

Welcome
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New England Institute of
Addiction Studies
2016

Addressing the Overdose Epidemic through Strategic Alliances: Clinically Effective and Cost Efficient Treatment An Overview

NEIAS

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Objectives

- Understand two models of collaboration
- Describe two key components to effective community public relations
- Discuss strategies to develop an internal culture of collaboration
- Your goals for this discussion?

Why do this?

- **Increase scope and quality of patient care**
- Increase revenues
- Increase opportunity for public \$s
- Increase positive visibility in your community
- Enhance compliance with accreditation and regulatory bodies

How can we accomplish this?

Step 1

Create a culture of collaboration within your organization by engaging:

- Support staff
- Direct service staff
- All departments
- Management and leadership
- Executive staff
- Board members

How can we accomplish this?

Step 2

- Identify the gaps/needs of you clinic. Patient care, staff support, community clinic relations, IT etc. Brainstorm. Don't leave anything off the table. Include all staff and consumers/patients
- Identify resources in the community that can address the need.

How can we accomplish this?

Step 3

- Identify opportunities in the community for credibility and visibility building. (Visibility may be the opposite of your culture. Remember that successful systemic change is culture change)
- Create plans for each opportunity and need. Identify key staff. Educate all staff. Include patients in this process.

Types of Alliances

Words used frequently. What do they mean?

Not all require executive decision making. Not all indicate a loss of autonomy. Its not scary.

Mergers or Acquisitions

Partnerships

Contractual Agreements

Collaborations

Affiliations

Qualified Service Agreements

Integrated Care Agreements

Referral Agreements

Example 1. “Collaboration”

- The development of the Newport Partnership for Families, a 34 member interagency collaborative dedicated to working cooperatively to develop and maintain a coordinated network of services in response to the needs of Newport’s children and families.
- Newport RI

What was achieved by this effort?

- Continuity of services
- Reduced duplication of services
- Increased utilization of services
- Increased public funding: 2 major awards exceeding \$800,000.00 each

What opportunities were realized by our participation in this effort?

- The SUD/MAT program gained recognition as a community expert in the treatment of chemical dependency
- By taking a leadership role in this collaboration, our agency was seen as a committed community partner.
- Behavioral Health was identified as a critical component to community health and safety.

example #2 CODAC and The Providence Center

- A collaboration designed to meet the complex need of shared patients challenged by multiple co-morbidities and co-occurring behavioral health issues.
- Leased space from the CMHO that also housed a FQHC, allowing for autonomy at the same time that all services were provided under one roof.

What was achieved by this effort?

- *Patients moved quickly into needed services
- *warm hand-off easily facilitated
- *increased revenues due to increased show rates
- *follow-up facilitated through easily achieved disposition conversations

What opportunities were realized?

Opportunity for public visibility-public relations

future grant funding

expansion of services to include physical access
and access to a full array of recovery support
services

Example 3. Partnering for Grant \$

- The enhancement and expansion of treatment services to uninsured adults, in response to a State RFP. Substance abuse services across all levels of care—including IOP, Partial Hospitalization, and mental health and psychiatric services—were the primary acute services targeted in the proposal.

What was achieved by this effort?

Our successful application enabled partners to:

- provide improved access to and coordination of existing services,
- create new levels of care, and
- to establish *effective* referral relationships with many recovery support resources.

What opportunities were realized by our participation in this effort?

- By taking the lead in one application the agency established both community commitment and credibility as a community leader and expert
- By partnering in another the agency established a reputation for partnering for optimum care.

Example 4

Collaborative Services Agreement

- The creation of a co-occurring disorders program that enhanced access to psychiatric services for our patients with co-occurring disorders.
- We collaborated with community mental health centers (CMHCs) by “leasing” psychiatric time from them to provide psychiatric services on-site.

What was achieved by this effort?

