Best Practices in Behavioral Health Integration

Eagle Ridge Golf Course, Gilroy, CA
October 27, 2017

All event resources will be available on the HIP website

www.hipscc.org

Check us out on Facebook, Twitter, and Youtube.

HEALTH IMPROVEMENT PARTNERSHIP of SANTA CRUZ COUNTY

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Integrated Behavioral Health Hospital Transitions Pilot

September 2016-February 2018

Sponsors of the Pilot and its Evaluation

- Beacon Health Options
- Central Coast Alliance for Health
- County of Santa Cruz Health Services Administration
- Dignity Health Community Grants Program
- Dominican Hospital
- Health Improvement Partnership With Blue Shield Of CA Foundation
- Janus of Santa Cruz
- The Integrated Behavioral Health Hospital Transitions Steering Committee

History of Pilot Project

- The Idea for this pilot came out of a hospitalists meeting
  - The hospitalists questioned the effectiveness of treating the medical issues associated with IV drug use if not offering treatment for the underlying issues for the medical condition.
    - EX: Patient who had valve replacement and hospitalized for 6 weeks of IV-Abx but does not receive any counseling or recovery intervention during the entire hospitalization, discharges from the hospital and uses, returns in worse condition.
- And interest in partnering with local skilled nursing facilities for long-term stays

Purpose of the Pilot

- To provide community based behavioral health and substance use recovery support for inpatients at Dominican Hospital to facilitate ongoing mental health and recovery when discharged from the hospital.

Patient Eligibility and Workflow

Recruitment and Referral to Therapist

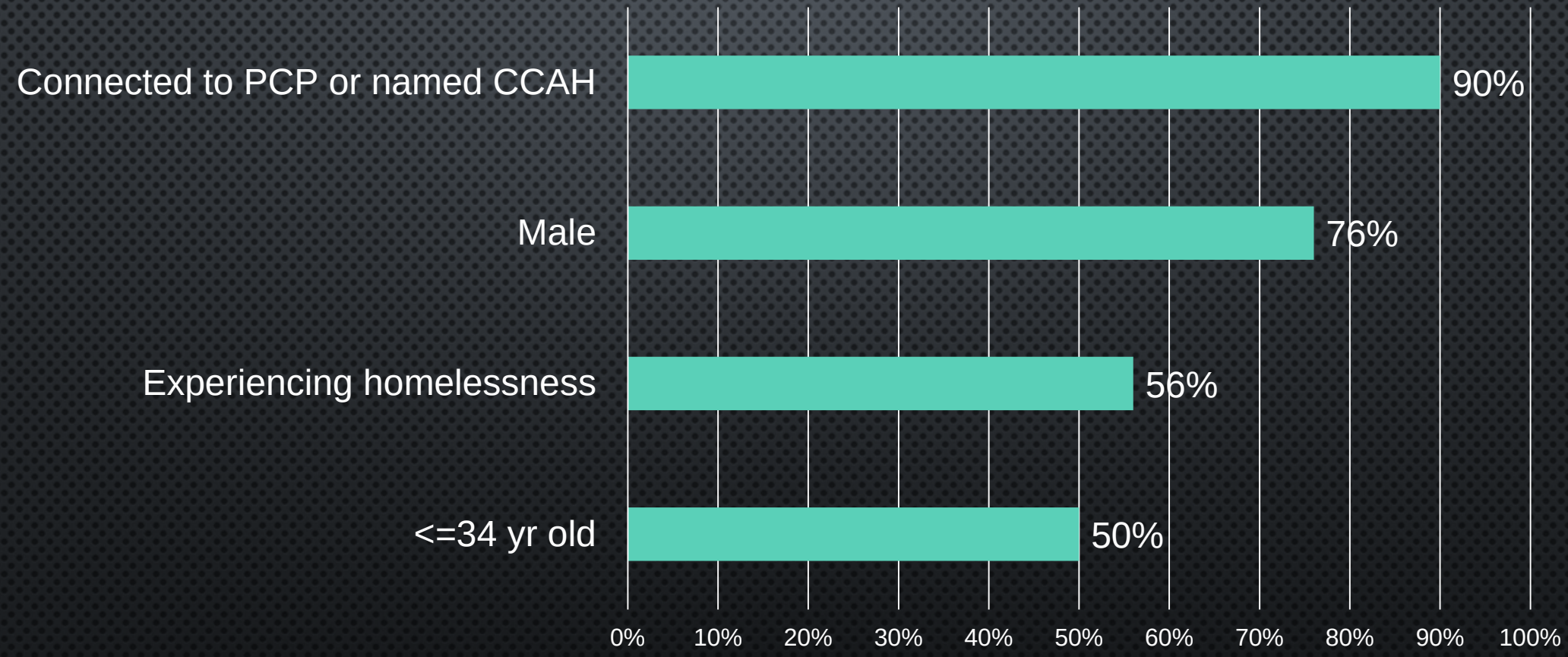
September 2016-July 2017

61 patients were identified as eligible

50 (82%) consented to referral to Janus Lighthouse Counseling

39 (78%) were seen by a Janus therapist

Patient Characteristics

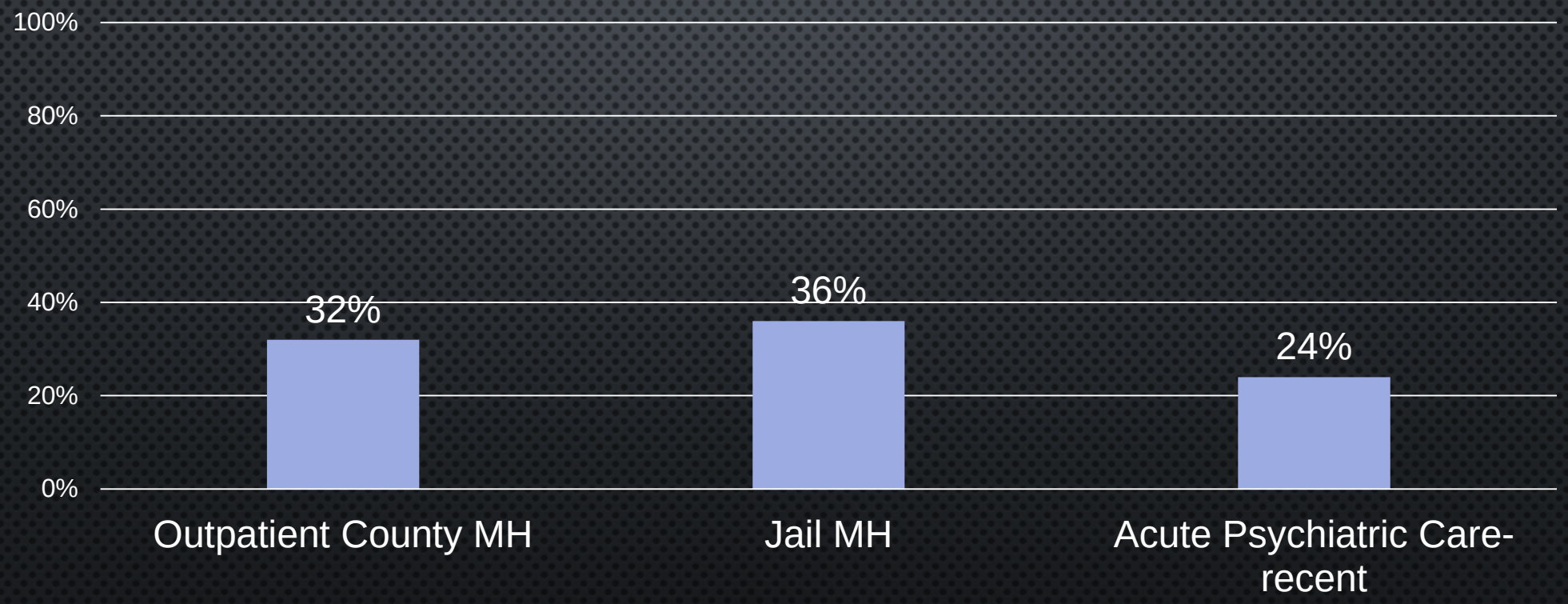


Interactions of Janus Therapist with Referred Patients

- Patient visits are at Dominican Hospital or one of their contracted Skilled Nursing Facilities
- Time from social work referral to first visit by Janus therapist is now <=24 hr M-F
- Patients receive an average of 2 visits with the Janus therapist (range: 1-6 visits), depending on length of stay
- Visits employ Motivational Interviewing to engage patients, explore goals and interest in MH and SUD treatment services, and support linkage to services upon discharge

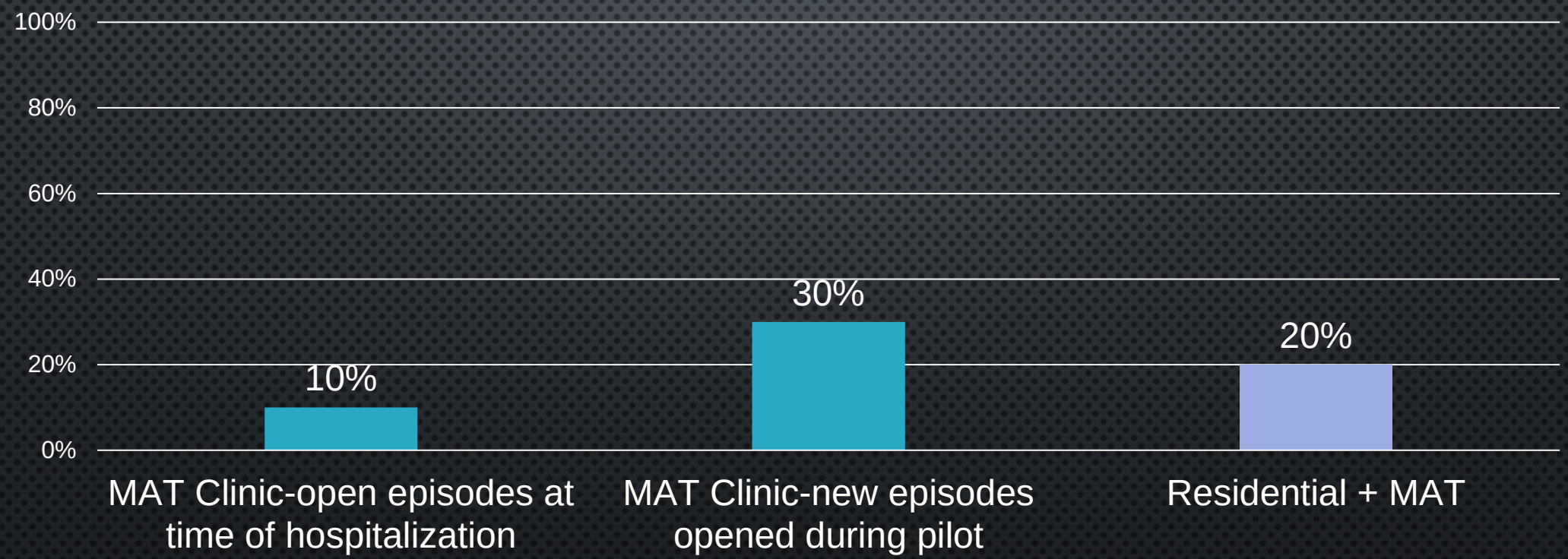
Patients' Recent History of Santa Cruz County Adult Mental Health Services Utilization*

*As documented in AVATAR EHS; Use of services not logged in Avatar are excluded; 12% were not in AVATAR EHS



