NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

# Innovative Integration: Beyond The Four Walls

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**November 1, 2017**

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# Today, you should walk away with….

1. An understanding of Service Integration
2. Examples of Innovation with non-traditional settings
3. A burning desire to utilize In-Community Services
4. Models in which peers can be included
5. New ideas swirling in your head about how your program can be innovative and integrated
6. Tools and Resources to assess and achieve integration in your program
7. A smile on your face ☺

# The Imperative to Facilitate the Integration of Care

- **We Know** - Individuals often have co-occurring physical and behavioral health needs
- **We Know-** we are not reaching all the people who are in need of treatment
- **We Know** - New York's structure for providing health and behavioral health care services historically has been fragmented, **access** to services at times problematic
- **The Goal** - Pursue the integration of substance use disorder, mental health services and physical health care services to improve overall coordination and accessibility of care

# OASAS Continuum of Treatment Services

Med Managed | Med Sup | Inpt Rehab | Stabilization | Rehab/Res | Reintegration | Intensive OP | Day Rehab | Outpatient

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# Pre treatment and Post treatment

# Continuity of Care

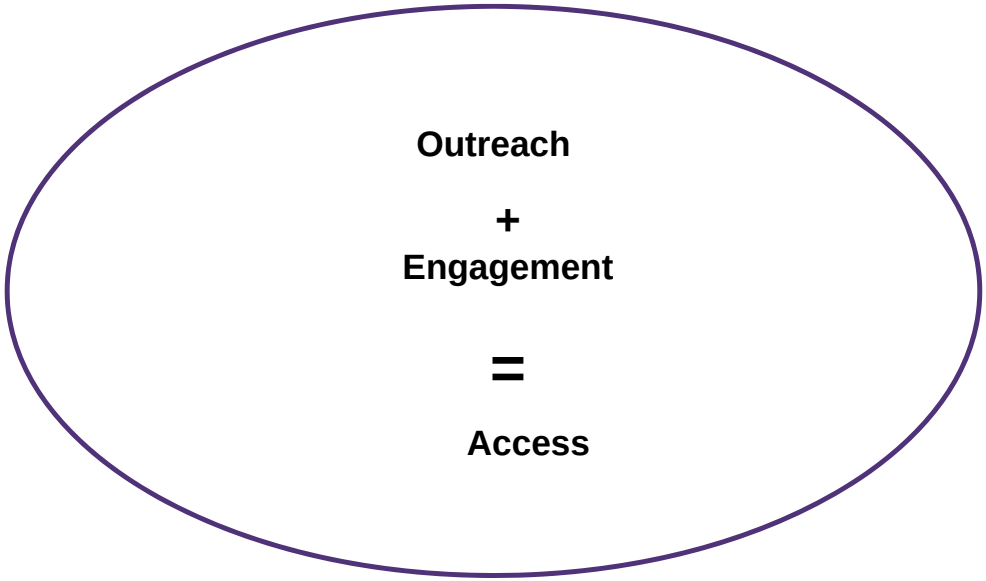
- We need to make better connections between acute levels of care – Emergency Department, Detox, Inpatient and Community Based Services.
- Follow-up after an acute admission within 14 days is below 40% - we can do better.
- Warm Hand-offs and peer engagement have been shown to be effective in connecting between levels of care.
- From hospital to community based treatment is especially important.

