



SAMHSA-HRSA Center for Integrated Health Solutions

Substance Use in Integrated Care Settings: Considerations for Capacity Building

3/20/14

Webinar agenda

- **Overview/rationale for TA**
- **Discussion of critical areas of consideration**
- **Example of an integrated substance use delivery model**

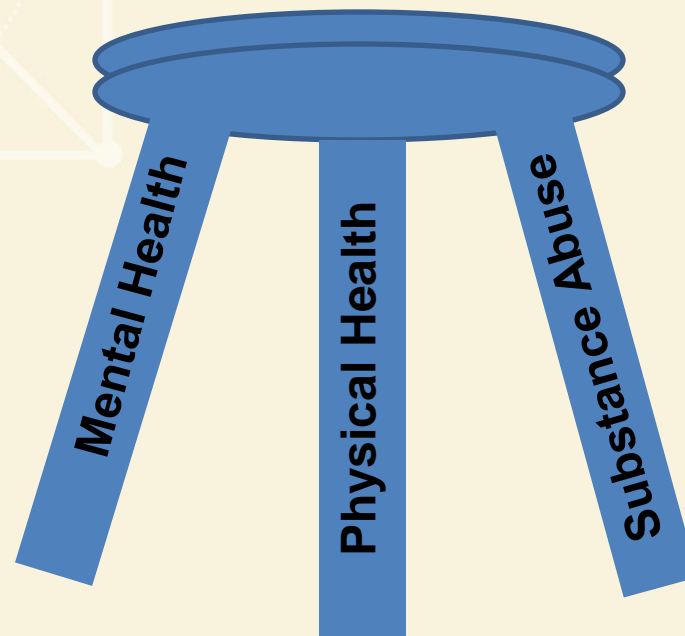
Building Capacity to Address Substance Use in Integrated Care Settings

In order to achieve the improved clinical outcomes and societal benefits of integrated behavioral health and primary care, one must screen, intervene and treat substance use conditions in addition to other behavioral health disorders.

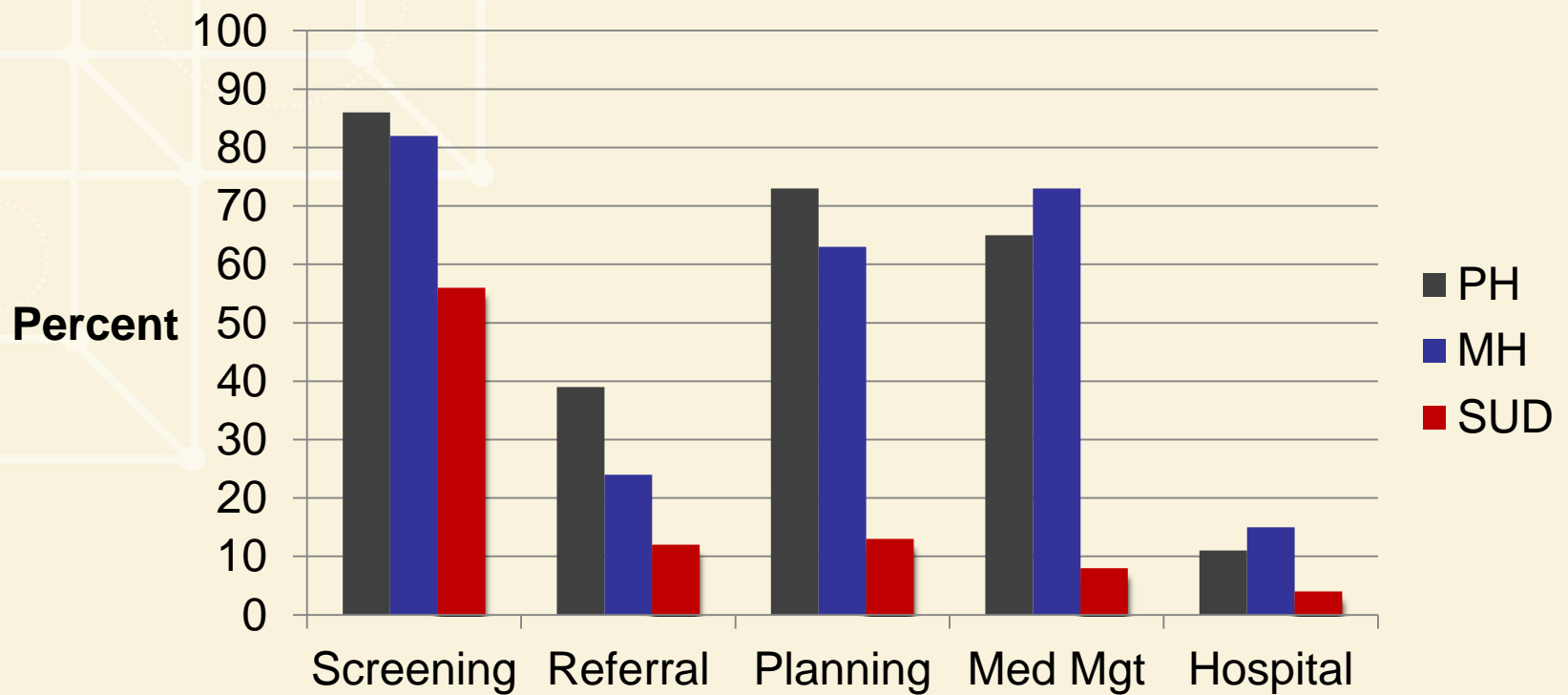
“We must deliver the whole package.”

