Addiction Treatment Transition? A Review Of The Emerging Models Replacing Residential Treatment

The 2016 OPEN MINDS Strategy & Innovation Institute
Wednesday, June 8, 2016 | 11:15am – 12:30pm

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Agenda

I. The Future Of Addiction Treatment

II. Case Studies
   a. Maks Danilin, Strategic Account Executive, Aware Recovery Care, Inc.
   b. Linda Grove-Paul, LCSW, MPA, Vice President, Adult & Family Services, Centerstone of Indiana

III. Questions & Discussion
The Future Of Addiction Treatment
Addiction is a major public health concern...

On par with other major health issues

- Obesity: 147 billion
- Smoking: 157 billion
- Diabetes: 174 billion
- Addiction: 193 billion
- Heart Disease: 316 billion
- Mental Illness: 100 billion
Prevalence Of Addiction Issues

- 8.1% of all Americans ages 12 and older (21.5 million)
  - 2.6 million had problems with both alcohol and drugs
  - 4.5 million had problems with drugs but not alcohol
  - 14.4 million had problems with alcohol only
- 12% of adult Medicaid beneficiaries ages 18-64
- 15% of uninsured individuals newly eligible for Medicaid coverage under the ACA
Medicaid Coverage Of Addiction Treatment

- 48 states and the District of Columbia offer some form of addiction treatment benefits to the Medicaid population. Of the 48 states and DC that offer addiction treatment benefits:
  - 29 offer non-hospital based detoxification
  - 48 offer outpatient services
  - 37 offer intensive outpatient
  - 22 offer residential support services
  - 33 offer methadone maintenance

- Six states offer the full continuum of addiction treatment benefits: District of Columbia, Kansas, Michigan, New York, Oregon, and Vermont

- Mississippi and South Dakota do not provide addiction treatment to the general population. Mississippi only provides addiction services to children and South Dakota only provides addiction services to children and pregnant women.

- New Hampshire and New Jersey provide addiction services primarily to the Medicaid expansion population.
The Affordable Care Act & Mental Health Parity Mean More People Are Accessing Treatment

Drop In The Uninsured Population

Quarterly Uninsured Rate for the Nonelderly Population by Age, Q4 2013-Q1 2015

- 20.1% in Q4 2013
- 16.2% in Q4 2014
- 15.1% in Q2 2014
- 13.0% in Q4 2014
- 12.1% in Q4 2015

The Affordable Care Act - Over 80 provisions Effective Between 2010 & 2014

- Expanded consumer access – expanded Medicaid coverage, health insurance exchange, and essential health benefits
- Insurance coverage reform – minimum medical loss ratios (MLR) for insurers; pre-existing condition exclusions and lifetime limits prohibited, mental health parity
- Integrated care coordination models – Medicaid health homes and accountable care organizations in Medicare
- Pay-for-performance – Medicare value-based purchasing initiatives and penalties for high rates of hospital readmissions

States have EXPANDED MEDICAID, including D.C.
CMS Has Created New Opportunities For States To Redesign Service Delivery Models For Persons With SUD

- July 2014: Launch of the Medicaid Innovation Accelerator Program (IAP) to support states’ efforts to accelerate new payment and service delivery reforms.
- July 2014: Guidance on Medication Assisted Treatment (MAT)
- January 2015: Guidance on benefit design to address the needs of youth with SUD.
- July 2015: New Section 1115 Demonstration Project opportunities to redesign service delivery systems for individuals with SUD. CA is the first state to receive demonstration project approval.
Managed Care Payers Are Creating New Opportunities & Resources To Address The Needs Of Members With Addiction

**Family**
- Support the family, build recovery capital for the member

**Member**
- Support recovery and resiliency

**Provider**
- Provide engagement and support for their patients and families

- Family-to-family peer support pilot
- Empowerment and self-management tools
- Online tools and resources
- Emerging peer coaching capability
- Empowerment and self-management tools
- Online tools and resources
- Webinars and support groups
- Toolkits and resources for providers to share with members and families
- Person-centered treatment planning: training and coaching programs
Emerging Models Of Treatment For Persons With Addiction Issues

- Prevention, identification and early intervention
- Integration with medical care (PCPs, hospitals, etc.)
- Extended patient engagement (recovery coaching)
- Whole family involvement
- MAT
- Technological monitoring
- Telehealth
Growth In Medication Assisted Treatment

