

Addiction Treatment Starts Here: Behavioral Health



June 3, 2019

Pre-Work Webinar

Webinar Reminders

1. Everyone is muted. Please feel free to unmute yourself if you have a question!
2. Remember to chat in questions (if you don't see the "chat" button, click on "More . . ." and you should see it!)
3. Webinar is being recorded and will be sent out via email.

Agenda

1. Welcome & Introductions
2. Your Roadmap for Change
3. Pre-Work Elements
4. Program Measures
5. Program Evaluation Activities
6. Pre-Work Checklist + Resources
7. Questions + Answers
8. Appendix: Storyboard Template and Measure Definitions



Welcome + Introductions



Addiction Treatment Starts Here: Core Program Team

Primary Care + Behavioral Health Collaboratives



Tammy Fisher
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Community Partnerships



Jennifer Wright
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ATSH:BH Project Partners

- Content Partner: Cherokee Health Systems
- ATSH Coach: Shelly Virva, LCSW, FNAP, National Center for Complex Health and Social Needs, Camden Coalition of Healthcare Providers
- Project Evaluation: Hunter Gatewood, Signal Key Consulting
- Subject Matter Expert & Measurement Strategy: Brian Hurley, MD, Addiction Physician and General Psychiatrist, L.A. County Dept. of Mental Health