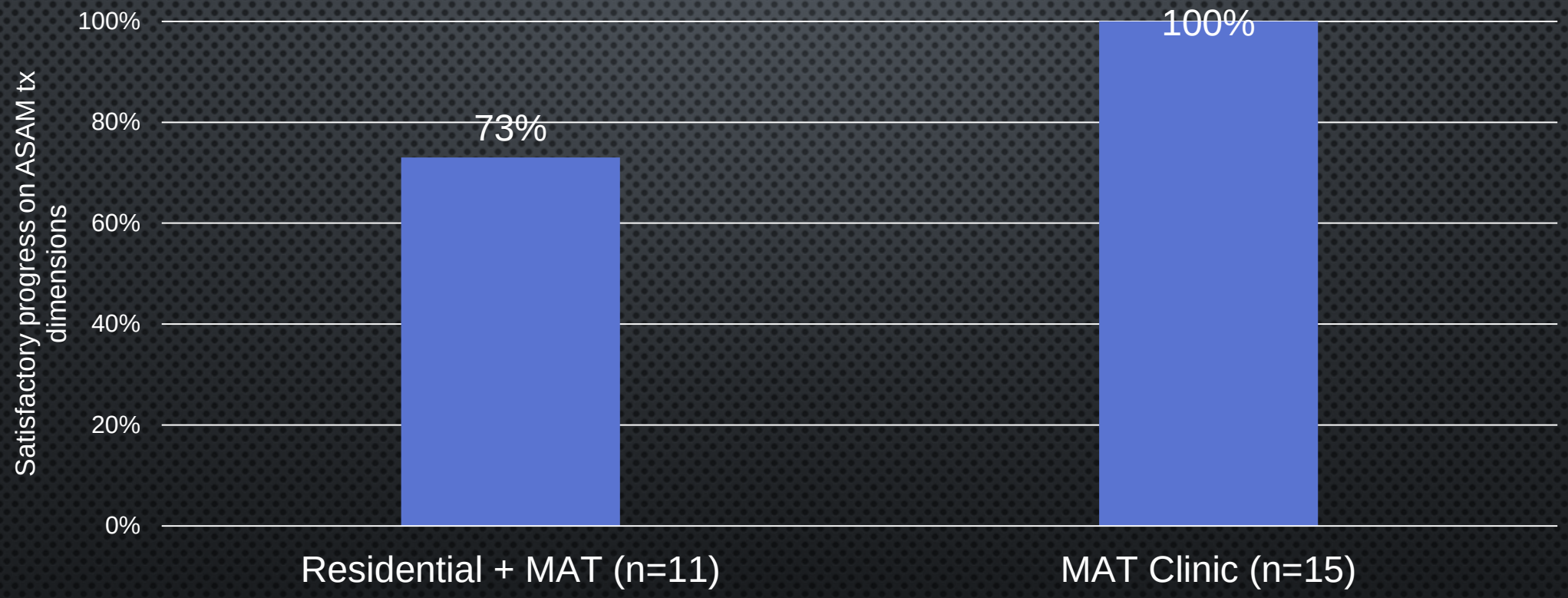
n=50

Patients' Engagement in SUD/COD Treatment Services at Janus



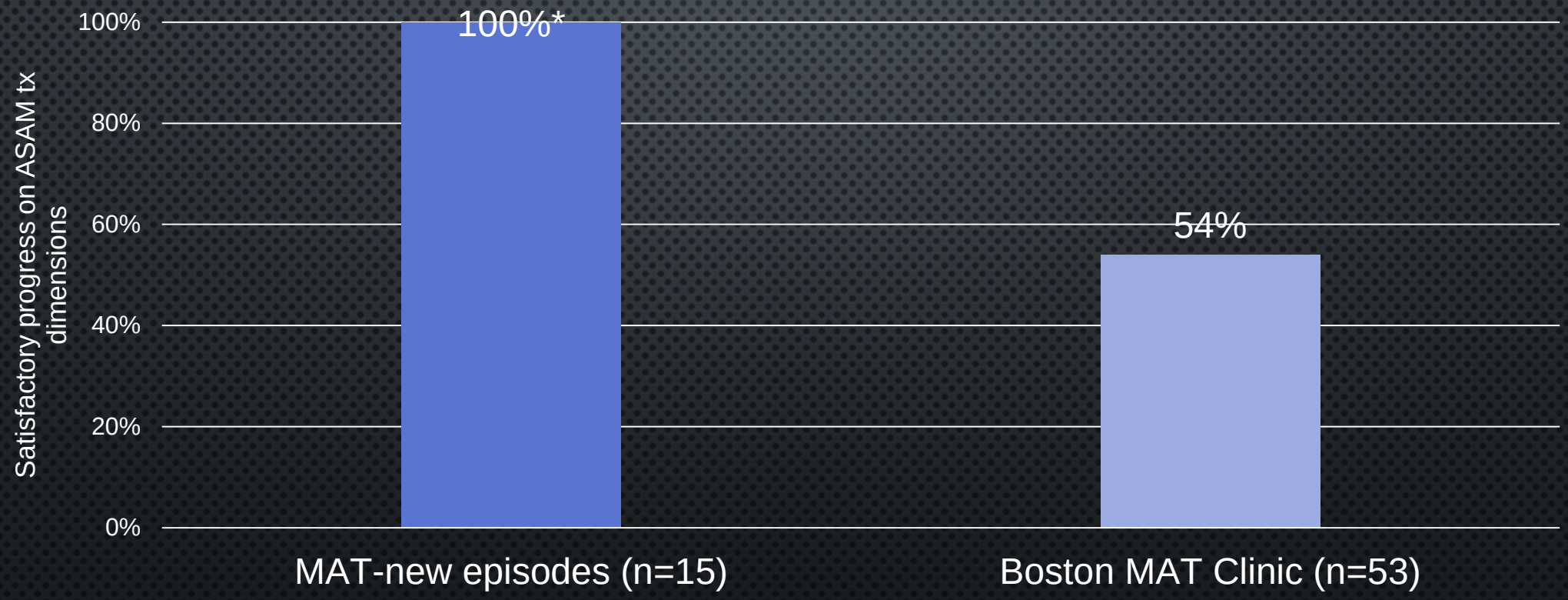
n=50

SUD Outcomes*: Satisfactory Progress Towards Goals



*% are likely to be unstable due to small sample sizes

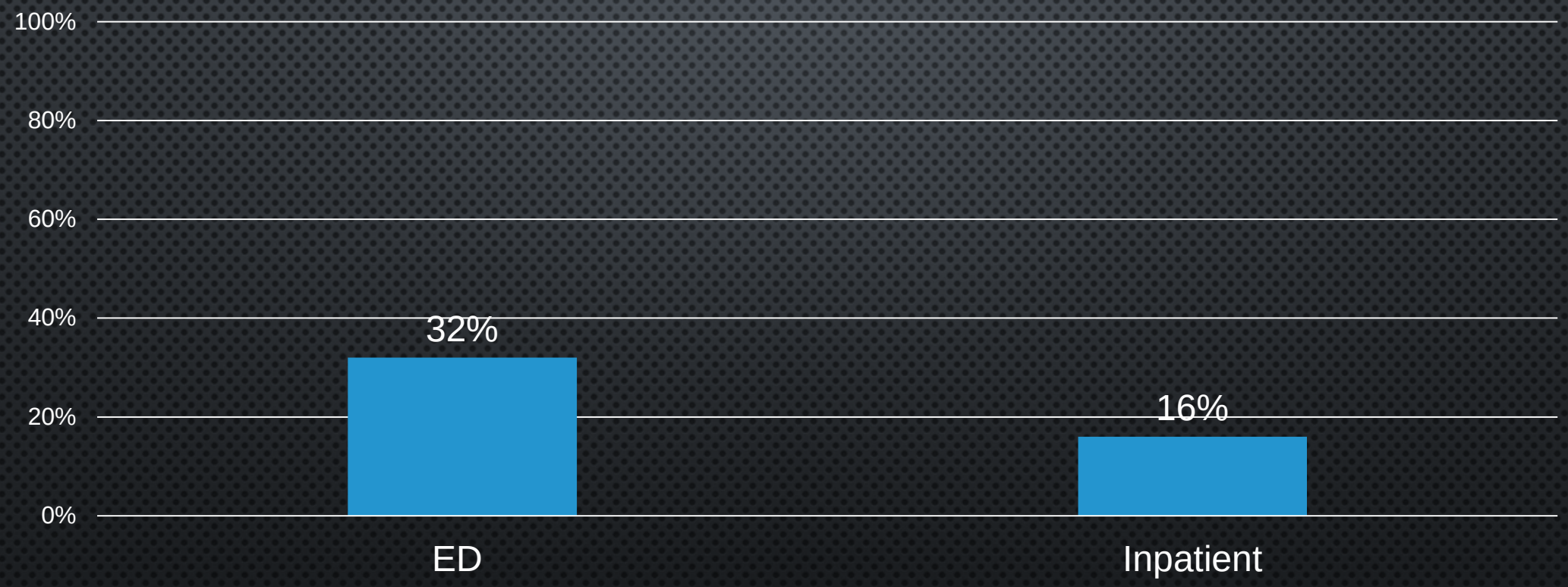
SUD Outcomes: Satisfactory Progress Towards Goals >=30 days



*% is likely to be unstable due to small sample size

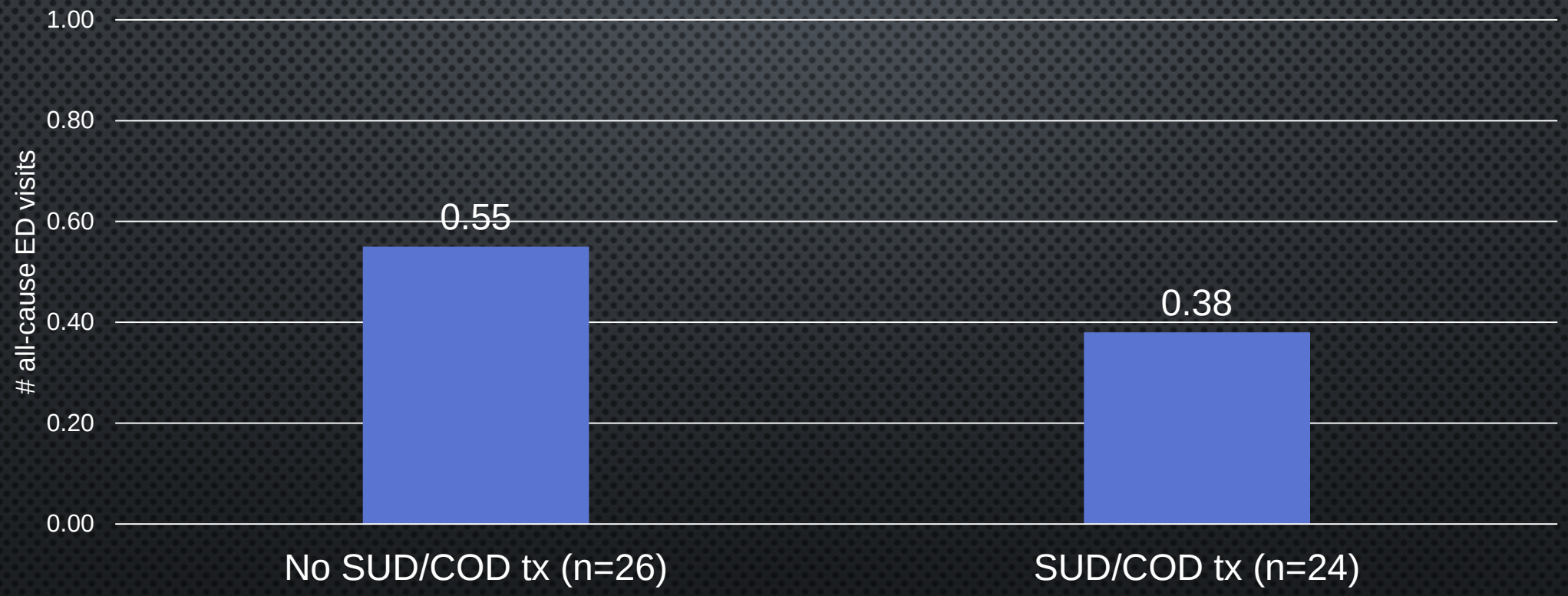
(Trowbridge et al., 2017)

