CRISIS SERVICES: IMPROVING THE CONTINUUM OF CARE AND BRIDGING THE TREATMENT GAP

Critical Component of Successful Recovery

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

mctac

CASA The National Center on Addiction and Substance Abuse

A Critical Juncture

- MRT is pushing big changes in healthcare practice
- The populations you serve are among the most targeted, high-cost patients
- The vision is for a more integrated system where care is managed by provider networks
- The future has both opportunities and risk for SUD treatment providers
- Providers will need to make the case for how they can help the networks meet quality and cost targets

From Volume to Value

- Payment arrangements will be driven by the need to demonstrate measurable, quality outcomes
  - Outcome measures
    - Reducing medically unnecessary services – e.g., inpatient hospitalizations and readmissions
  - Process measures
    - Providing proper follow-up care with a Behavioral Health/Substance Use Disorder provider after inpatient hospitalization

The Time is Now

- Value Based Payment is coming soon – providers are preparing now
- Payers expect to see a departure from treatment as usual
- Individuals and Families are empowered and holding providers accountable for outcomes
- Crisis Services' will need to account for Patient outcomes post-discharge

The Opportunity for Change

- OASAS reports - based on Medicaid claims data for CY 2015 - that on a state-wide analysis, 24-25% of clients leaving detox go on to treatment in a lower level of care
- How can that percentage grow?

Detox in the Continuum of CARE

- Crisis services are a vital component of and one entry point or *first step* in the OASAS continuum of care
- Crisis Services can demonstrate value in this new world by safely delivering the client to the next step in that continuum

Your Value

- Experts in Medically Stabilizing high-risk individuals
- Discharge presents the opportunity to secure the gains made in detox and keep individuals safe while in a high-risk and vulnerable state
- Safe hand-off to include immediate follow-up with treatment, opportunity to address ongoing cravings

Detoxification

- What is detoxification?
- Is “detox” treatment?
- Can we make valid diagnoses?

ASAM Definition of Addiction

Short Definition of Addiction:

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. **Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.**
- **Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response.** Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

http://www.asam.org/for-the-public/definition-of-addiction

Addiction is a Chronic Disease

- Persistent risk and/or recurrence of **relapse**, after periods of abstinence, is another fundamental feature of addiction. **This can be triggered by exposure to rewarding substances and behaviors, by exposure to environmental cues to use, and by exposure to emotional stressors that trigger heightened activity in brain stress circuits.**[4]
- As addiction is a chronic disease, periods of relapse, which may interrupt spans of remission, are a common feature of addiction. **It is also important to recognize that return to drug use or pathological pursuit of rewards is not inevitable**.
- **Engagement in health promotion activities which promote personal responsibility and accountability, connection with others, and personal growth also contribute to recovery**

http://www.asam.org/for-the-public/definition-of-addiction

Behavioral Manifestations and Complications of Addiction, Primarily due to Impaired Control

- Behavioral manifestations and complications of addiction, primarily due to impaired control, can include:
- Excessive use and/or engagement in addictive behaviors, at higher frequencies and/or quantities than the person intended, often associated with a persistent desire for and unsuccessful attempts at behavioral control;
- Excessive **time lost in substance use or recovering** from the effects of substance use and/or engagement in addictive behaviors, with significant **adverse impact on social and occupational functioning (e.g. the development of interpersonal relationship problems or the neglect of responsibilities at home, school or work);**
- Continued use and/or engagement in addictive behaviors, despite the presence of persistent or recurrent physical or psychological problems which may have been caused or exacerbated by substance use and/or related addictive behaviors;
- **A narrowing of the behavioral repertoire focusing on rewards that are part of addiction**; and
- **An apparent lack of ability and/or readiness to take consistent, ameliorative action despite recognition of problems.**

http://www.asam.org/for-the-public/definition-of-addiction

Cognitive Changes in Addiction

- Cognitive changes in addiction can include:
- **Preoccupation** with substance use;
- **Altered evaluations of the relative benefits and detriments** associated with drugs or rewarding behaviors; and
- The **inaccurate belief that problems experienced in one's life are attributable to other causes rather than being a predictable consequence of addiction**.

http://www.asam.org/for-the-public/definition-of-addiction

Principles of Management

- Recovery from addiction is best achieved through a combination of **self-management, mutual support, and professional care provided by trained and certified professionals**.
- As in other health conditions, self-management, with mutual support, is very important in recovery from addiction.
- **Chronic disease management** is important for minimization of episodes of relapse and their impact. Treatment of addiction saves lives

http://www.asam.org/for-the-public/definition-of-addiction

How Strong is Addiction?