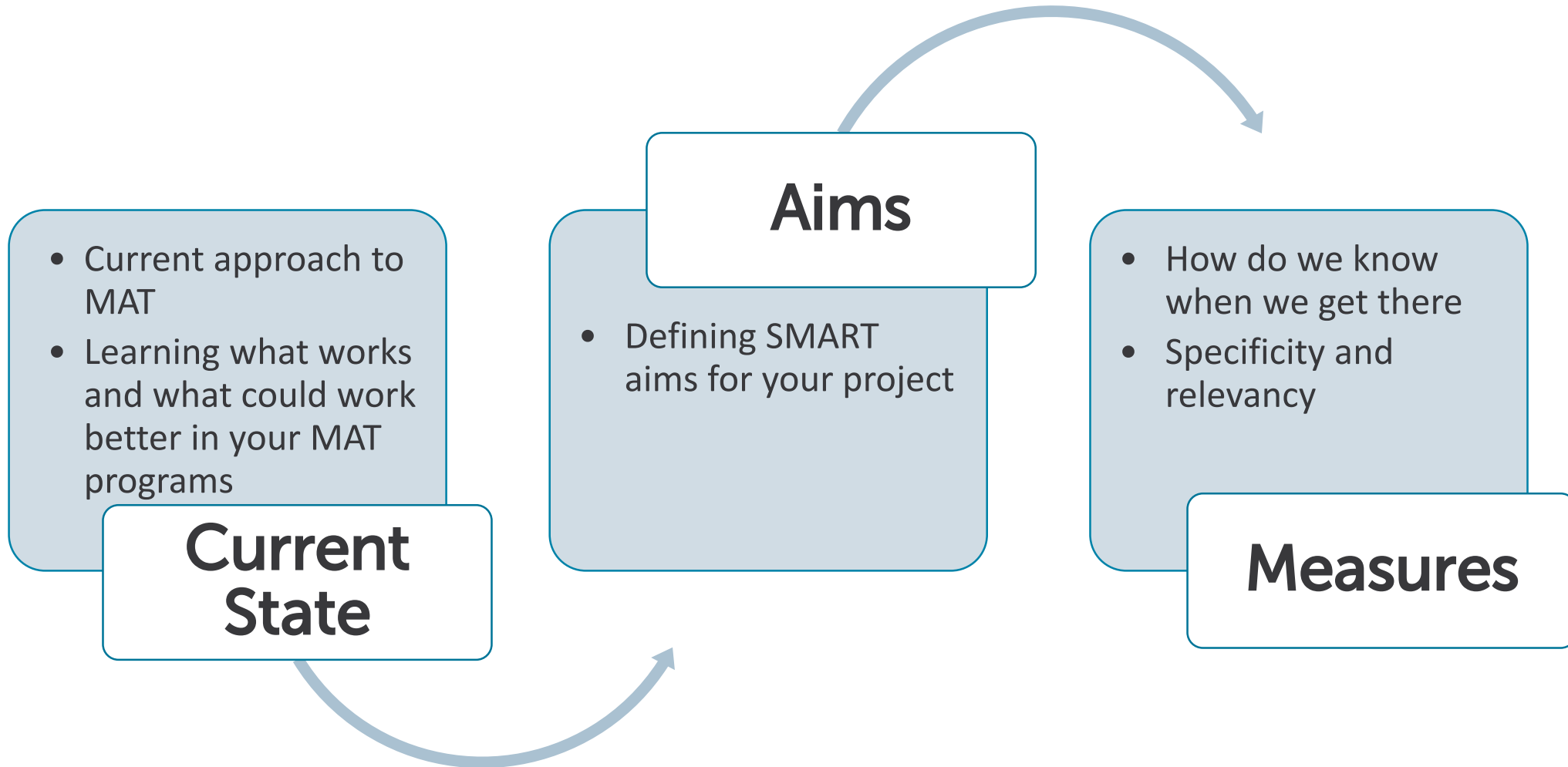
ATSH: Behavioral Health Program Goal

Increase access to **MAT** in behavioral health care settings by working with 8 specialty mental health and substance use disorder providers to design and implement medications for addiction treatment programs