Outcomes: Use of Hospital Services within 30-days of Discharge



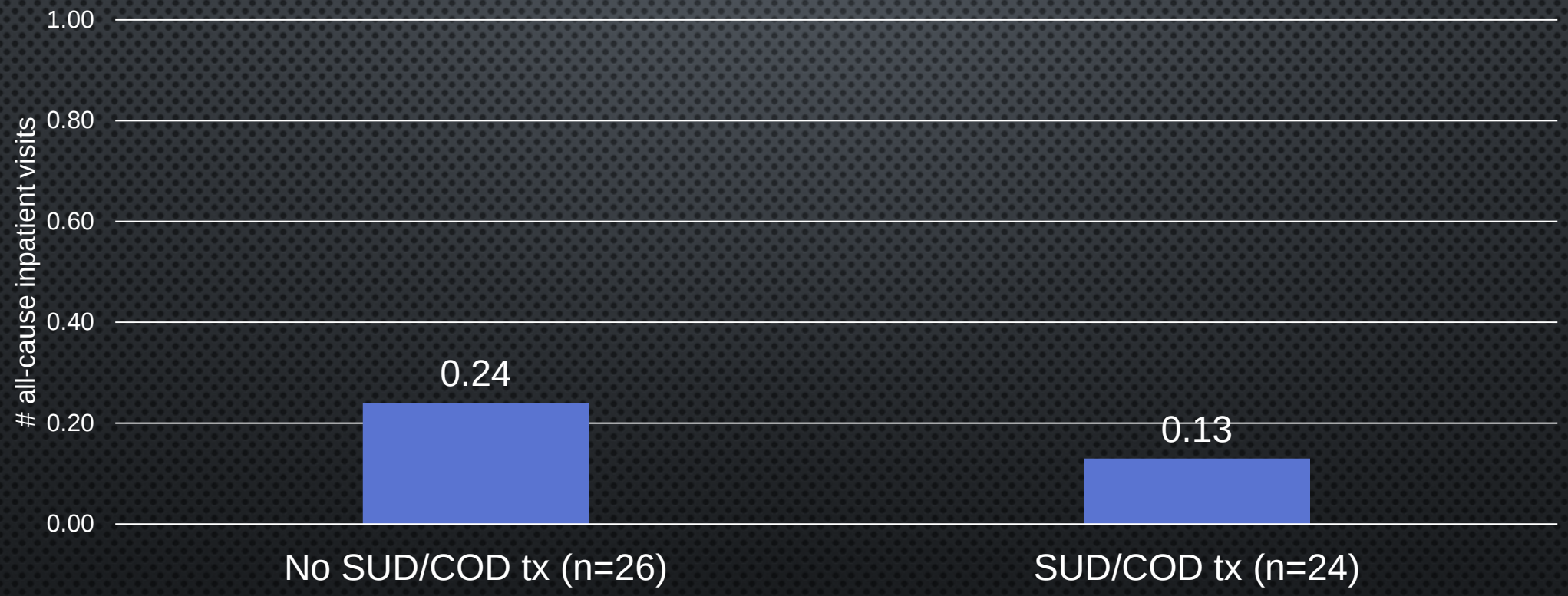
N=50

Mean Number of All-cause ED Episodes within 30-days of Index Hospitalization



No statistically significant difference in means

Mean Number of All-cause Inpatient Episodes within 30-days of Index Hospitalization



No statistically significant difference in means

What have we learned?

Successes

- Strengthened collaboration across network of providers
- Informal rapid cycle quality improvement of patient care
- Improved referral and follow-up workflows between hospital social work staff and Janus therapist
- Shortened time from referral to first patient visit from 3.2 days to <=24hr
- Met with 50 referred patients
- Engaged 11 patients in new residential treatment episodes
- Engaged 15 patients in new MAT episodes
- Communication of a streamlined process for accessing rapid intake at MAT clinics
- Clarification of eligibility criteria for patients entering residential SUD treatment directly from the hospital or SNF

Challenges and Next Steps

Challenges

- Rapid access to SUD treatment
- Housing
- Medical & MH complexity
- Coordination with existing & new initiatives
- Reluctance of hospitalists and ED physicians to start Suboxone in hospital
- Stigma and lack of social support

Next Steps

- Increased Medi-Cal coverage of residential SUD treatment with 1115 waiver
- Training in VI-SPDAT pre-screening tool for coordinated entry to housing programs
- Licensing to provide Incidental Medical Services in SUD tx
- Engagement and training of hospitalists and ED in MAT, part of CA Hub & Spoke MAT Expansion Initiative
- Proposal for Phase II funding to expand eligibility and include a Peer Support Specialist trained in WRAP

Stories

Themes from Case Reviews

Highlights

- Warm handoffs
- Door-to-door service

Barriers, not deal breakers

- Acute medical needs
- Relapse
- Medications

Thank you for your attention

For more information:

- Elisa Dakiwag, LMFT, Clinical Manager of Outpatient Services, Janus of Santa Cruz
- Sonya Drotter, LCSW, Manager Of Care Coordination, Dignity Health-Dominican Hospital
- Jen Hastings, MD, Physician Consultant, Health Improvement Partnership, Santa Cruz
- Dona Putnam, RN, Director of Care Coordination, Dignity Health-Dominican Hospital
- Lisa Russell, Ph.D., Director of Research and Evaluation, Janus of Santa Cruz

IMAT

Integrated Medication Assisted Treatment

San Mateo County Behavioral Health & Recovery Services

Alcohol & Other Drug Services

Mary Taylor Fullerton, LMFT

Facing Addiction in America

The Surgeon General's report on Alcohol, Drugs and Health

November 2016 : U.S. Surgeon General Vivek Murthy

- *"Public Health Crisis"*
- *> 20 million Americans have a Substance Use Disorder*
  - *1 ½ times the # of people who have all cancers combined*
- *> $420 billion annual economic impact of SUD*
  - *Health care, criminal justice, economic-productivity losses*
  - *Alcohol accounts for most costs and lives lost*
- *Only 10% get meaningful help*
  - *Calls out "abundant scientific data" in support of MAT*

Medication Assisted Treatment

*the use of **medications** in combination with*
counseling** and **behavioral therapies
for the treatment of substance use disorders.

Pilot

- MAT & CM
- ↓ Health Care Costs

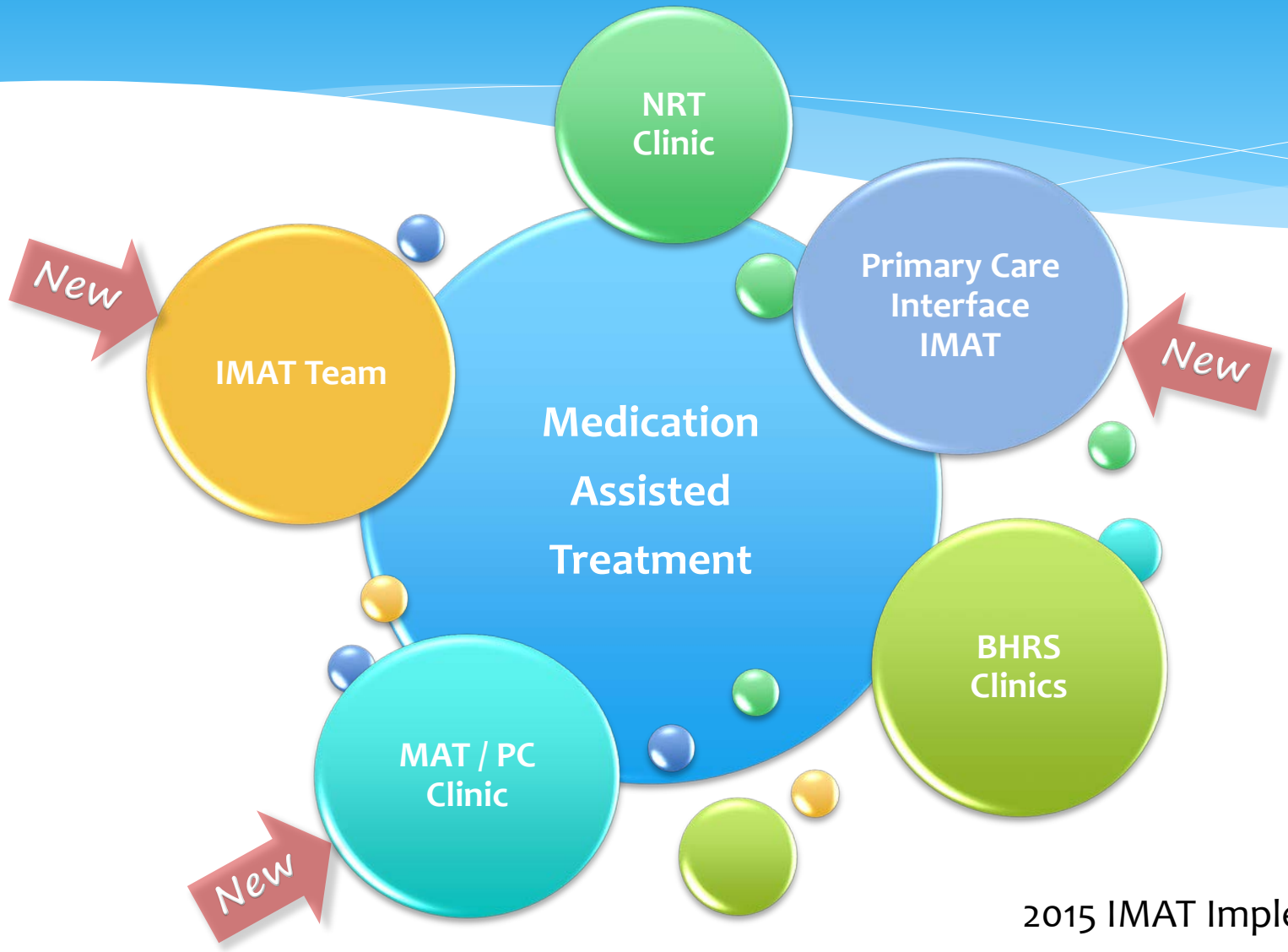
Partnership

- HPSM
- BHRS
- SMMC

IMAT

- **June 2015**

System Wide Goal

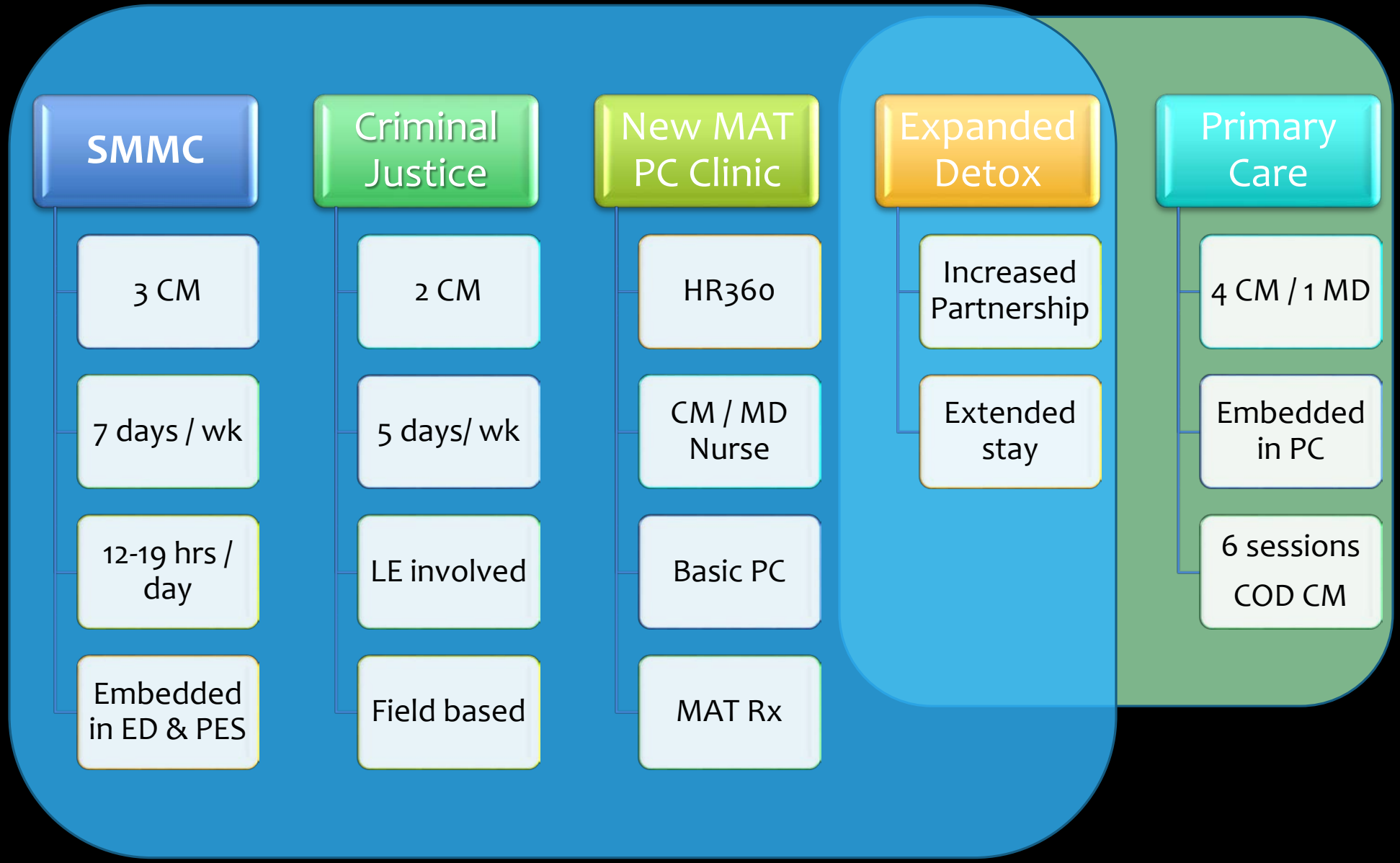


IMAT Team

Who We Are & What We Do

New MAT Services

as of June 2015



IMAT Criteria: Who we serve

1. Chronic, problematic alcohol use
   - High utilization of SMMC Emergency Services (ED, PES)
   - Criminal Justice or Law Enforcement involvement
2. Health Plan of San Mateo member *(or HPSM eligible)*
3. Motivated to reduce or stop using alcohol
4. Not already connected to BHRS regional services

