Mid-America (HHS Region 7)

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Integrating Substance Use Disorder and Health Care Services: Models and Tools

Heather Gotham, PhD

2016 Spring Training Institute

The Mission of SAMHSA's ATTC Network

- **Increase the knowledge and skills of addiction treatment practitioners,**

- **Heighten the awareness, knowledge and skills of all professionals who intervene in the lives of people with substance use disorders,**

- **Foster regional and national alliances among practitioners, researchers, policy makers, funders and the recovery community.**

2012 - 2017 ATTC Network Regional Centers

Aligned with HHS Regions

National Focus Area ATTCs

These National Focus Area Centers will work with Regional Centers to serve as subject matter experts, provide information on the latest research-based best practices, and coordinate efforts on four topics of national focus.

National Frontier and Rural ATTC, Reno, NV

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ATTC Centers of Excellence

Racial and Ethnic Minority Young Men Who Have Sex with Men and Other Lesbian, Gay, Bisexual, and Transgender Populations (2014 – 2017)

Behavioral Health for Pregnant and Postpartum Women and Their Families (2015-2017)

YMSM + LGBT
ATTC | Center of Excellence

toolsfortreatment
Family-focused Behavioral Health Support
for Pregnant & Postpartum Women

ATTC | Center of Excellence

Integrated Care

"The systematic coordination of general and behavioral health care. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple health care needs." (SAMHSA – HRSA Center for Integrated Health Solutions 2015)

![ATTC logo] ATTC
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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ATTC Network: Advancing the Integration of Substance Use Disorder Services and Health Care

[Nikola Tesla](#) famously said, "*The spread of civilization may be likened to a fire; first, a feeble spark, next a flickering flame, then a mighty blaze, ever increasing in speed and power.*" Tesla has been described as an innovator and visionary. His description of the spread of civilization reflects his understanding of how ideas, science and technology move society ever forward. Few societal structures in the United States are more in flux today than health care. As health care reform spreads, the flames of opportunity for better, more cost-effective care are fanned. The Addiction Technology Transfer (ATTC) Network is catalyzing a national, multidisciplinary "blaze" to ensure that when equilibrium is restored Substance Use Disorder (SUD) services are an integrated, accessible part of mainstream health care.

> *Integrated care is the systematic coordination of general and behavioral healthcare. Integrating mental health, substance use disorders, and healthcare services [that] produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.* (SAMHSA, 2010)

ATTC Network Activities to Advance Integration

As one of SAMHSA's flagship workforce development programs, the ATTC Network has a unique opportunity to focus the national dialogue to ensure that SUD services are included as

ATTC WHITE PAPER:
INTEGRATING SUBSTANCE USE DISORDER AND HEALTH CARE SERVICES IN AN ERA OF HEALTH REFORM
MARCH 2015

ATTC
Advancing the Integration of Substance Use Disorder Services and Health Care

Today's Goals

- Describe effective models for integrating substance use disorder (SUD) and health care

- Describe tools that assess program capability to provide integrated services

- Identify effective SUD treatments that can be brought to health care settings

- Examine implementation strategies to assist in integrating services

- Highlight ATTC resources for integrated care

Today's Challenge

- Think about how what you're currently doing relates to integrated care

- Brainstorm ideas for new ways to collaborate and integrate services

# Effective models for integrating SUD and health care

Models

- Organize services by characteristics
  - Location of services
  - Severity of the behavioral health diagnosis
  - Level of integration of services

COORDINATED: COMMUNICATION		CO-LOCATED: PHYSICAL PROXIMITY		INTEGRATED: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collab Onsite with Some System Integration	LEVEL 5 Close Collab Approaching an Integrated Practice	LEVEL 6 Full Collab in a Merged Integrated Practice
Behavioral health, primary care, and other providers work:					
Separate facilities: Separate systems, rarely communicate	Separate facilities: Separate systems, communicate periodically	Same facility, not same offices: Separate systems, communicate regularly, meet occasionally	Same space in facility: Share some systems (scheduling, records), communicate in person	Same space (some shared space): Seek system solutions, regular team meetings	Shared space: Resolved system issues, system/team/ indiv communication, integrated team meetings
Clinical Delivery:					
Separate screen/assess, treatment plans, and EBPs	Separate screen/assess (HIE info), treatment plans, and EBPs	May agree on screening, some shared info on treatment plans, some shared knowledge of EBPs	Agree on screening, collaborative treatment planning, some EBPs and training shared	Consistent screenings, collaborative treatment planning, EBPs shared with joint monitoring	Population based screening, results shared, one treatment plan, EBPs team selected and trained