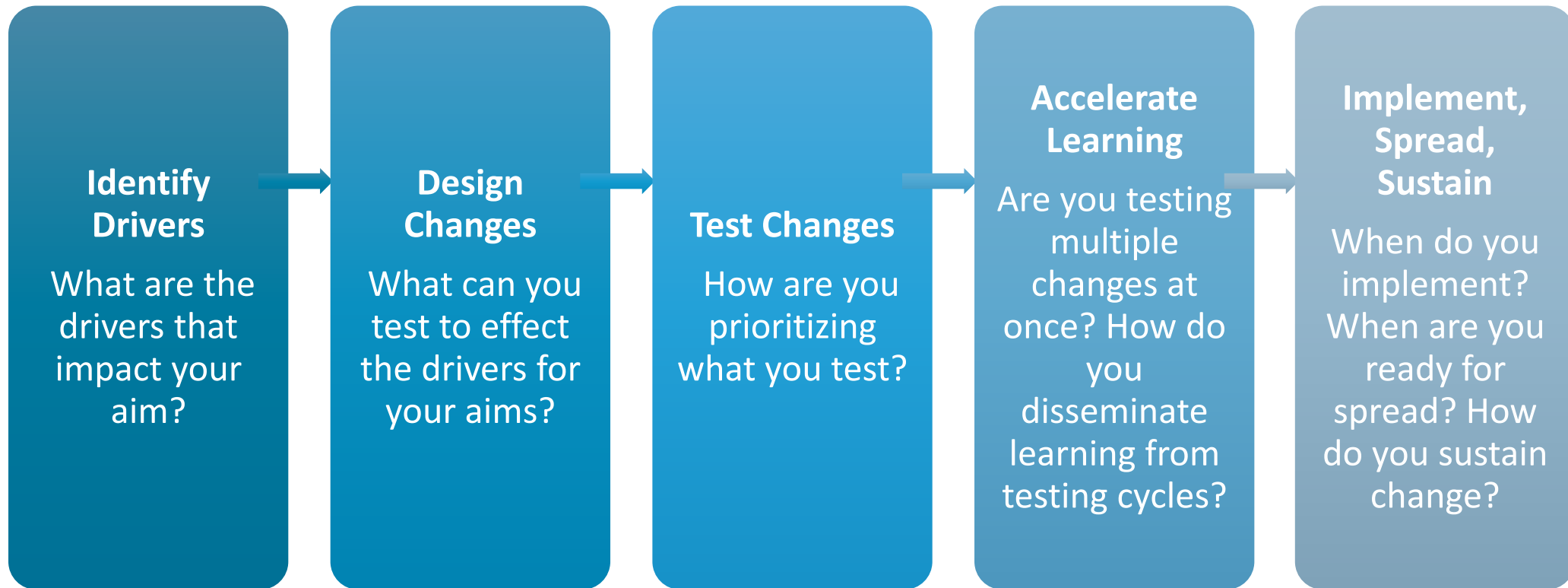
Zooming in . . . on MAT programs



Foundation To Develop and Sustain Strong MAT Programs



Steps to Developing and Sustaining Strong MAT Programs



Pre-Work Elements





Capability Assessment



Storyboards



Refining Your Core Team



Capability Assessment: Your MAT Infrastructure

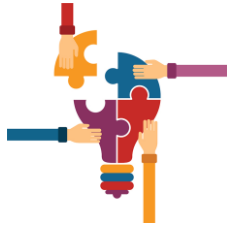
- **Medications for Addiction Treatment in Behavioral Health (IMAT-BH)** will support teams to better understand their current state, identify areas to make better, and evaluate change over time
 - The goal is to better understand MAT processes, approaches and environment – evaluating from multiple perspectives across multiple dimensions
- Adapting from the tool we're using in primary care, based on a tool developed by Mark McGovern of Stanford University
- Teams will complete the capability assessment three times:
 - Baseline, midpoint, ATSH conclusion

INTEGRATING MEDICATIONS FOR ADDICTION TREATMENT IN BEHAVIORAL HEALTH (IMAT-BH) Opioid Use Disorder Version	
An Index of Capability at the Organizational/Clinic Level	
Adapted from IMAT-SC, Mark McGovern, PhD, Stanford University	
YOUR PROGRAM AND AGENCY CHARACTERISTICS	
DATE OF COMPLETION _____	NUMBER OF SITES WITHIN AGENCY THAT OFFER MEDICATIONS FOR OUD _____
NAME OF AGENCY _____	
NAME OF PROGRAM SITE _____	LEVEL OF CARE (ASAM) _____
ADDRESS _____	CITY _____ STATE _____ COUNTY _____
KEY CONTACT	
NAME _____	Current Capacity and Services for Medications for OUD (in this program only & as of this date) # of x-waivered prescribers: _____ # of x-waivered prescribers with active clients on medication for OUD: _____ Total # of clients currently prescribed medication for OUD: _____ # of patients receiving MAT-related care via telepsychiatry: _____
JOB TITLE _____	
EMAIL _____	
PHONE/TEXT _____	
PROGRAM INFORMATION (PERTAINING TO THIS PROGRAM LOCATION ONLY & AS OF THIS DATE)	

Capability Assessment: Completing the Assessment



Schedule time! We suggest that you set aside **75 minutes** to complete it.



Work with your team! This is an opportunity for you to learn more about your colleagues' perspectives.



Rate conservatively! Select the lower of the two ratings when you're in between.



This isn't a test! Be candid and use the tool to support transformation.

Capability Assessment: Completing the Tool *cont.*



Template released on **June 10**. Complete the tool by **June 28**. You'll use the data in your storyboard and at Learning Session 1!

Beta Tester Feedback (from ATSH:PC)

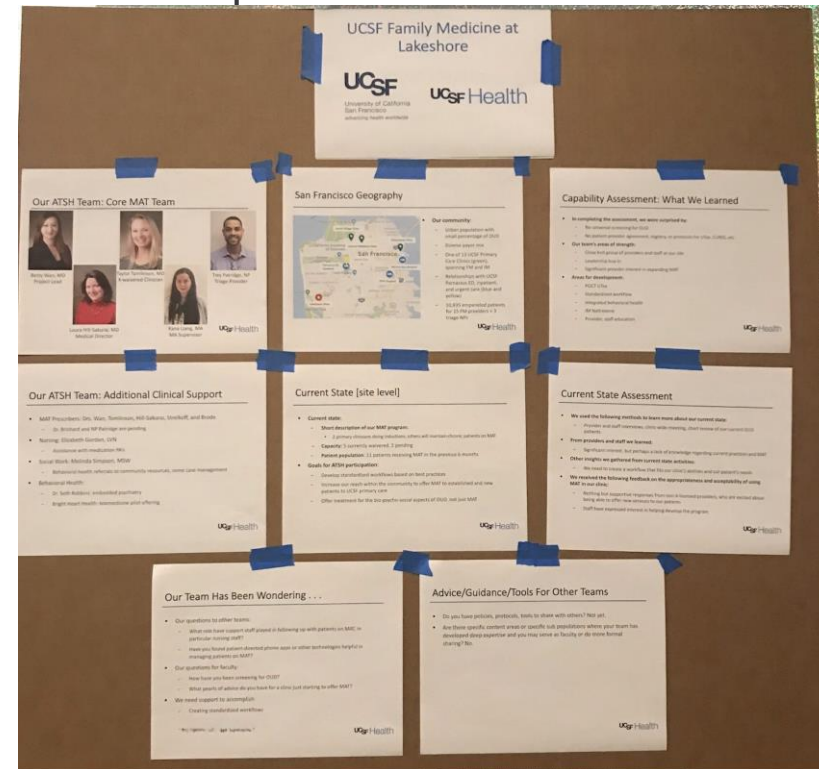
“It would be good to have a behavioral health team member, administrative team member and primary care team member participate; as well as the Champion. **I think this is a good starting point for the CORE teams to look at their programs and it also a good guide for programs that have already rolled out MAT** to think about how to further integrate at both the Clinic and Organizational level.”

