

Medicaid Innovation Accelerator Program (IAP)



**Substance Use Disorder
Care Continuum**

National Webinar Series

July 20, 2016

3:30pm-5:00pm EDT

Logistics

- Please mute your line and do not put the line on hold
- Use the chat box on your screen to ask a question or leave a comment
 - Note: chat box will not be seen if you are in “full screen” mode
 - Please also exit out of “full screen” mode to participate in polling questions
- Moderated Q&A will be held periodically throughout the webinar
- Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience

Purpose & Learning Objectives

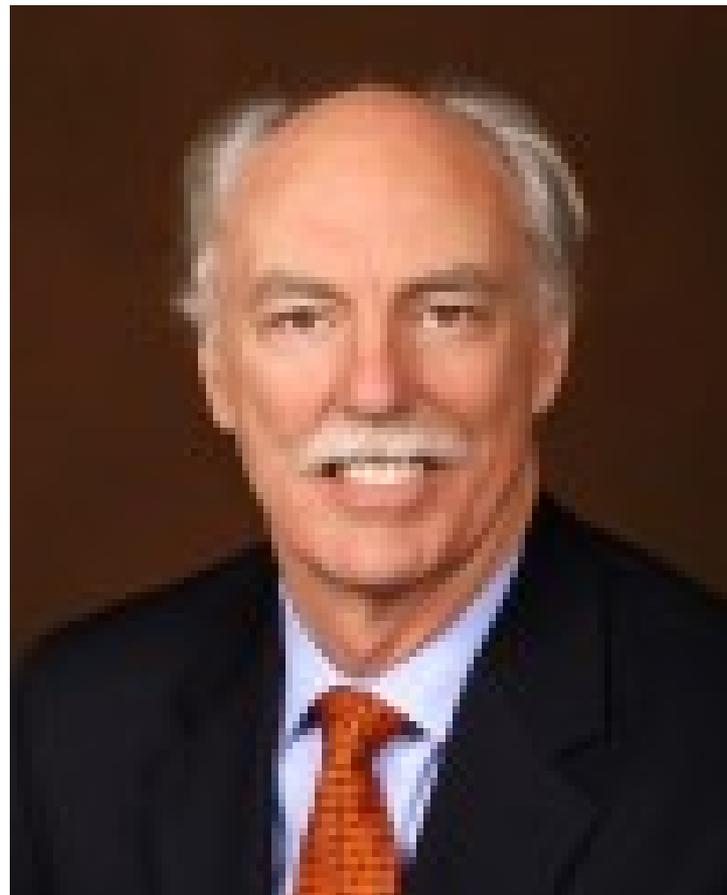
- States will:
 - Improve their understanding of a recovery-oriented model of care for substance use disorders (SUD)
 - Discuss ways how moving from an acute care model to a recovery-oriented model of care can support the SUD continuum of care necessary to promote recovery
 - Learn about & discuss recovery-oriented care & recovery support services in the context of Medicaid benefits
 - Learn about & discuss how recovery-oriented service delivery models are being implemented in different Medicaid systems

Webinar Agenda

- Introduction
- Treating the Chronic Disease of Addiction
 - Questions & Discussion
- Understanding & Promoting Access to Recovery Support Services
 - Questions & Discussion
- State Experience: Pennsylvania
 - Questions & Discussion
- Wrap Up and Next Steps

Speaker (1/3)

- **Thomas McLellan, PhD**
- Chairman of the Board & Cofounder
 - Treatment Research Institute



Speaker (2/3)

- **Kimberly Johnson, PhD**
- Director
 - Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration



Speaker (3/3)

- **Beverly Haberle, MHS, LPC, CADC**
- Executive Director
 - The Council of Southeast Pennsylvania, Inc.
- Project Director
 - PA Recovery Organization- Achieving Community Together



Facilitator

- **Suzanne Fields, MSW**
- Senior Advisor for Health Care Policy & Financing, University of Maryland

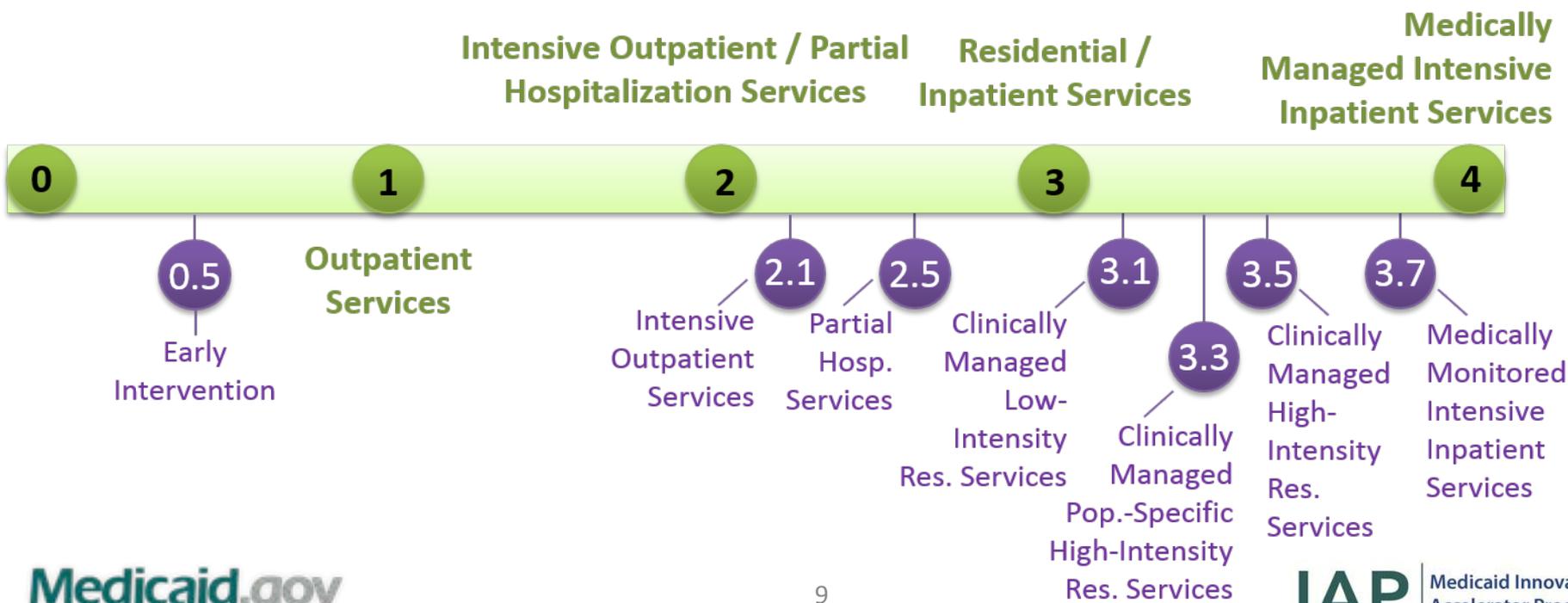


UNIVERSITY of MARYLAND
SCHOOL OF SOCIAL WORK



Introduction

- Substance use disorder (SUD) benefits should be designed to support the care continuum
 - The American Society of Addiction Medicine offers a model service continuum (pictured below)



Introduction Cont'd

- SUD benefits should be designed to support the care continuum
 - Recovery support services need to be offered as well





