

A Performance Oriented System of Care

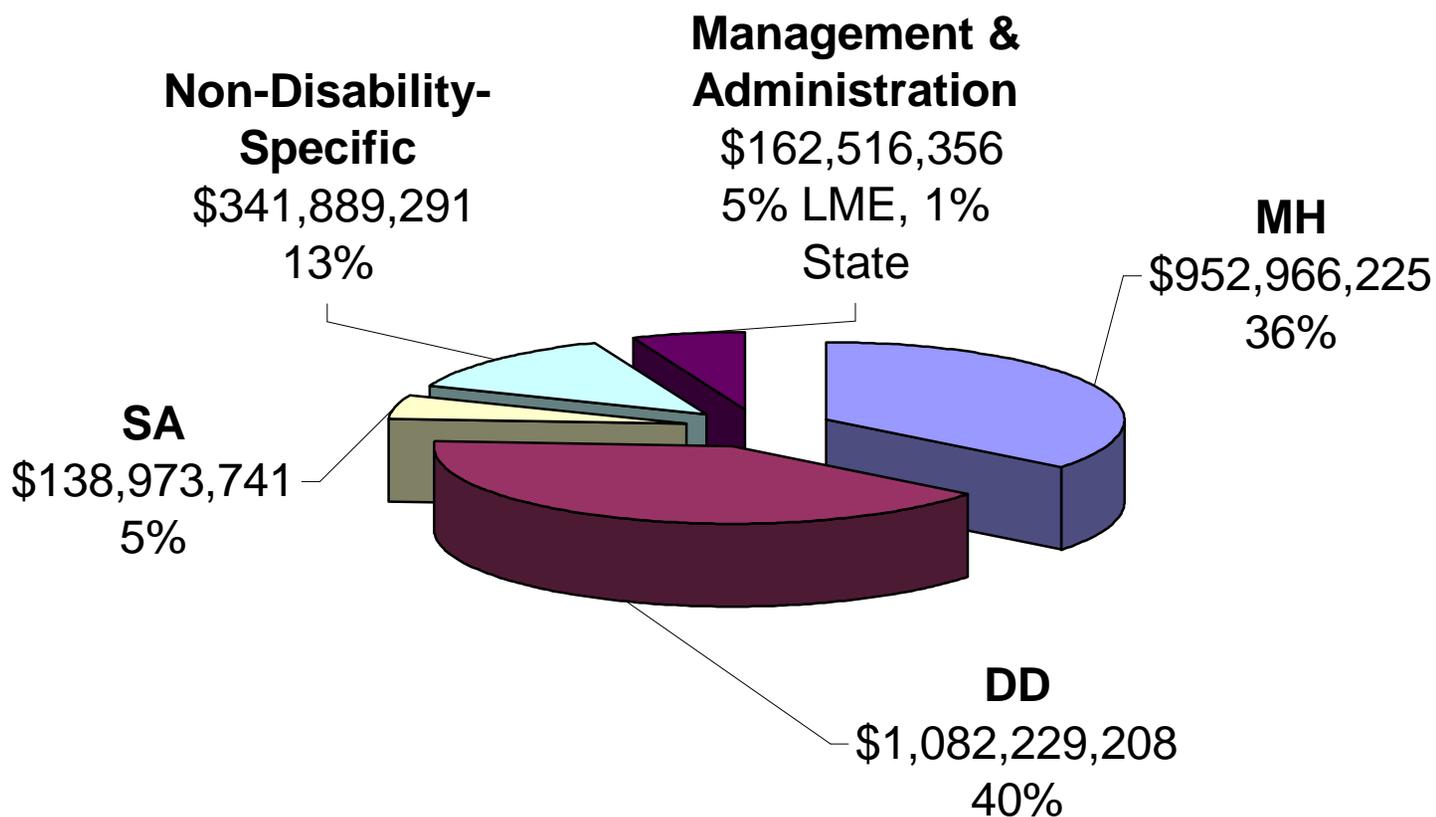
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- Access

- Performance

- Outcomes

Total System Funding by Disability: \$2,678,574,821



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- So how should an ideal system of care for adults and children with substance abuse problems be designed?

Principles

- Participant (consumer) driven.
- Prevention focus.
- Outcome oriented.
- Reflect best treatment/support practices.
- Cost effective.
- Integrated in communities.
- Resource equity & fairness statewide.