“It was very thorough and definitely **gave us some ideas for how we can develop and/or augment our current MAT treatment**. We don’t routinely check CURES bimonthly; not sure if this is the new best practices guideline, but we usually just check CURES each time we prescribe.”

“We printed out the survey for each member of the team and went through each question together. One team member recorded any notes we wanted to have for ourselves, as **we saw this as a great tool to use to find the gaps in our program and begin to tackle the gaps**. It took us about an hour to answer the questions, but we were rushed at the end. I would tell people it takes 75 minutes to complete. The questions spurred some great discussion amongst the team.”

Storyboards

- Start sharing in a visual way!
- We'll have a storyboard gallery at LS 1 to support learning from each other
- We want to hear what you learned through your pre-work, where you have best practices to share and what support you need
- See the template in the Appendix slides 36-44 (we will also send the template to you)
- Send us your slides by **July 1**, we'll bring the boards and materials to post



Defining Your Core Team

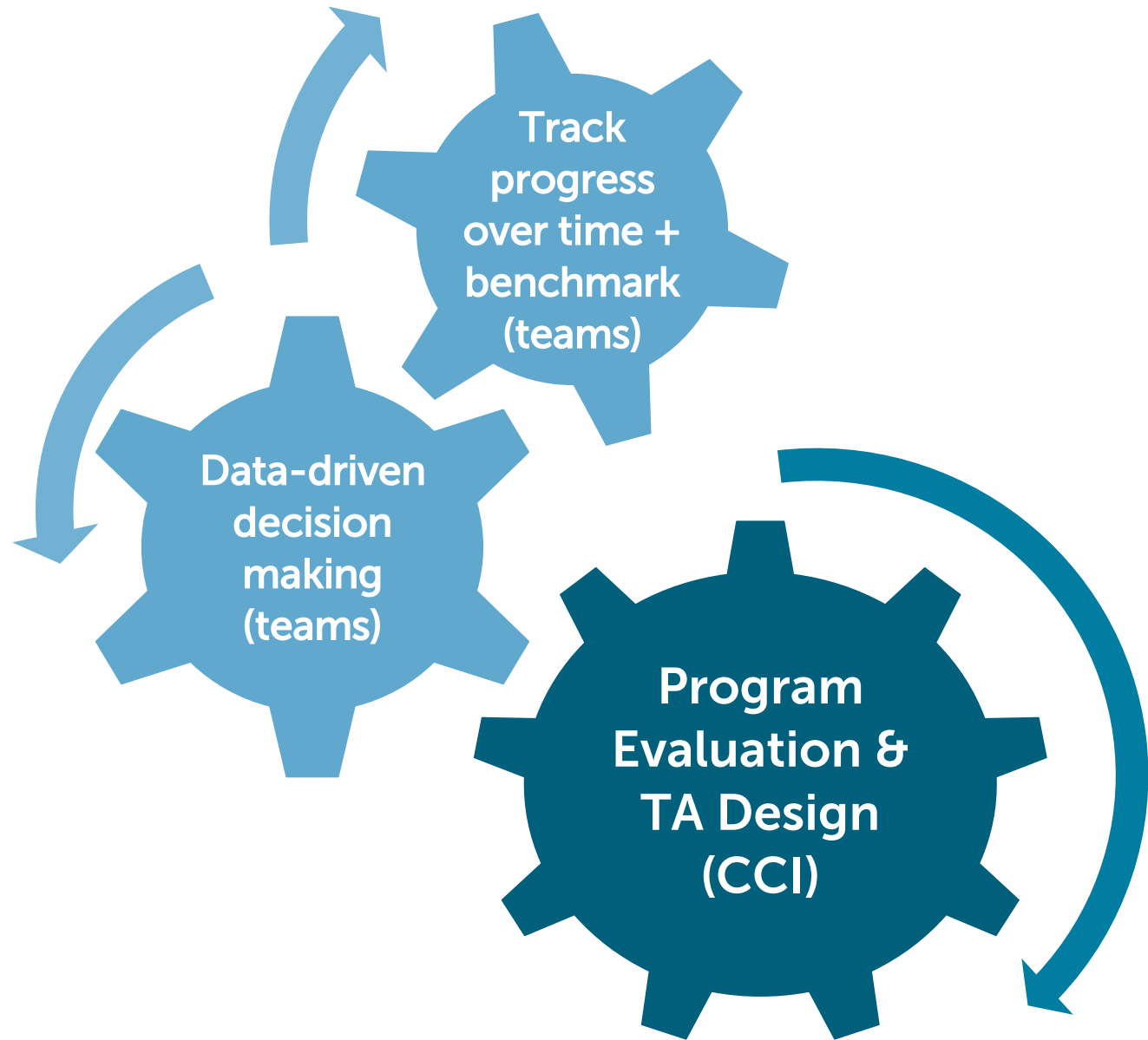
- Who's on the core team for your MAT program? Go beyond titles, and think about what functions are needed to support your program and your patients.
 - Core team attends all in-person convenings.
 - Consider who may be part of your extended team (inside and outside your clinic).
 - What mechanisms will you use to support communication between your team and your clinic?
 - Use the capability assessment as a jumping off point to establish regular touchpoints with your team on your MAT program.
 - Teams should be meet at least monthly; ideally you're connecting weekly, even if it's for a short huddle