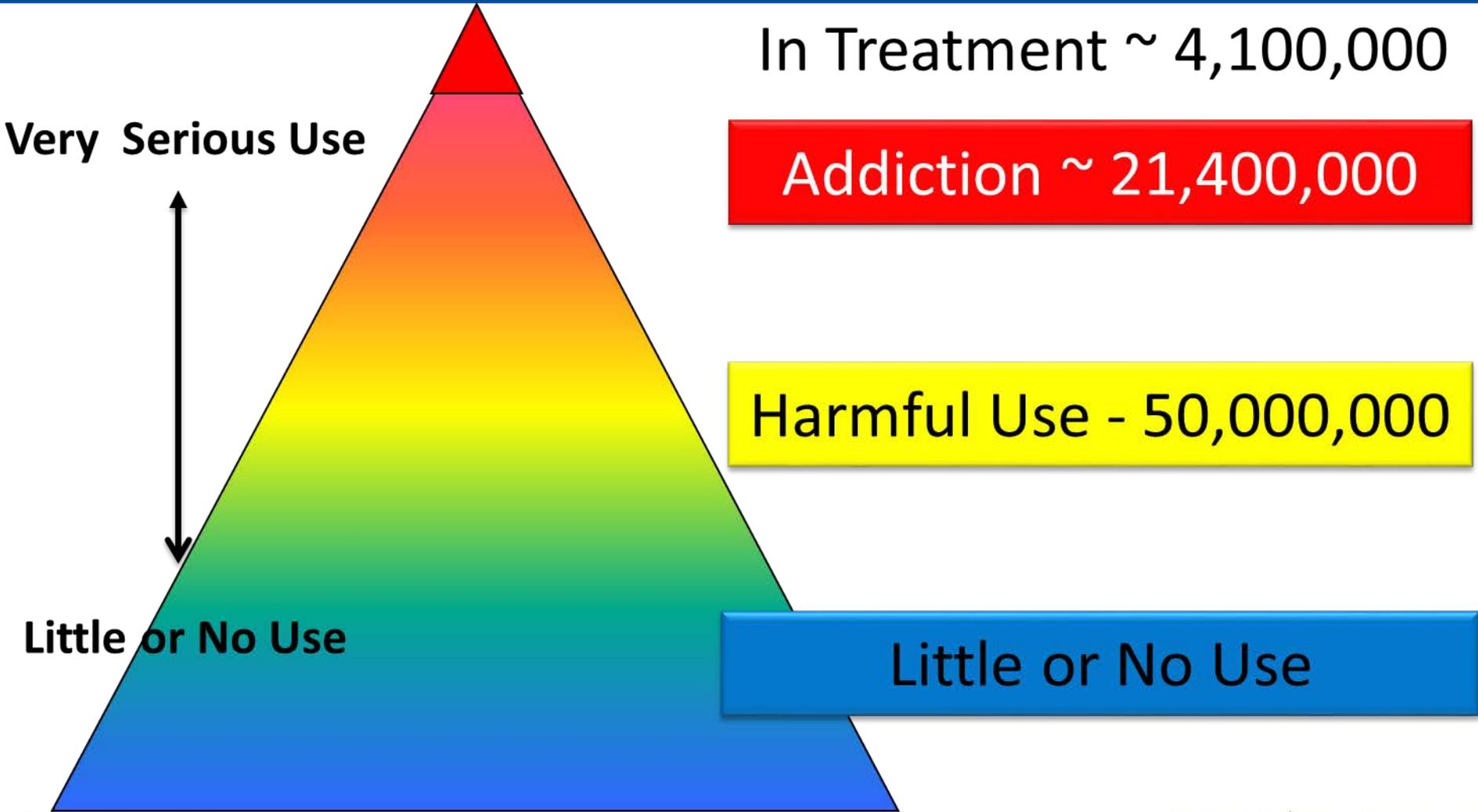
Treating the Chronic Disease of **Addiction**

Tom McLellan, PhD

Chairman of the Board & Co-Founder

Treatment Research Institute

Substance Use Among U.S. Adults



Substance Use Impact on Health Care

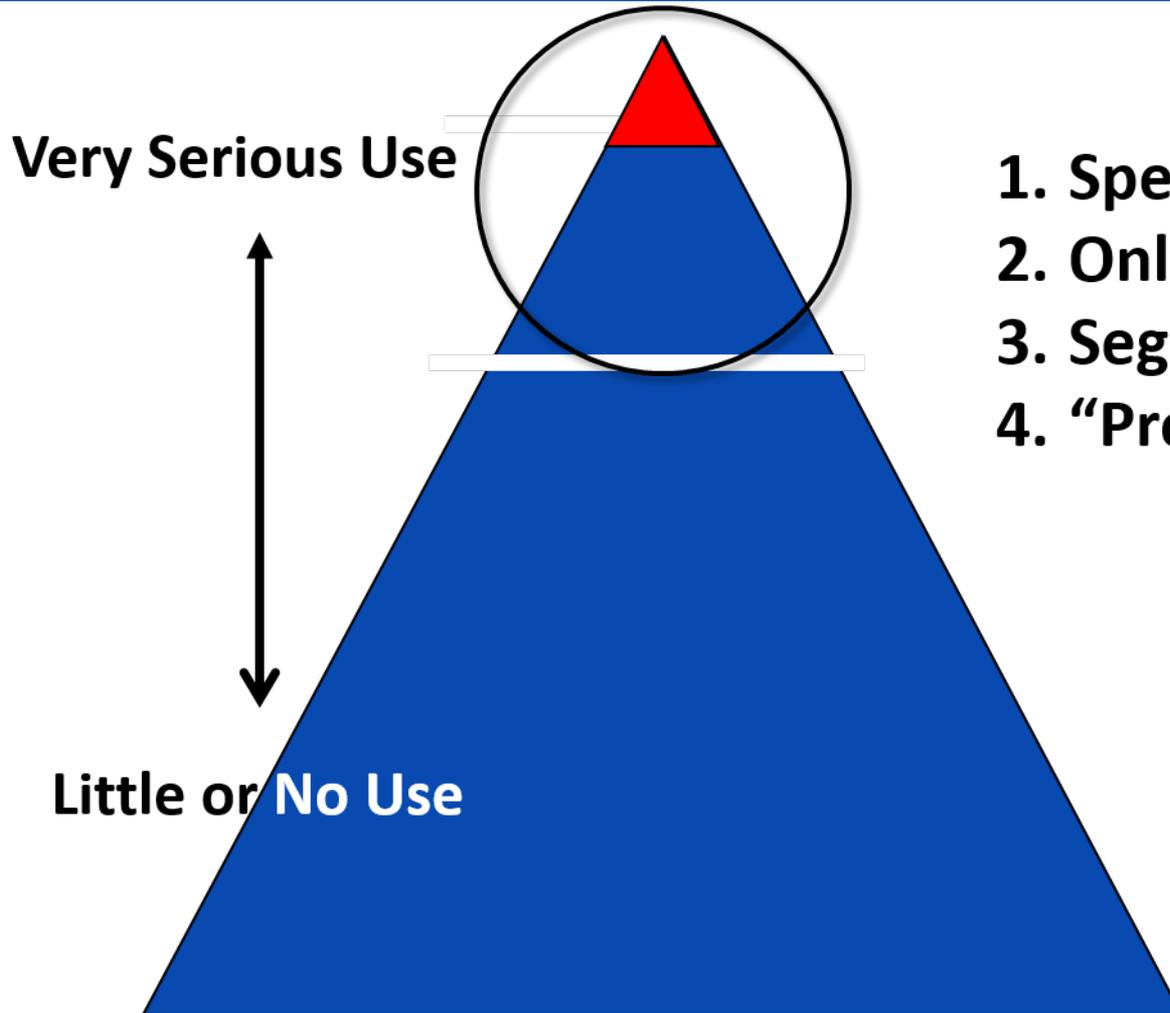
- Alcohol and drug use lead to:
 - Misdiagnoses
 - Poor adherence to prescribed care
 - Interference with prescribed medications
 - More physician time
 - Unnecessary medical testing
 - Poor outcomes
 - Increased costs
 - **Particularly in chronic illnesses**