What We Do

Case Managers: Backbone of IMAT success

Outreach

- Psycho Ed - initial ct contact
- Community Education
- Provider presentations
- Networking

Screen & Assess

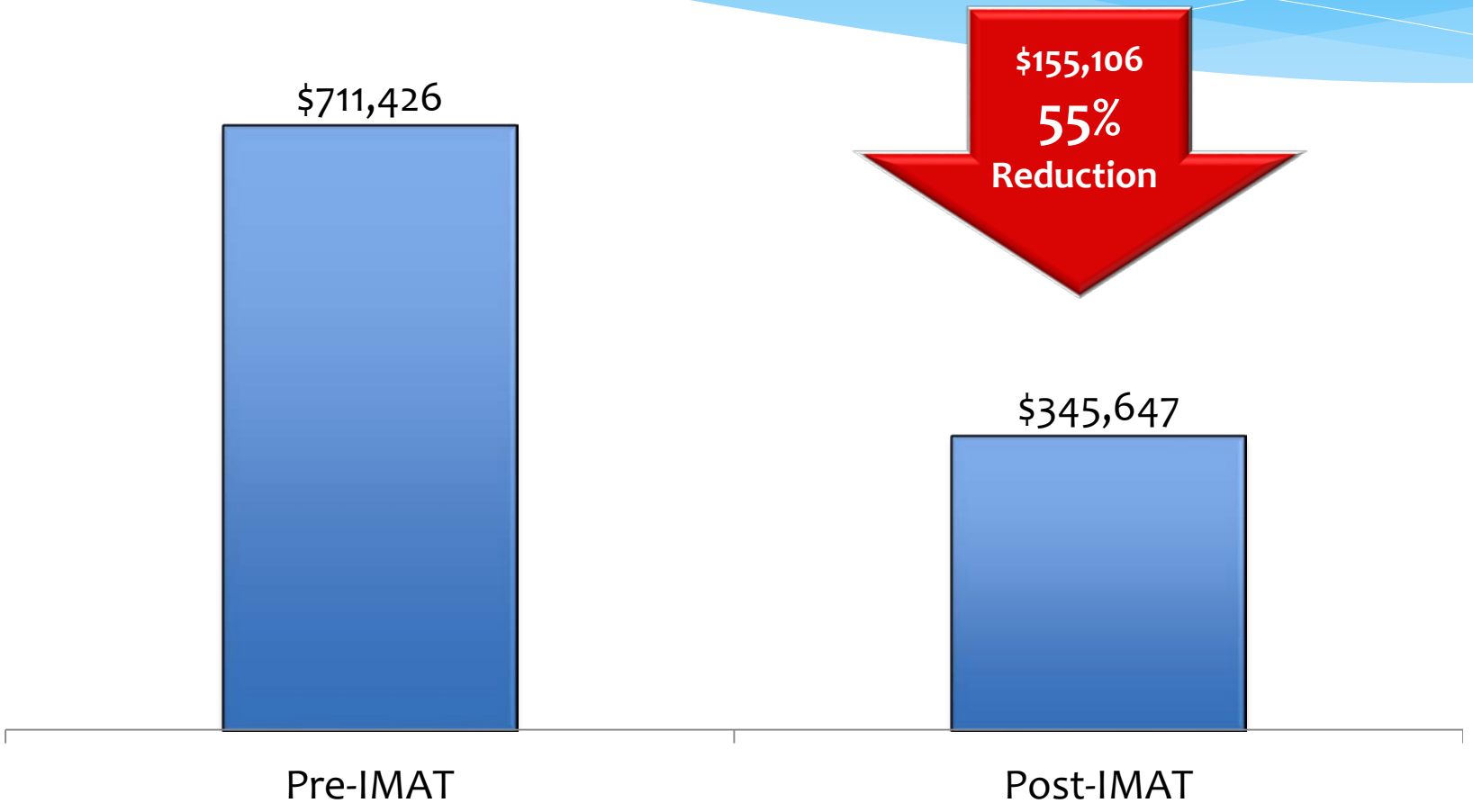
- Program fit
- ASAM criteria
- Recovery needs
- Ongoing

Linkage

- MAT clinic (or provider)
- Transport
- System Navigation
- MH, SUD, PC, Benefits, etc.