# The Problem ??


1 out of 20

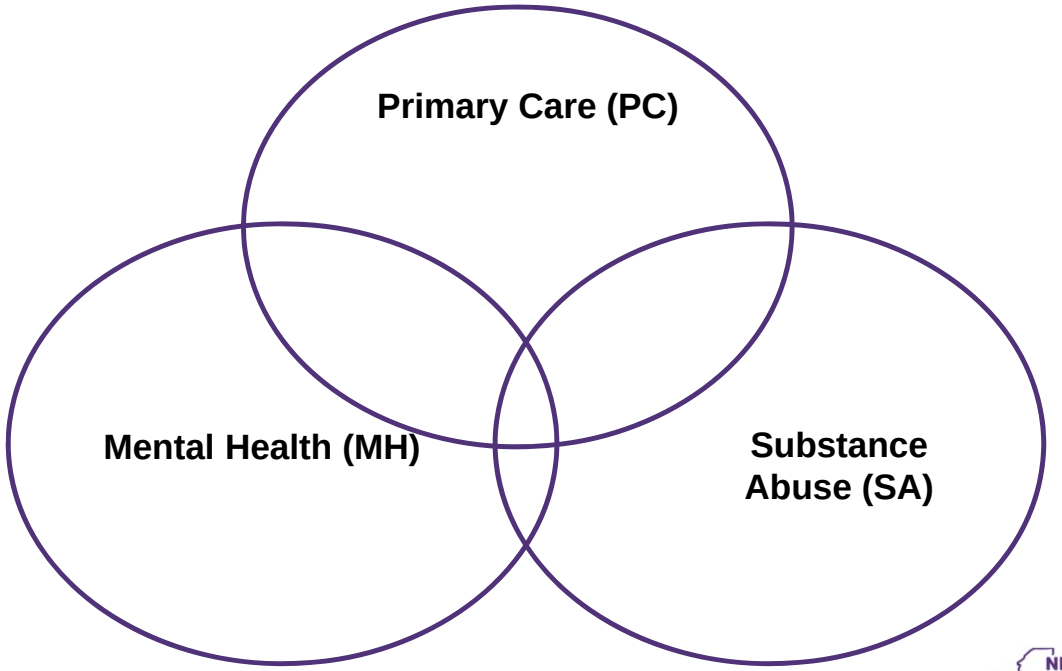
Surgeon General's Report

- So – what is the problem – we have an epidemic and people aren't getting care
- They are  showing up somewhere – getting some kind of care, maybe its in a MH facility maybe its in a primary care office – its probably in a hospital or ER – but its somewhere – so what do we do?
- How do we start to solve this problem that is only getting worse?



# The Need for Service Integration

The integration of physical and behavioral health services can help **improve the overall quality of care** for individuals with multiple health conditions by **treating the whole person** in a more comprehensive manner



# The Need for Service Innovation

**Where else can we develop new and innovative programs to help find and provide SUD screening, engagement, access and service ?**

# Innovations

**Where else could you create points of access and care?**

- Innovation & Integration approaches OASAS has supported

  - Primary Care partnerships and availability of medication assisted treatment (MAT)
  - Peers located in Emergency Departments
  - Social service agencies and shelters co location
  - School based health Centers
  - LGBT Clubhouse

# OASAS Tools for Innovation

Telepractice- Carmelita Cruz, OASAS Legal

24 hr Access Centers

In Community Services

Peer Services

# In Community Services-Innovation

- OASAS has federal Medicaid and Regulatory authority to allow for reimbursement of services outside of the four walls of the clinic – or in the community.
- This will allow for innovation – clinic services including; counseling services, peer services, and medication evaluation and management can be billed when provided by the clinic anywhere in the community at the government APG rate (for Medicaid).
- Many programs are beginning to innovate under this new opportunity to provide better integration with health care and better transitions between levels of care.

# The Role of Peers

Engagement
Access
Resources
Program Information
Support



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# Primary Care

# What can you do?

How: Educate, Educate, Educate!!

- SBIRT and/or Screening in Primary Care Settings
  - Screening tools

Establish Relationships with PCP Clinics in the area

- What value can you bring to this setting?
  - Discuss models
  - Share ideas
  - Optimally- Utilization of In-Community Services

# The Need for Service Integration

**Identifying risky use (SBIRT) intervening early when a disorder exists and managing more severe forms of the illness through partnership with a robust treatment delivery system with the full continuum of care will make all of health care stronger and will help to achieve the triple aim and create points of entry into our OASAS system of care.**

# Validated Screening Tools

- AUDIT: Alcohol Use Disorder Identification Test
- DAST: Drug Abuse Screening Test
- CRAFFT: Adolescent Screen (Car, Relax, Alone, Forget, Family or Friends, Trouble)
- NIAAA Alcohol Screening for Youth Ages 9–18
- S2BI: Screening to Brief Intervention Tool
- ASSIST: Alcohol, Smoking, and Substance Abuse Involvement Screening Test
- T-ACE
- TWEAK
- NIAAAA and NIDA single question pre-screens