*- Kathy Reynolds, Vice President of Integration and Wellness Promotion,
National Council for Behavioral Health*

Three Legs of Integrated Care



PBHCI consumers accessed PH and MH services; SUD service access was low*



* RAND data within 12 months of enrolling in PBHCI

Core Areas of Consideration In Capacity Building

- **Screening and Assessment**
- **Workforce development**
- **Partnerships**
- **Communication**

Screening and Assessment



Critical Questions....

- Do you know what the substance use patterns are for your patients at a population level?
- Do you use an evidence-based screening or assessment tool for substance use as a routine part of integrated care?
- Have you assessed your programs ability to serve persons with co-occurring disorders?

Common Screens and Assessment Tools

AUDIT

DAST

CAGE

CRAFFT

Longer Assessments

GAIN

ASI

DDCAT

DDMHT

WORKFORCE



Workforce considerations

- Does your program have staff with a range of expertise and/or competencies including substance use?
- Are your staff well versed in recovery-oriented approaches?
- Do you have an internal or external mechanism to train staff on substance use related issues?
- Do you have staff that are knowledgeable of addiction treatment medications?

Different Skills

- ❑ In order to provide substance abuse services in integrated care settings providers will need a more diverse skill set. Providers should be well versed in:
 - Brief counseling techniques (MI, brief cognitive therapy, solution focused therapy, etc.)
 - Knowledge of relationship between mental health and substance abuse
 - Knowledge of the relationship between substance use and other health conditions
 - Care coordination
 - Addiction treatment medications
 - Other EBP's