Core Components of Successful Integration Models (Lardiere et al., 2011)
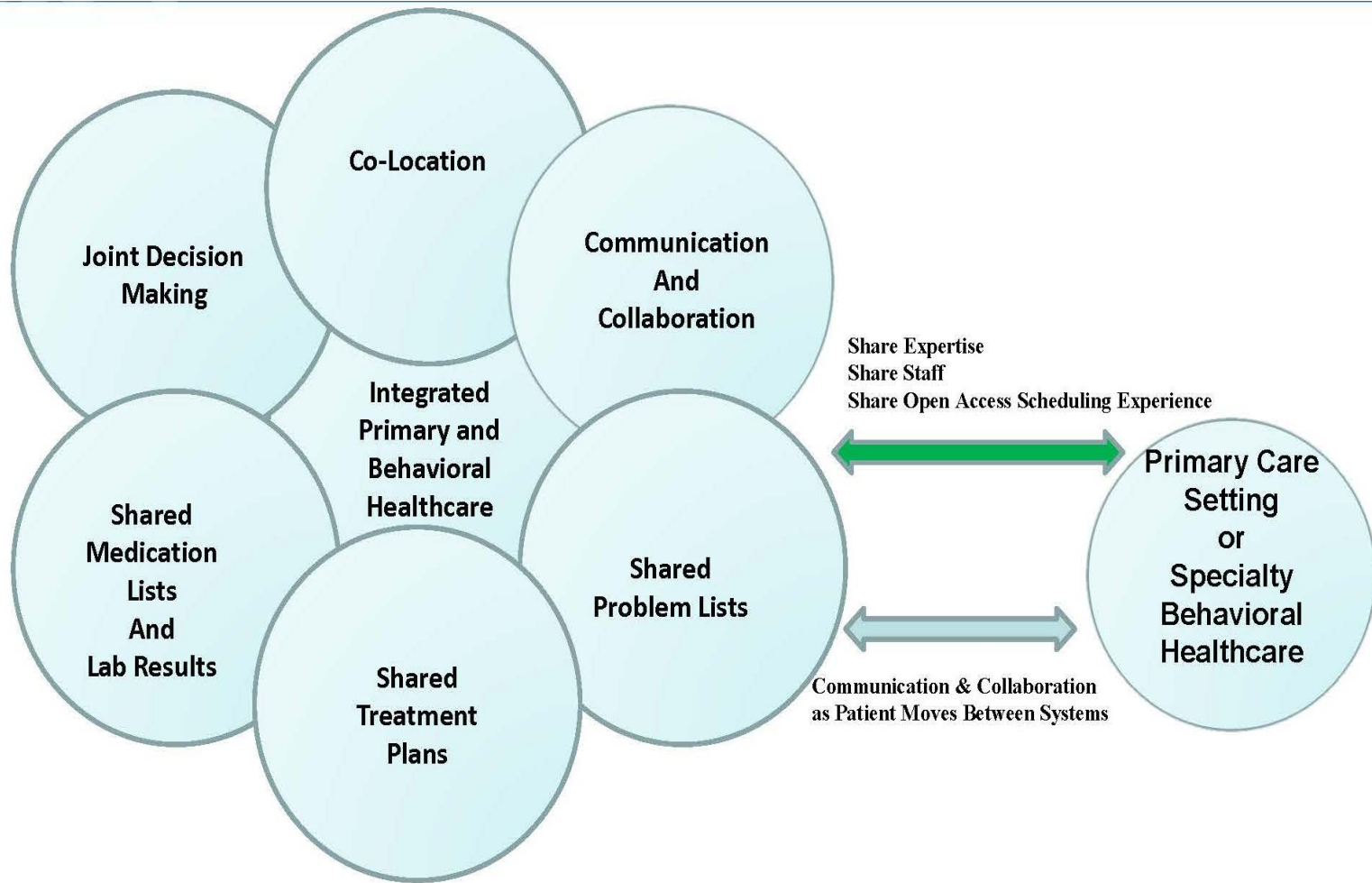
Models

- Not enough research to rate relative effectiveness of different models
  - How integrated do services need to be?
- Useful frameworks
  - Describe different systems
  - Make plans for practice change
- With time, research will catch up

Tools that assess capability to provide integrated services

BEHAVIORAL HEALTH INTEGRATION IN MEDICAL CARE (BHIMC) – McGovern et al., 2012

- 36 item benchmark rating scale

1 Minimal Integration	2	3 Partial Integration	4	5 Full Integration
Does not offer behavioral health services in a consistent manner		Offers BH services but unevenly, leaning in either a SUD or MH direction, or such services are available but inconsistent.		Addresses both MH and SUD issues using a systematic and protocol-driven approach