Principles (SAMHSA)

- **Invest for Results - Close serious gaps in treatment capacity to reduce associated health, economic and social costs**
- **“No Wrong Door” - Effective systems must ensure that the individual needing treatment will be identified and assessed and will receive services either directly or through appropriate referral, no matter where he or she enter the realm of services**
- **Commit to Quality - Establish a system that more effectively connects services and research , with the goal of providing treatment based on the best scientific evidence**

Access

- Stigma-Negative attitude from providers, payers, employers, family
 - Fear-Identification may result in loss of life insurance, health insurance, school loans, housing jobs and possible prosecution.
 - A welcoming system that includes navigation assistance. “No wrong door” requires a well informed referral system. The access points would include elements that signal the consumer that the STR, the provider understands the individual seeking assistance.
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Access continued

- Person centered programs operate for the convenience of the consumer rather than the staff. This might be reflected in hours of operation, wait times, customer services and respect.
- A community that supports both responsibility and recovery

A Person Centered System of Care

- “Nothing about us without us”
- Self direction, self management
- Personal responsibility

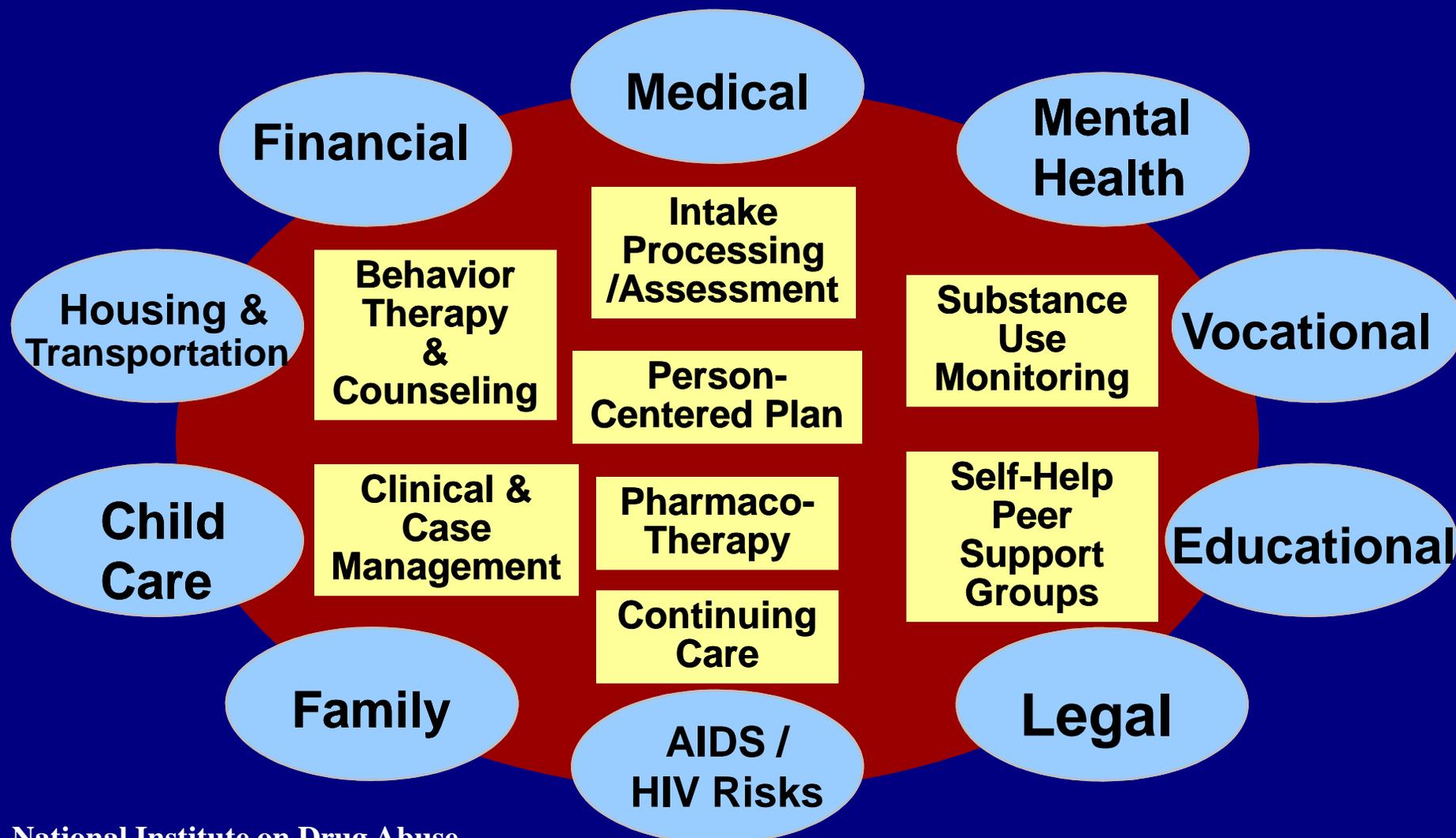
Person-Centered Planning

- This process addresses the whole life of the individual including medically necessary needs and preferences.
- Addresses the individual strengths and other supports available as well as his service needs.
- The program consults with the individual to design the plan.