MH/SA Counseling Course Requirements

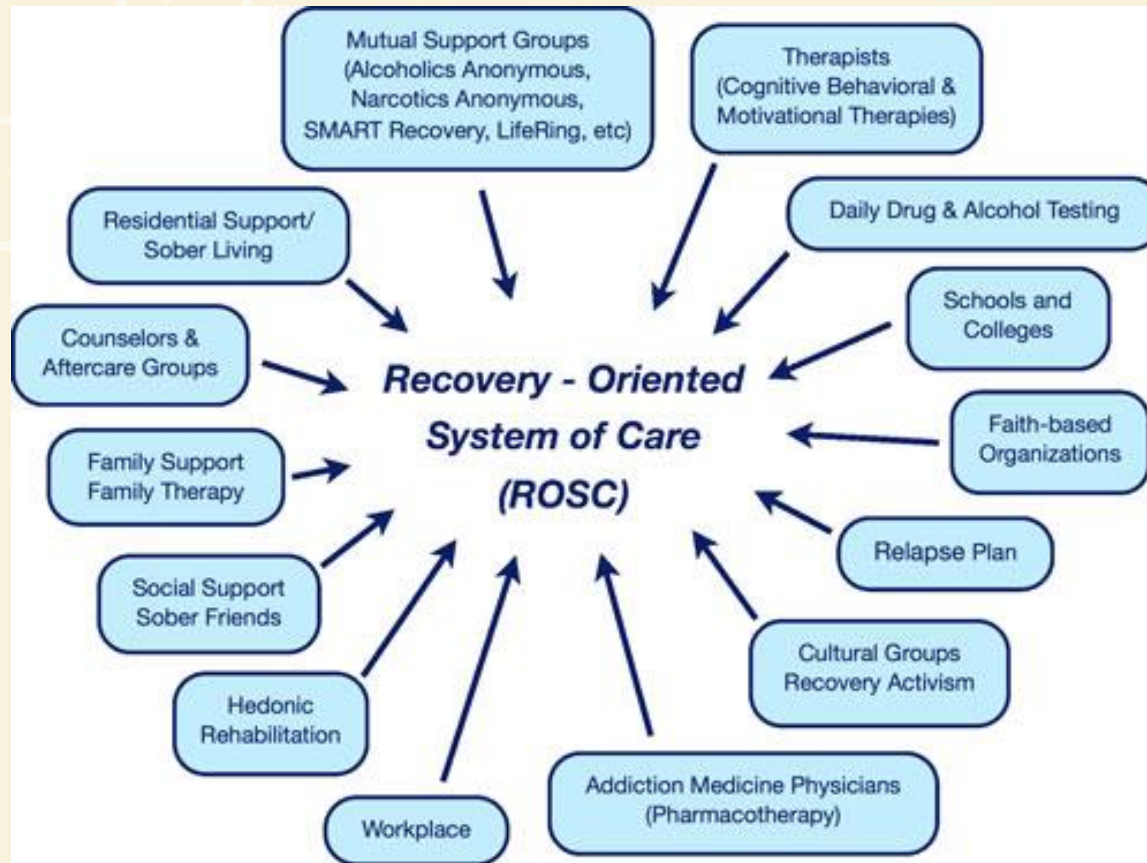
Course Requirement	Substance Abuse	Mental Health
Drug/alcohol related	87%	19%
Counseling, Treatment, client education	71%	97%
Professional ethics and responsibility	71%	97%
Screening, Assessment, Appraisal	58%	96%
Case management	39%	2%
Social/cultural foundations, diversity	29%	85%
Health Issues and Diseases	29%	4%
Crisis Management/Intervention	23%	4%
Human growth and development	19%	96%
Family and couples therapy	10%	19%
Abnormal behavior/psychopathology	6%	65%
Measurement, research, evaluation	3%	95%
Career and lifestyle development	3%	71%
Average # hours	317.87	789.38

Dilonardo, Joan. "Workforce Issues Related to Physical and Behavioral Integration Specifically Substance Abuse Disorders and Primary Care: A Framework." Not Published, 2011.

Partnerships



Let's Think in Terms of "Systems of Care"



Partnership Questions to Consider

- Do you have existing relationships (formal or informal) with addiction treatment service providers
- Is there potential to build on those relationships?
- Have you identified existing resources (e.g., community coalitions, prevention programs) in the community that can be leveraged across systems?
- Do you have access to a variety of levels of care through partnerships so patients can be moved along the continuum of care, as appropriate?

