Addiction Treatment Starts Here: Behavioral Health

March 15, 2019
Informational Webinar
Webinar Reminders

1. Everyone is muted.
   • Press *7 to unmute and *6 to re-mute yourself.

2. Remember to chat in questions!

3. Webinar is being recorded and will be sent out via email.
Agenda

1. Overview of Addiction Treatment Starts Here: Behavioral Health
2. Why This and Why Now?
3. Program Overview
4. Eligibility & Program Requirements
5. Questions
ATSH: Behavioral Health
Introductions
Addiction Treatment Starts Here: Program Team

Primary Care + Behavioral Health Collaboratives

Tammy Fisher
Senior Director
tammy@careinnovations.org

Sandy Newman
Principal, LSN Health Strategy
sandy@lsnhealthstrategy.com

Brian Hurley, MD
Director of Addiction Medicine, L.A. County Dept. of Health Services

Shelly Virva
ATSH:BH Advisor + Coach
svirva@camdenhealth.org

Meaghan Copeland
Program Consultant
meaghan@careinnovations.org

Briana Harris-Mills
Program Coordinator
brianna@careinnovations.org

Community Partnerships

Jennifer Wright
Senior Program Manager
jennifer@careinnovations.org

Diana Nguyen
Program Coordinator
diana@careinnovations.org
About The Center for Care Innovations (CCI)

At the Center for Care Innovations we ...

- Inspire innovation mindsets
- Cultivate & share best practices
- Build networks
- Enrich skills

So that our participants ...

- Boost their energy & confidence to work differently
- Embrace solutions that work
- Collaborate & learn from peers, experts & coaches
- Accelerate the pace of change

Who then transform their organizations by ...

- Creating a culture of innovation
- Improving systems of care and health
- Cultivating the workforce, turning doers into leaders
- Listening & engaging people in their community
- Adapting to the ever-changing health care environment

Strengthening the health and health care of underserved communities
Based on Lessons Learned in Supporting Health Centers

- CCI previously ran a 18-month program (Treating Addiction in Primary Care, or TAPC) from Sept 2016 – Feb 2018
- 25 FHQCs participated
- Participants **nearly doubled** the number of providers prescribing MAT and **nearly tripled** the number of patients receiving MAT
- Improvements in reducing stigma, defining clear roles and responsibilities for *sharing the care*, developing and standardizing policies/procedures to operationalize MAT programs

“Providers perceive those with substance use disorders as ‘difficult patients.’ This is what drives the stigma. *What’s remarkable is that once providers got their feet wet, they realized they had a total misconception of these patients. They are actually rewarding and not difficult. In fact, this work increases provider job satisfaction. Quite frankly, it is one of the easiest patient populations. It went from a ‘OMG — we’re going to open our doors to heroin addicts’ to being very grateful.*”
ATSH: Behavioral Health
Why This and Why Now?
Addiction Treatment Starts Here
We’re joining California efforts to combat the state’s opioid crisis

**We Are**
Center for Care Innovations

**We Help You**
Boost your energy and confidence to work differently
Embrace solutions that work through virtual and in-person learning
Collaborate with your peers, experts, and coaches
Accelerate the pace of change
Build community

**Goal**
Increase access to medications for addiction treatment (MAT) — the use of FDA-approved medications in combination with counseling and behavioral therapies — for opioid use disorder.

**CLINICAL TRANSFORMATION**
- PRIMARY CARE
  - Primary Care Health Centers
- BEHAVIORAL HEALTH
  - Specialty Mental Health and Substance Use Disorder Treatment Providers

**MULTI-SECTOR COLLABORATION**
- COMMUNITY PARTNERSHIPS
  - Community Opioid Coalitions

www.careinnovations.org/addiction-treatment-starts-here
MAT in Behavioral Health

• More than one-third of adults with a serious mental illness have a co-occurring substance use disorder.¹

• Despite MAT being a relatively new approach for most mental health and SUD clinics, both settings are well-positioned to care for clients with OUD
  • Existing psychosocial infrastructure – or linkages to community-based services – will facilitate meeting client’s multi-faceted needs
  • Buprenorphine is a Medi-Cal benefit available to all beneficiaries who demonstrate medical necessity for the use of the medication.

• California’s Hub & Spoke infrastructure can facilitate caring for clients with more complex needs

• Increasing where and how clients can access MAT is an important component to addressing the opioid crisis and also to using a whole-person orientation

MAT in Behavioral Health cont.

- For some, MAT represents a shift in current approach to care:
  - Concerns around the use of medications for addiction treatment (e.g., trading one addiction for another)
  - Using both medications and counseling/behavioral therapy to manage OUD
  - Different approaches to screening/client identification
  - Team-based care and enhanced care coordination
  - A range of activities can support clinics and staff to make this shift
Key Areas to Support MH and SUD

- **MAT Program Development and Operations**: Understanding the neuroscience of addiction, learning about the medications for treatment of OUD, models for design and implementation, managing pain and pain behaviors, etc.

- **Implementing MAT Programs**: Building a case for change in your site, engaging clinicians and staff, maximizing payment and addressing sustainability.

- **Working with Clients**: Strategies for client populations with varying treatment readiness, identifying the behavioral support as part of your MAT program, higher level of co-occurring disorder care for clients with OUD; MAT for clients without strong psychosocial stability, client retention in care.