Program Measures



Measurement Strategy: How Data are Used



Measure Set: Summary

Core Required Measures

- **Adoption:** Four sub measures, tracking waived prescribers
- **Reach:** Four sub measures, tracking patients receiving medications for addiction treatment
- **Retention:** Two sub measures, addressing adherence and continuation in care
- **Screening:** Tracks clients screened for OUD
- **Urine Toxicology:** Urine toxicology after initiating care

Optional Measures

- **Initiation:** Patients with follow-up visits after a medication start
- **Engagement:** Patients with follow-up visits after initial prescription
- **Urine Toxicology:** Patients with monthly urine toxicology

Internal Measures

- **Process and Outcome Measures:** To support your planning and implementation efforts. Measures could address training and education, patient outreach and identification, or other data that will inform your improvement activities.

Measure Set: Collect & Submit Data by July 31



Who is responsible? Determine who will be responsible for pulling quarterly data reports. We suggest that either your team lead or a data team member be responsible for entering data to the portal each quarter.



Will you report on optional measures? Determine if you will report on the optional measures and let CCI know. For internal measures, determine as a team what internal measures will be useful for you to collect and review. How often will your team review data together to use for improvement? Your ATSH practice coach can help, as can our evaluation lead, Hunter Gatewood.



Data reporting and timeframe. Data should be reported on a quarterly basis, starting with Q2 (April 1, 2019 – June 30, 2019).



How to submit. Except for this first quarter, data is due 15 days after each quarter ends. Log into the NICHQ data portal and enter data for each measure set for that quarter.

Measure Set: Using the NICHQ Data Portal (June 24 webinar)



Attend training webinar. Register for the webinar on June 24, 12-1pm PT.



Who should attend? The person(s) responsible for entering data on a quarterly basis (we recommend either the team lead or data person on team).



What will be covered? The webinar will show how to log into your account and enter data on a quarterly basis. It will also show what types of reports will be generated and how to download these reports.

Questions + Answers



Program Evaluation Activities



Hunter Gatewood, Signal Key Consulting

Program evaluation will answer these main questions

- **How well is the program working for you? ... Did it work?**
 - Adjustments we can make during ATSH:BH
 - Recommendations for future MAT efforts in behavioral health settings
- **What is the program achieving? ... Did it achieve?**
 - For your patients and community
 - For your organization and your staff
- **What are barriers to success, and how were these overcome?**



Hunter Gatewood, MSW,
LCSW

ATSH:BH Program Evaluator

Evaluation Activities

- Say hello at July in-person session, discuss measures with you
- Quarterly reports to CCI on how it's going, ideas to improve ATSH supports for your team
- Final report for CCI, funders, you, other behavioral health leaders

Information sources to inform evaluation

- Capacity assessment surveys
- Quarterly data posted by you, on # providers, # patients, etc.
- Interviews with many of you
- Information from program team and your discussions at program events