- More payers and provider organizations are looking to MAT as an addiction treatment option.
- Most states cover some form of opioid dependency treatment through their Medicaid drug formulary.
- Fewer states cover medication assisted treatment for individuals with alcohol dependency.
- In 2015, 33 states covered methadone maintenance.
Maks Danilin
Strategic Account Executive
Aware Recovery Care, Inc.
Recover where you live℠
INTRODUCTION
Provide understanding of ARC’s Model
Review results from ARC clients
Reimbursement Models
Challenges/Growth
EXISTING STANDARD OF CARE
The existing standard of care for SUD currently consists of 8 categories of services…
ARC’s PARTNERS CONDUCTED OVER EIGHTEEN MONTHS OF DUE DILIGENCE AND BUILT OUR MODEL AROUND RESEARCH THAT DEMONSTRATED THE BEST PREDICTORS FOR LONG-TERM RECOVERY.
At least one year of continuous abstinence

Robust bio/psycho/social education and support including family systems therapy

Successful assimilation into support programs as appropriate (12 step, hams, smart recovery, etc)

Compliance management using frequent, random urine screens as well as GPS monitoring

Management of addiction as a chronic illness using a multidisciplinary team led by addiction psychiatrist

Use of naltrexone, acamprosate or disulfiram for alcohol dependence and buprenorphine/Naloxone or naltrexone for opioid/opiate addiction as indicated
ARC TREATS ADDICTION AS A CHRONIC DISEASE AND USES EVERY TYPE OF CARE THAT HAS BEEN PROVEN TO AID SUSTAINED ABSTINENCE.

OUR FOCUS IS ON OUTCOMES.
ARC assigns each client a multi-disciplinary team led by an Addiction Psychiatrist, Registered Nurse, Certified Recovery Advisor, and a Licensed Marriage and Family Therapist. The team works in consultation with the client’s Primary Care Provider and other attending clinicians and a Licensed Therapist.

We work with the client at home and in their community for a full year so he/she can build the daily habits and skills that support lifelong recovery, including assimilation into support groups, as indicated.

The team meets at the start of care and then at least weekly to confer on the client’s care and progress, making adjustments to the treatment planning process of care as indicated.

The client signs an accountability contract. In addition to specific agreed-upon guidelines, the client is subject to random supervised urine screens, GPS tracking and innovative technologies such as Soberlink to encourage and verify abstinence.
CERTIFIED RECOVERY ADVISOR
The certified recovery advisor (CRA) is a new role

<table>
<thead>
<tr>
<th>Utilizes ARC’s Proprietary 52-week bio/psycho/social curriculum</th>
<th>Directs clients toward evidence-based practices including:</th>
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<tbody>
<tr>
<td>Trained in Motivational Interviewing and the Trans-theoretical model to guide clients through the stages of behavioral change</td>
<td>CBT, DBT, Contingency Management</td>
</tr>
<tr>
<td>Assists the client in identifying their personal goals which are used to underpin their recovery</td>
<td>Motivational Enhancement Therapy</td>
</tr>
<tr>
<td>Is in long-term recovery Age Matched Gender Matched</td>
<td>Family Systems Therapy</td>
</tr>
</tbody>
</table>
THE CRA GUIDES EACH CLIENT THROUGH THE FIRST YEAR OF RECOVERY, ENABLING THE CLIENT TO MASTER THE DAILY HABITS AND SKILLS NECESSARY FOR LIFE-LONG RECOVERY.
Addiction Psychiatrist
Wellness: Sleep, Nutrition, Fitness, Meditation, Yoga
Licensed Therapist
Aware Recovery Care Client
RN
LMFT
CRA
THE FAMILY SYSTEMS APPROACH
Aware Recovery Care's Home based addiction treatment:

- Assigns a family liaison to work with the family and allows them to be intimately involved in the recovery process.
- Utilizes innovative approaches to help identify the family’s history of mental illness and substance abuse.
- Provides an accurate insight into the home that is unique to our model of care.
- Uses family systems therapy provided by an LMFT

The intensive year long evaluation and assessment process gives the client, family, and multidisciplinary team the best chance of building a solid foundation for supporting long term recovery.
TECHNOLOGY ASSISTED MONITORING
Studies show that the longer the individual remains engaged with a program that implements consistent monitoring, the better the long-term outcome*. Tools designed for monitoring can help promote structure and change behavior. This concept of accountability tools is the basis on which Aware Recovery Care was founded.

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**How Does Soberlink Cellular Work?**

During the breath test, the Soberlink Cellular takes a picture of the user to confirm their identity. The real-time photo and breath alcohol results are wirelessly transmitted on Verizon’s Private Network to Soberlink’s Monitoring Web Portal. Real-time alerts can be set up for contacts to be notified when signs of a relapse occur, such as a missed or positive test.