- This arrangement decreased the cost of the psychiatrist to the respective CMHC.
- With efficient scheduling, the psychiatrist's time produced revenue for our site.
- The CMHC receives revenue for the psychiatrist time through the agreement regardless of show rate. Our co-occurring population has one of the highest no show rates at the CMHC's.

- Engagement and retention rates of those receiving the psychiatric and mental health services have increased significantly.
- This project, like the Newport Partnership, is not a grant-funded, dollar- or time-limited initiative. Both are examples of an effort that is mutually, financially beneficial and therefore sustainable, enabling participants to consistently and effectively fill a needed gap in treatment and recovery support services.

What Opportunities Were Realized

- Psychiatric services were then available at all 4 CODAC OTP sites in Rhode Island.
- We compared show rates of our OTP patients for psychiatric care at the local CMHC and the OTP.
- Rates increased from 48% (% provided by the 4 CMHC's) to 86% when the services were provided on site at the patients OTP.

- This project, like the Newport Partnership, is not a grant-funded, dollar- or time-limited initiative. Both are examples of an effort that is mutually, financially beneficial and therefore sustainable, enabling partners to consistently and effectively fill a needed gap in treatment and recovery support services. Ultimately providing more comprehensive, accessible services

Example 5: Collaborative services agreement

Case management

- In addition to “leasing” psychiatric services, we had also collaborated with a local CMHC to provide case management services—at the opioid treatment site—to shared patients with severe and persistent mental illness.

What was achieved by this effort?

- Patient gain: increased comprehensive services
- OTP gain: those patients with SPMI and other medical comorbidities received case management services from the CMHC, increasing counselor resources
- CMHC gain: Show rates increased for case management services. This is important because reimbursement for these services is provided through State Medicaid on a FFS basis.
- CMHC and OTP gain: Case management services resulted in successes in eligible, previously uninsured patients, obtaining SSI benefits

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- CMHC and SUD/MAT gain: Case management services resulted in successes in eligible, previously uninsured patients, obtaining SSI benefits

Example 6: Collaborations with local higher educational institutions for:

Research:

Why? Opportunity for patients

What is gained for your agency? Staff education, agency reputation, patient opportunity

What is gained for the university?
Supported setting for the work

Collaborations with local higher educational institutions for:

Training and cross training

Why? Increased perspective and related competence

Collaborations with local higher educational institutions for:

Internship placements

- Gain: work force development
- billable services
- increased staff morale
- low cost resource
- increase in quality of service

- **Examples**

- Rhode Island College, Providence College, University of Rhode Island, Salve Regina University, Katherine Gibbs, Brown University
- administrative, clinical, pharmacy, medical students and residents, CMA/nursing

Example 7: Community Expert

- The Broadway Improvement Initiative

Business owners on the main corridor into Newport, RI came together to address their problem of an intoxicated homeless population deterring tourism in their area.

CODAC with the local mental health center attended those meetings.

- By providing a social service perspective, the focus moved from police intervention to the creation of a street outreach committee. This committee went to the persons of focus, offering them treatment and other housing and health opportunities.

What was achieved by this effort?

- 70% of those identified received effective service as of today.
- Additionally a municipal court diversion program was formed to create more effective responses to public intoxication.
- CODAC participated in all levels, allowing the business community to recognize our expertise and our ability to assist the community in meeting global needs.

Identify and utilize opportunities

- We were not invited.
- Staff read about the meeting in the local newspaper and alerted their supervisor.
- Once there, we offered leadership in the social service component of this effort.
- Outcomes would otherwise have been incarceration for many of this population.

Remember that you are the
community experts in substance
use disorder treatment and in the
treatment of opioid dependence
Let your community benefit from
your expertise.

Community Training

Offer training to:

- Other social service providers: child protective services
- Schools
- Police departments, parole, probation
- Emergency rooms
- Other issue specific public forums
- Senior centers

Where are we needed?