Pre-Work Checklist + Resources



Pre-Work + Onboarding Checklist

Action Item	Date
Finalize team composition and send list with contact information to Brianna Harris Mills	ASAP!
Data portal webinar (program measure set)	June 24, 2019
Team registration for LS 1: https://www.eventbrite.com/e/addiction-treatment-starts-here-behavioral-health-learning-session-1-tickets-62186356065	ASAP! Deadline is June 26
Complete baseline capability assessment	June 28, 2019
Prepare storyboard for LS 1	July 1, 2019
Schedule first coaching call	July 22, 2019
First quarterly program measure set report due	July 31, 2019

Project Calendar

May 2019 – December 2019

May 15	Project Kick-Off!
May 15	Grant Installment 1 Released (\$5,000)
June 3	Pre-Work Webinar
June 24	Data Portal (program measures) Webinar
June 28	Capability Assessment Due (template released on June 10)
July 1	Storyboard Due
July 10 – 11	Learning Session 1 (Oakland)
July 30	Grant Installment 2 Released (\$15,000)
July 31	Quarterly Data Submission Due
October 15	Quarterly Data Submission Due Progress Report 1 Due (narrative)

January 2020 – September 2020

Quarterly Data Submission Due	January 15
Grant Installment 3 Released (\$20,000)	January 31
Learning Session 2 (location tbd)	March 18 – 19
Quarterly Data Submission Due Progress Report 2 Due (narrative)	April 15
Quarterly Data Submission Due	July 15
Learning Session 3 (location tbd)	July 22 - 23
Final Report Due (narrative + final expenditures)	August 31
Grant Installment 4 Released (\$10,000)	September 15



ATSH Program Page

STAY UP-TO-DATE!

Addiction Treatment Starts Here: Behavioral Health Program Page

ACTIVITIES

RESOURCE HUB

DATA & REPORTING

FACULTY & TEAMS

Navigation: [Activities & Action Items](#) | [Learning Sessions](#) | [Webinars](#)

HELLO, ADDICTION TREATMENT STARTS HERE:BEHAVIORAL HEALTH (ATSH:BH) TEAMS!

This section of the website provides information on ATSH:BH activities, including webinars, learning sessions, and program reporting requirements. More information on these activities and action items is included below.

Visit: <https://www.careinnovations.org/atshbehavioralhealth-teams/>

Questions + Answers



Thank you!

For questions contact:

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Sandy Newman
Principal
LSN Health Strategy
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Appendix



Storyboard Template (slides 37 – 44)



Instructions

- This template outlines the information we would like you to include in your storyboard. Feel free to change font size, color, add slides, but please provide as much information as possible that is requested in this template. **Delete this slide from the presentation once you're done!**
- At Learning Session 1 (LS1), we will discuss storyboards as a large group, so you can learn more about your peers. In the large group discussion, your team will have 5 - 7 minutes to share your storyboard; best to limit your storyboard to 10 slides.
- We'll also break off into smaller groups so you can go deeper in learning more about one another's opportunities and challenges.
- Display boards will be available at LS 1. Bring a printed color copy of your slides. You can attach them to the poster board the morning of July 10.
- **Display Tips**
 - Fewer words: more pictures and graphics
 - Real people pictures... at least of your teams
 - Font size as big as possible
 - Color to highlight key messages
 - Reach out to us if you have questions!

Organization/Site Name

Photo/Graphic

(of your team and/or your MAT spirit animal)

Our ATSH Team

- Our Core MAT Team:
 - Name, title, role on your MAT team
 - Name, title, role on your MAT team
 - Name, title, role on your MAT team
 - Name, title, role on your MAT team

Current State

- **Organization Type:** e.g., outpatient specialty mental health, outpatient SUD, FQHC, county system, narcotic treatment program
- **Our community:** Short description of the community that your site is in (e.g., urban/rural, large OUD population, relationships with emergency departments and other organizations in the behavioral health ecosystem)
- **Patient population:** Short description of patient demographics (e.g., age, race, primary language, SES, etc)
- **Current state:**
 - **Short description of the elements you have in place that would support your MAT program:** screening for SUD, patient identification, partnerships with community providers, etc.
 - **Capacity:** # of waived providers
 - **Patient population:** # of patients receiving MAT in the previous 6 months

Our Goals

- **Measurable goals for ATSH participation:** for example, increases in patients treated, providers trained, protocols put in place, referral pathways with community providers, etc.