Two Points to Keep in Mind

Until Very Recently:

- Only “addiction” was covered/ treated
- Virtually all treatment was delivered and financed by “programs”

Insurance Only for “Addiction”



1. Specialty Care Only
2. Only Most Serious
3. Segregated Finance
4. “Programs” Only

Compared to What?

Diabetes

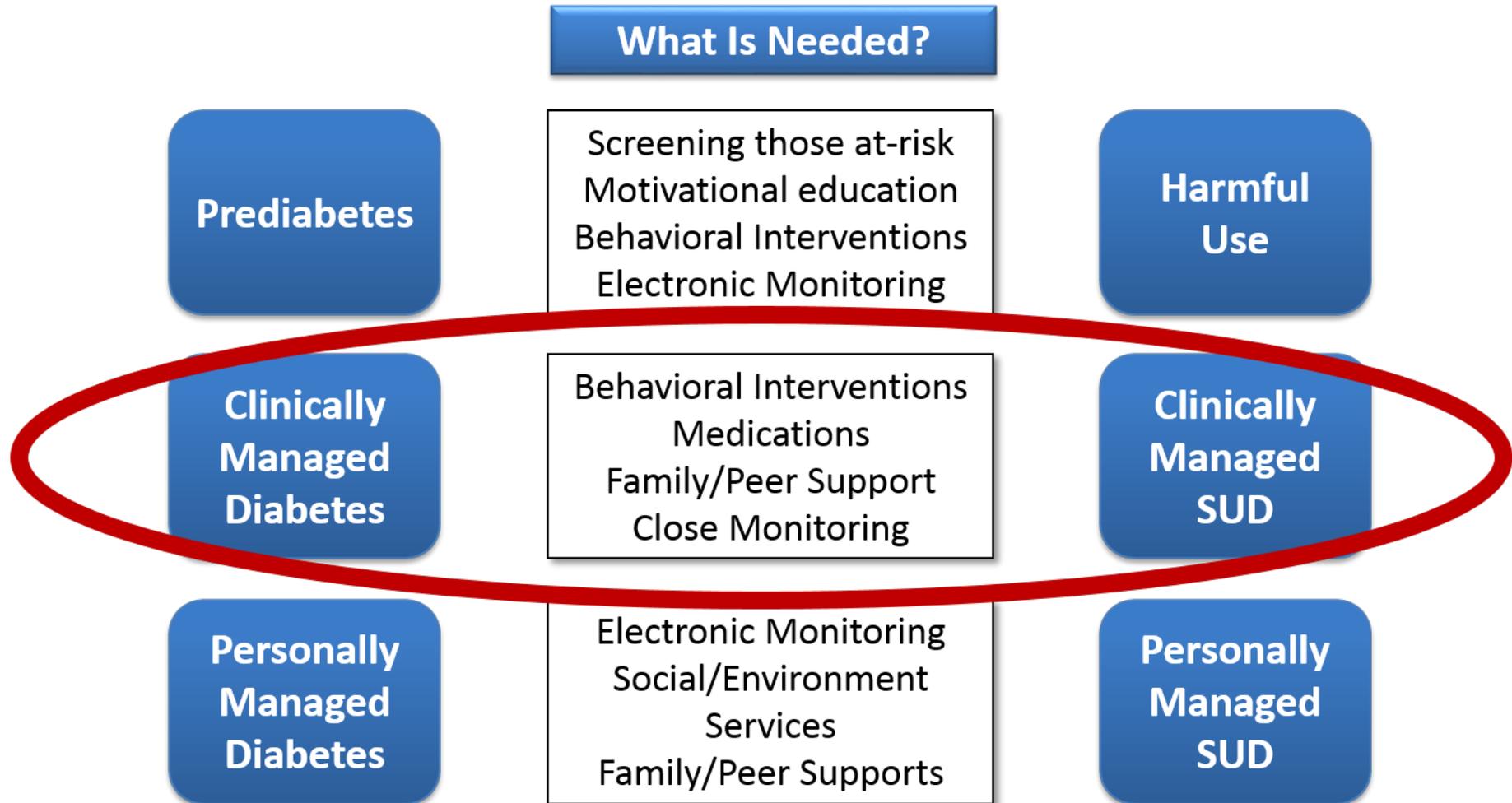
Prevention Focused on Those at Risk
Screening and Early Intervention to Halt Progression
Full Range of Treatment Services
Individualized Care – Adjusted by Monitoring
Many Support Services to Prevent Relapse

Medicaid Benefit in Diabetes

- Physician Visits - 100%
- Clinic Visits - 100%
- Home Health Visits - 100%
- Glucose Tests, Monitors, Supplies - 100%
- Insulin and 4 Other Meds - 100%
- HgA1c, eye, foot exams - 100%
- Smoking cessation - 100%
- Personal Care Visits - 100%
- Language Interpreter - Negotiated

Spectrum of Illness and Care Continuum:

Substance Use Disorder



Clinically Managed Care Setting for SUD

- Traditional Settings / Programs
 - Detoxification / Stabilization
 - Residential
 - Partial Hospitalization
 - Intensive Outpatient / Outpatient
- Setting Placement / Transition determined by:
 - Severity, duration, complexity of illness
 - Availability of social supports

Stage 2: Clinical Management

Goals

1. Establish/Maintain reductions in substance use
2. Improve general health and social function
3. Educate patient/family to understand, monitor, and manage substance use problem
4. Engage patient/family/support network into Stage 3 care

Methods

1. Individual, family and group behavioral therapies
2. Rational Medication Regimen
3. Electronic and personal monitoring –
 - a. Weekly for 1 month – Biweekly for 3 months
 - b. Monthly for 6 months

Outcomes & Indicators

1. Elimination or Significant Reduction of Use as
 - Indicated by urine drug screens during monitoring

2. Active engagement in Stage 3 Care

But Not:

1. Serious relapse or overdose incident
2. Hospital, Emergency Department, or Residential Treatment Required

Stage 3: Patient Self-Management

Goals

1. Maintain reductions in substance use
2. Patient / Family educated & trained to manage social, emotional threats to relapse
3. Maintain healthy alternative behaviors & relationships

Methods

1. Rational Medication Regimen - *if needed*
 - a. Anticraving medications (maintenance?)
 - b. Medications for psychiatric & physical illness
2. Electronic Monitoring – monthly for 1 year
3. Recovery Support Services
 - a. AA/NA/RR Engagement
 - b. Peer assistance w/ employment, housing, parenting, etc.