Chaple et al., 2016 JSAT
Padwa et al., 2015 JSAT

BHIMC: 7 dimensions, 36 items

	Dimension	Content of items
I	Program Structure	Integrated agency mission; licensure or certification to provide behavioral health services; external collaboration; financing
II	Program Milieu	Physical, social, and cultural environment open to persons with behavioral health issues
III	Clinical Process: Assessment	Processes/protocols for screening and assessment to identify, diagnose, and develop treatment plans for behavioral health
IV	Clinical Process: Treatment	Processes/protocols for treatment including a variety of evidence-based formats, as well as pharmacological options
V	Continuity of Care	Discharge planning for behavioral health disorders, including ongoing management for both disorders and peer supports
VI	Staffing	Presence, role and integration of physicians and other behavioral health specialists and supervision
VII	Training	Provision of basic and enhanced training to medical staff to enhance expertise regarding behavioral health disorders

BHIMC: Sample Item

	1 Minimal Integration	2	3 Partial Integration	4	5 Full Integration	BH Prioritization
IIIA. Routine screening methods for SA *and* MH symptoms. Are there routines or systems to screen for MH problems? Are standardized screening instruments used?	No formal screening for MH *or* SA problems.	Routine screening for either MH *or* SA problems.	Routine screening questions for SA *and* MH, but not well-integrated with medical providers (i.e., not readily accessible or not utilized).	Standardized, formal screening measures for SA *and* MH, more integrated with medical providers for SA *or* MH but not for both	Standardized or formal screening measures for SA *and* MH problems, and both well-integrated with medical providers	MH ___ SA ___ Both ___ Neither ___

BHIMC: Site Visit

- 4-6 hour site visit by 2-person rating team
  - Leadership interview
  - Facility tour
  - Interviews with clinical staff
  - Interviews with patients and support staff
  - Observation of team meeting or staff interaction
  - Document review including medical records
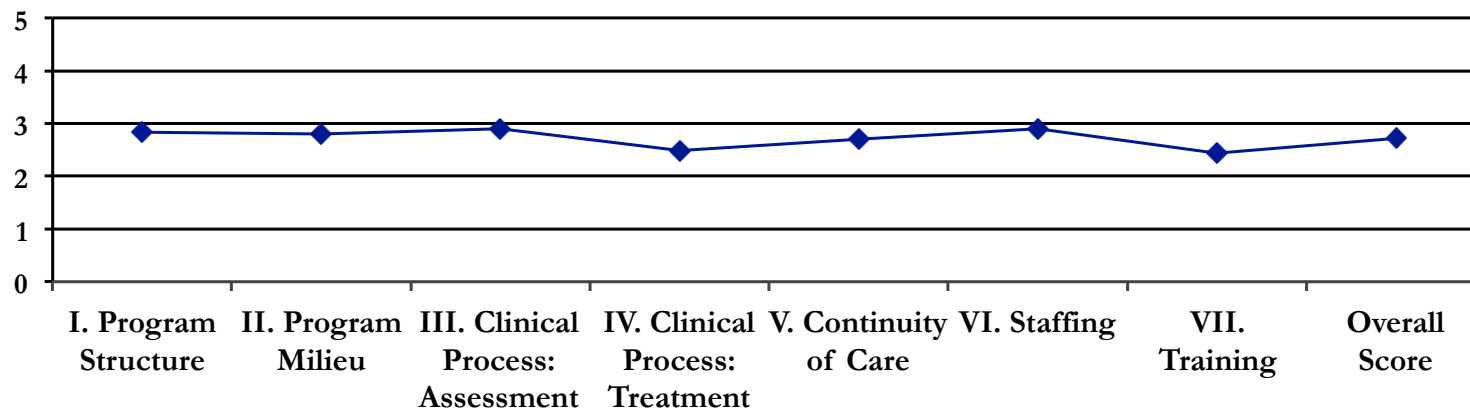
Dual Diagnosis & Medically Integrated Care (DDMICe) – Sacks et al., 2012

- Same structure, site visit, and rating as BHIMC
- 66 items

  - I Program Structure
  - II Program Milieu
  - III Clinical Process: Assessment
  - IV Clinical Process: Treatment
  - V Continuity of Care

  - VI Staffing
  - VII Training
  - VIII Infectious Diseases
  - IX HIV/AIDS
  - X Viral Hepatitis

Health Care → BH/SUD

- Developed for PBHCI grantees
- Designed to assess a Person-Centered Healthcare Home Model that integrates primary care services into a behavioral healthcare setting

A QUICK START GUIDE TO BEHAVIORAL HEALTH INTEGRATION FOR SAFETY-NET PRIMARY CARE PROVIDERS

SAMHSA-HRSA
Center for Integrated Health Solutions

NATI⬤NAL COUNCIL
FOR BEHAVIORAL HEALTH
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.