Capability Assessment: What We Learned

- Our greatest **strengths**: Describe what you learned about your organization and team strengths in providing addiction services
- Our most significant areas for **improvement**: List specific changes that would improve your ability to expand access to MAT and improve client experience
- Our best **opportunities**: Who and/or what can you leverage in your organization or in your larger community to make your MAT efforts stronger and to protect against potential barriers (e.g., cross- sector partnerships, new funding opportunities for sustainability, adding services to your MAT program, etc.)
- Our **aspirations**: Describe what your team wants your MAT program to look like in the future, vis a vis treating clients with OUD
- Our **results**: List the measurable results that would indicate to your team that you have made progress toward your aspirations/future state (e.g., policies and procedures in place, established referral relationships with 10 community providers, increased the number of waived prescribers by 50%, initiated MAT for 20 clients, improved retention in care for 60% of patient population)

Capability Assessment: What We Learned

- We think our team will need to work on solutions to the following challenges:
- In completing the assessment, we were surprised by:

Our Team Has Been Wondering . . .

- Our questions to other teams:
- Our questions for faculty:
- We need support to accomplish:

Advice/Guidance/Tools For Other Teams

- Do you have policies, protocols, tools to share with others?
- Are there specific content areas or specific sub populations where your team has developed deep expertise and you may serve as faculty or do more formal sharing?

Measures Definitions: Core + Optional (slides 46 – 48)



Core (Required) Program Measure Definitions

	MEASURE	DEFINITION
A.	Adoption	
A1	# of x-waivered prescribers	Total number of physicians, nurse practitioners or physician assistants, onsite and with whom the health center has contracts, who have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications approved by the U.S. FDA for this indication. This number must be current up to the reporting date. Planned, in process or pending waivers do not count.
A2	# of x-waivered prescribers actively prescribing	Total number of prescribers who have prescribed buprenorphine for opioid use disorder (OUD) to at least 1 patient over the three months prior to or on the reporting date.
A3	% of x-waivered prescribers of all eligible prescribers in practice	The numerator is calculated by the # in A1. The denominator is calculated by the total # of physicians, certified nurse practitioners and physician assistants who work onsite and who are under contract at the ATSH participating health center location. This denominator does not include providers at other locations of the participating health center.
A4	Ratio of x-waivered prescribers actively prescribing to the clinic's total patient panel size	The numerator is calculated by the # in A2. The denominator is calculated by an <u>estimate</u> of the total number of patients at, or active panel size of, the ATSH participating health center location.
B.	Reach	
B1	# of patients prescribed buprenorphine	The total number of unique patients in the ATSH participating health center location with a current, active prescription for buprenorphine. The buprenorphine medication should be FDA approved for the indication of OUD. Included patients may be newly prescribed or established. "Active" is defined as a prescription covering any of the past 30 days of the reporting month. This number must be current up to the reporting date.
B2	# of patients prescribed naltrexone long acting injection	The total number of patients in the ATSH participating health center location with a current, active prescription for naltrexone long acting injection. Included patients may be newly prescribed or established. "Active" is defined as a prescription covering any of the past 30 days of the reporting month. This number must be current up to the reporting date.
B3	# of client prescribed oral naltrexone	The total number of clients in the ATSH participating location who have been administered naltrexone long acting injection. Included clients may be new or established. "Active" is defined as a documented administration of naltrexone long acting injection during any of the past 30 days of the reporting month. This number must be current up to the reporting date.
B4	% of patients prescribed buprenorphine, oral naltrexone or naltrexone long acting injection of all patients with OUD	The numerator is calculated by adding the total number of patients in B1 + B2. The denominator is calculated by counting the number of patients in the ATSH participating health center location with a current ICD10 or DSM5 diagnosis of OUD (i.e. valid within the past 30 days). This percentage is to be calculated quarterly during the ATSH project.