Outcomes & Indicators

1. Maintained elimination or significant reduction of use indicated by urine drug screens during monitoring
2. Personal Health & Social Function (SF-12 or WHO scale)

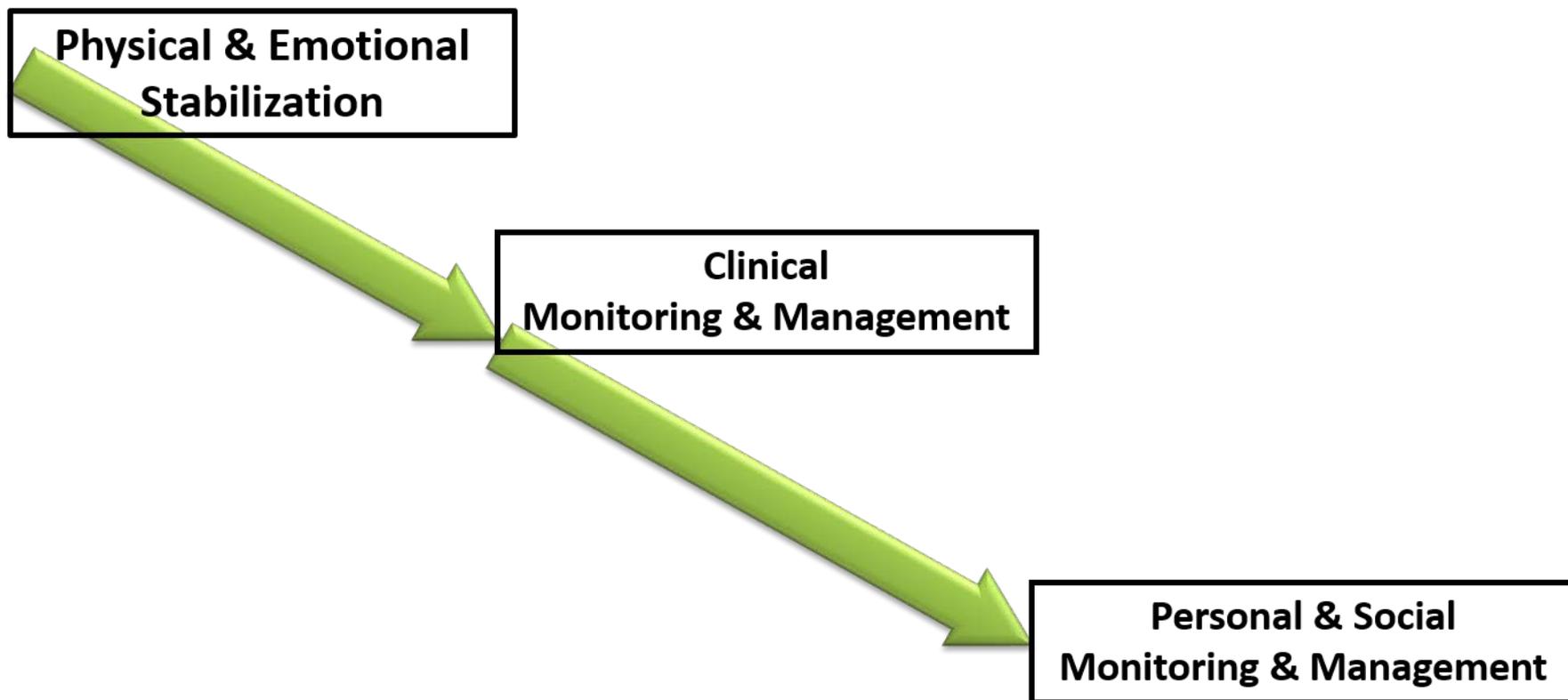
Or:

1. Patient agrees w/ definition/signs of “relapse”
2. Signs “Advance Directive” agreeing to corrective actions by family & friends
3. Early lapse detected: Patient re-enters Stage 3 outpatient care