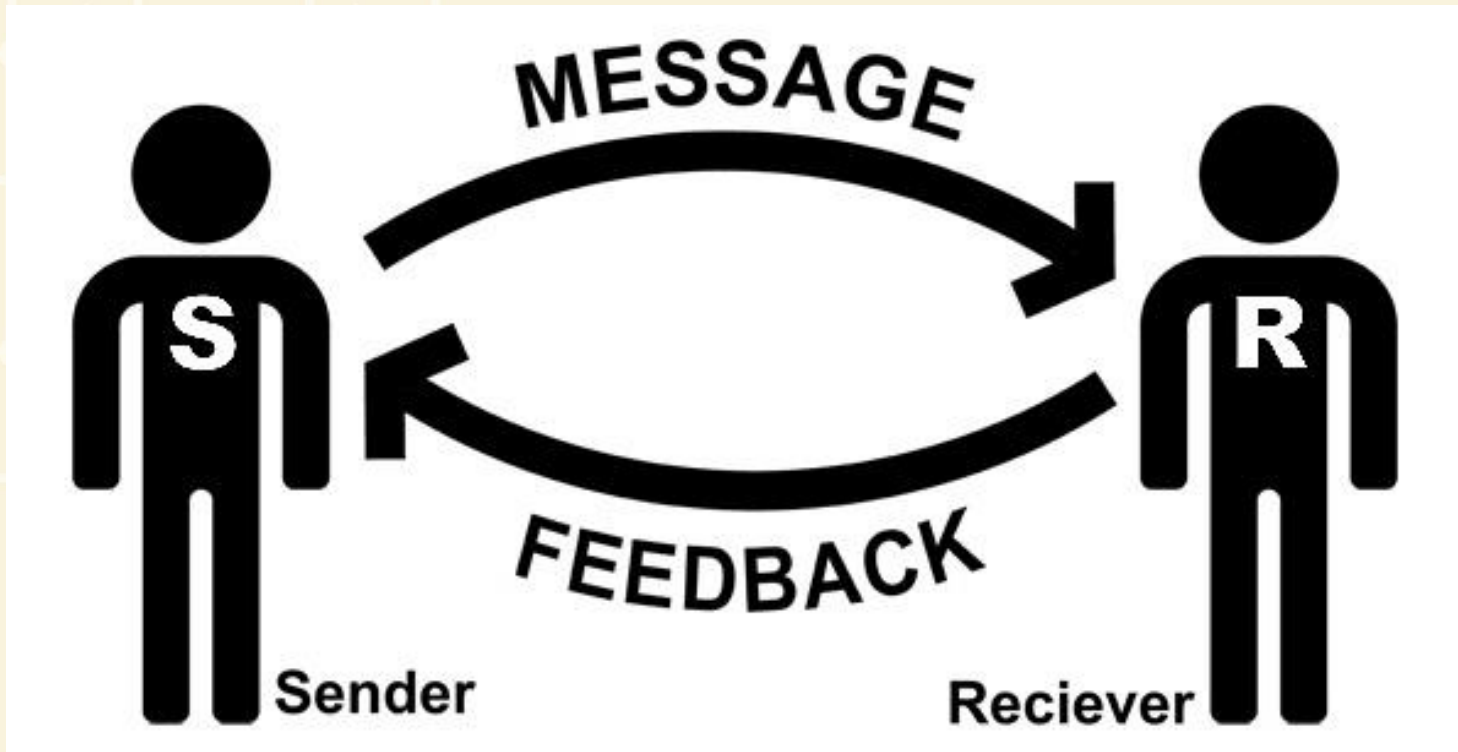
Partnerships are Very Important

- What are your referral mechanisms and relationships?
What is Your “System of Care”?
- Who is in your Network?
- What services are provided through your network?
- You may have to conduct outreach and/or engage community partners to enhance your network

Partnerships are Very Important

- ❑ Start with providers you already have a relationship with
- ❑ Go slow
- ❑ Try out new service delivery process for a short period of time and revisit.

