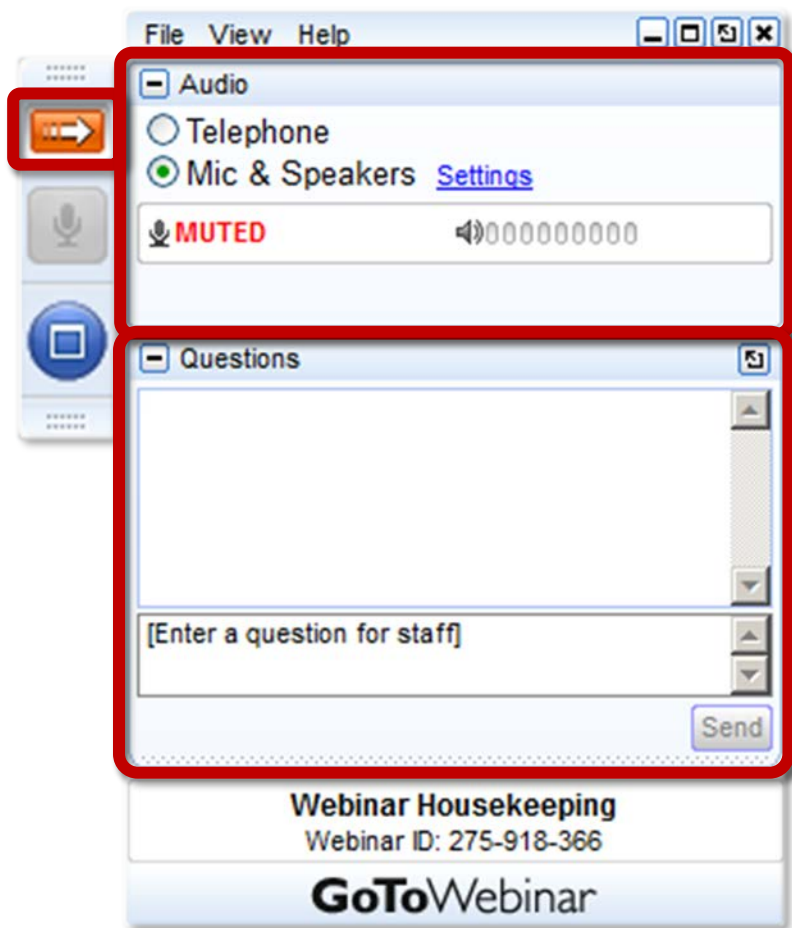


Integrating Addiction and Mental Healthcare

August 22, 2013

Before we begin



Open and close your control panel

Join audio:

- Choose "Mic & Speakers" to use VoIP
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Submit questions and comments via the Questions panel

Note: Today's presentation is being recorded and will be provided within 48 hours.

Webinar Agenda

- Welcome and Introduction
- Synopsis of Co-Occurring Disorder Learning Community
- Need for COD Treatment
- Perspective from an MCO
- Results from COD Learning Community
- Tropical Texas Behavioral Health: Lessons from the Field

National Council's Co-Occurring Disorder Learning Community

- The Co-Occurring Learning Community included ten sites – five mental health and five addiction centers from across the country.
- The 12-month Learning Community included a Co-Occurring Disorder curriculum provided to each center by Hazelden.
- Monthly consultation sessions were provided via webinars for each team by expert MTM faculty.
- Quarterly consultation sessions were provided via webinars for all teams by experts from Hazelden and MTM Services.

Co-Occurring Disorder Learning Community

Participating Organization	State
ADAPT, Inc.	Oregon
Area Mental Health Center	Kansas
Centerstone	Indiana
Jerome Golden Center for Behavioral Health	Florida
Pathways Community Behavioral Healthcare, Inc.	Missouri
Pine Belt Mental Healthcare Resources	Mississippi
Sacred Heart Rehabilitation Center, Inc.	Michigan
Tropical Texas Behavioral Health	Texas
Upper Bay Counseling and Support Services	Maryland
United Community Services, Inc.	Iowa

Integrating Addiction and Mental Healthcare

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The Need for More Co-Occurring Disorder Treatment

- Better practices=better care=improved outcomes for consumers.
- Linked and coordinated types and levels of care lead to clinical effectiveness and efficiencies.
- Population management approach – accountable care for a group of people with various behavioral health and substance use needs.