✘SAMHSA

...TION

Start

Has your organization adopted a mission statement and a work plan for practice transformation that fully incorporates behavioral health?

NO

YES

Well, you can start now. Taking time to define your organization's vision and goals will put you on the path towards developing a work plan for long-term success.

Check out the sample vision statement from the Institute for Family Health as a guide.

Is your organization ready to move ahead with integrated care?

Not sure. Check out CIHS' Organizational Assessment Toolkit for Integration (OATI) to assess your readiness.

Maybe. What exactly does integrated care look like, again? The Standard Framework for Integrated Care and AHRQ's Collaborative Care Lexicon can help jog your memory.

Yes, we're already working on getting recognition as a Patient-Centered Medical Home. Wow, way to go! While you're doing your homework on this process, you may want to explore our issue brief on this topic.

Great! Your organization is on the way to ensuring that staff, patients, and behavioral health partners have a clear picture of what outcomes you want to achieve.

Effective SUD treatments that can be brought to health care settings

SUD Interventions

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- Medication-Assisted Treatment (MAT)

- Technology-Assisted Care (TAC)

- Motivational Interviewing (MI)

- Contingency Management (CM)

- Trauma-Informed Care (TIC)

- Cognitive Behavioral Therapy (CBT)

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- Primary care, emergency departments, med/surg units, specialty care

- Sell the importance of standardized screening tools that can be used to assess risk level

- Agencies can use SBIRT as foot-in-the-door to integrating SUD and medical care

Central Kansas Foundation

Salina Regional Health Center

- 300 Bed Acute Care Regional Health Center-Level III Trauma Center
- 27,000 ED presentations per year
- Alcohol/Drug DRG was 2nd most frequent re-admission

- **Services provided**
  - ✓ 24-7 coverage of ED
  - ✓ Full time SUD staff on medical and surgical floors
  - ✓ Warm hand off provided to all SUD/MH services
  - ✓ Universal Screening and SBI

Outcomes

- Re-admission DRG moved from 2nd to off the list
- 70% of alcohol/drug withdrawal LOS were 3 days or less
- 83% of SUD patients triaged in ED were not admitted
- 58% of patients recommended for further intervention attended first two appointments (warm hand off)
- Adverse patient and staff incidents decreased by 60%.

SBIRT for Health and Behavioral Health Professionals: How to Talk to Patients about Substance Use

- www.healtheknowledge.org
- 4-hour, self-paced, FREE
- CE for nursing, social work, health educators, counselors
- Clinician tools, patient education materials, role plays

Videos posted at: https://vimeo.com/album/3507664

Medication-Assisted Treatment (MAT)

- Models of using naltrexone in primary care when combined with medical management and other support.

- Combining opioid replacement therapy (buprenorphine and methadone) with addiction treatment is more effective than MAT alone.

MAT Resources

Supporting Recovery with Medication-Assisted Treatment (MAT)

This 3-hour, self-paced course is designed to enhance participants' professional knowledge of MAT, and build skills related to reaching and educating clients about MAT. At the conclusion of this course, participants will be able to:

- Demonstrate how to use MAT with alcohol and opioid dependent clients.
- Describe the various medications approved to treat alcohol and opioid dependence, including research outcomes, and extent of use.
- Identify the workforce, organizational, and environmental/regulatory issues that facilitate or impede the implementation of MAT.
- Model ways to overcome barriers to clients' use of MAT and build awareness of MAT among clients, their friends and family, and the general community.