# Emergency Room

# Goal: To help connect people to SUD services

- High utilizers who may be unengaged in treatment
- People who use the E.D. as a first resort
- People who may be unaware of the plethora of treatment services available to them
- Overdose survivors

**How can you help…… PEER SERVICES!**

- Placed within the E.D during “off” hours
- Have a peer available to assist with engagement
- Peer can follow up with person 24/48 hours after discharge

# A PROVIDER'S PERSPECTIVE

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# Planned Relocation to BBC in Near Future

**Strong Recovery**

- Strong Recovery is comprised of two **outpatient** clinics: a Chemical Dependency (CD) program and an Opioid Treatment Program (OTP). Both clinics work collaboratively as one comprehensive outpatient program to bring optimal care to our patients in a highly secure environment.

- These programs are licensed by the New York State Office of Alcoholism and Substance Abuse Services (OASAS), and accredited by the Joint Commission. The program treats adults (18 years+) with a primary substance use disorder as well as some with a co-ocurring mental health disorder.

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# Planned Relocation to BBC in Near Future

**Strong Recovery Current Services:**

- Substance Use Disorder Service Tracks (SUD)
  - Work and Recovery Service Track
  - Sobriedad Fuerte (Strong Sobriety)
  - Re-Entry Program
- Co-occurring Disorders Service Tracks (COD)
- Family Therapy Services*
- Continued Care Services
  - Opiate Replacement Therapy: Methadone Maintenance and Buprenorphine
- Medication-Assisted Treatment

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# Planned Relocation to BBC in Near Future

**Strong Recovery Expanded Space & Services:**

- Redesigned Clinical Service Delivery Model
- Ancillary withdrawal Service
- SUD Services at Primary Care Settings
- Home & Community Based Services:
  - Psychosocial Rehabilitation (PSR); Community Psychiatric Support and Treatment (CPST); Habilitation; Family Support and Training and Empowerment Services-PeerSupports
- Integrated services with Strong Ties, MIPS, APHP and Health Home Care Management

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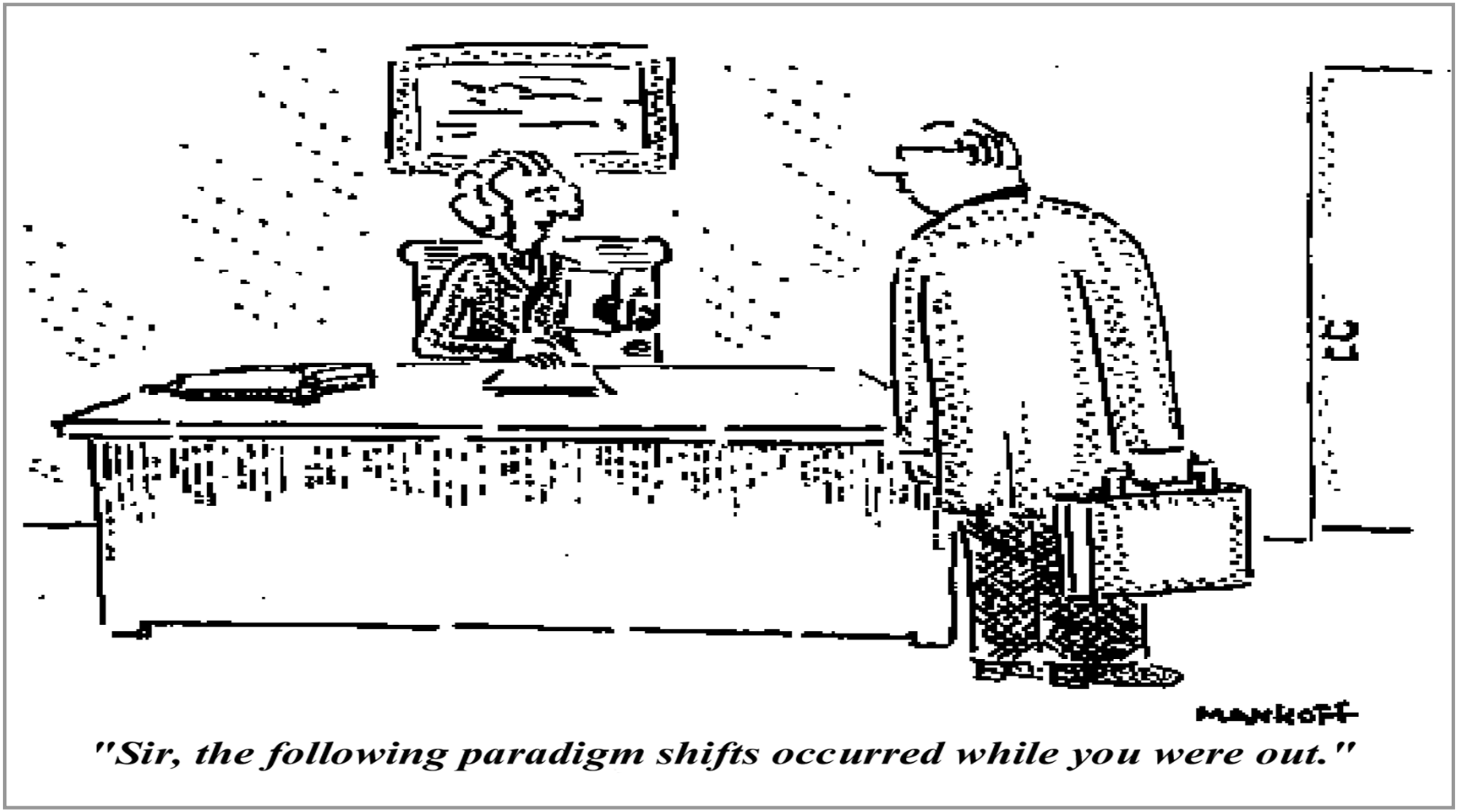