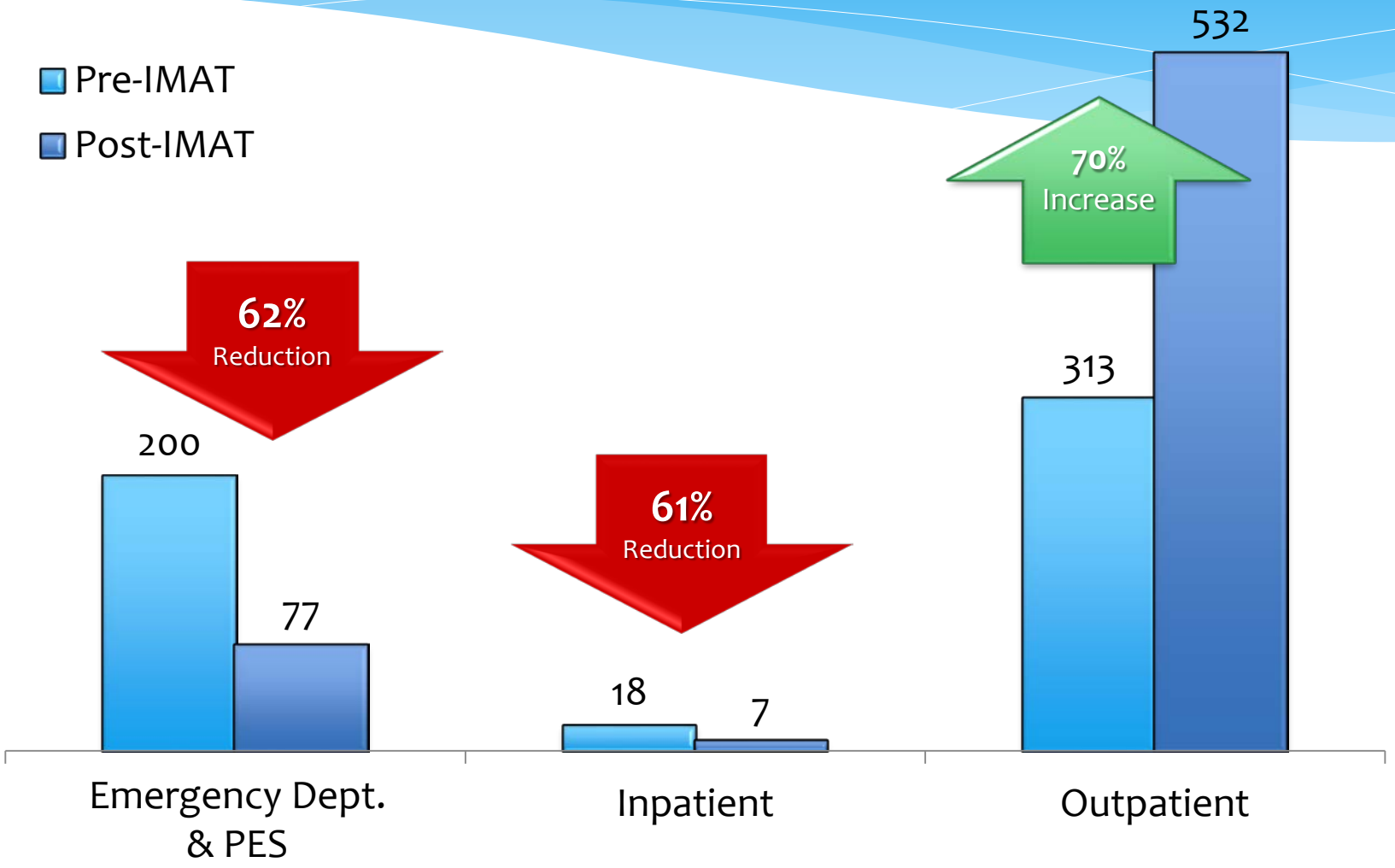
Data & Outcomes

Health Plan Service Costs

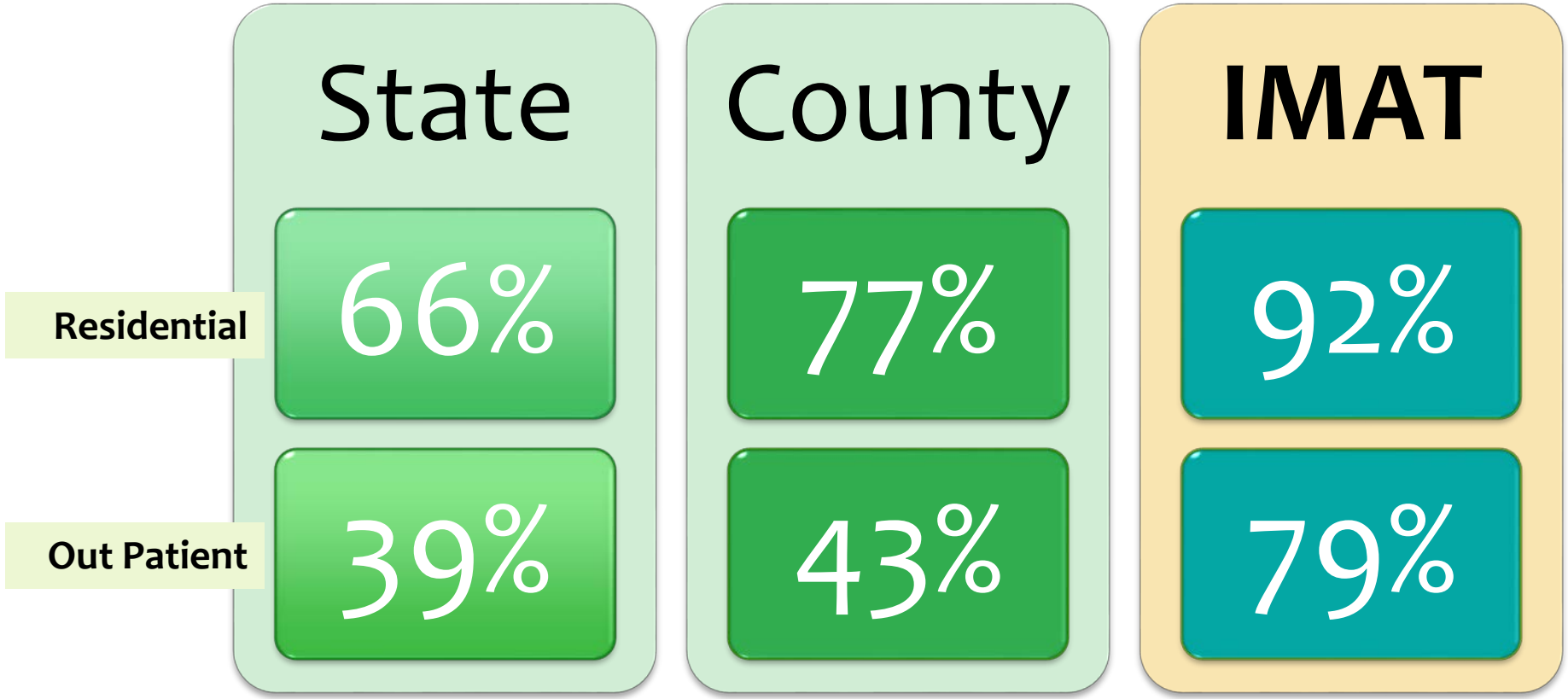


Service Breakdown

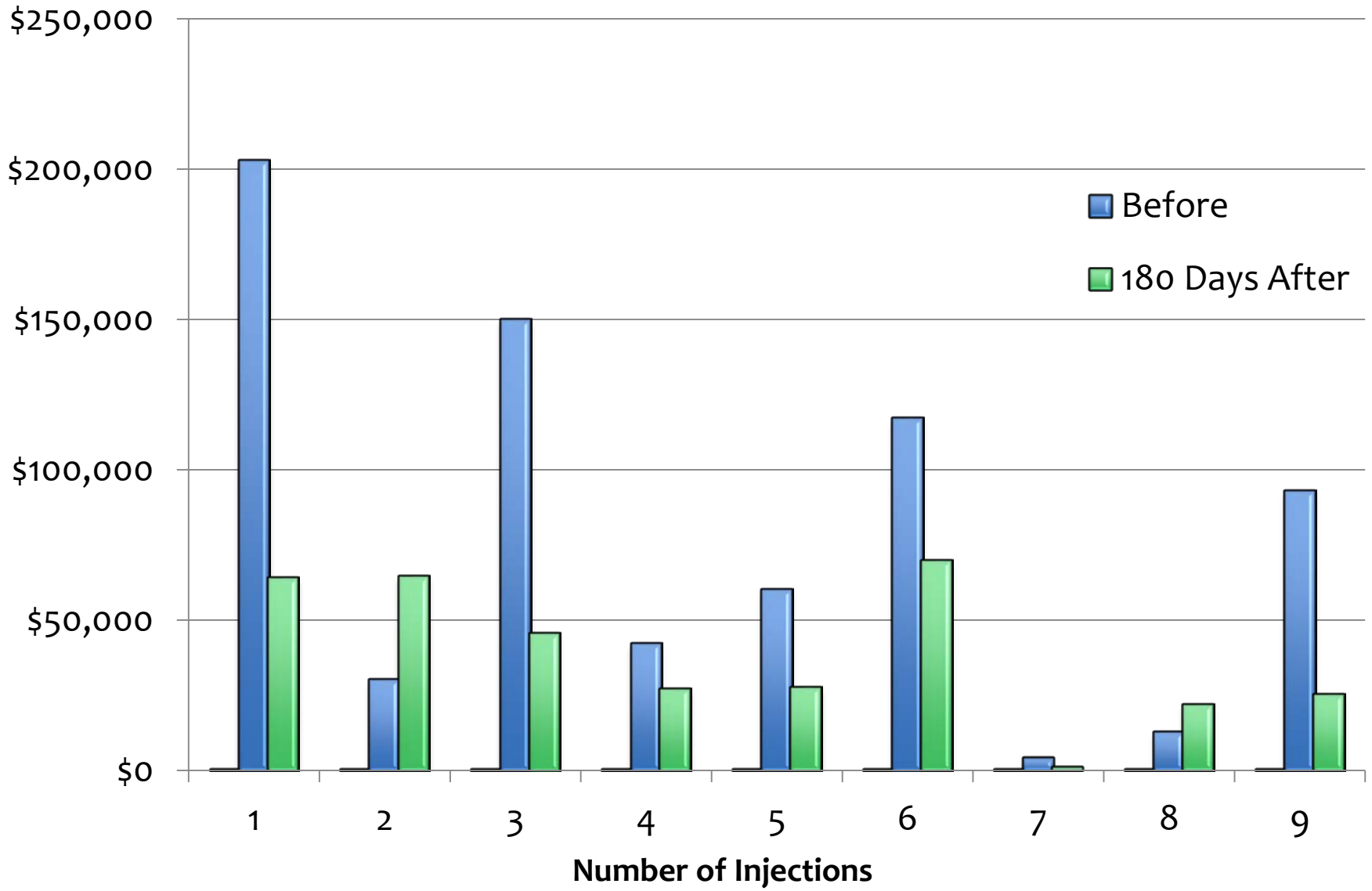
6 month analysis Pre & Post IMAT intervention



Treatment Completion Rates



Average Cost Reduction per Injection



Next Steps

Next Steps

- Expansion: **Opioid Use Disorders**
  - Opioid now kill more people than gun homicides and car crashes combined
  - More people use prescription opioids than use tobacco
  - Commission on Combating Drug Addiction
    - *"With approximately **142 Americans dying every day**…*
      a death toll equal to September 11th every three weeks."

- Organized Delivery System: Drug MediCal Waiver

- Whole Person Care Pilot

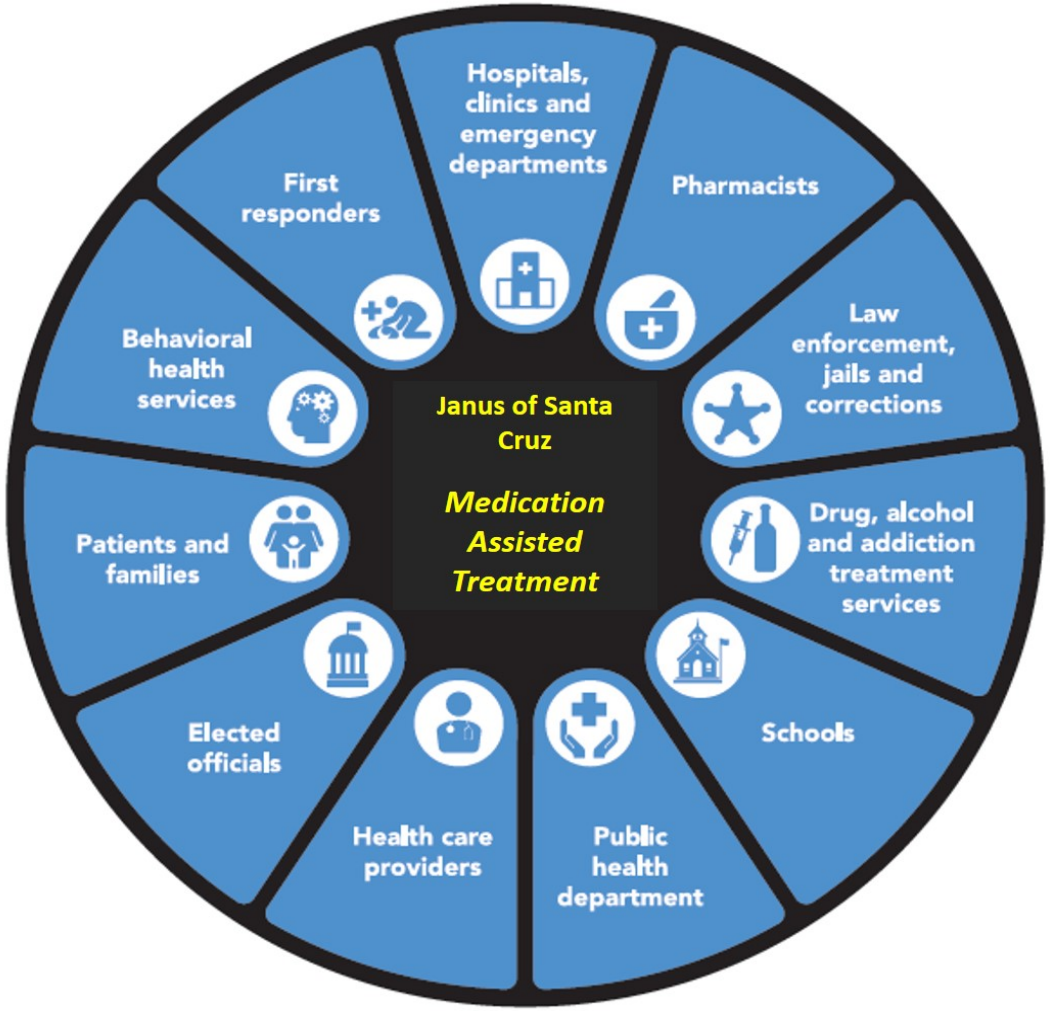
"The most important thing is,
we have to change attitudes towards addiction
and get people into treatment…

Addiction is a disease of the brain,
not a character flaw."