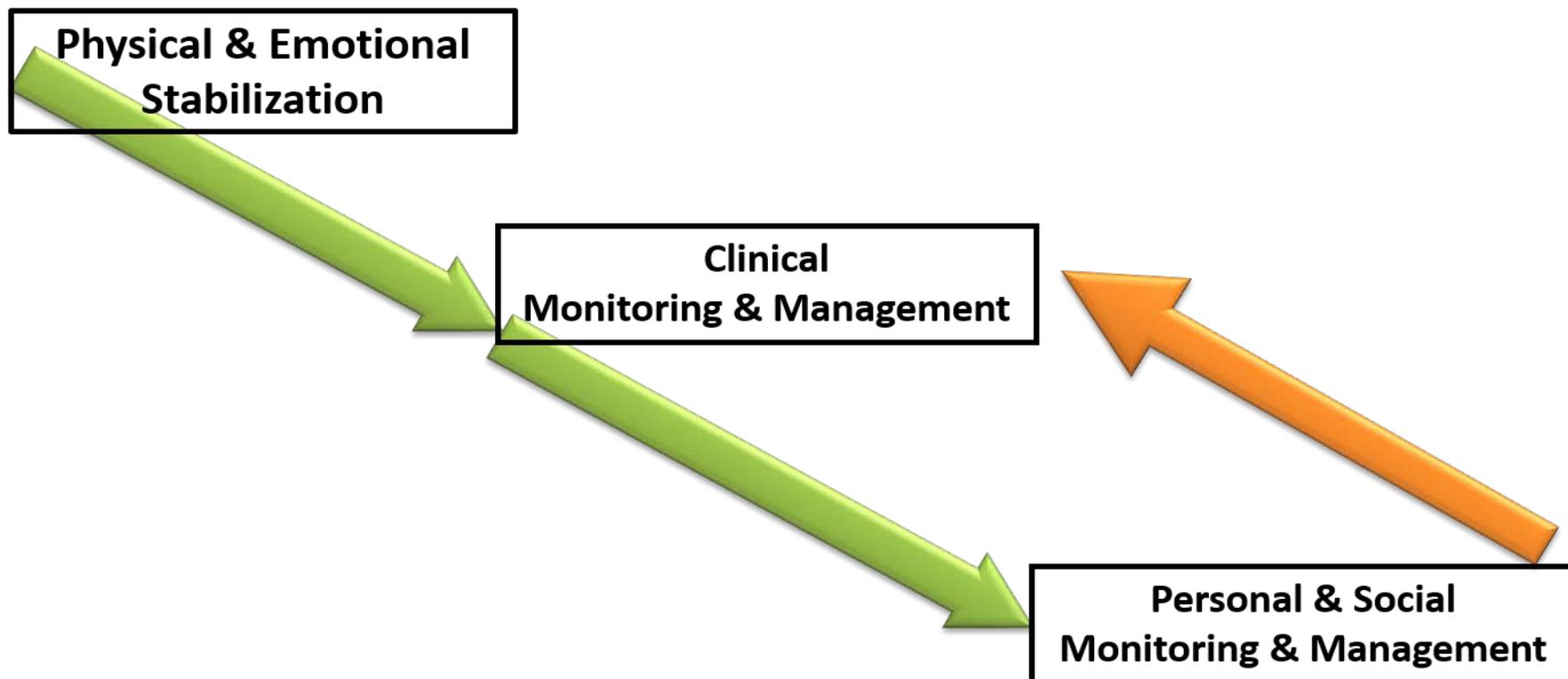
But Not

1. Serious relapse or overdose
2. Hospital, emergency department or residential

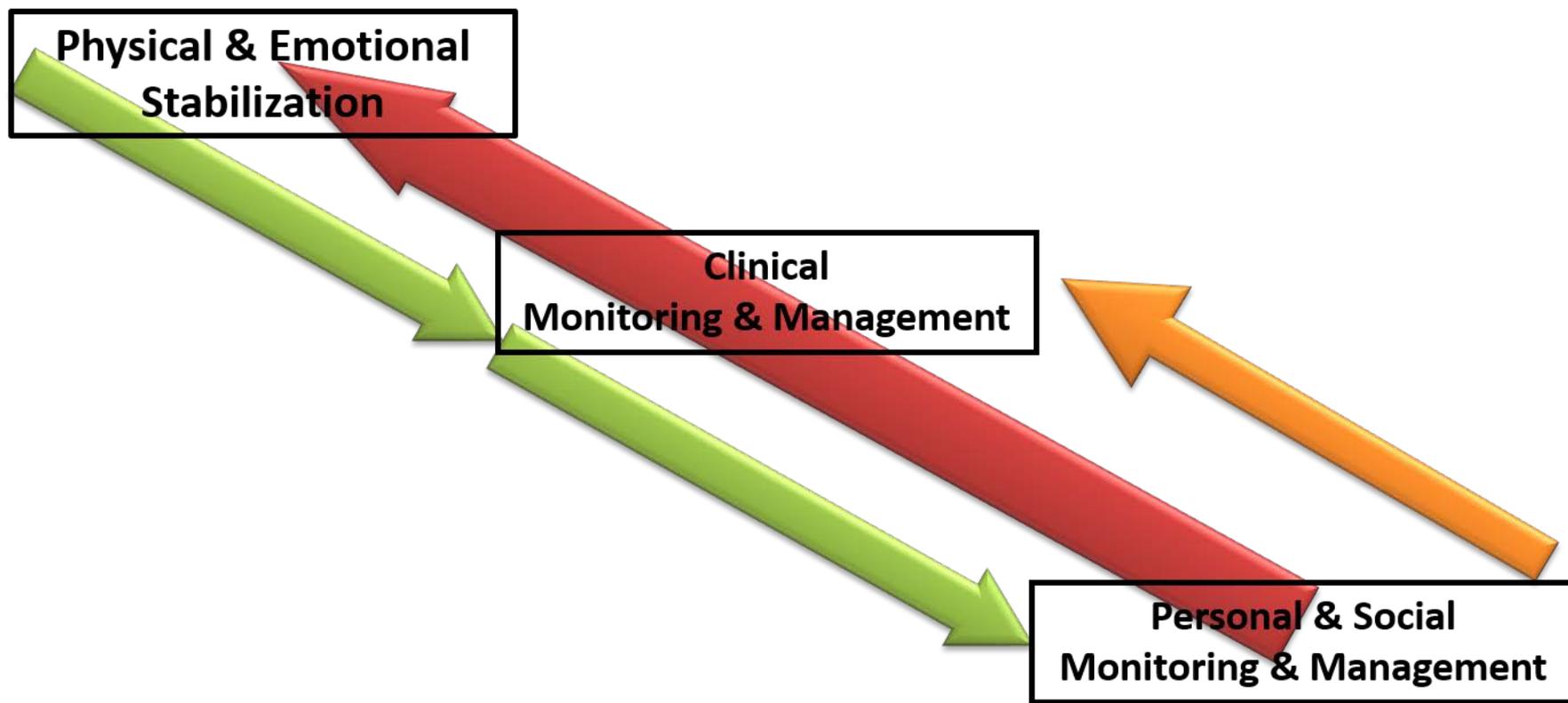
Ideal Clinical Flow (1/3)



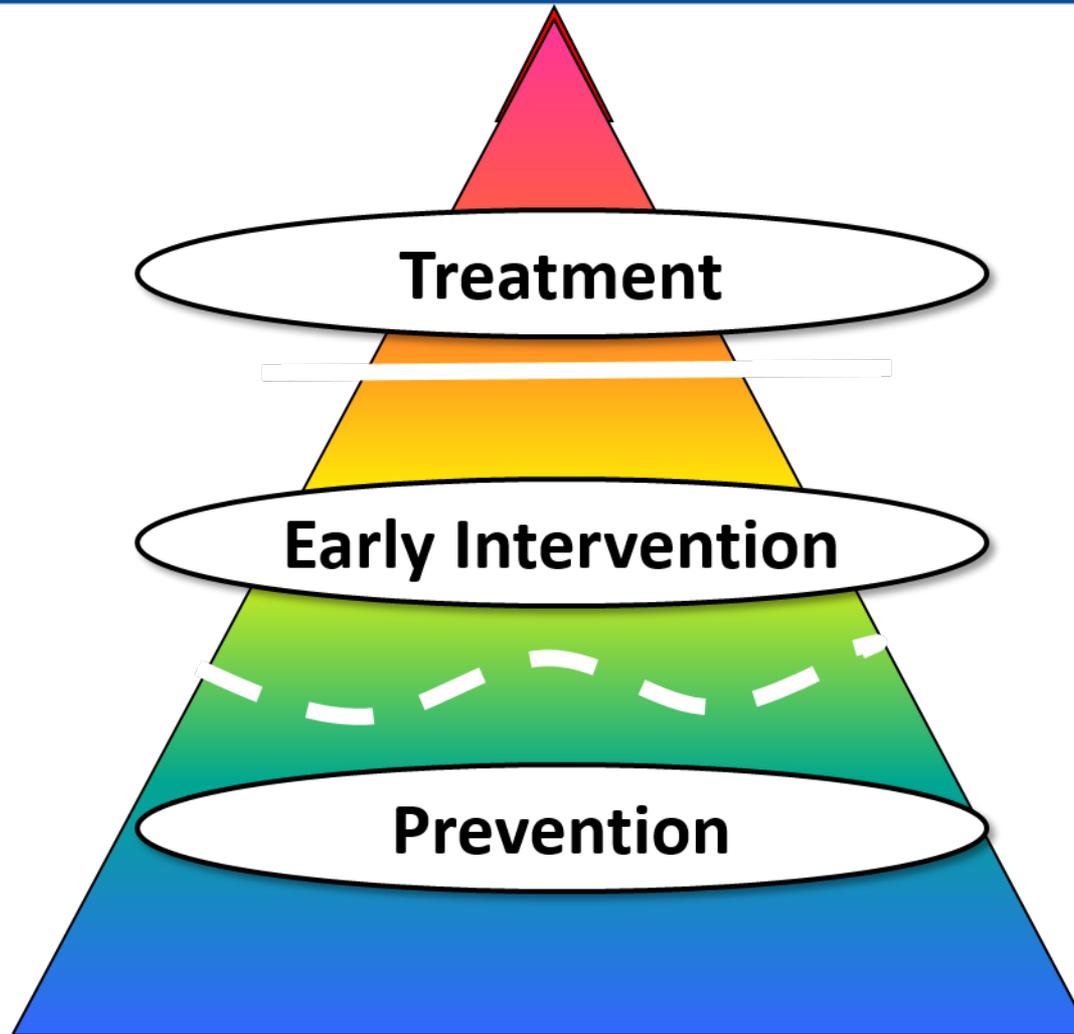
Ideal Clinical Flow (2/3)