*"Sir, the following paradigm shifts occurred while you were out."*

# Transforming Outpatient Services (TOPS)

- The WHYs:
  - Regulatory limitations of separate clinics
  - Co-enrollment programming success
  - Efficient use of resources
  - Improve access and patient care

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# Transforming Outpatient Services (TOPS)

- Central Intake
- Blended Staffing / Blended Caseloads
- Expanded Continuum  of Care (detox through maintenance)
- Phases of Care
- EBPs: MAT & Behavioral Therapies
- Developed and Activated cross-clinic committees: evidenced based practices/education, team building and public relations
- One Electronic Medical Record
- Patient Newsletter (Strong in Recovery Together)
- Patient Advisory Council

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# Challenges to Merging CD-OP and OTP

- Space constraints
- Changing treatment population and acuity of patients
- Different standards
- Federal oversight (CSAT, DEA)
- Federal versus State
- REGULATORY CONFLICTS:
  - Toxicology
  - Staffing
  - Lab testing
  - Certification of clinical staff
  - Individualized treatment
  - Multidisciplinary treatment plans
  - Documentation

# EXPANSION OF SERVICES

- CLINICAL SERVICE MODEL REDESIGN-
  - COLLABORATIVE TREATMENT SESSIONS
    - After first 90 days in treatment
    - When higher level of care is indicated
    - To establish or review treatment contracts

- Opportunity for New Services:
  - Ancillary Withdrawal Service
  - Additional OTPs
  - DSRIP- SUD Specialists in Primary Care settings
  - New & innovative MATs (Procedures)
  - CCBHC
  - COTI

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# ANCILLARY WITHDRAWAL SERVICE

- Mild to Moderate or Persistent Withdrawal
  - Standardized Assessment Instruments
  - Symptoms Relief
  - Addiction Medications
  - Counseling
  - Group Service

- Certification Designation by OASAS
  - Medical Protocol

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# CCBHC

- Integration of existing services
  - SUD Tx
  - MH Tx
- Addition of some detox/induction capacity
- Add SUD expertise to the Psychiatry Department's existing Child & Adolescent Services
- Add peer support
- Add TCM
- Add PSR

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# CCBHC—embedded therapists

- Embed CD therapist in Child & Adolescent
- Embed MH therapist in CD (Strong Recovery)
- Embed CD therapist in MH (Strong Ties)

