

  
Harbor Homes Healthy at Home Keystone Hall HIV/AIDS Harbor Care

## Improving Outcomes in Substance Use Treatment Through Increased Integration

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### Learning Objectives:

- 1. Participants will be able to identify the benefits of integrated care.
- 2. Participants will be able to conceptualize how an organization utilizes and implements integrated care effectively.
- 3. Participants will be able to improve ability to identify the correct Level of Care based on ASAM Criteria, including how integration may look at different levels of care.




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### What is integrated care?

- Integrated care relates to the coordinated provision of services
- Bidirectional integration is the systemic coordination of behavioral health care with physical health care services
  - This involves two simultaneous processes:
    - Ongoing development of an organizational culture centered around high quality customer service with a focus on experiences and outcomes of customers with both physical and behavioral health needs
    - A comprehensive, system-level transformation of different aspects of the organizational process, structure, programming, practice, and financing that ensures the provision of seamless integrated care
- Patients with mild to moderate behavioral health concerns tend to present to their primary care providers seeking help, highlighting the importance of being able to offer integrated care




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### What are the benefits of integrated care?

- Fewer hospitalizations for those involved with integrated care.
- Increased attendance with outpatient providers.
- Improved patient satisfaction.
- Patients report integrated care is more convenient and effective.
- Decreases in number of inpatient bed days.
- Can help reduce healthcare costs, address health disparities, and improve general health outcomes.

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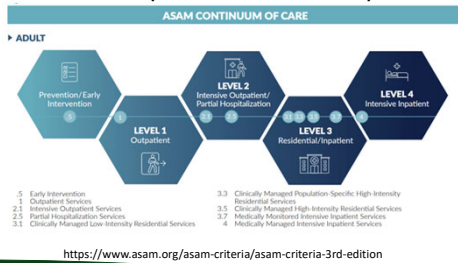
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### Levels of Care (ASAM 3<sup>rd</sup> Edition)




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### ASAM Dimensions (3<sup>rd</sup> Edition)

- Dimension 1: Acute Intoxication and/or Withdrawal Potential
  - History of significant symptoms, current level of intoxication or withdrawal signs and symptoms, frequency and quantity of use, pulse/blood pressure rates, CIWA-Ar score
- Dimension 2: Biomedical Conditions and Complications
  - History of or current comorbid medical conditions, the need for regular medical treatment not available within an addiction treatment center

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### ASAM Dimension (3<sup>rd</sup> Edition)

- Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications
  - Diagnosed mental health disorders, history of medications non-adherence/ineffectiveness, impulsive behaviors, poor coping skills, impaired judgement
- Dimension 4: Readiness to Change
  - Prior treatment history with positive or negative outcomes, attitudes about treatment, awareness of relationship between substance use and problems, stage of change

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### ASAM Dimensions (3<sup>rd</sup> Edition)

- Dimension 5: Relapse, Continued Use, or Continued Problem Potential
  - Past history of ability to maintain abstinence, prior relapse history, source of motivation, current use or cravings, possession of relapse prevention strategies including awareness of triggers and a plan for responding to them without using
- Dimension 6: Recovery/Living Environment
  - Social support system, direct or indirect pressures to use, opportunity to use, living environment that monitors recovery, lack of experience navigating systems, applying for work or benefits, or developing a positive social support system

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### Risk Ratings and Key Differentiating Factors in Dimension 1 – Intoxication/Withdrawal Potential

Ratings:

- 0 - they're not experiencing withdrawal symptoms or intoxication
- 1 - mild/moderate intoxication, minimal risk of severe withdrawal symptoms, manageable with Outpatient Withdrawal Management
- 2 – moderate (may have severe intoxication but responds to support), manageable with Outpatient Withdrawal
- 3 – severe intoxication with imminent risk of danger to self/others, difficulty coping, requires 24/7 support
- 4 – very severe, incapacitated, symptoms present danger (i.e. seizures)

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**Levels of Care and Key Differentiating Factors in Dimension 1 – Intoxication/Withdrawal Potential**

Levels of Care:

- OP: Risk rating of 0-1, any symptoms are manageable with outpatient withdrawal management
- IOP/PHP: Risk rating of a 0-2, any symptoms are manageable with outpatient withdrawal management combined with level 2 treatment services
- High/Low Intensity Residential: Risk of 0-3, any symptoms are manageable with withdrawal management combined with level 3 treatment services
- Medically Monitored Intensive Inpatient: Risk of 3-4, symptoms are severe and require 24/7 medical monitoring
- Intensive Inpatient/Hospital: Risk of 4, symptoms are severe and potentially life-threatening, requiring a hospital admission

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**Risk Ratings and Key Differentiating Factors in Dimension 2 – Medical Conditions/complications**

Ratings:

- 0 – No significant medical concerns, including pain/discomfort
- 1 – mild symptoms interfering with daily functioning. Able to cope with physical discomfort.
- 2 – acute or chronic biomedical problems that are not life-threatening, but are neglected and need new/different treatments. Health issues impacting ADLS
- 3 – poorly controlled medical problems, poor ability to cope with medical problems, insufficient support to manage independently
- 4 – unstable condition with extreme medical problems

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**Levels of Care and Key Differentiating Factors in Dimension 2 – Medical conditions/complications**

Levels of Care:

- OP: Risk rating of 0-1, any symptoms are stable or receiving concurrent medical monitoring
- IOP/PHP: Risk rating of a 0-2, any symptoms are manageable and not distracting from treatment. May need support establishing medical care to treat health conditions
- HI/LI Res: Risk of 0-3, any symptoms are being managed/treated by concurrent medical monitoring. Likely needs support establishing medical care to treat health conditions
- Medically monitored inpatient: Risk of 3-4, symptoms are severe and require 24/7 medical monitoring
- Medically managed inpatient: Risk of 4, symptoms are severe and potentially life-threatening, requiring a hospital admission

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### Risk Ratings and Key Differentiating Factors in Dimension 3 – Emotional/behavioral

Ratings:

- 0 – No dangerous symptoms, good social functioning, good self-care
- 1 – possible emotional, behavioral, or cognitive diagnoses. Requires monitoring for stable mental health condition. Symptoms do not interfere with recovery
- 2 – symptoms distract from recovery, requires treatment and management of mental health condition
- 3 – inability to care for self at home, impulses for harm to self/others, requires urgent assessment/treatment to prevent further escalation of symptoms
- 4 – life-threatening symptoms including active suicidal ideation, psychosis, imminent danger to self/others

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### Levels of Care and Key Differentiating Factors in Dimension 3 – emotional/behavioral

Levels of Care:

- OP: Risk rating of 0-1, any symptoms are stable or receiving concurrent monitoring
- IOP: Risk rating of a 0-1, mild symptoms with the potential to distract from recovery. Symptoms need monitoring
- PHP: Risk rating of a 1-2, mild/moderate symptoms with the potential to distract from treatment. Symptoms require stabilization
- LI Res: Risk rating of 0-1, any symptoms are stable or receiving concurrent monitoring
- HI Res: Risk of 3-4, participants demonstrate repeated inability to control impulses, significant symptoms require stabilization, functional deficits require 24/7 setting to prepare for community integration
- Medically monitored inpatient: Risk of 2-4, symptoms are moderate and require concurrent MH services in a medically monitored setting
- Medically managed inpatient: Risk of 4, symptoms are severe and potentially life-threatening, requiring a psychiatric hospital admission

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### Risk Ratings and Key Differentiating Factors in Dimension 4 – Readiness to change

Ratings:

- 0 – Proactive, responsible participants in treatment; committed to changing substance use
- 1 – Willing to enter treatment, ambivalent to need to change. May need motivational enhancement
- 2 – Reluctant to agree to treatment, low commitment to changing substance use. Variable adherence to treatment. Requires moderate intensity services to enhance motivation
- 3 – Unaware of/not interested in the need to change. Unwilling to partially able to follow through with treatment. "Goes through the motions." Requires high intensity engagement/motivational enhancement services to prevent decline in functioning/safety
- 4 – Rejects need for change, engages in potentially dangerous behaviors. Unwilling/unable to follow through with treatment recommendations. Requires secure placement to prevent imminent danger

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### Levels of Care and Key Differentiating Factors in Dimension 4 – Readiness to change

Levels of Care:

- OP: Risk rating of 0-1 and needs motivating/monitoring strategies, OR risk of 2-4 and low risk in other dimensions and needs motivational enhancements
- IOP: Risk rating of a 1-2, has variable engagement in treatment, ambivalence, lack of awareness of the problem, and requires structured programming to promote progress through stages of change
- PHP: Risk rating of a 2-3, with poor engagement in treatment, significant ambivalence, or lack of awareness of the problem. Requires near-daily structured programming to promote progress through stages of change
- LI Res: Risk rating of 0-2, but requires structured support to maintain therapeutic gains
- HI Res: Risk of 3-4, has marked difficulty with or opposition to treatment, with dangerous consequences
- Medically monitored inpatient: Risk of 2-4, low interest in treatment and poor impulse control despite negative consequences, needs motivational strategies only safely available in a 24-hour structured setting
- Medically managed inpatient: Problems in Dimension 4 do not qualify the consumer for Level 4 services, if the consumer's only severity is in Dimension 4, 5, and 6 without high severity in Dimension 1, 2, or 3, they do not qualify for Level 4

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### Risk Ratings and Key Differentiating Factors in Dimension 5 – Relapse/continued use potential

Ratings:

- 0 – No/low potential for relapse
- 1 – Some minimal risk for use, with fair coping/relapse prevention skills
- 2 – Inconsistent use of skills, able to self-manage with prompting. Needs relapse prevention and education services, as well as possibly intensive case management, med management, assertive community treatment
- 3 – Little recognition of risk for use, poor skills for coping. Needs relapse prevention services including structured coping skills training, motivational strategies, assertive case management, and assertive community treatment. Possible need for structured living environment
- 4 – No coping skills, substance use/behavior places self or others in imminent danger. Needs a 24 hour clinically managed living environment to prevent imminent danger, or a 24-hour supportive living environment (when no imminent danger)

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### Levels of Care and Key Differentiating Factors in Dimension 5 – Relapse/continued use potential

Levels of Care:

- OP: Risk rating of 0-1, able to maintain abstinence/control use and addictive behaviors and pursue recovery with minimal support
- IOP: Risk rating of a 1-2, intensification of addiction or MH symptoms indicate a high likelihood of relapse or continued use/continued problems without close monitoring and support
- PHP: Risk rating of a 2, intensification of addiction or MH symptoms, despite active participation in Level 1 or Level 2.1 programming, indicates a high likelihood of relapse or continued use/continued problems without near-daily monitoring and support
- LI Res: Risk rating of 0-1, understands relapse but needs structure to maintain therapeutic gains
- HI Res & Medically monitored inpatient: Risk of 4, no recognition of skills needed to prevent continued use, unable to control use, with imminently dangerous consequences

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### Risk Ratings and Key Differentiating Factors in Dimension 6 – Recovery/Living Environment

Ratings:

- 0 – No risk, patient is able to cope in environment/environment is supportive
- 1 – Passive/disinterested social support, but able to cope. No serious environmental risks. May need assistance in finding supportive environment/developing supports
- 2 – Unsupportive environment, but able to cope in the community with clinical structure most of the time. Needs assistance finding supportive environment/developing support, as well as assertive care management
- 3 – Unsupportive environment, difficulty coping even with clinical structure. Needs more intensive assistance in finding and developing supports.
- 4 – Environment is toxic/hostile to recovery. Unable to cope, and environment may pose a threat to safety. Patient needs immediate separation from toxic environment. Environmental risks require a change in housing/environment.

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### Levels of Care and Key Differentiating Factors in Dimension 6 – Recovery/Living Environment

Levels of Care:

- OP: Risk rating of 0-1, recovery environment is supportive/individual has skills to cope
- IOP: Risk rating of a 1-2, recovery environment is not supportive, but with structure and support the individual can cope
- PHP: Risk rating of a 2-3, recovery environment is not supportive, but with structure, support, and relief from the home environment, individual can cope
- LI Res: Risk rating of 4, environment is dangerous but recovery is achievable with Level 3.1, 24-hour structure is available
- HI Res & Medically monitored inpatient: Risk rating of 4, environment is dangerous and individual needs 24-hour structure to learn to cope. Participants are unable to cope outside of a highly-structured 24-hour setting

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### Game – how to integrate – teams present

- Each team will identify
  - Risk rating in each of the 6 dimensions
  - Opportunity for integration in each of the 6 dimensions.
  - Level of care recommendation
  - What services are available to be integrated
  - How will those services integrate with each other.

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### SAMHSA Level 6 Integration Efforts

- The Organizational Assessment Toolkit for primary and behavioral health care Integration (OATI) – used by organizations to assess readiness for integration, as well as identifying opportunities for further integration
- Published by The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)
- Integration is a process that occurs over time across an organization, and requires a complete review and redesign of an organization’s service delivery
- “The integration journey never ends because there are always new challenges, new populations, new improvement opportunities, and new partners.”

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### SAMHSA Integration Tools

- The Partnership Checklist – Exploring the need for organizational partnerships and how to develop more effective partnership
- The Executive Walkthrough – Used by leadership to see the organization through a customer’s eyes
- The Administrative Readiness Tool (ART) for Primary Health Behavioral Health Integration – Assesses the core administrative processes and practices needed most to support successful delivery of integrated care
- The COMPASS-Primary Health and Behavioral Health – continuous quality improvement for the integration process

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### The 6 Levels

<p><b>Coordinated</b> Level 1: Minimal Collaboration Level 2: Basic Collaboration at a Distance</p>	<p><b>Co-located</b> Level 3: Basic Collaboration Onsite Level 4: Close Collaboration Onsite with Some System Integration</p>	<p><b>Integrated</b> Level 5: Close Collaboration Approaching an Integrated Practice Level 6: Full Collaboration in a Transformed/Merged Integrated Practice</p>
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### Integrating Care Discussion

- What levels of integration do you do now – examples of how you feel you are or are not integrated
- What challenges do you see in integrated
- Is there support for integration in the agency
- What would it look like?
- What changes can you make? What changes can you advocate?

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