- **Community MAT Ecosystems**: Establishing/optimizing MAT referral relationships, workflow options for MAT in integrated behavioral health settings and dual diagnosis clinics, building partnerships with community providers, matching clients with resources.
ATSH: Behavioral Health Program Overview
Increase access to MAT in behavioral health care settings by working with up to 10 specialty mental health and substance use disorder settings to design and implement medications for addiction treatment programs.
Key Objectives

- Spread access to MAT to more clients in specialty mental health and SUD settings
- Create a peer group for learning and innovation
- Facilitate the design and implementation of MAT programs
- Support organizations in identifying options for the financial sustainability of their MAT programs
Program Components

- In-person convenings
- On-Site and Ongoing Coaching and Technical Assistance
- Exemplar Site visits
- Toolkits, resources, and online forum
- Data portal and charts

MAT Program Design + Implementation

$50,000 grants

Program
Design +
Implementation

In-person convenings

On-Site and Ongoing Coaching and Technical Assistance

Exemplar Site visits

Toolkits, resources, and online forum

Data portal and charts

$50,000 grants
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<tr>
<th>Program Components Described</th>
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<td><strong>3 In-Person Convenings</strong></td>
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<td><strong>On-Site and On-Going Coaching</strong></td>
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<td><strong>Exemplar Site Visits</strong></td>
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<td><strong>Webinars</strong></td>
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<td><strong>Online Resource Center + Discussion Forum</strong></td>
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<td><strong>Data Portal + Charts</strong></td>
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ATSH: Behavioral Health
Eligibility Criteria + Participation Requirements
Eligibility Criteria

Your clinic must offer either Medi-Cal specialty mental health services (or other services funded through the Mental Health Services Act) and/or Medi-Cal specialty SUD services (through Drug Medi-Cal), or the equivalent, to underserved populations. Organizations must be non-profit and tax-exempt under 501(c)(3) of the Internal Revenue Service Code (IRC) or a governmental, tribal, or public entity.

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<tr>
<th>Eligible to Apply</th>
<th>Not Eligible to Apply</th>
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<td>• Clinics that provide specialty mental health services, including: outpatient</td>
<td>• IMD facilities, group homes, any other variants of residential treatment facilities or inpatient mental health facilities</td>
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<td>treatment, Full Service Partnerships, Field Capable Services, Intensive</td>
<td>• Recovery bridge housing facilities, residential treatment programs, and inpatient withdrawal management programs</td>
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<td>Outpatient Treatment, and/or Partial Hospital Programs.</td>
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<td>• Clinics that provide alcohol and drug treatment services (e.g., ASAM 1.0 –</td>
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<td>ASAM 2.5), including outpatient, intensive outpatient treatment, and/or partial</td>
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<td>hospital programs.</td>
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<td>• Opioid Treatment Programs (also known as Narcotic Treatment Programs).</td>
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Participation Requirements

- Engaged Leadership
- Reporting Data on Measures
- Peer Sharing
- Continuity & Dedicated Team
- Active Participation
- Willingness to Experiment
## The Give & The Get

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<th>Give</th>
<th>Get</th>
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<td>▪ Commitment to start, improve and/or expand MAT in your site</td>
<td>▪ Access to technical assistance and experts to help you design your program</td>
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<td>▪ Establish a core team, with a minimum of an x-waivered clinician, project manager, and senior leader</td>
<td>▪ Participate in a learning community that optimizes peer sharing</td>
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<td>- Core team attends all in-person learning sessions</td>
<td>▪ Coaching</td>
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<td>- Core team meets regularly</td>
<td>▪ Site visits to learn from peers</td>
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<td>▪ Share your experiences and tools with others</td>
<td>▪ $50,000 per site to offset travel expenses to in-person sessions</td>
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<td>▪ Submit data on small measure set (quarterly)</td>
<td>▪ Online resource center</td>
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How to Apply

1. Visit CCI Application Website: https://www.careinnovations.org/addiction-behavioral-health-2019/

2. Complete:
   - Application (background on your organization)
   - Narrative responses
   - Budget
   - Letter of Support
   - IRS letter

3. Upload your completed application by April 5, 2019

KEY DATES

- Informational Webinar: TODAY!
- Application Deadline: April 5, 2019
- Cohort Announced & Program Start: May 15, 2019
- Kick-Off Webinar: May 30, 2019
- In-Person Learning Session 1: July 10, 2019 – July 11, 2019
- In-Person Learning Session 2: September 18, 2019 – September 19, 2019
- In-Person Learning Session 3: March 18, 2020 – March 19, 2020
- Program End: July 31, 2020
QUESTIONS??
ATSH: Behavioral Health Questions + Resources
Resources

• Six-minute video to learn more about how Marin City Health and Wellness Center implemented MAT and its impact on patients’ lives:  

• Treating Addiction in the Primary Care Safety Net: Implementation and Lessons Learned:  

• Application Overview, RFA, and Application Form:  
Thank you!

For questions contact:

Tammy Fisher
Senior Director
Center for Care Innovations
tammy@careinnovations.org

Sandy Newman
Principal
LSN Health Strategy
sandy@lsnhealthstrategy.com