The Treatment Gap

- The “treatment gap” is the difference between the number of people who need treatment and those who receive necessary services.
- Tools for reducing the gap may include such things as insurance parity, a recovery oriented system of care, offering services and supports wanted and needed by the consumer, a reduced burden of chronic disease.

North Carolina Substance Abuse Treatment Components And Comprehensive Services



The Recovery Paradigm—William L. White

- Growth and diversification of American communities of recovery
- Emergence of a multi-branched new recovery advocacy movement
- Rapidly spreading Wellbriety movement in Indian Country
- Growth of faith-based recovery support structures, particularly in communities of color
- Growth of self-managed recovery homes
- Spread of recovery employment co-ops

How will the transition toward a recovery focused future differ from our past?

- First, it will intensify pre-treatment recovery support services to strengthen the engagement process.
- Second, in-treatment recovery supports will be intensified to enhance treatment retention e.g. from single agency to multi-agency intervention, from categorical to global assessment, from institution to community and home based service delivery

The New Recovery Paradigm

- Third , recovery management will shift the focus of treatment from acute stabilization to support for long term recovery maintenance. Post stabilization monitoring , recovery check ups, and recovery coaching.
- Recovery management provides an expanded array of recovery support services for a longer period of time but at much lower intensity and cost per service episode.

Child and Adolescent SA Services

To provide for children and families with substance use disorders or mental health needs services that are :

- **Delivered in the home and community in the least restrictive, most appropriate and consistent manner possible.**
- **A new system of effective quality care.**
- **Accessible, culturally appropriate treatment, intervention and prevention services.**

Child Specific Services

- **Intensive In-Home.**
- **Community Support Children/Adolescents**
- **Child and Adolescent Day Treatment.**
- **Multisystemic Therapy (MST).**
- **Intensive Outpatient**
- **Non-Medical Community Residential (30 days)**

Recovery Monitoring: An Adaptive System of Care for the Treatment of Addictive Disorders

- North Carolina is recommending a partnership to develop a model program designed to produce a favorable patient outcome; “recovery”. The model is being reviewed by the Institute of Medicine and discussed in the Institute's report on substance abuse. The partnership includes the Division of MHDDAS, the Treatment Research Institute led by Thomas McClellan, Ph.D., selected LMEs and providers.
- These new “Adaptive Care Systems” would be operated as cross area service programs (CSAP) utilizing a cooperative agreement signed by the provider, the LME and the Division. The Division will offer training and technical assistance provided by leading addictions consultants. These model programs will be developed incrementally over the next year. Each of the model systems will be expected to meet the following performance requirements:
- Provider Requirements:
 - Programs will use a **standardized assessment instrument**. The Division will make the Addiction Severity Instrument (ASI) available to participating programs and will be required to test a standard information system.

Recovery Monitoring: An Adaptive System of Care for the Treatment of Addictive Disorders

- The program will offer “recovery checkups” as a way of conducting **concurrent recovery monitoring**. The program is responsible for patient improvement during the course of care. The patient will have choice of services and agree with the goals of care.
- The Program must be attractive enough to patients to be **fully utilized** (80% active participation).
- Program staff will be trained to offer a **full array of therapies** such as motivational therapies, cognitive therapies, housing and other supports.
- Programs will arrange for physician delivered services including the provision of **medication assisted therapies**.
- The program will offer **contingency management** programs providing incentives to patients to remain engaged in care.

Recovery Monitoring: An Adaptive System of Care for the Treatment of Addictive Disorders

- The programs will provide **continuing care** including telemedicine and internet follow up.
- Programs will be required to connect patients with a **primary care** provider for simultaneous care.
- The programs will offer **peer and “recovery supports”** including AA, NA and supports such as housing, employment and mental health services.
- Program will be monitor to ensure that they have the necessary MOAs with courts, law enforcement, employers, Vocational Rehabilitation, community colleges DSS, schools, housing and other necessary community providers. These agreements will address procedures, protocols and services.

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- Purchaser Requirements:
 - The LME will develop a reimbursement system that supports the delivery of an "Adaptive Care System".
 - The LME will develop UR protocols that support the adaptive care system with a focus on patient improvement while in care
 - LMEs and the Division will develop new endorsement criteria supportive of an adaptive system of care.
 - LMEs and the Division will consult the Division of Medical Assistance (DMA) on this new model of care.