Communication



Communication Critical Questions

- When risky substance use is identified at any point with a client, is there a protocol/workflow in place to ensure that the rest of the care team is aware?
- Do you have an integrated treatment plan that includes substance use?
- How can the use of technology (EHRs, registries, CCD, NWIN Direct) help facilitate the communication of substance use-related information to the care team?

Communication Critical Questions

- Is your team well versed in the use of documents that help ensure the confidentiality of a clients substance use treatment information?
- Does your program have policies and procedures that help or hinder the disclosure of substance use activity?

Resources

- The Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Toolkit
<http://www.samhsa.gov/co-occurring/DDCMHT/>
- Providers' Clinical Support System For Medication Assisted Treatment
<http://pcssmat.org/>
- Faces and Voices of Recovery
<http://www.facesandvoicesofrecovery.org/>
- Addiction Technology Transfer Centers (ATTC)
<http://www.attcnetwork.org/index.asp>
- CIHS SBIRT Clearinghouse
<http://www.integration.samhsa.gov/sbirt>
- National institute on Drug Abuse
<http://www.drugabuse.gov/>
- The National Registry of Evidence-based Programs and Practices (NREPP) <http://nrepp.samhsa.gov/>

Topics for next webinars

- Workflow Care-coordination/information sharing/confidentiality & 42CFR
- Developing capacity to address co-occurring disorders
- Peer supports and creating a Recovery-Oriented System of Care
- Use of Addiction Treatment Medications

Questions



SSTAR



SSTAR – Stanley Street Treatment and Resources

Agency opened in 1977 as the Center for Alcohol Problems

- Started with a 20 bed alcohol detox, outpatient substance treatment, DWI program and a Women's Center
- Became a licensed mental health clinic in 1982
- Opened a Federally Qualified Health Center in 1992
- Became the first detox in MA to treat pregnant addicted women and the first to offer HIV counseling and testing in 1995
- Began treating opiate addiction with Suboxone in the Health Center in 2003
- Began operating Lifeline Methadone Clinic at St. Anne's Hospital in 2009
- Opened the first integrated Methadone, Primary Health and Behavioral Health Clinic in MA in 2012

SSTAR Addiction Services

- ATS - Inpatient Detoxification
- Dual Diagnosis Unit
- CSS – Clinical Stabilization Services
- IOP – Intensive Outpatient
- Outpatient Addiction and Mental Health Counseling
- ARISE Intervention
- Prevention Services
- Suboxone and Methadone
- NIDA Clinical Trials
- United Nations TREATNET
- SSTAR of RI /SSTARBIRTH
- Women’s Center, Batterers Intervention, Project Aware, SAMHSA Grants



PBHCI – Health Integration Project

- Cohort V – Referrals come from our FQHC, Behavioral Health Clinic and Inpatient programs
- Majority have an addiction history, either active, in early recovery or long term recovery, in addition to their mental health and primary health concerns
- Screening for Substance Use – Our FQHC screens for substance use, depression and anxiety at all initial visits and each yearly check-up. Our Inpatient and Outpatient programs conduct full substance abuse assessments on all new clients.
- PBHCI program screens for substance use, depression, anxiety and tobacco use at baseline. Used in treatment planning to determine those in need of referrals.



Staffing/Training

- PBHCI Staff – Bachelor/Master’s level with CADC’s
- SSTAR has held three CADC preparation programs funded through grants and is currently applying for a grant in collaboration with another agency to offer a fourth series.
- Medical Director is a Board Certified Psychiatrist and Diplomate in Addiction Medicine. Nurse Practitioners are Certified in Addiction Nursing. FQHC Physicians need to have experience/interest in Addiction. Behavioral Health staff are licensed Master’s Prepared clinicians. Many staff self-disclose their recovery from addiction.
- Monthly two hour staff Inservice trainings, occasional half/full day trainings, five training days per year for each employee.
- SSTAR provides supervision on addiction to area Mental Health agency.

Questions