- It is the reward circuitry where reward is registered, and where the most fundamental rewards such as food, hydration, sex, and nurturing exert a strong and life-sustaining influence
- Alcohol, nicotine, other drugs and pathological gambling behaviors exert their initial effects by acting on the same reward circuitry that appears in the brain to make food and sex, for example, profoundly reinforcing (http://www.asam.org/for-the-public/definition-of-addiction)
- When men and women pour so much alcohol into themselves that they destroy themselves…[d]efying their instinctive desire for self-preservation, they seem bent on self-destruction. They work against their own deepest instinct. (12 Steps and 12 Traditions, Step 6, p. 64, pub by Alcoholics Anonymous World Services)

Anticipatory Reward and Triggering

- Knutson, B et. al. Anticipation of Increasing Monetary Reward Selectively Recruits Nucleus Accumbens. J. Neuroscience, 09/2001. 21(16):RC 159
- Childress, AR et. al. Limbic Activation during cue-induced cocaine craving. Am J. Psychiatry 156: 11 – 18.
- May be applicable to patients who take medications and those who do not

Withdrawal Management Spectrum

Severe Withdrawal

- Withdrawal symptoms that may be life threatening including: Delirium Tremens; seizures, severe dehydration and vomiting
- Physical health conditions that may be exacerbated by withdrawal or make withdrawal more serious
- Mental health conditions that make stabilization more complicated – for example, severe anxiety, suicidal thoughts or intent

Moderate Withdrawal

- Symptoms of withdrawal are present and cause significant discomfort or distress
- Need for medication with slow taper and observation to ensure that the individual is not worsening to severe withdrawal

Mild/Minimal Withdrawal

- Mild to Moderate or persistent withdrawal symptoms
- Admitted from another level of care, not in need of acute detox services
- Need for withdrawal symptom relief

What Can We Accomplish in “Detox?”

- Safety
- Engagement
- Medical treatment of withdrawal
- Evaluation for comorbid disorders
- Discharge planning
- Motivational enhancement
- Hope
- Referrals/planning for psychosocial issues
- Nutrition/hydration
- Risk reduction
- Personalized care
- Help understanding the nature of dysfunction
- Stop using pejorative terms

Brain Dysfunction

- Anesthesia
- Recovery times
- Brain regrowth/plasticity
- Do we even know the full extent of what the dysfunction is?
- Do we even know what a patient has been using prior to admission?
- Toxicology/lab work

Clinical Picture

- Fear
- High limbic tone
- Cortical dysfunction
- Underlying disease
- History of trauma
- Other unknown history
- Cultural considerations

Medication Supported Recovery

- If we're headed there, why are we tapering?
- Long acting injectable naltrexone
- In person dosing versus outpatient prescription
- Find a provider
- Bridge prescriptions
- If we're tapering, what is a reasonable next step?

Practice Changes

"Within program factors, behavioral practices that contribute to both detox completion and transitioning to SUD care after detox entail involving the patient's family and utilizing motivational-based approaches. Such practices should be targeted at younger patients, who are less likely to complete detox."[1]

1. Timko, C., Below, M., Schultz, N.R., Brief. M., & Cucciare, M.A. (2015). Patient and Program Factors that Bridge the Detoxification-Treatment Gap: A Structured Evidence Review Journal of Substance Abuse Treatment, 52 , 31-39.

Transition Outcomes

- Successful transition from crisis services to SUD treatment is associated with reduced:
  - Relapse;
  - Criminal justice involvement;
  - Crisis-related health care utilization; and
  - Increased employment and stable housing.[2]

2. Timko, C., Schultz, N.R., Britt, J., & Cucciare, M.A. (2016). Transitioning from detoxification to substance use disorder treatment. Journal of Substance Abuse Treatment, 70, 64-72.