Adolescent Specific Treatment Services

- Targeted sessions (anger, gender, culture)
- Focus on skill and competency acquisition
- Psychiatric services
- Family programming
- Education services
- Wrap around services and supports
- Health care
- Recreation and leisure skills and activities

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- Adolescent alcohol and drug use occurs in the context of rapid developmental change
 - Teens often use a greater number of or different types of drugs than adults, resulting in more complicated withdrawal or dependency patterns.

Essential Elements for Children

- Assertive Outreach
- Progressive Assessment (GAIN-Global Appraisal of Individual Needs)
- Availability of a continuum of Care
- Conducting Recovery Management Check Ups
- Provision of Comprehensive Services

Tools for Managing Performance

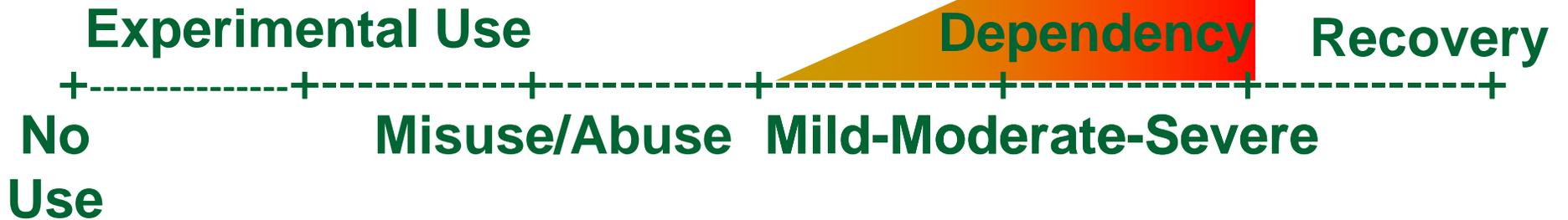
- Amend endorsement and contacting requirements to reflect this new system of care
- Provide incentives at the systems level to ensure continuity of care.
- Work with DMA to develop incentive payments for providers offering evidence based practices
- LMEs must of a qualified substance abuse professionals as part of their management team.
- The Division should make evidence based training available.

Tools continued

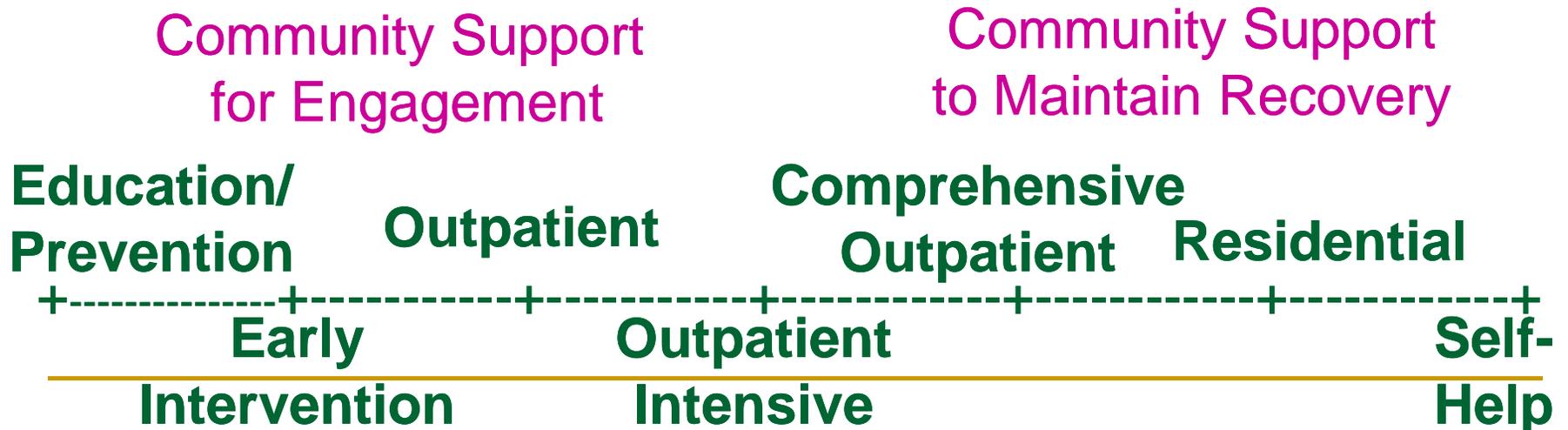
- Assist providers with the recruitment and retention of quailed staff
- Develop recovery support providers.
- Begin the process to shift the focus of performance management from system inputs to the outcome goal of recovery.

SA Continuum of Care

Scale A: Substance Abuse Use Stages



Scale B: Substance Abuse Services



Meet the Recipients



RECOVERY