Ideal Clinical Flow (3/3)



Substance Use Among U.S. Adults



Summary Points

- Substance use disorders soon will be treated / managed like other chronic illnesses
- Three stages of chronic care
 - Identification
 - Clinical management
 - Self-management
- Each stage prepares the patient for a less intensive stage, ultimately self-management
 - Monitoring key to prevent regression
- Within clinical management stage - the setting of care determined by patient severity & progress

Polling Question 1

- Which of the following levels of care comprising the SUD care continuum does your state cover? Select all that apply.
 - Withdrawal management
 - Outpatient
 - Intensive outpatient
 - Partial hospitalization
 - Residential
 - Intensive inpatient
 - Not sure

Discussion and Questions (1/3)





Chronic Care Model & Recovery Support Services

Kimberly Johnson, PhD

Director, Center for Substance Abuse Treatment

Substance Abuse and Mental Health Services
Administration

Continuum of Care Model



Informed Patient



Community



Proactive Practice Team

Resources & Policies

Health System Organization of Healthcare

Clinical Information & Support



Productive Interactions

Self-Management & Various Support

Recovery-Oriented Approach

**Chosen
Recovery Path**



**Self-Directed
Process of
Change**

Recovery Support Services

- Nonclinical services that assist individuals & families working toward recovery from SUD conditions
- Should be available at all stages of recovery
- Integral part of recovery-oriented approach
- Can be cost-effective when integrated into a comprehensive recovery-oriented approach

Initiation

Ongoing

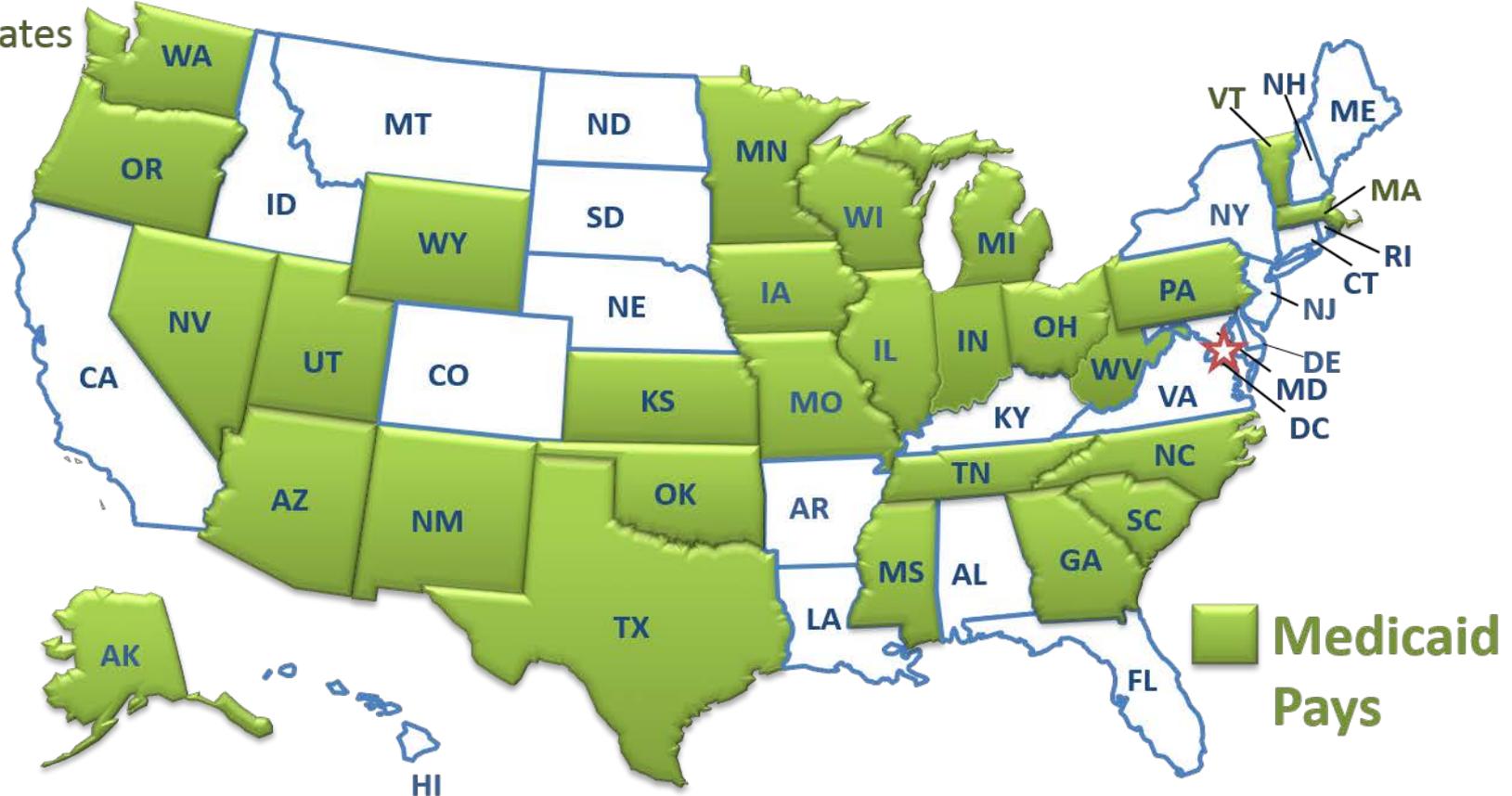
Postacute

Broad Array of Recovery Support Services

- Aftercare Services
- Alcohol- & Drug-Free Social Activities
- Case Management Services
- Child Care
- Continuing Care
- Employment Services (pre-employment, job training, coaching)
- HIV/AIDS services & Education
- Housing Supports & Transitional Drug-Free Housing Services
- Individual Services Coordination
- Information & Referral
- Peer-to-Peer Support Services
- Recovery Coaching
- Relapse Prevention
- Self-help & support groups
- Substance Abuse Education
- Transportation (to & from treatment, recovery support activities, employment)