Coming Soon – June 2016
www.healtheknowledge.org

MAT Resources

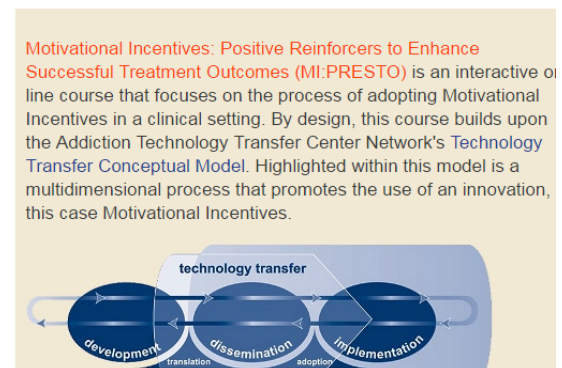| Title	Course Length	Description
Buprenorphine Treatment: Training for Multidisciplinary Addiction Professionals	4-6 hours	In person training curriculum. Overviews the medication and the role of non-physician health care providers in supporting patients receiving buprenorphine.
Short-Term Opioid Withdrawal Using Buprenorphine: Findings and Strategies from a NIDA Clinical Trials Network (CTN) Study	4 hours	In person training curriculum. Instructs treatment providers in the administration of a 13-day buprenorphine taper intervention for patients who are opioid-dependent.
Buprenorphine Treatment for Young Adults	3 hours	In person training curriculum. Highlights the findings of a NIDA CTN study that compared longer-term versus short-term buprenorphine/naloxone treatment in an outpatient setting.
The Prescription Opioid Addiction Treatment Study (POATS)		Package of tools and training resources. Presents the results of a NIDA CTN study that compared brief and extended buprenorphine treatments, and helps treatment providers incorporate study findings and recommendations into practice.

Other EBPs

www.sudtech.org

Technology-Assisted Care
for Substance Use Disorders

About TAC   TAC Examples ▾   Research ▾   Curriculum   Literature   Press Kit   About Us ▾

Technology-Based Interventions
Enhancing Treatment for Substance Use Disorders
www.sudtech.org

NIH National Institute on Drug Abuse   SAMHSA

MI
ROADMAP TO CHANGE
A Tour of Motivational Interviewing (MI)
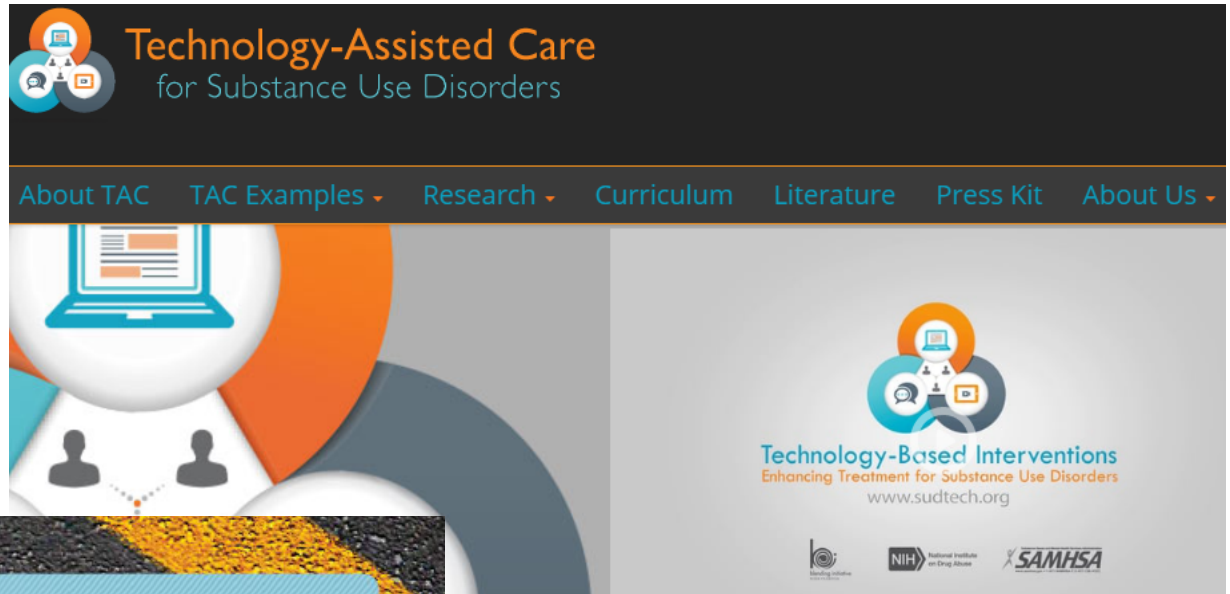
www.healtheknowledge.org

MI:PRESTO
Motivational Incentives: Positive Reinforcers
to Enhance Successful Treatment Outcomes

blending init
NIDA•SAMHSA

www.bettertxoutcomes.org

2000s   1990s   1980s   1970s   1960s

Free Online Course

Motivational Incentives: Positive Reinforcers to Enhance
Successful Treatment Outcomes (MI:PRESTO) is an interactive on
line course that focuses on the process of adopting Motivational
Incentives in a clinical setting. By design, this course builds upon
the Addiction Technology Transfer Center Network's Technology
Transfer Conceptual Model. Highlighted within this model is a
multidimensional process that promotes the use of an innovation,
this case Motivational Incentives.