- CCBHC—What did we do with the paperwork?
  - One intake
  - One treatment plan

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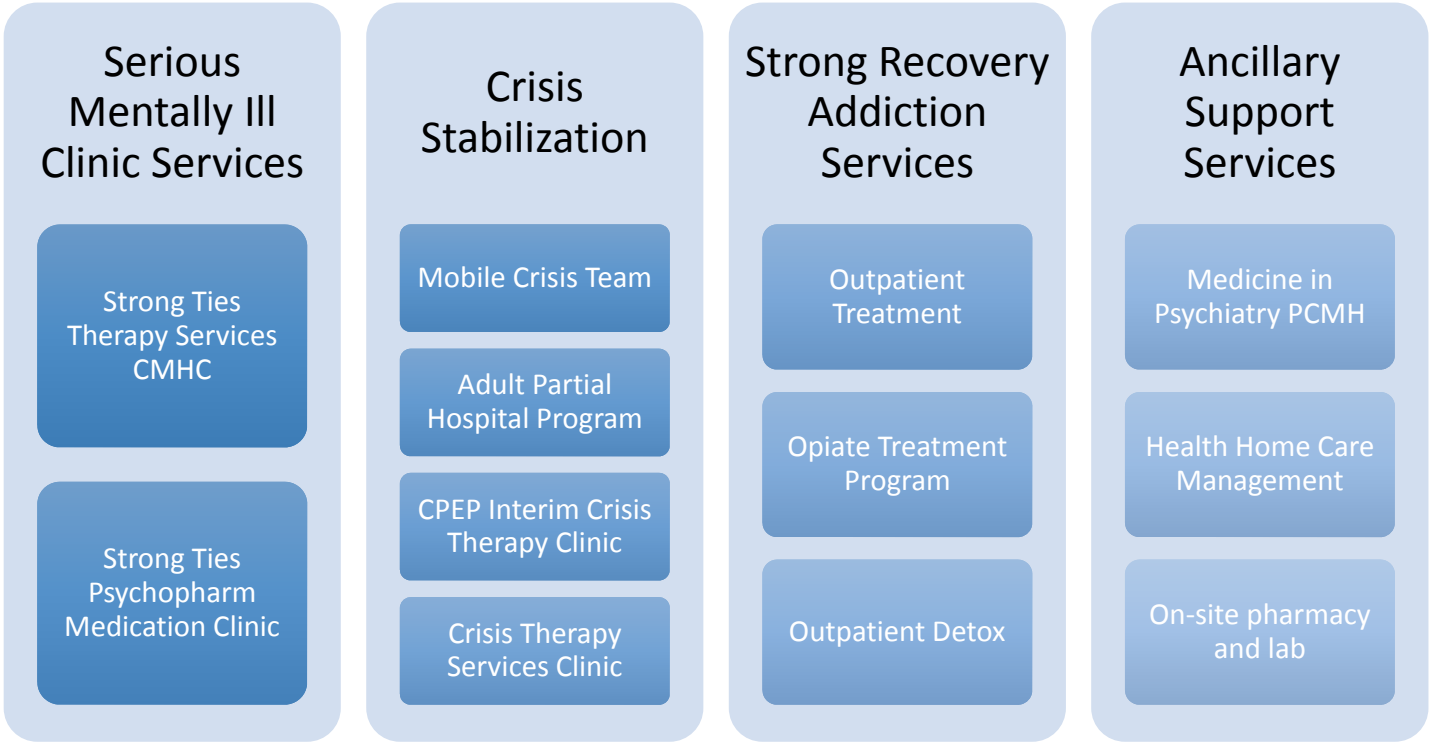
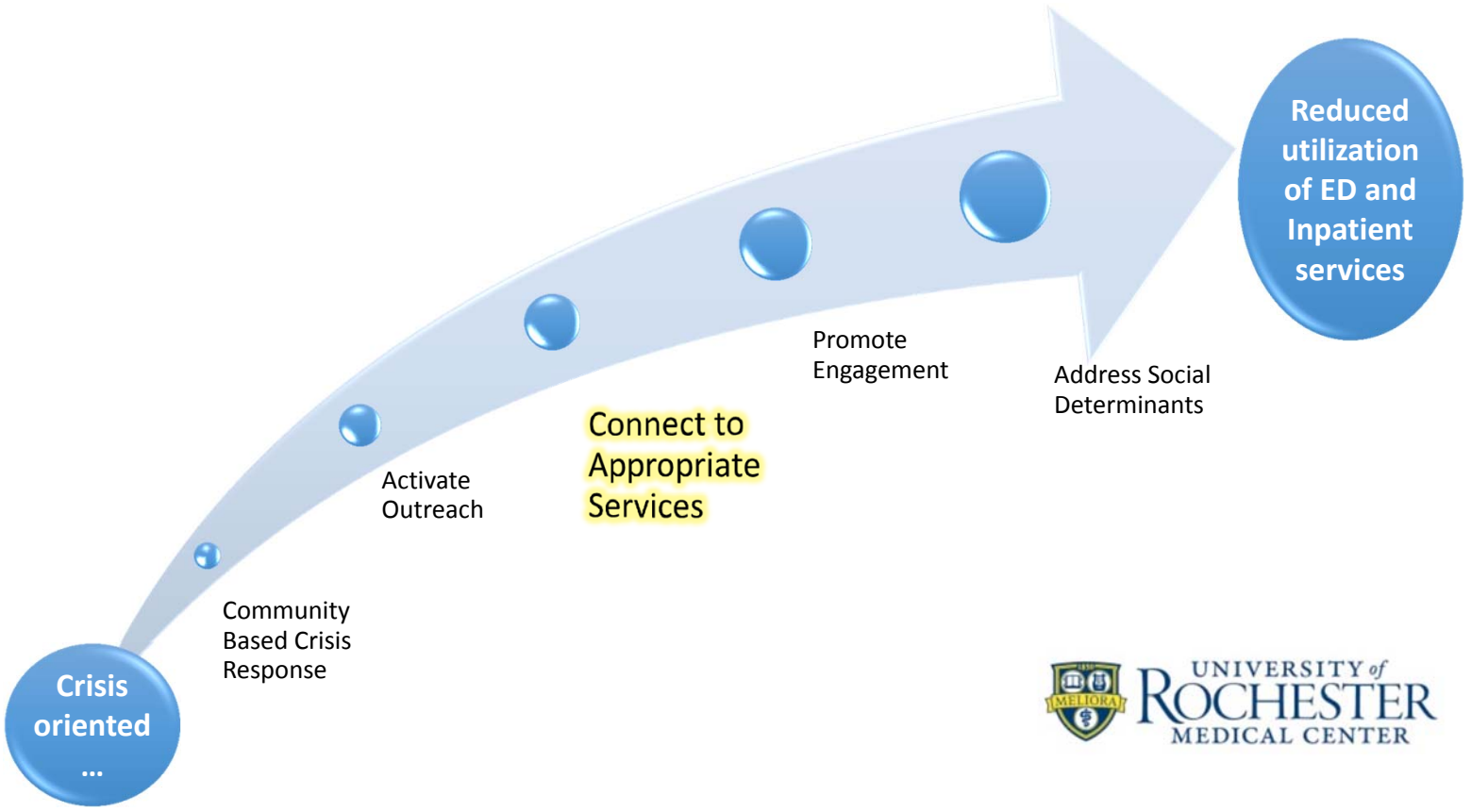
# CCBHC Hub