**Soberlink Cellular Features:**

- Handheld, discreet, user-friendly
- High-resolution camera for user verification
- Professional Grade fuel cell
- GPS location
- Lithium-ion battery; 5+ day battery life
- Cellular transmission on Verizon’s hosted Private Network
GPS Tracking and Verification Technology

- Improves accountability
- Hot Spots (Alerts full team)
- Pattern Analysis
ELIMINATES/REDUCES READMISSIONS

MAXIMIZES COMPLIANCE

IMPROVES CLINICAL OUTCOMES
CLIENT 1

- EtOH dependent
- Presented with complicated liver pathology

- Within 1 month LFTs returned to normal
- Alcoholic neuropathy successfully controlled
- Over 2.5 years sobriety
- No readmissions
- Leads company in
CLIENT 2

- Polysubstance abuse
- Chronic Pain

- Multiple ER visits/inpatient detoxes
- At 2+ years still abstinent
- Avoided readmissions
- Overcame legal problems
- Assumed CEO position at
CLIENT 3

- Polysubstance abuse
- 15 prior inpatient treatments
- Significant legal troubles

- Over 2+ years sobriety
- Made partner at private comp
- No readmissions
- Optimal physical health
- Stopped smoking
New Innovative In-home Treatment Program for Addiction Offered to Anthem Blue Cross and Blue Shield Members

“Our collaboration with Aware Recovery Care of Connecticut has been driven by a shared spirit of innovation and a commitment to increasing access to behavioral health services to those most in need throughout the state,” said Dr. Brad Witte, Anthem’s Director of Behavior Health Care Management. “We are very excited about supporting Aware’s addiction treatment programs as they provide new, evidence-based treatment options for our members, delivered in the home setting, where they are likely to be of most benefit.”

“We are excited that Anthem Blue Cross and Blue Shield of Connecticut will be providing its members throughout Connecticut the opportunity to experience successful addiction recovery in the privacy and security of their homes”, said Steve Randazzo, CEO and founder of Aware Recovery Care. “Recovery from addiction is possible – when the problem is properly treated as a chronic disorder for an extended period of time.”
In The Near Future...

Aware recovery care will be participating in a clinical trial that will be executed by research experts at Yale University.

The clinical trial will be to evaluate the efficacy of the Aware Recovery Care program when compared to a control group. In addition, researchers will be looking at the 2 years prior to starting the ARC program vs. the present data from current clients.

Aware Recovery Care will be expanding into other states to combat the epidemic of SUD in the region.
Linda Grove-Paul, LCSW, MPA
Vice President,
Adult & Family Services
Centerstone of Indiana
Addiction Treatment Transition: A Review of Emerging Models Replacing Residential Treatment

LINDA GROVE-PAUL, LCSW, MPA

VICE PRESIDENT, ADULT & FAMILY SERVICES

CENTERSTONE OF INDIANA
CENTERSTONE at a Glance

- National, private, not-for-profit 501(c)(3) healthcare organization
- 60 years in operation
- Specializing in behavioral healthcare
- Offering a comprehensive array of outpatient, inpatient, emergency, community-based and intensive in-home services

Unique Service Lines:
- Intellectual and Developmental Disabilities
- Crisis Services
- EAP
- Military and Veterans
- Integrated Primary Care

In FY 2014-2015
- People Served
  142,000+
  49%-Male  |  51%-Female
  All ages served
- Services Provided
  1,800,000+
- Staff
  3,031 clinical and administrative staff serving individuals and families
The Problem: Substance Use Disorders Are Chronic, Relapsing Disease

- Indiana- highest rate of children removed due to parental substance related incarceration
- the 2\textsuperscript{nd} lowest rate of completing SUD treatment (24.7%).
- 17\textsuperscript{th} worst rate of mortality from drug overdoses (10 fold increase in opiate overdose in past 15 years)
- Centerstone counties quite rural, high poverty, very poor health (Hep C, HIV, obesity, diabetes, etc.)
- This is not just an individual problem but a community/systemic problem
Why ROSC?

Unmet Need for Services

- Need exceeds capacity
- Only 1 of 10 receives treatment who need it
- 80-85% in the criminal justice system suffer from a substance use disorder
- 80% of individuals in child welfare are involved as a result of SUD
- 20-25% individuals in primary care are estimated to have a substance use problem

Traditional Care does not match Client needs

- COMPLEX treatment needs
- Organizations are SILOED
- Treating problems with acute care model
Comprehensive Treatment Needs

- Child care services
- Intake processing, assessment
- Treatment plan
- Behavioral therapy
- Case management
- Pharmaco therapy
- Continuing care
- Substance use monitoring
- Self help, peer support
- Medical services
- Transportation
- Financial services
- Housing
- Legal services
- Family services
- HIV/AIDS services
- Educational services