Managed Care Values Demands COD Treatment

- Under a Managed Care (MCO) or Accountable Care Organization (ACO) Model the Value of Behavioral Health Services will depend upon our ability to:
 - ✓ Be Accessible (Fast Access to all Needed Services)
 - ✓ Be Efficient (Provide High Quality Services at Lowest Possible Cost)
 - ✓ Utilize Electronic Health Records capacity to connect with other providers
 - ✓ Focus on Episodic Care Needs/Bundled Payments
 - ✓ Produce Outcomes!
 - Engaged Clients and Natural Support Networks
 - Help Clients Self Manage Their Wellness and Recovery
 - Greatly Reduce Need for Disruptive/ High Cost Services

DDCAT & DDCMHT (4.0): 7 DIMENSIONS & CONTENT OF 35 ITEMS

	Dimension	Content of items
I	Program Structure	Program mission, structure and financing, format for delivery of mental health or addiction services.
II	Program Milieu	Physical, social and cultural environment for persons with psychiatric or substance use problems.
III	Clinical Process: Assessment	Processes for access and entry into services, screening, assessment & diagnosis.
IV	Clinical Process: Treatment	Processes for treatment including pharmacological and psychosocial evidence-based formats.
V	Continuity of Care	Discharge and continuity for both substance use and psychiatric services, peer recovery supports.
VI	Staffing	Presence, role and integration of staff with mental health and/or addiction expertise, supervision process
VII	Training	Proportion of staff trained and program's training strategy for co-occurring disorder issues.

COD Learning Community Outcomes

- Teams are finding the Co-Occurring Project resulted in a needed focus and momentum on developing enhanced strategies for treatment for dually diagnosed individuals.
- Teams agreed that the COD project has greatly improved competence, identification and diagnoses of cases, and provision of interventions for dually diagnosed individuals in program.
- There are a greater number and percentage of identified consumers with COD in most programs.

COD Learning Community Outcomes

- Staff are becoming much more comfortable with the identification, diagnosis and treatment planning for COD.
- Teams began using the Hazelden IDDT with Life Skills as core Co-Occurring Curricula for COD treatment.
- Some teams are applying quality management processes such as auditing for both diagnosis and specialized intervention training – seeking verification that the COD training and implementation is taking place.
- The implementation of new screening tools such as the Mini Screen is being used by several teams to assess existing clients and will be used at annual assessment updates.

COD Learning Community Outcomes

- Staffing was a challenge for some teams.
- Training has been identified by most teams based on their historical specialty— frequent training in addiction for historical mental health specialty teams, recovery and relapse prevention are others.
- Staff training is being developed by teams to improve the change process and build the skill sets for COD. More sites have developed on-line training modules that are incorporated into their global staff training curriculum.

COD Learning Community Outcomes

- Motivational interviewing and medication management have been identified by most teams as training targets.
- Teams are providing Lunch and Learns, Co-Occurring Case Reviews, and monthly training at some centers.
- Teams are showing an increase in the percentage of identified Co-Occurring disorder cases. One team showed (100%) of clients being provided with options for Co-Occurring Tx (psychiatric services, Co-Occurring Group, individual interventions.)
- Centers are considering internal Utilization Management to help comply with managed care and predict outcomes of COD treatment.

COD Learning Community Outcomes

- Greater number and percentage of identified consumers with COD in most programs.
- Challenges are generating revenue for Mental Health and COD treatment with their traditional SU focused staff who may not have advanced credentials.
- Looking at Program Description changes to incorporate COD treatment.
- Teams are building capacity for supervision of COD.
- Teams are responding to the needs of Managed Care by providing COD for enrollees.