Serious Mentally Ill Clinic Services
Strong Ties Therapy Services CMHC
Strong Ties Psychopharm Medication Clinic
Crisis Stabilization
Mobile Crisis Team
Adult Partial Hospital Program
CPEP Interim Crisis Therapy Clinic
Crisis Therapy Services Clinic
Strong Recovery Addiction Services
Outpatient Treatment
Opiate Treatment Program
Outpatient Detox
Ancillary Support Services
Medicine in Psychiatry PCMH
Health Home Care Management
On-site pharmacy and lab

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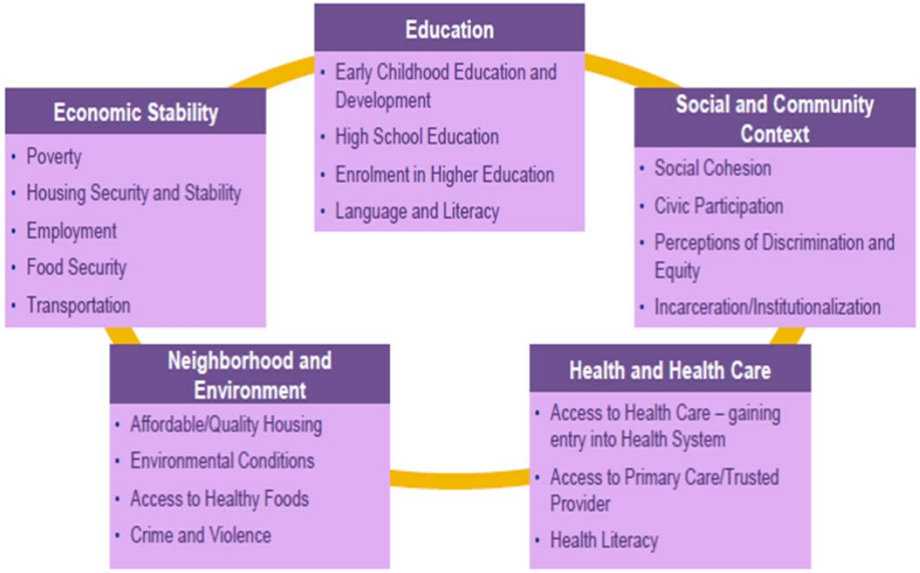
# You can make a difference!

# SDH- Social Determinants of Health

Social determinants of health have been defined as the circumstances in which people are born, grow up, work and age, and the systems put in place to deal with illness

# Consider Partnering to address a SDH




Examples of SDH project outcomes:

**Housing**

- 40% reduction in inpatient stays
- 26% reduction in ED

**Nutrition**

- 38% reduction in overall healthcare costs
- Reduces the likely hood of hospital readmission
- 93% people discharged to home post-hospital instead of nursing home

**Environment**

- Reduces school absents and missed work days
- 66-70% reduction in asthma-related hospitalizations with home remediation's

# The Future


THE FUTURE IS OURS TO CREATE.

# Opportunity

- OASAS is working on Access – treatment availability, provider groups forming to create urgent and emergency 7 day (24 hour) assessment and linkage to care. RFA currently on OASAS website.
- DSRIP projects and Value Based Payment preparation create opportunities for integration. Partnerships between SUD and PH providers, hospitals and community based organizations, health providers and social service and housing providers to integrate the system of care.
- **Quality of care needs to rise to standards expected by payers where services are provided because they add value. (Aka VBP)**

# Behavioral Health Integration Resources

- http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/2016-01-26_integrate_serv_webinar.pdf
- http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/2016-07-14_integrate_serv_webinar.pdf
- http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2016/2016-01_integrated_care_faqs.htm
- http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/2016-03-18_billing_matrix.pdf
- https://www.oasas.ny.gov/legal/CertApp/IOS.cfm
- https://www.oasas.ny.gov/legal/CertApp/documents/IOSGuid.pdf
- http://www.omh.ny.gov/omhweb/clinic_restructuring/integrated-services.html
- http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/regulatory_waivers/licensure_thresholds.htm
- http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2016/2016-09-14_shared_space_guide.htm
- https://www.oasas.ny.gov/adMed/sbirt/index.cfm

# Resources

Find Addiction Treatment https://findaddictiontreatment.ny.gov

Peer Guidance https://oasas.ny.gov/recovery/PeerServices.cfm

Coming soon a Peer Toolkit from Recovery Services

Warm Handoffs serve as the first step toward accountable care (PDF article, Behavioral Healthcare Magazine)
http://www.behavioral.net/article/warm-handoffs-serve-first-step-toward-accountable-care

Warm Hand-Off Referrals By the Primary Care Provider to the Behaviorist (IBHP –Integrated Behavioral Health Project) Sample Scripts and Procedures (PDF)
http://www.ibhpartners.org/get-started/procedures/accessing-the-behavioral-healthcounselor/

## Contact us:

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# Thank You !

Reversing the stigma


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