- Former Obama U.S. Surgeon General
Vivek Murthy, MD

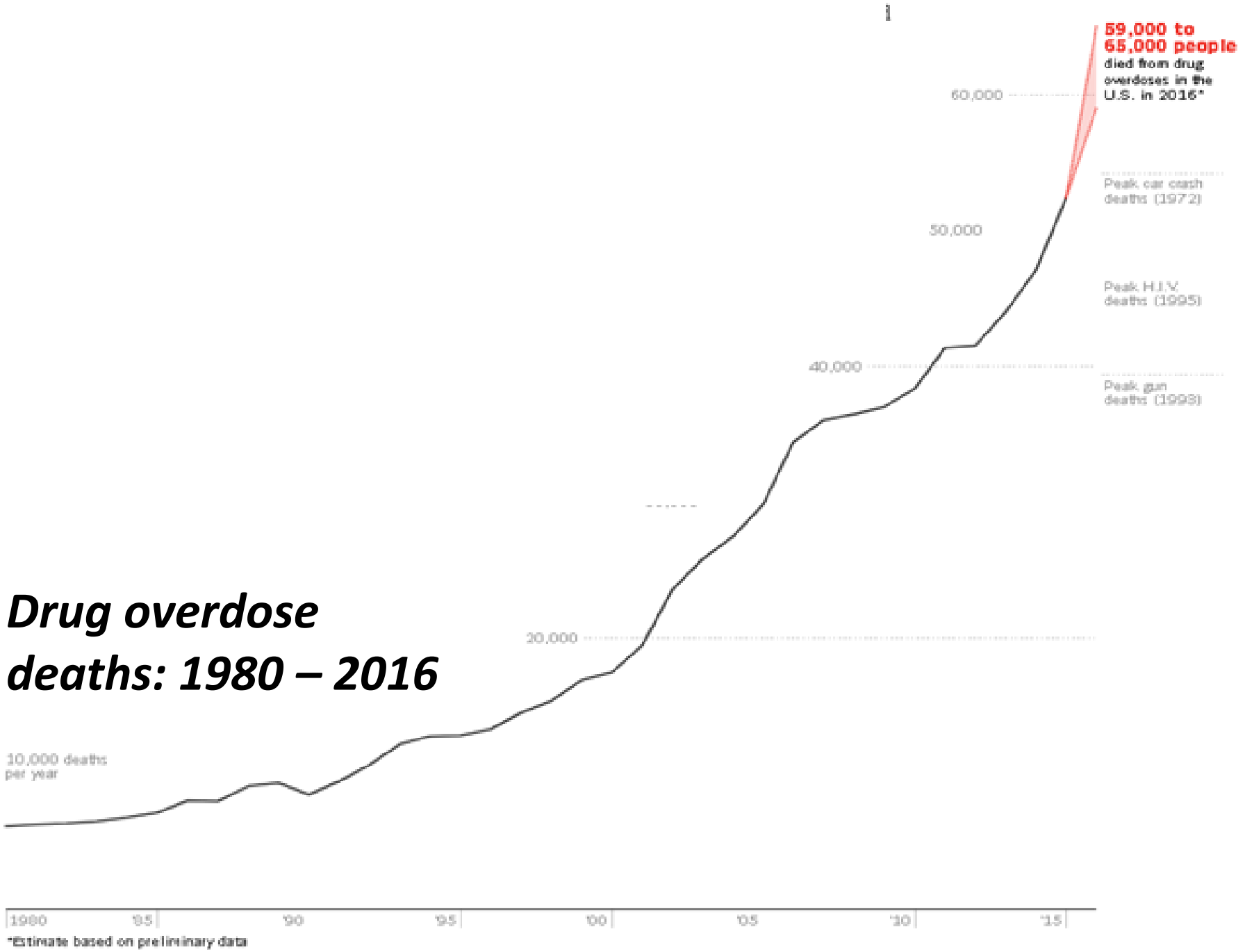
Central Coast Recovery Options Program

Janus of Santa Cruz



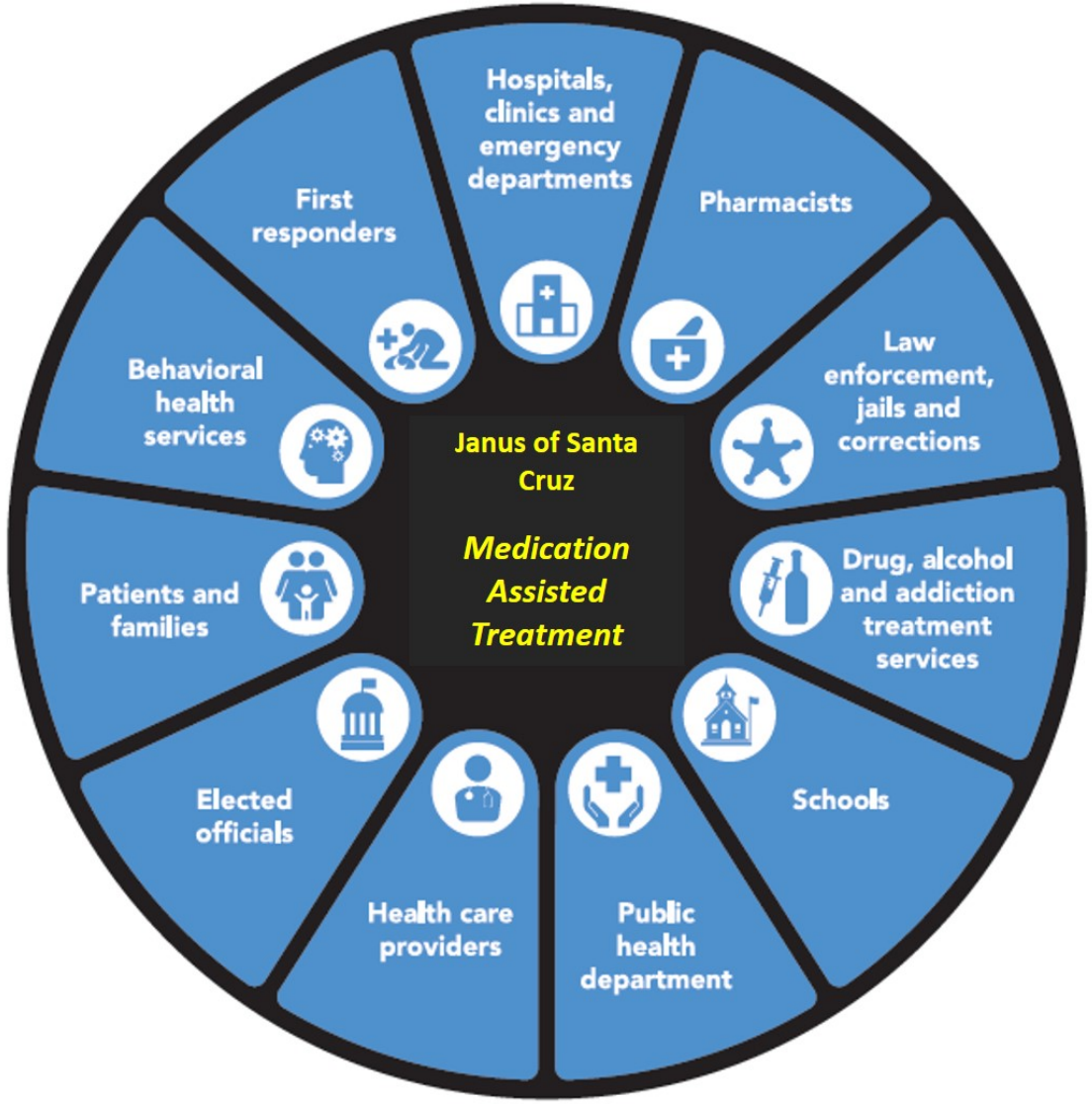
A Coordinated and Integrated Approach to MAT Care

Drug overdose deaths in 2016 most likely exceeded 59,000, the largest annual jump ever recorded in the United States, according to preliminary data compiled by The New York Times.



Drug overdose deaths: 1980 – 2016

The Central Coast Recovery Options Program
"Hub and Spoke Model"

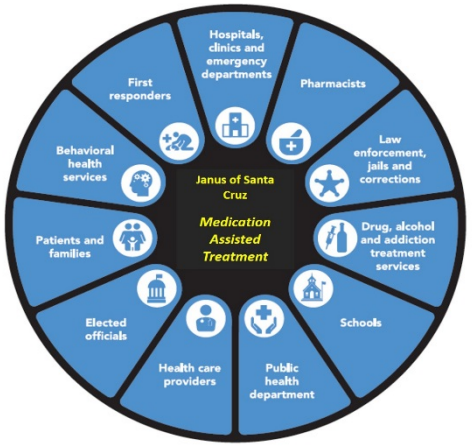


Opioid treatment programs (OTPs) are the *hubs*, and buprenorphine prescribers are the *spokes.*

The Hub coordinates care through consultations, technical assistance and bi-directional referrals.

Federally funded program, based on Vermont MAT expansion model.

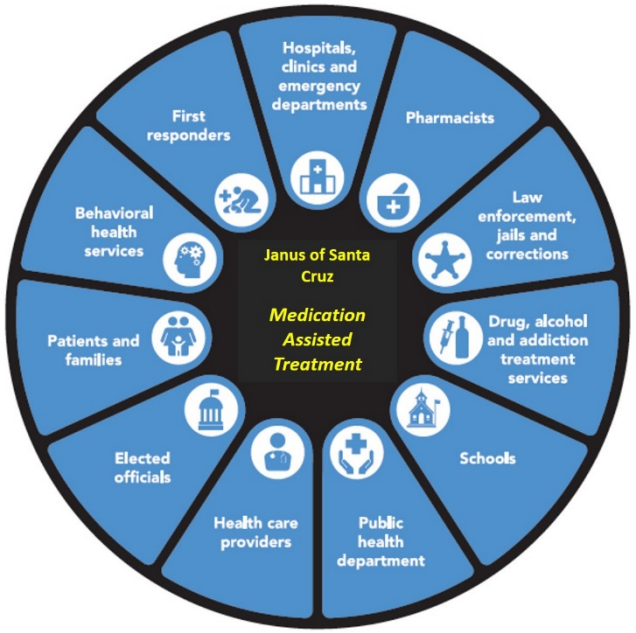
CENTRAL COAST RECOVERY OPTIONS PROGRAM



Aims to address the local opioid crisis by:

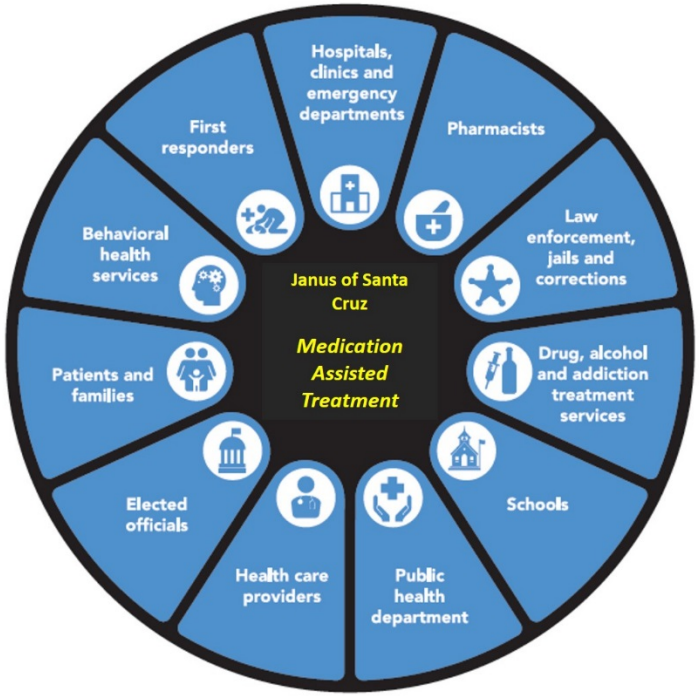
- increasing access to treatment
- increasing the numbers of buprenorphine prescribers
- reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD)

Central Coast Recovery Options Program
"Hub and Spoke Model"



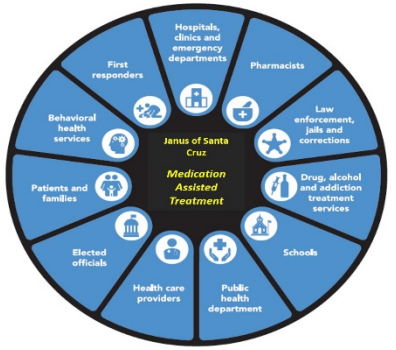
- Hubs provide care to the clinically complex patients
- Hubs provide support to the Spokes when they need clinical or programmatic advice
- Spokes provide ongoing care for patients with milder addiction (managing both induction and maintenance) and for stable patients on transfer from a Hub

The Central Coast Recovery Options Program uses the “Hub and Spoke Model



- The Spoke is comprised of at least one prescriber and a MAT team to monitor adherence to treatment, coordinate access to recovery supports and provide counseling
- Patients can move between the Hub and Spoke based on clinical severity and need
- All Hubs and Spokes must have MediCal

SPOKE PROVIDER BENEFITS OF PARTICIPATION



- Easy referrals to Hub for complex patients and referrals from Hub for stabilized patients
- Co-developing a coordinated team approach to caring for shared patients
- Support for becoming waivered to prescribe buprenorphine
- Regional learning collaboratives with in-person skills training and case-based learning
- *Warm line* expert consultation (curbside consults)
- Availability of scheduled on-site counseling services
- TA and training on the application of HIPAA and 42 CFR Part 2, ROI, HIE
- MAT Advisory Group for bupe providers (peer mentoring with other MDs)
- CME opportunities in Addiction Medicine

Strengths of the Central Coast MAT Provider Network

- A core of physicians and clinicians eager to start a coordinated and managed MAT system of care in Santa Cruz County
- A strong *Safe Prescribing Practices Coalition and Buprenorphine Peer Mentoring Group* (MAT Advisory Group)
- Support from Sutter Health, Dignity Health, Central Coast Alliance for Health and the County of Santa Cruz Health Services Agency
- Openness and readiness to participate from primary care and local medical clinics
- A peer-based recovery support program from the College of Health Sciences and Human Services at California State University Monterey Bay

Plans for the not-so-distant future

- *Adding more Spokes* from the counties of Santa Cruz, San Benito and Monterey
- Development of an *Addiction Medicine Rotation and Resident Training* program at Natividad Hospital in Salinas
- *Addition of an OTP* in Monterey County

MUCH MORE TO COME . . .

If you are interested in becoming a spoke, would like additional information, or have feedback, please contact us.