COD Learning Community Outcomes

- A number of COD Learning Collaborative members are also achieving performance enhancements such as:
 - ✓ Centralized Scheduling
 - ✓ Same Day Access to Admission and Medications
 - ✓ Process Improvements that increase efficiencies, reduce redundancies and increase capacity for care.
 - ✓ Implementation of EHRs
 - ✓ Applied for grants where the start-up or expansion of COD treatment capacity positions the center to be more successful.
 - ✓ Collaborative Documentation to reduce time, increase treatment capacity.

Tropical Texas Behavioral Health

Eva Bower-Lopez

Cheriese Izo

Rick Gonzales

Reasons for participating in the LC:

- Improve/enhance substance abuse screenings and assessments;
- Increased diagnosis of Co-Occurring Disorders (COD) ;
- Identify training to enhance staff competencies;
- Enhance COD treatment services curriculum;
- Implement Dual Recovery educational sessions;
- Through public awareness, make many aware of COD services.

Importance of enhancing COD services

- Enhance ability to identify individuals not diagnosed with SA;
- Increased staff with specialized COD training to meet needs of MH clients having SA as a dual diagnosis;
- Implement tools to better screen and assess for COD and stage of treatment readiness;
- Make information available to all stakeholders, including our clients and employees, to increase awareness of Center services to address COD.

Biggest Accomplishments

- Education: making many aware of COD services;
- Enhancement of COD education and training curriculum;
- Improving the accuracy and consistency of our substance abuse screenings and assessments.



Barriers/Challenges

- Challenges facing sustainability are primarily financial;
- Possible funding via a Texas Health Care Transformation and Quality Improvement Program 1115 Waiver;
- Buy-in from professional staff;
- Clinical Supervision.

Curriculum to Train Staff

- Local Doctors;
- Additional information shared with newly hired staff at New Employee Orientation;
- Newly hired COD staff will have up to 90 days from hire to complete specialized trainings found on Relias (formerly known as Essential Learning);
- Newly hired staff complete a probationary period that includes shadowing of colleagues providing integrated treatment to clients with COD.



Relias Training Sessions

- Integrated Treatment for COD, Part 1-EBP
- Integrated Treatment for COD, Part 2-EBP
- The 12 Steps
- Co-Occurring Disorders
- Motivational Interviewing
- Advanced Motivational Interviewing
- Relapse Prevention for Therapists: Helping Your Client Develop a Prevention and Recovery Plan

How has our organization responded?

- Integration of COD services;
- SA group sessions;
- More consistent diagnosing of SA disorders;
- Buy-in from Licensed Professional Staff;
- Increased awareness of COD;
- Recovery Coach on staff (Diana Moya)
- SA Detox Program.

Impact on Clients

- Increased # of clients with identified SA;
- Clients are more receptive to talk about it;
- Reduced stigma;
- Better access to community services for clients due to SA education;
- Able to identify stage of change;
- Access to evidenced based SA curriculum;
- Clinical Supervisor's role as a motivator;
- Recovery and Peer Providers.

Case Study

- John: 51 year old Hispanic male.
- DX: Bipolar I, pedophilia, PTSD, poly substance dependence.
- Five suicide attempts.
- History of sexual abuse.
- Over 20 year history of alcohol and crack abuse.
- TTBH client off/on since 1990.



Case Study (cont'd.)

- Enrolled in Co-Occurring Psychiatric and Substance use Disorder (COPSD) services since Dec 2010.
- Limited informational resources (NIDA and SAMHSA).
- Since LC participation, currently utilizing Hazelden curriculum.
 - MET
 - CBT Techniques
 - TSF



Addictions Treatment Learning Community

Application Deadline **September 13, 2013**

Contact Daisy Wheeler with any questions:

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Questions?



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