Transition Opportunities

- Crisis Services must set the stage for ongoing treatment
- Barriers to successful transition need to be identified
- Opportunities exist to promote transition to treatment

Promoting Transition: Discharge Process

- Treatment admission is associated with active discharge planning during detoxification (Carroll, Triplett, & Mondimore, 2009)
- Discuss discharge plans early and often in collaboration with the client
- Provide patients the opportunity to engage in ancillary withdrawal and MAT

Promoting Transition: Engagement

- Engagement of family members or friends facilitates patients' transition from detoxification services to addiction treatment (Kenny et al., 2011)
- As little as one contact, addressing discharge planning, between provider, patient and family can improve likelihood of successful transition

Promoting Transition: Access to Treatment

- Decreasing delays in the client's initial or admission appointment dates
- Scheduling appointments and/or admission dates as close to discharge as possible
- Flexible intake/admission times
- Use of recovery peers

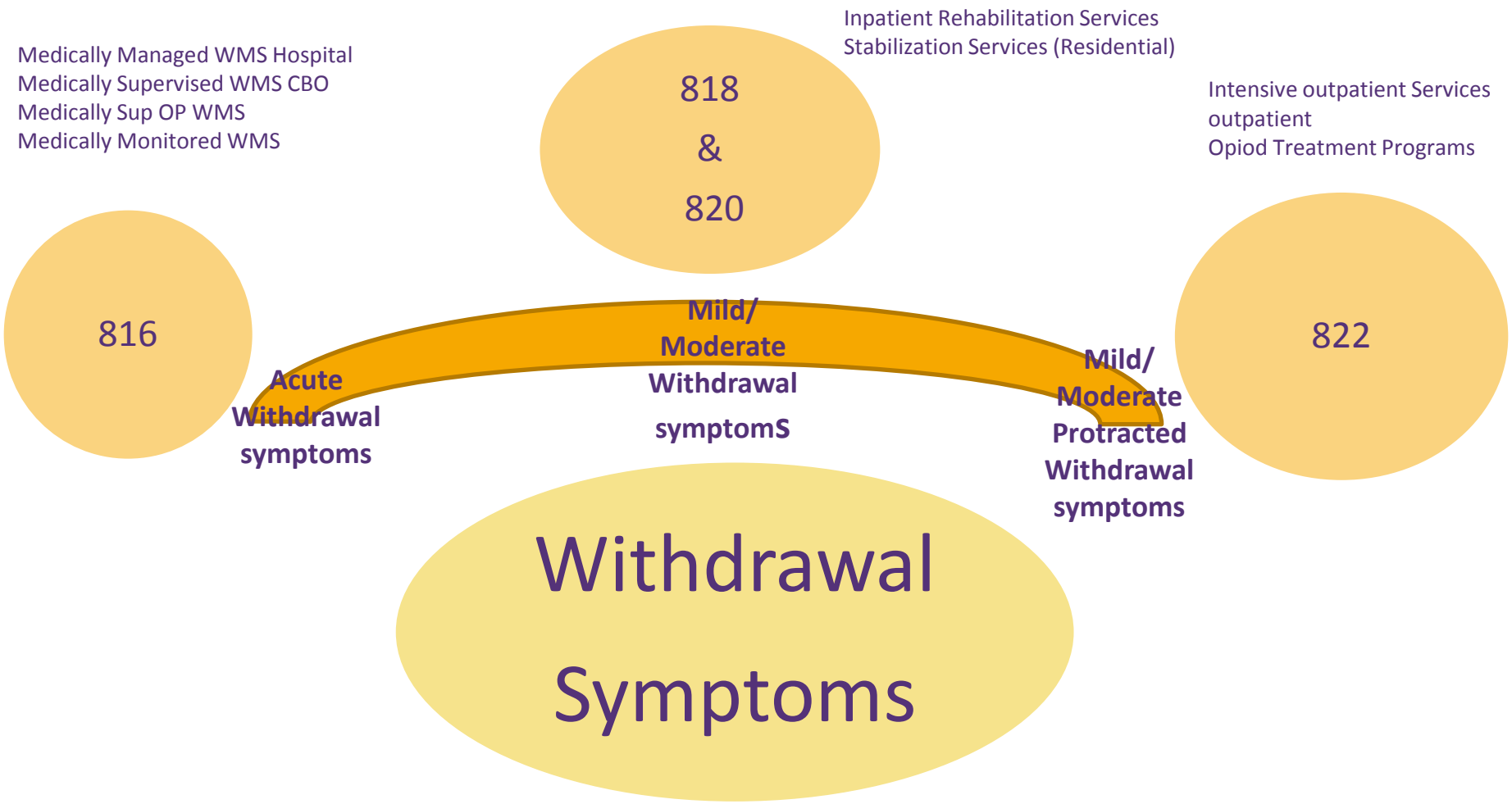
Promoting Transition: Access to Treatment (Continued)