Core (Required) Program Measure Definitions *cont.*

	MEASURE	DEFINITION
C.	Retention	
C1	# of clients prescribed buprenorphine, oral naltrexone, or naltrexone long acting injection 6 months prior who have adhered to any of these medications continuously for 6 consecutive months	Total number of clients started on either buprenorphine, oral naltrexone, or naltrexone long acting injection at 6 months prior to the reporting date, and who have remained in care continuously and without interruption. This includes new clients who have started on medication and continued with refills, and who have attended clinic visits. This also includes established clients who may have discontinued treatment for at least 2 months and have resumed prescriptions for any of these medications. Clients who were managed without medications in residential treatment who have these medications initiated or restarted on transition out of residential treatment can count the residential treatment months towards this measure. Also, transition to or from buprenorphine and naltrexone counts as months in continuous treatment.
C2	% of clients prescribed buprenorphine, oral naltrexone, or naltrexone long acting injection 6 months ago who have continued in treatment for 6 consecutive months of all clients prescribed buprenorphine, oral naltrexone, or naltrexone long acting injection 6 month prior	The numerator is calculated in C1. The denominator is calculated by including a count of the total of all clients started on either buprenorphine, oral naltrexone, or naltrexone long acting injection at 6 months prior to the reporting date. This percentage is to be calculated only on the data panel of eligible clients (i.e., those who started or restarted at 6 months prior to the reporting date) at every quarter of the ATSH project.
D.	Screening	
D1	% of clients screened for opioid use disorder of all clients seen during the last quarter	The numerator is calculated by counting the number of clients screened over the past 3 months. A standardized measure for OUD risk must be used to count in the numerator. Some options for measures include: NIDA Quick Screen, Drug Abuse Screening Test (DAST), DSM5 Checklist, the Tobacco, Alcohol, Prescription Medication and Other Substance Use (TAPS1 or TAPS 2), PRIME 1.1.1 or other validated screening tools. The denominator is calculated by counting the number of all clients seen during the last 3 months. The goal is at least 1 screening for OUD risk per year for all clients. This percentage is to be calculated quarterly during the ATSH project, and only for those clients not included in the previous quarter period data calculation
E.	Toxicology Monitoring	
	% of clients prescribed buprenorphine, oral naltrexone, or naltrexone long acting injection who received a urine toxicology test within 3 days of starting their medication	The numerator is calculated by counting the number of clients prescribed either buprenorphine, oral naltrexone, or naltrexone long acting injection with documentation of one or more urine toxicology test results within 3 days of starting any of these medications or within three days of the client's transition in their level of care (e.g., from residential to outpatient). If a saliva toxicology or other validated toxicology test is performed and documented, this counts towards the numerator. The denominator is calculated by counting the total number of clients prescribed either buprenorphine or naltrexone long acting injection. This percentage is to be calculated quarterly during the ATSH project, and only for those clients not included in the previous quarter period data calculation

Optional Program Measure Definitions

	MEASURE	DEFINITION
F.	Initiation	
F1	% of clients with 1 follow-up visit within 14 days of starting buprenorphine, oral naltrexone, or naltrexone long acting injection	The numerator is calculated by counting the number of clients started on either buprenorphine, oral naltrexone, or naltrexone long acting injection and making at least 1 follow-up visit to the clinic or program within 14 days (2 weeks) of their initial prescription. Either individual or group visits count in the numerator. The denominator is calculated by counting the total number of clients prescribed either buprenorphine, oral naltrexone, or naltrexone long acting injection. This percentage is to be calculated quarterly during the ATSH project
G.	Engagement	
D1	% of clients with 2 follow-up visits within 30 days of the date of the initial prescription for buprenorphine, oral naltrexone, or naltrexone long acting injection	The numerator is calculated by counting the number of clients prescribed either buprenorphine, oral naltrexone, or naltrexone long acting injection and making at least 2 follow-up visits (either individual or group) to the clinic or program within 30 days of their initial prescription. The denominator is calculated by counting the total number of clients prescribed either buprenorphine, oral naltrexone, or naltrexone long acting injection. This percentage is to be calculated quarterly during the ATSH project, and only for those clients not included in the previous quarter period data calculation.
H.	Toxicology Monitoring	
H1	% of clients taking buprenorphine, oral naltrexone, or naltrexone long acting injection receiving a urine toxicology test at least once per month of all clients taking buprenorphine, oral naltrexone, or naltrexone long acting injection	The numerator is calculated by pulling toxicology documentation on clients in E1 and counting the number who have at least 6 urine toxicology tests. The denominator is all clients in E1. This percentage is to be calculated quarterly during the ATSH project, and only for those clients not included in the previous quarter period data calculation.