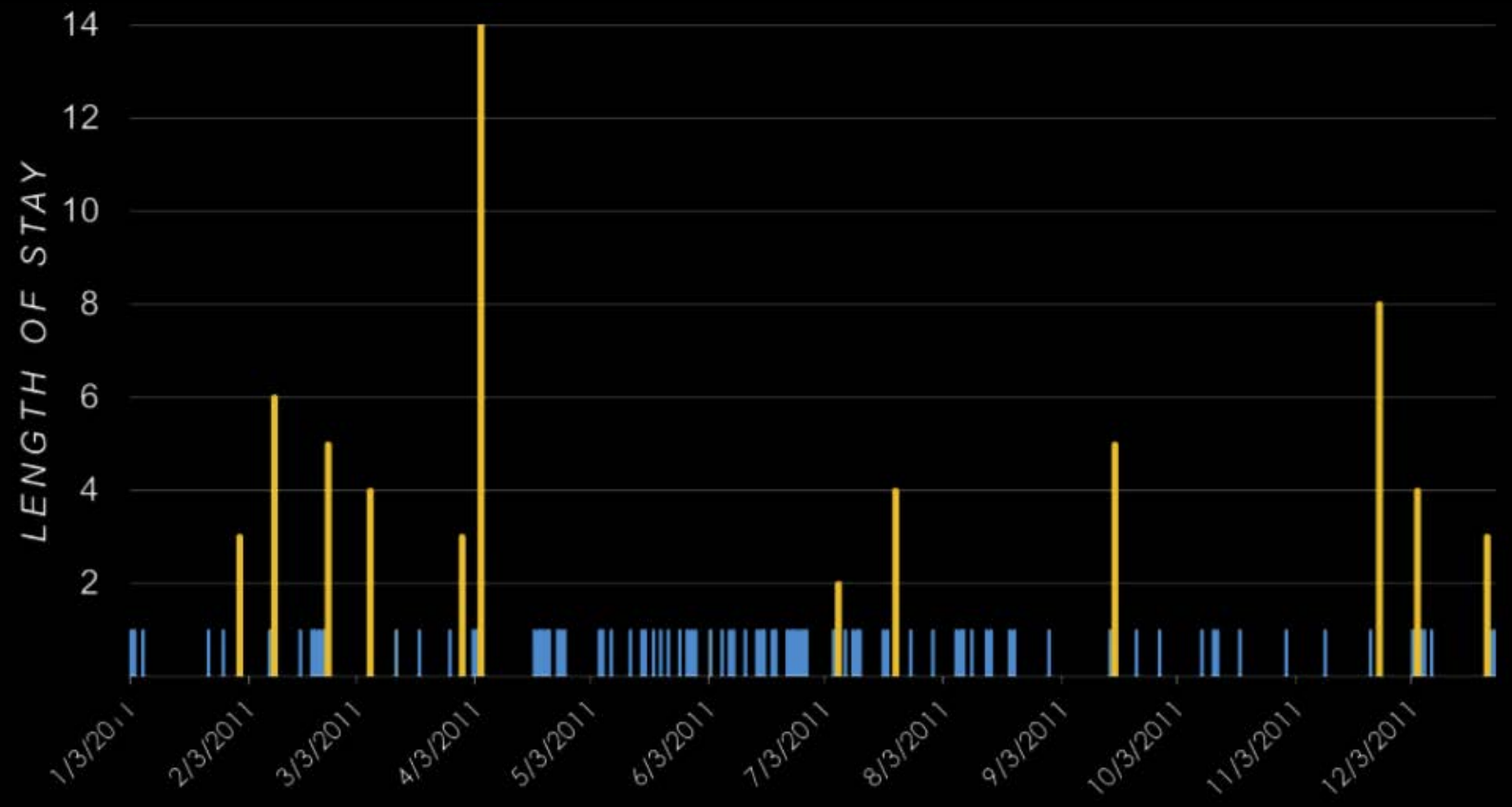
Mark Stanford, Ph.D.

Mark_Stanford@janussc.org

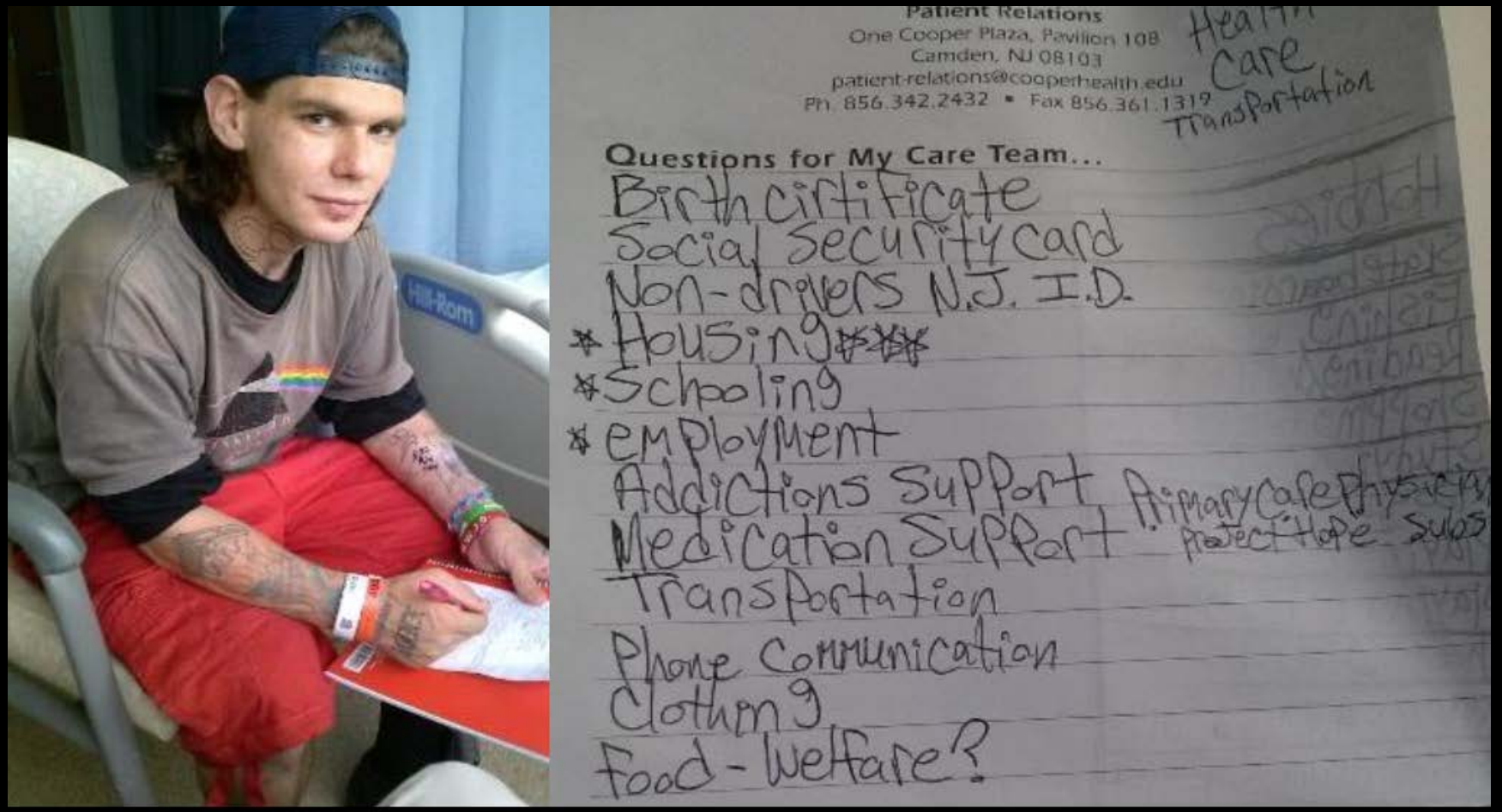
Janus is hiring! Please check our website: www.janussc.org

HOPE Medical Respite

Bedside Engagement

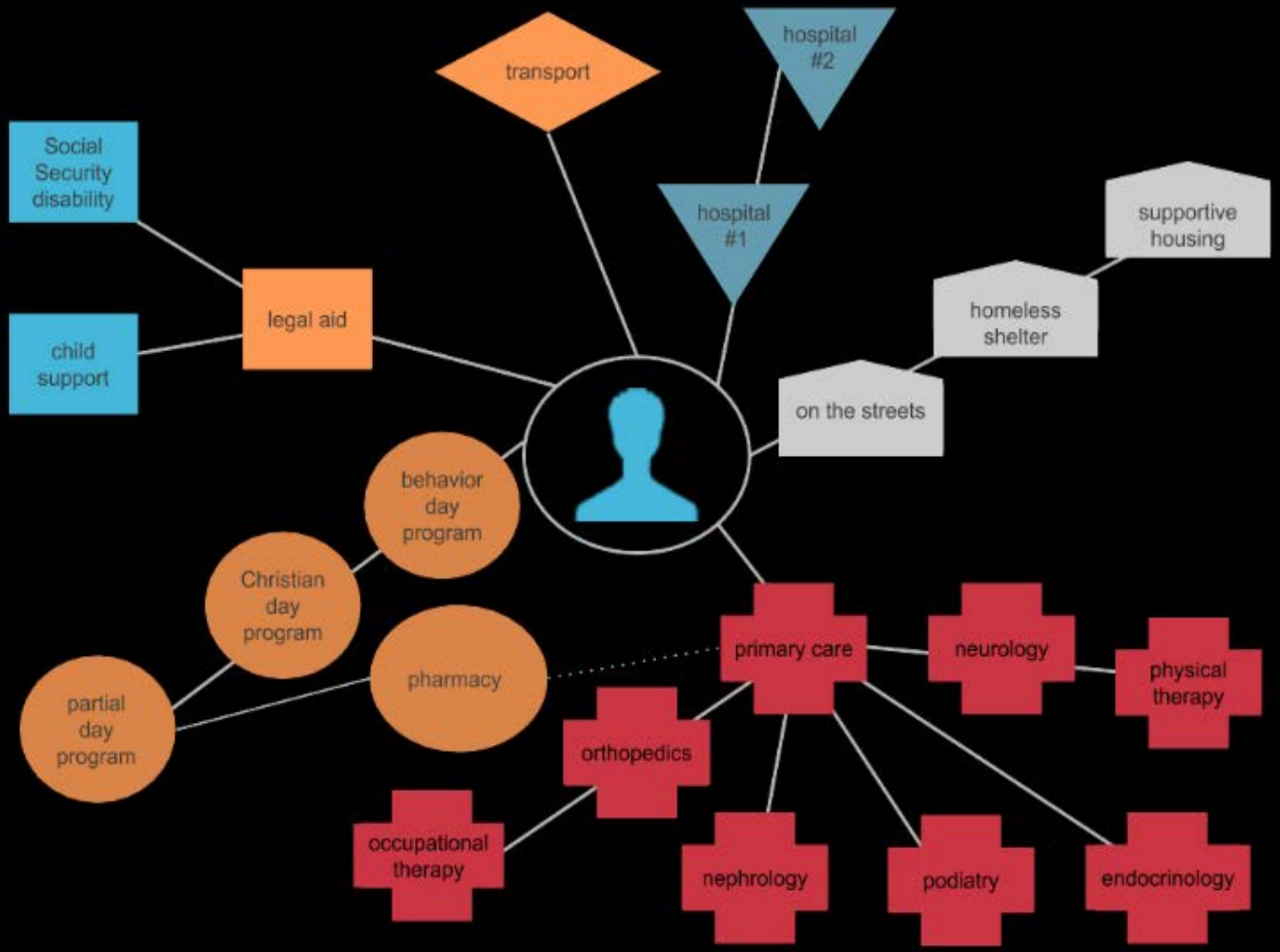


High Utilization



Initial Bedside Care Planning

patients w/ complexities = complex intervention




St. Thomas
Emergent Services
936

Care Tenets

- Acceptance framework
  - *Harm reduction*
  - *Motivational interviewing*
- Trauma-informed care: changing the fundamental question
- Both community-based & hospital-based
- Holistic, biopsychosocial, patient-centered approach

- Addiction
- ID Support
- Legal Assistance
- Advocacy & Activism
- Mental Health Support
- Transportation Support
- Housing & Environment
- Benefits & Entitlements
- Medication & Medical Supplies
- Provider Relationship Building
- Education
- Employment Connection
- Family, Personal, Peer Support
- Food & Nutrition Support
- Health Maintenance & Promotion
- Patient-Specific Wildcard