- Escort plus monetary incentive for next appointment proven to be most successful intervention – understood that practicality may be limited (Chutuape et al., 2001)
- Access to Treatment can improve through the building of strong relationships with the next level of provider - how can you get that access for your patients

NYS OASAS

- We are improving upon the treatment experience and outcomes by doing innovative programs, improving the access and utilizing evidence based practices (EBP's) to enhance services
- Addressing withdrawal throughout the "treatment continuum" allows us to address relapse and other factors which hinder recovery and impact negatively on improved outcomes
- Initiation and engagement into treatment are core measures to be tracked and followed

Continuum of Care. An integrated system of care that guides and tracks a person over time through a comprehensive array of health services appropriate to the individual's need. A continuum of care may include prevention, early intervention, treatment, continuing care, and recovery support.


Medically Managed WMS Hospital
Medically Supervised WMS CBO
Medically Sup OP WMS
Medically Monitored WMS
816
Acute Withdrawal symptoms
818
&
820
Inpatient Rehabilitation Services
Stabilization Services (Residential)
Mild/ Moderate Withdrawal symptomS
Intensive outpatient Services
outpatient
Opiod Treatment Programs
822
Mild/ Moderate Protracted Withdrawal symptoms
Withdrawal Symptoms

Access to Withdrawal Management Services Across all Treatment Services of OASAS Create a Comprehensive Treatment Settings

Crisis Services

Medically Managed Withdrawal and Stabilization

Medically Supervised Withdrawal and Stabilization

Medically Supervised Outpatient Withdrawal and Stabilization

Medically Monitored Withdrawal and Stabilization (transitioning to 820s)

Inpatient Rehab

WMS provided

Residential

Stabilization Element within new Residential Redesign System

Outpatient

Ancillary Withdrawal Management services

Ancillary Withdrawal Services

- A medical regimen, conducted under the supervision of a physician to stabilize the patient, systematically reduce the amount of the addictive substance in a patient's body, provide reasonable control of active withdrawal symptoms and/or avert life threatening medical crisis related to the addictive substance.
- Improve the patient's ability to engage in treatment and recovery
- Anyone presenting with or developing symptoms of severe withdrawal must be referred to a more intensive level of care.
- Process of designation not a certification process

What is 820 Stabilization Services

- One of elements within the Residential Redesign Process
- This is a designation process that is application based
- Addressing a person's mild to moderate withdrawal symptoms under the supervision of staff, and direction of medical personnel (RN, LPN and a medical director (data 2000 waiver approved) in a residential treatment setting.

MAT as an EBP

- Further the goal of providing evidence based care in all settings by making Ancillary Withdrawal and Medication Assisted Treatment readily available and easily accessible through out the treatment continuum.
- Ancillary Withdrawal provides short term management of symptoms
- MAT provides long term maintenance

Definition of MAT/MSR

- Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorder.
- MSR Medication supported Recovery
- Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. Medication-assisted treatment (MAT) is clinically driven with a focus on individualized patient care. – SAMHSA

Crisis Service Clinical Standards

- We are in the process of developing Crisis Clinical Standards for the field.
- Currently there are established standards for Part 822 and the Residential Clinical Standards are also in development.
- The goal of the standards are to provide information on the expectations for care, staffing, policies and procedures which should be established and adhered to as well as principles of treatment which enhance care for patients.

"If you want to go fast, go alone.
If you want to go far, go together"
-African Proverb

*"*The power and promise of sustained recovery"

Recovery Supports

- New Recovery Centers across NY State
- Youth Clubhouses
- Peer Services
- Family support Navigators

Use of Peers in Crisis Pilots

- Use of Peers within the DSRIP Crisis service models and in other pilot projects which work on system transformation
- Staten Island PPS
- NYC Crisis Centers
- Emergency Department pilots

Takeaways

- Health care is changing – all BH providers will need to adapt
- Increasing emphasis on value and outcomes tied to reimbursement
- Integration with behavioral health continuum – In Community Services - tool for integration
- Better medication management at and following discharge is needed

References

Carroll, C.P, Triplett, P.T., & Mondimore, F.M. (2009). The intensive treatment unit. Journal of Substance Treatment, 37, 111-119.

Chutuape, M.A., Katz, E.C., & Stitzer, M.L. (2001). Methods for enhancing transition of substance dependence patients from inpatient to outpatient treatment. Drug and Alcohol Dependence, 61, 137-143

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