technology transfer

development   dissemination   implementation
translation   adoption

Implementation strategies to assist in integrating services

Implementation Strategies

Baseline Assessment

Implementation Team

Implementation Plan

Rapid Cycle Change

Follow-Up Assessment

Modeled on NDRI's Assessment Implementation Support and Guidance Approach; Chaple & Sacks, 2016; Chaple et al., 2016

Implementation Strategies

Baseline Assessment	• Conduct objective, multi-method assessment using a standardized tool, followed by written report

- 4 FQHC's in New Jersey
- BHIMC Report included:
    - Narrative review of observations and recommendations by dimension
    - Score sheet with each item, dimension scores, total score
    - Line graph depicting the clinic's profile to identify strengths and opportunities for enhancement.
    - Bar graph depicting behavioral health priority (MH or SUD)
    - Links to training/technical assistance resources

Chaple et al., 2016

Implementation Strategies

Baseline Assessment	• Conduct objective, multi-method assessment using a standardized tool, followed by written report
Implementation Team	• Assemble a team with representation from all levels of agency

- Organizational Sponsor
  - Leads implementation effort, appoints the Change Agent
  - Acts as a mentor to maintain enthusiasm, and as problem solver

- Change Agent
  - Overall responsibility for implementation and plan
  - Supervisory position with responsibility and authority to implement policy and programmatic changes
  - Recognized/respected for leadership, organizational savvy, and persistence

- Implementation Team
  - Comprised of staff from all levels/roles
    - Administrative, Supervisory, Support, Technical and/or IT
    - Patients
  - Meet regularly to review implementation planning

Implementation Strategies

Implementation Plan

- Aim to accomplish five to seven key service improvements during a 3- to 6-month period

Figure 1 — *Sample of* **Six-Month Implementation Plan for Integrated Care**

[1] Prepare the Organization for the Transition / Develop the Organizational Culture —

- [a] Present an overview of the new directions and opportunities to the Board regarding integrated behavioral healthcare
- [b] Share these developments with all staff as part of staff meetings and in-service trainings
  - Explore as part of this process, staff attitudes/values regarding the importance of integrating behavioral health
- [c] Create a formal process for implementing planned change (e.g., identify "*champions*" and/or form "*change teams*")

[2] Draft an addendum to the mission statement (or compose a service statement) **that reflects the new direction of the organization toward an integrated model of behavioral** — both substance use and mental health — **and primary care; when finalized and approved, make sure this mission/service statement is prominently posted throughout facility.**

[3] Obtain and display/distribute patient educational materials on behavioral health problems and concerns

- [a] Can include pamphlets, brochures, and fact sheets available for pickup or for download through the Electronic Health Records (EHR) system. May also include posted materials on bulletin boards visible to all patients
- [b] Should address topics related to substance use, mental health, and co-occurring disorders, including co-morbid behavioral and physical health disorders, emphasizing issues that are prominent among the patient population
- [c] Ensure that materials are culturally appropriate (e.g., sensitive to religious, cultural, gender, and sexual orientation) Provide materials that are translated in the necessary languages to accommodate your patient population
- [d] Include resources for mutual self-help and peer support groups available in the community

Chaple et al., 2016

Implementation Strategies

Rapid Cycle Change

- Use strategies such as NIATx Plan-Do-Study-Act cycles to move change forward
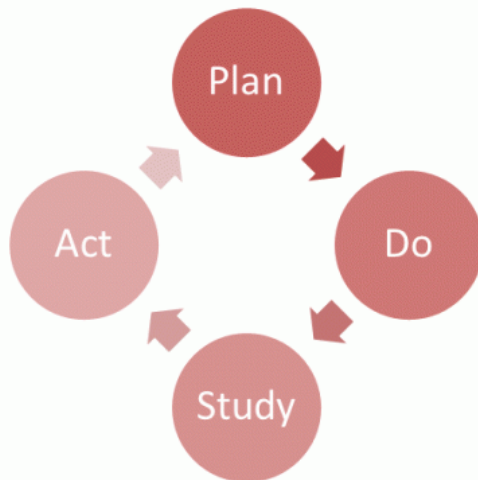
Plan: Plan the change using the implementation plan