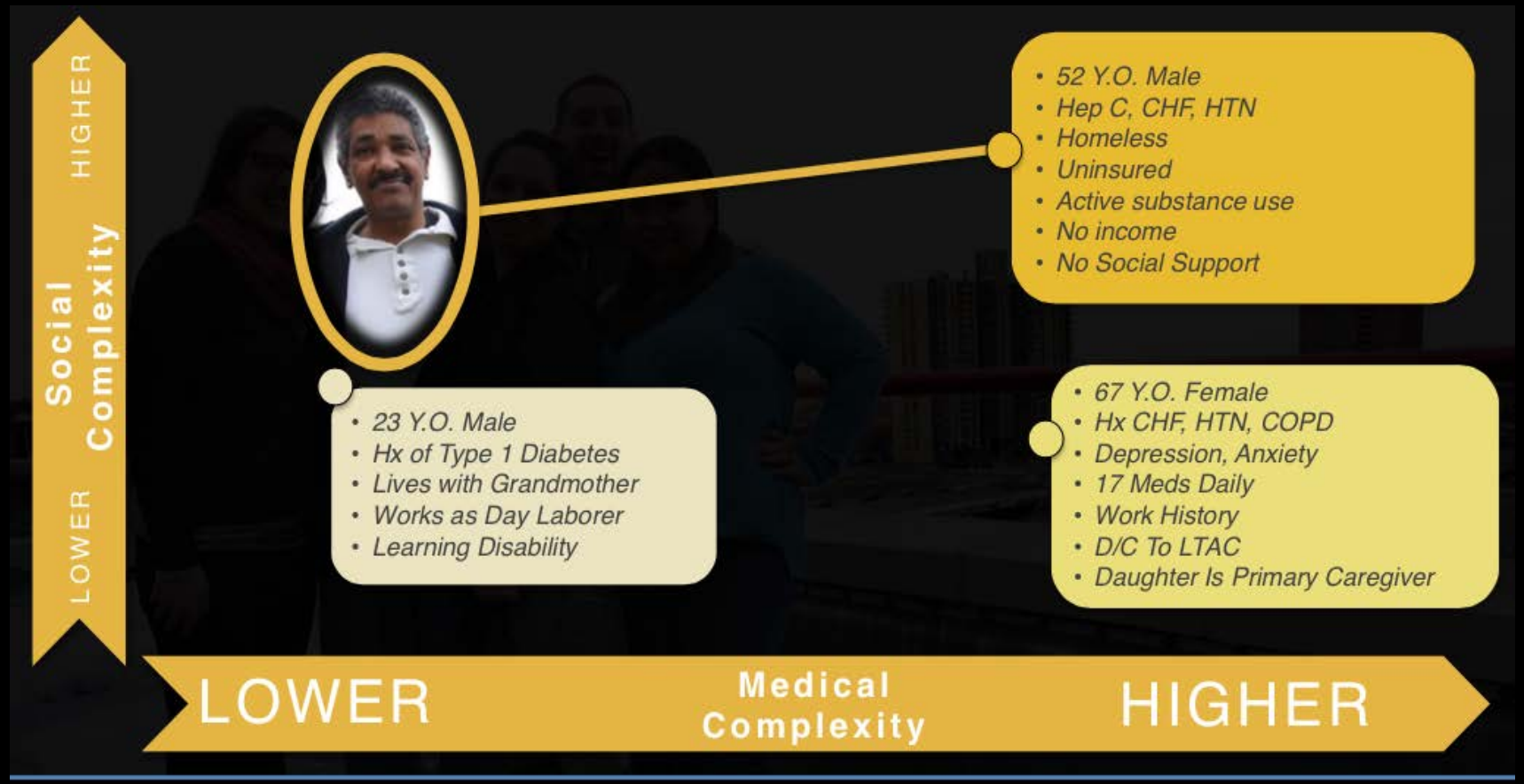
Domains of Care Planning

Patient Story: Miguel

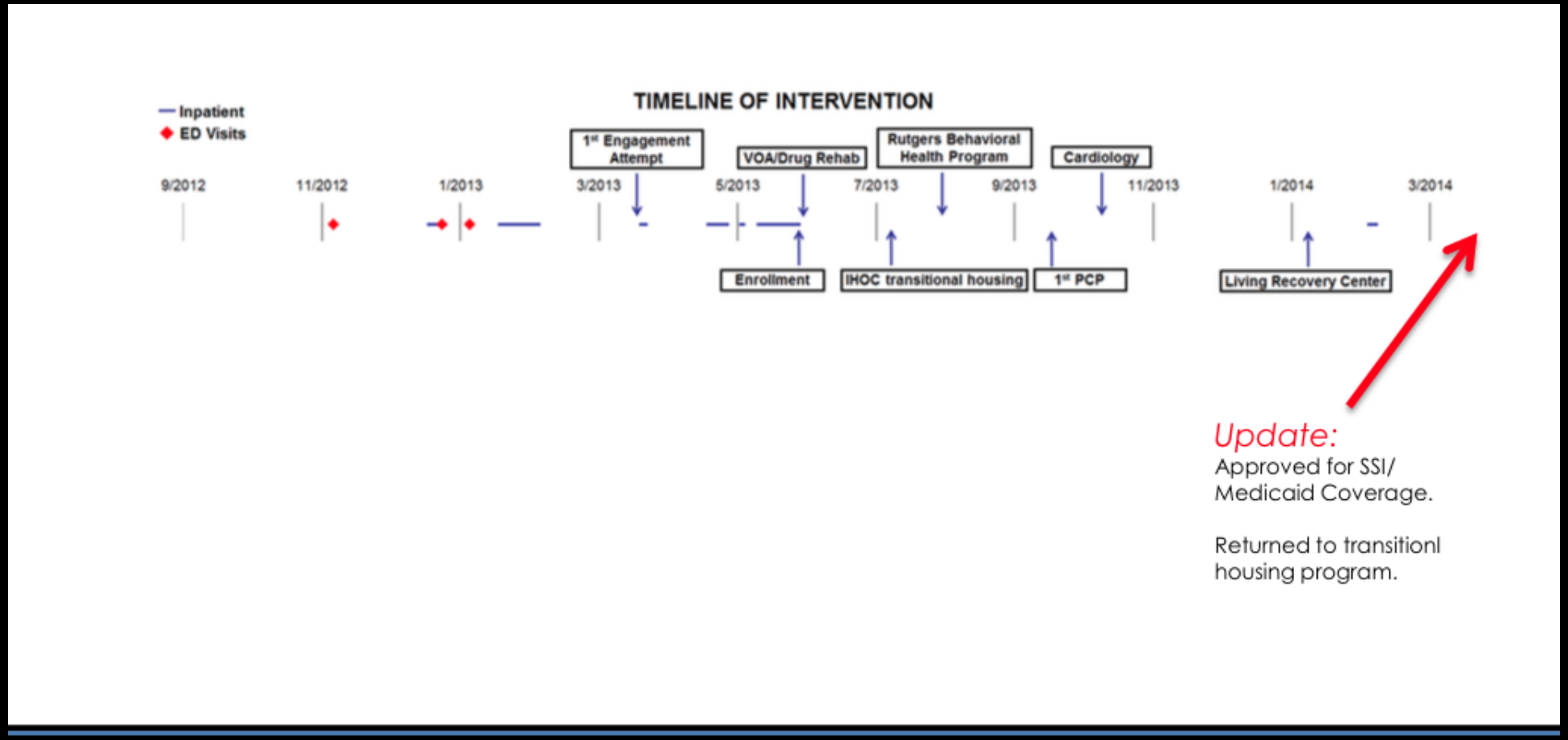
Driving Diagnoses:
Hepatitis C
Congestive Heart Failure
Hypertension

Social Indicators:
Unemployed/no income
Uninsured
Homeless
No social support
Active drug use

Hospital Utilization in 9 months prior to enrollment:
3 ED Visits
7 Inpatient stays
61 Days in the hospital
Receipts totaling $112,583.39

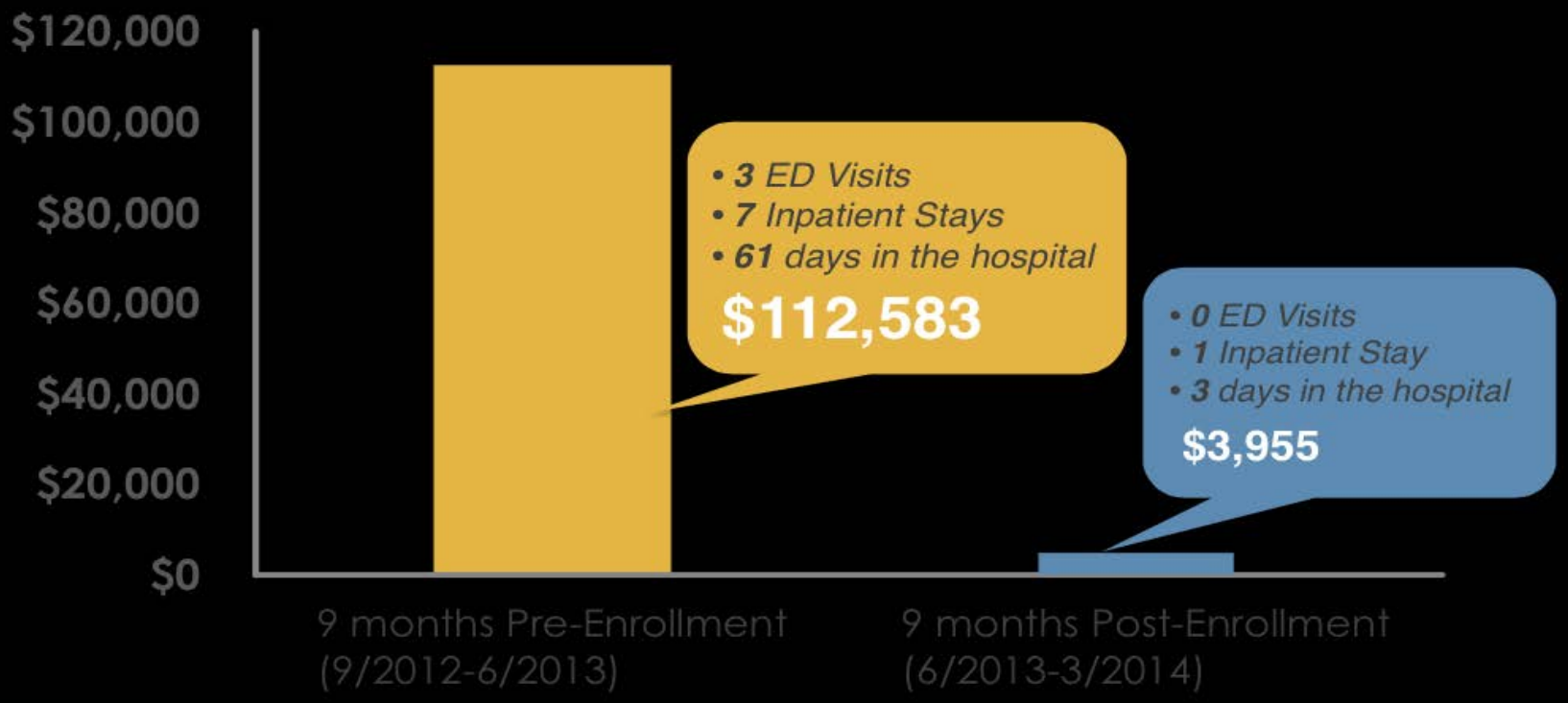


Variation of Patient Complexity



Timeline

Connecting to Community Partners



Outcomes

Reduced Hospital Utilization

System Failures

- Common name— slowed processing of paperwork on state level
- Misspelled name on SS card— couldn't obtain photo ID
- Follow-up paper filed incorrectly— simple mistakes compounded

Behavioral Health

- Medication adherence— meds and BP monitoring in context of behavioral health condition

System Solutions

Accompaniment & Advocacy

Patient Update: Miguel

- Miguel was approved for SSI & now receives Medicaid coverage.
- Income from SSI allowed Miguel to return to transitional housing program.
- Actively volunteers at self help/recovery center.
- Drug free

Best Practices in Behavioral Health Integration

Eagle Ridge Golf Course, Gilroy, CA
October 27, 2017

All event resources will be available on the HIP website

www.hipscc.org

Check us out on Facebook, Twitter, and Youtube.

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Discussion:

1. What inspired you today?

2. What activities or approaches would you consider implementing in your location?

3. What changes would you make to your data collection approach or outcome measures based on what you've heard today?

4. What similarities can you identify across the programs? Are there common challenges that need to be addressed?

5. What policy level issues were identified that create challenges for Behavioral Health Integration?