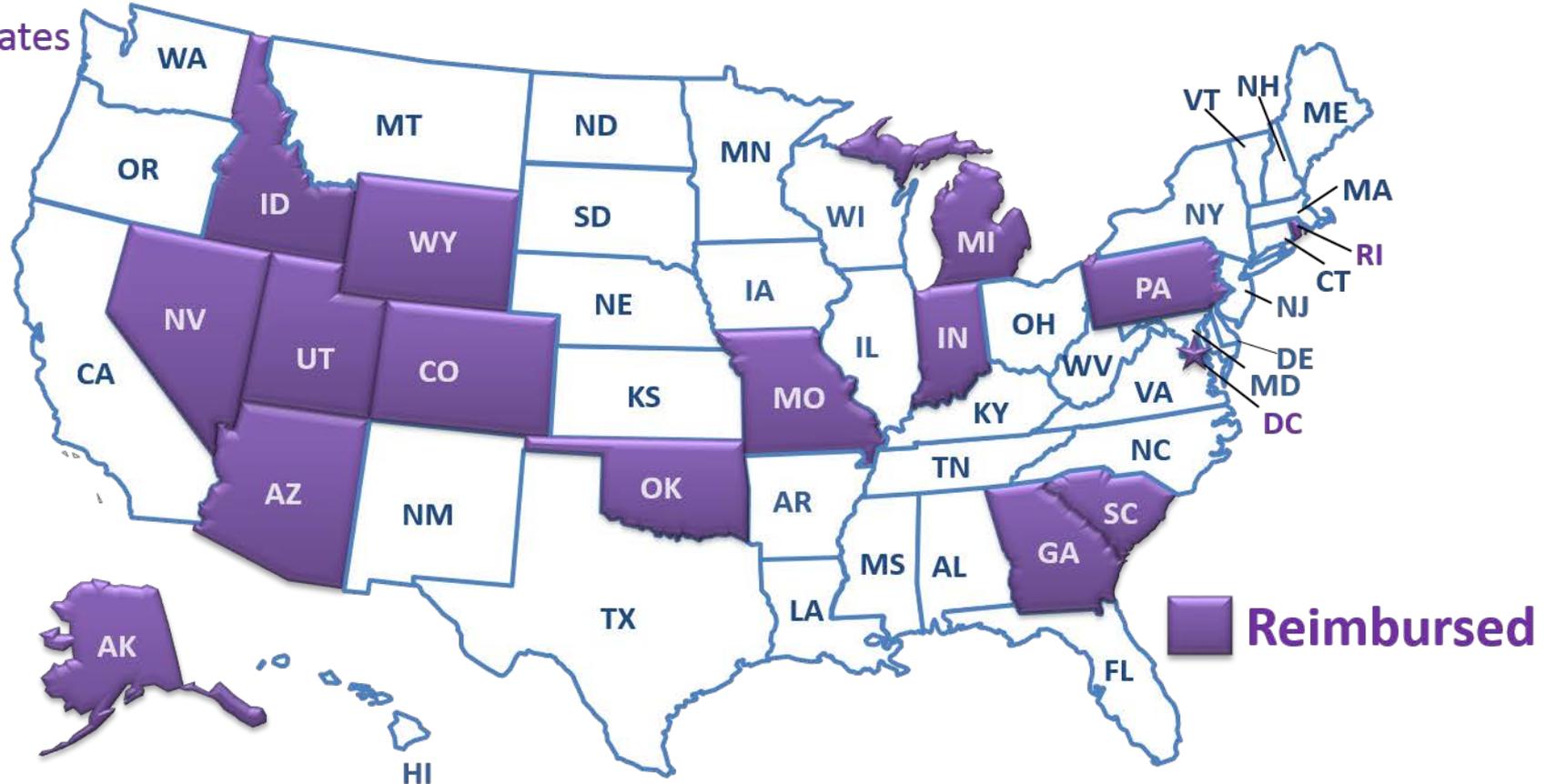
Medicaid Payment: Mental Health Peer Support