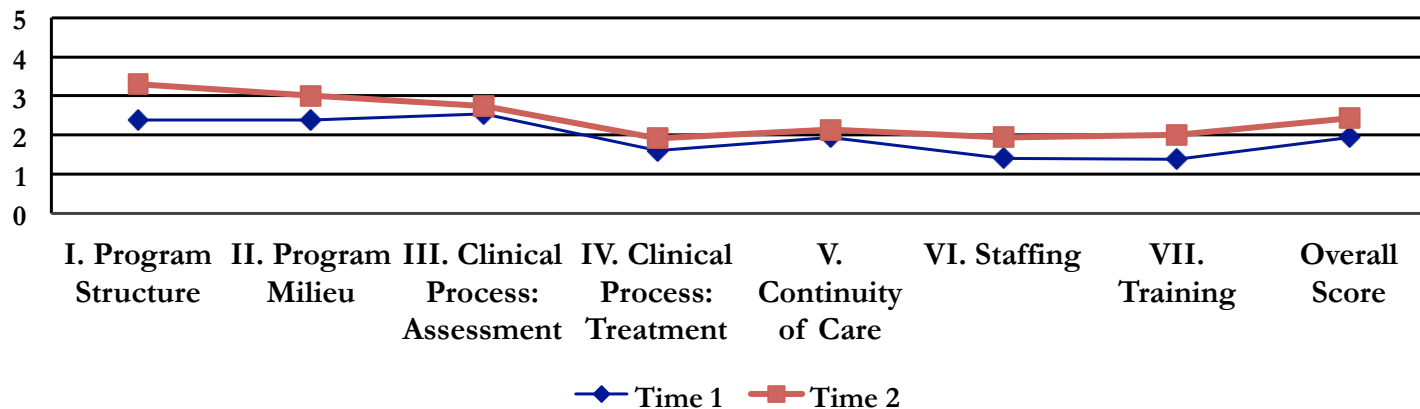Do: Make the change

Study: Evaluate what happened

Act: Continue or go back to planning

Implementation Strategies

Follow-Up Assessment

- Conduct another assessment in 6-12 months to measure progress and develop the next implementation plan

- NDRI provided monthly technical assistance
- Follow-up visits 9-12 months later

- At follow-up saw shift in emphasis toward SUD services, rather than just providing MH services

Chaple et al., 2016

Implementation Strategies

Baseline Assessment	• Conduct objective, multi-method assessment using a standardized tool, followed by written report
Implementation Team	• Assemble a team with representation from all levels of agency
Implementation Plan	• Aim to accomplish five to seven key service improvements during a 3- to 6-month period
Rapid Cycle Change	• Use strategies such as NIATx Plan-Do-Study-Act cycles to move change forward
Follow-Up Assessment	• Conduct another assessment in 6-12 months to measure progress and develop the next implementation plan

Modeled on NDRI's Assessment Implementation Support and Guidance Approach; Chaple & Sacks, 2016; Chaple et al., 2016

Other Resources
for Integrated Care

Guide for the Addiction Workforce to Prepare for Integrating SUD/Health Care Services

- Gain the knowledge and skills for integrated service settings.
- Plan to work in different organizational entities, and engage with a variety of medical and mental health professionals.
- Expand your role to include prevention, wellness, and early intervention to help those with risky alcohol and/or drug use but not SUDs.
- Obtain training to provide recovery supports and new roles as patient navigators, health educators, and care coordinators.
- Attain credentialing that allows billing under Medicaid and private insurance. (Funding standards may also need some adaptation.)
- Prepare to assume leadership roles on behavioral health/primary care teams.
- Enhance your clinical supervisory skills.

Buck, 2011; Chalk, 2014; Dennis, Clark, & Huang, 2014; Treatment Research Institute 2010, 2011

Introduction to Primary Care for Substance Use Disorder Professionals [online course](#)

The linked image cannot be displayed. The file may have been moved, renamed, or deleted. Verify that the link points to the correct file and location.

[www.healtheknowledge.org](#)

- The SAMHSA-HRSA Center for Integrated Health Solutions, in collaborated with the ATTC Network and the Morehouse School of Medicine National Center for Primary Care
- 5-hour self-paced online course
- For addiction treatment professionals considering career opportunities in primary care
- Provides professionals with resources and information to help them decide whether working in a primary care setting is right for them.

HCVCurrent

RESOURCES FOR MEDICAL AND BEHAVIORAL HEALTH PROFESSIONALS

HCV Snapshot: An Introduction to Hepatitis C for Health Care Professionals
- Free, 90-minute online course provides an overview of HCV.
- Four self-paced modules cover: populations at risk, overview of HCV, screening processes, and treatment options.
- Continuing education is available.
- Register for the course at: **http://www.healtheknowledge.org/**