Know the trends in who is dependent on heroin and other opiates

- **Decreasing age**
- **Increasing Caucasian/white population**
- **Increasing socioeconomic status**
- **Increasing rural vs. urban populations**
- **Increasing number of female initiates (52%)**

Examples: Enhanced Care for treatment and recovery support

1. Tobacco Cessation services: 3
2. Nutrition education and mentoring:2
3. NADA acupuncture-SUD specific: 3
4. ER support and referrals: 4
5. Peer support services: 3

Trends: Older patients in MAT opioid treatment

- Over 200,000 individuals utilize methadone in their treatment for opioid dependence
- Approximately 9% are over age 55
- Some areas such as New York see as high as 20% of census between ages 55 and 84.

Trends: Older patients in opioid treatment

- Many individuals have been in opioid treatment for more than 10 years - >20% samhsa
- Approximately 20% of those are thought to be 45 years of age or older samhsa
- More people are remaining in treatment for decades
- More people are entering treatment later in life (see bell curve example)

Trends: Older patients in opioid treatment

- Nationally we can expect the number of adults over age 65 to double to more than 70 million –over 20%-by 2030.
- By the year 2020 older people will represent the largest growing population in the US.
- Opioid treatment populations are reflecting these general population growth trends.

Identify areas of community need as opportunities

- The “flattening” of our bell curve gives us 2 areas of opportunity. Younger and older.
- Know your demographics, they will be an indicator of community need. Cultural competencies must reflect this need for success.

Strategic alliances assist in meeting regulatory and accreditation criteria

C. Strategic Integrated Planning-CARF

1. The ongoing strategic planning of the organization considers:
 - d. financial opportunities
 - i. The organizations relationships with external stakeholders

2.A.10 Procedures are established that provide for coordination and ongoing communication between internal and external service providers.

Having a plan that describes your approach to collaboration meets many CARF requirements including the above. **The Joint Commission requires a “community relations plan”**

CSAT TIP 43

“The community effort” pg.s 233 through 236

- Learn about the community, its structures and directly affected constituents
- Define your community relations mission
- Initiate and maintain contact with community liaisons
- Document community contacts and community relations activities

Current Public \$ Opportunities

SAMHSA

- Re-entry Initiatives
- Recovery Oriented Systems of Care for all initiatives
- Health home models
 - ACO/ACE

Your Plan:

Community opportunities

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Your plan

Building your community presence

- 1.
- 2.
- 3.
- 4
- 5
- 6

Your Plan
Internal Culture Change
Be ready for opportunities

ATTC's "Change Book"

TAP 31

SAMHSA's Technical Assistance Publication for
*Implementing Change in Substance Abuse Treatment
Programs*

Your plan

- Assess need
- Define need
- What community service provider can meet that need?
- How will you sell the agreement (What is in it for the other party?)
- Have you created a credible community presence in which to “sell” your plan?

Your plan: continued

- What is your goal?
- Have you met it?
- If both entities have met and continue to meet their goals in the collaboration– you have attained sustainability.

Congratulations

Public Policy!!!!!!!!!!!!!!!

- CARA
- Governors Overdose Prevention Task Force RI

We need to be heard

Resources

- AAOTD www.assnmethworks.org
- Substance Abuse and Mental Services Administration (SAMHSA) www.samhsa.gov for TAP 31 and TIP 43
- Center for Substance Abuse Treatment (CSAT) under www.samhsa.gov
- Addiction Technology Transfer Centers www.ATTCNE.org
- <http://www.strategicplanri.org/> *RI Governors Task Force on Overdose Prevention 2016*

Resources cont'd

- *Good to Great* Peter Collins 2001
- *Good to Great and the Social Sectors* Peter Collins 2005
- The Office of Applied Studies (OAS)
- National Survey on Drug Use and Health (NSDUH) Treatment Episode Data Set (TEDS)
- Drug Abuse Warning Network (DAWN) National Survey of Substance Abuse Treatment Services (N-SSATS)
- *The Change Book* Second Edition ATTC 2004
- *The Fifth Discipline* Peter M. Senge 2006