Reimbursement
in 29 states



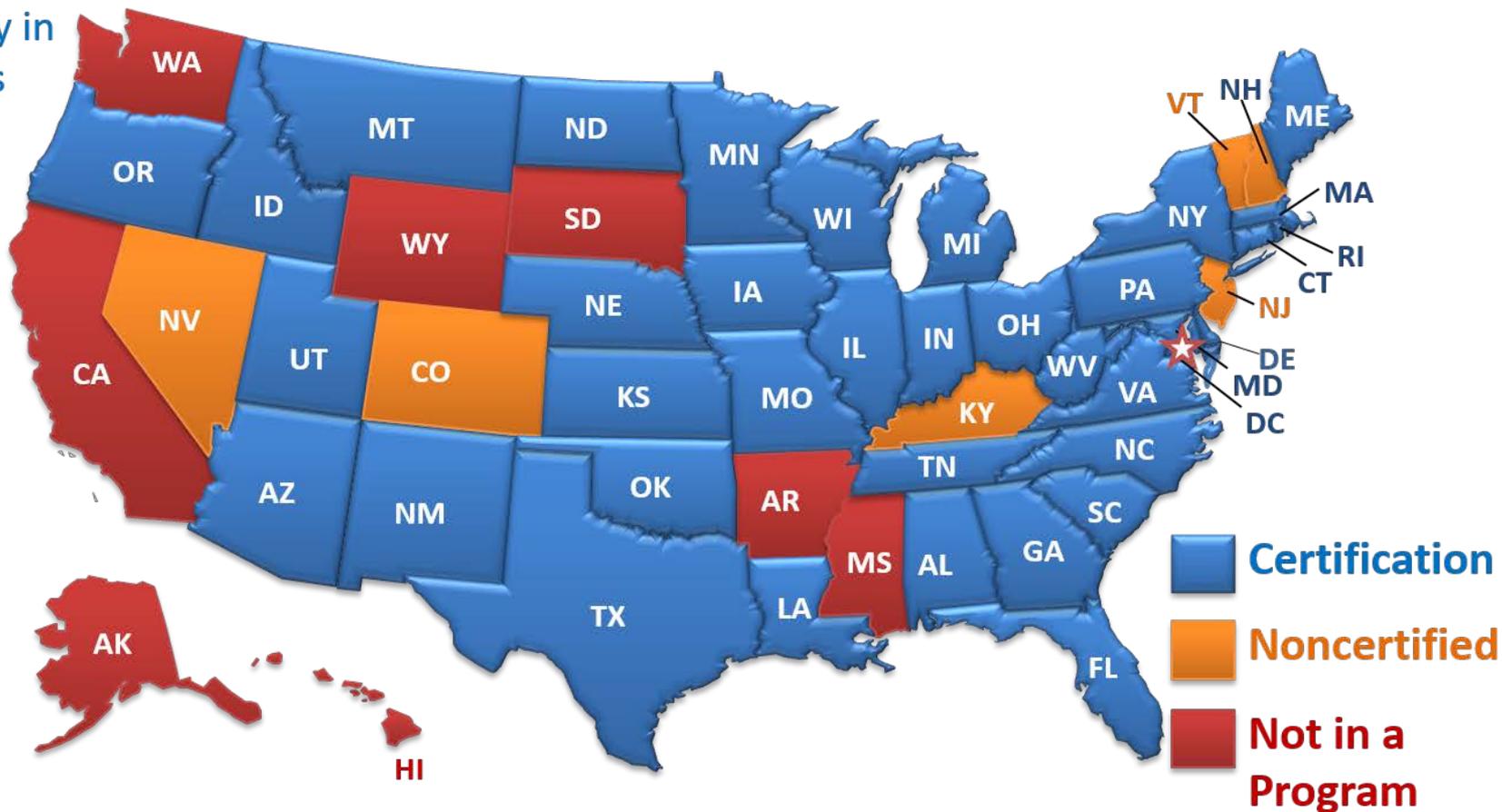
Medicaid Payment: SUD Peer Support

Reimbursement
in 14 states

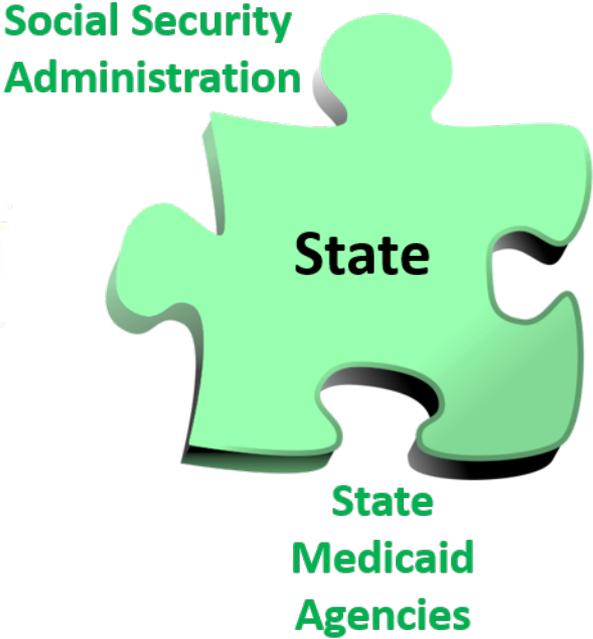
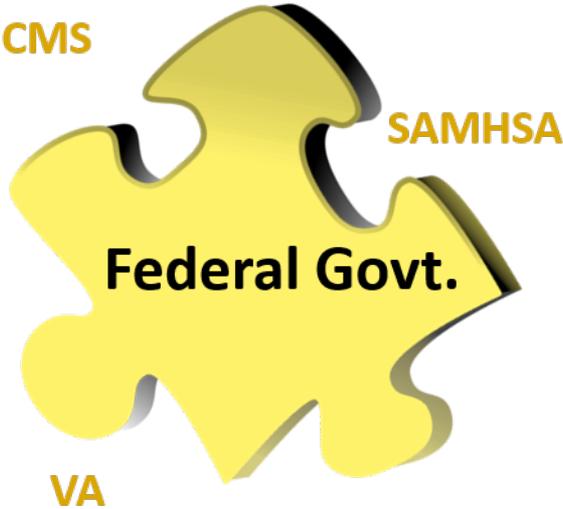


States w/ Existing Certification Programs

Currently in
36 states



Moving Forward: Call to Action



Polling Question 2

- Is your state currently reimbursing any of the following recovery support services? Select all that apply.
 - Peer supports
 - Case management
 - Vocational/educational
 - Transportation
 - Financial supports
 - Legal services
 - Housing supports
 - Not sure

Discussion and Questions (2/3)





State Experience: Pennsylvania

Beverly Haberle, MHS, LPC, CADC

Executive Director

Council of Southeast Pennsylvania, Inc.

Project Director

Pennsylvania Recovery Organization – Achieving
Community Together

Overview: The Council of Southeast PA, Inc., & PRO-ACT

- **Council of Southeast PA, Inc.**
 - 41-year history of
 - Community mobilizing
 - Prevention
 - Intervention
 - Recovery support services
 - Providing services throughout the five counties of Southeastern Pennsylvania
- **PA Recovery Organization – Achieving Community Together**
 - Grassroots recovery project founded in 1997
 - Provides advocacy and peer-to-peer recovery support services
 - Operates five Recovery Community Resource Centers, providing a wide range of peer-based recovery support services to an average of 2,500 individuals and families monthly

Pennsylvania – Medicaid Reimbursement

- **Mental Health Peer Supports**
 - Approved as a supplemental services for individuals with substance use disorders
- **Substance Use Disorder Peers**
 - Provided in 27 counties
- **Comparison**
 - Separate certification programs for mental health and substance use disorder peers
 - Both provide services to population w/ co-occurring disorders

Recovery Support Services Differ From Clinical Treatment Services

- **Recovery Support Services are...**
 - Strength-based services to help individuals & families initiate, stabilize, and sustain recovery
 - Nonclinical services that assist in removing barriers & providing resources to those contemplating, initiating, & maintaining recovery
 - Services that can, at times, be provided in lieu of clinical treatment
 - Services that provide links to clinical treatment & indigenous communities of support
 - Services that support multiple pathways to recovery

Peer-Based Recovery Support Services

- Peers use lived experience to support engagement, provide hope, and role model healthy recovery
 - Provide practical problem-solving options
 - Coaching, educating, linking to resources
 - Help assess & grow recovery capital to support long-term recovery management
- Recovery planning across 10 domains
- Case management / advocacy as an immediate, short-term, or transitional service

Cultural & Population-Specific Supports



Recovery Support Services: Essential Elements

- Long-term consistent peer support relationships guide recovery through the continuum
- Service recipient is engaged in developing goals & recovery plan
- Ongoing recovery check-ups are held to review recovery plans, celebrate progress, & adjust to accommodate new ideas to support recovery growth
- Support to document, validate, & grow recovery capital
- Support self-directed knowledge of multiple pathways
- Provide skill-building opportunities

Recovery Support Services: Sustaining Services in PA

- **Establish**
 - Reinvestment grants as a way to establish recovery support service programs
- **Grow**
 - Within southeast PA
 - Medicaid reimbursement is available in two counties
 - Two additional counties in start-up phase (Philadelphia, Chester)
- **Reach Out**
 - Collaboration w/ other community organizations & institutions to provide resources to support services beyond Medicaid reimbursement

Challenges & Lessons Learned

- **Supports need to be individualized**
 - Meet people where they are & do not treat as an aftercare program
- **Combine experience & structure**
 - Sharing lived experience combined w/ structured skill building can provide the missing piece for many struggling to sustain long-term recovery
- **Provide ongoing strength base supervision**
 - Including knowledge of peer-based recovery support services
 - This is not a clinical service
- **Supporting staff**
 - Staff burn out & self-care are critical concerns
- **Acknowledge this is a process**
 - This is not a plug & play service. It requires time & planning to integrate into systems, then ongoing training to sustain

Polling Question: Knowledge Check-In

- Which of the following statements accurately describe recovery support services? Select all that apply.
 - Helps initiate recovery
 - Helps sustain recovery
 - Provides support to families
 - Supports the individual
 - Provides links to clinical services
 - Helps stabilize individuals

Discussion and Questions (3/3)



Polling Question 3

- Would your state be interested in having a post-webinar discussion with the speakers to address any additional questions on today's webinar?
 - Yes
 - No

Resources (1/3)

- [Guiding Principles and Elements of Recovery-Oriented Systems of Care: What Do We Know From the Research?](#) Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.
- [Recovery-Oriented Systems of Care \(ROSC\) Resource Guide.](#) Substance Abuse and Mental Health Services Administration.
- [Financing Recovery Support Services: Review and Analysis of Funding Recovery Support Services and Policy Recommendations.](#) Substance Abuse and Mental Health Services Administration.

Resources (2/3)

- [What Are Peer Recovery Support Services?](#) Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.
- [Peer-Based Addiction Recovery Support: History, Theory, Practice, and Scientific Evaluation.](#) White, WL. Great Lakes Addiction Technology Transfer Center, Philadelphia Department of Behavioral Health and Mental Retardation Services.

Resources (3/3)

- [Peer Support Services Policy Letter to State Medicaid Directors.](#) Centers for Medicare & Medicaid Services.
- [Clarifying Guidance of Peer Support Services Policy.](#) Centers for Medicare & Medicaid Services.

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Thank You!

**Thank you for joining us for this
National Dissemination Webinar!**

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