Increasing Hepatitis C Knowledge for Behavioral Health and Medical Providers
- Six-hour training curriculum that builds on the basics of the HCV Snapshot online course.
- Five modules cover opportunities for promoting hepatitis C screening and testing, linking patients to treatment, available treatment options, and patient considerations for treatment.
- Free curriculum can be downloaded from HCV Current website. **http://www.attcnetwork.org/Projects/HCV_Home.aspx.**
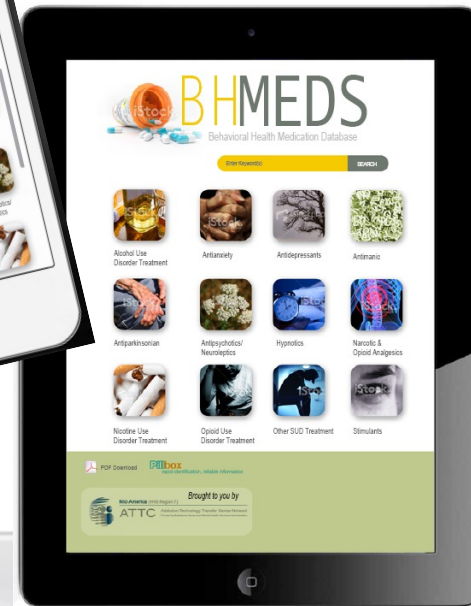
Apps:
iPhone & Android

Today's Challenge

- Think about how what you're currently doing relates to integrated care

- Brainstorm ideas for new ways to collaborate and integrate services

Integration Case Study

CKF* Equation for SUD Integration Success

$$\frac{(SBIRT + CDM + MAT) \times (C + DNH)}{(E \times IATC) \times T^2} = IPO$$

Improved Patient Outcomes (IPO)

CKF* Equation for SUD Integration Success

$$\frac{(SBIRT + CDM + MAT) \times (C + DNH)}{(E \times IATC) \times T^2} = IPO$$

SBIRT

- Foundational component of successful integration efforts.
- Implementation is often a "Quid Pro Quo" for effective management of chronic recidivists.
- SBIRT reimbursement is not essential.

CKF* Equation for SUD Integration Success

$$(SBIRT + CDM + MAT) \times (C + DNH) = IPO$$
$$(E \times IATC) \times T^2$$

Chronic Disease Management (CDM)

- Effective case management of chronic recidivists and "difficult patients" purchases good will and opens doors.
- Flexible approaches based upon patient need are critical.
- Brokering access to community based resources is important.

CKF* Equation for SUD Integration Success

$$\frac{(SBIRT + CDM + MAT) \times (C + DNH)}{(E \times IATC) \times T^2} = IPO$$

Medication Assisted Treatment (MAT)

- Seek out SUD providers who value current MAT best practices.
- Making MAT affordable is still a major challenge.
- Time spent educating and engaging community partners around MAT is time well spent.

CKF* Equation for SUD Integration Success

$$\frac{(SBIRT + CDM + MAT) \times (C + DNH)}{(E \times IATC) \times T^2} = IPO$$

Competence (C)

- Matching staff to setting is critical.
- Medical professionals expect and demand a high level of competence.
- Competence and professionalism ensures participation in the care team.

CKF* Equation for SUD Integration Success

$$(SBIRT + CDM + MAT) \times (C + \underline{DNH}) = IPO$$
$$(E \times IATC) \times T^2$$

Do No Harm (DNH)

- Patient complaints about competence or care will sink your ship.
- Primary concern of medical practitioners.

Les Sperling
*Central Kansas Foundation

CKF* Equation for SUD Integration Success

$$(SBIRT + CDM + MAT) \times (C + DNH) = IPO$$
$$(E \times IATC) \times T^2$$

Engagement (E)

- Willing to provide care in nontraditional settings?
- Willing to provide transportation?
- Motivational Interviewing and Strengths Based approaches are essential.
- No barrier is insurmountable.
- What happens when someone calls you or accesses your web portal?

CKF* Equation for SUD Integration Success

$$(SBIRT + CDM + MAT) \times (C + DNH) = IPO$$
$$(E \times \text{IATC}) \times T^2$$

Immediate Access To Care (IATC)

- Does your staff view every need as "urgent"?
- What temperature are your "warm handoffs"?
- Can your data make the case that immediate access to care = additional dollars for SUD treatment providers?
- Can your data show a correlation between completion of treatment and lower healthcare utilization?

CKF* Equation for SUD Integration Success

$$\frac{(SBIRT + CDM + MAT) \times (C + DNH)}{(E \times IATC) \times T^2} = IPO$$

Technology (T2)

- Imagine what impact technology will have on service delivery.
- How far do you want to go?

Les Sperling
*Central Kansas Foundation

CKF* Equation for SUD Integration Success

$$(SBIRT + CDM + MAT) \text{ x } (C + DNH) = IPO$$
$$(E \text{ x } IATC) \text{ x } T^2$$

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