Centerstone

Comprehensive Treatment Needs

- Child care services
- Intake processing, assessment
- Treatment plan
- Behavioral therapy
- Case management
- Pharmaco therapy
- Continuing care
- Substance use monitoring
- Self help, peer support
- Medical services
- Transportation
- Financial services
- Housing
- Legal services
- Family services
- HIV/AIDS services
- Educational services
Traditional supports require the client to navigate complex and disjointed silos of support. Blended, individualized, and recovery oriented supports allow us to cut through silos.
Care Philosophy

- Recovery (not disease) oriented
- Whole health, addressing all health determinants
- Team-based care, drawing on multiple viewpoints
- Working to make suicide a never event
- Engagement key to success
- No wrong door to treatment/harm reduction
- Consumer voice and ownership of their health outcome
- Recognizing the stages of change
- Trauma-informed
- Evidenced-informed but outcome & value driven
One Team. One Plan.

Manager/Coordinator

Clinical Supervisor/Team Leader

MD or HSPP and NP

Care Coordinator

Peer (Certified Recovery Specialist/Community Health Worker)

Therapist

Rehabilitation Specialist

Coaches (Employment, Health, and Recovery)
The Solution...ROSC

Responsive to Provider Needs:

- Comprehensive supports for a complex patient population.
- Allows for resources to be targeted to where they are most needed
- Maximizes community involvement and gives opportunity for development of community recovery capital.

Responsive to Client Needs:

- Traditional care treats everyone with substance dependence the same.
- Improves patient experience and value.
- Provides for more inclusive patient care.
- Promotes self efficacy and empowerment amongst clients; quickly becoming leaders.
- ROSC care treats everyone as individuals. Services are focused on assisting clients in meeting their recovery capital needs.

Responsive to Community Needs:

- Opportunity to bring community together/ break down silos, create new partnership opportunities
- Identify community gaps (need for more support groups, recovery friendly hangouts, employment opportunities)
- Decrease duplication of services

Responsive to the Future of Behavioral Health Care:

- Budgetary pressures in the criminal justice system, healthcare reform opportunities and major changes in funding, are leading to rapid change in behavioral healthcare.
- The ROSC model proactively manages these changes & positions organizations to be seen as a community leader in the best position to coordinate community-based recovery care.
What do recovery coaches do?

- RCs are trained to provide community-based services that help individuals achieve recovery from a SUD
  - Specifically, Recovery Coaches work from an individualized treatment plan that focuses on building recovery capital in specific domains.
  - Provide Recovery LSTI

- RCs help people in treatment gain access to needed resources
  - housing, employment, entitlements, vocational training, school, & transportation, etc.
  - Help develop recovery concepts to sustain acquired resources.

- RCs engage people in treatment & keep them involved in the continuum of care
  - RC's will help people navigate our
    - SUD programming (could you navigate it?)

- RCs help people successfully transition from treatment to a life of recovery (move from formal supports to building community based natural supports).
Recovery Capital

**Personal Recovery Capital**
- **Physical Capital** = Health, shelter, food, transportation, etc.
- **Human Capital** = Life skills, values, knowledge, credentials, self-awareness, self-esteem, optimism, purpose

**Family/Social Recovery Capital**
- **Family Capital** = Family and family of choice, social relationships
- **Community capital** = Access to resources in the community

**Cultural Recovery Capital**
- **Cultural Capital** = Local availability of culturally-prescribed pathways of recovery
**Project CARE**

**Demographic Information**

Average age of clients = 35.55 years

**Gender**

- Male: 185 clients (76.8%)
- Female: 56 clients (23.2%)

**Race**

- White: 217 clients (90%)
- Black: 7 clients (2.9%)
- Hispanic: 13 clients (5.4%)

N = 241
## Involvement with Judicial System Prior to Program Enrollment

<table>
<thead>
<tr>
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<th>Age of first conviction (N = 235)</th>
<th>Total time spent incarcerated (N = 231)</th>
</tr>
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<tbody>
<tr>
<td><strong>Minimum</strong></td>
<td>9 years</td>
<td>Minimum 0.24 years</td>
</tr>
<tr>
<td><strong>Maximum</strong></td>
<td>57 years</td>
<td>Maximum 43 years</td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td>19.90 years</td>
<td><strong>Mean</strong> 6.81 years</td>
</tr>
<tr>
<td><strong>Median</strong></td>
<td>18 years</td>
<td><strong>Median</strong> 5.31 years</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th></th>
<th>Total # of arrests (N = 230)</th>
<th>Total # of convictions (N = 232)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimum</strong></td>
<td>4 arrests</td>
<td>Minimum 1 conviction</td>
</tr>
<tr>
<td><strong>Maximum</strong></td>
<td>50 arrests</td>
<td>Maximum 200 convictions</td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td>17.11 arrests</td>
<td><strong>Mean</strong> 8.12 convictions</td>
</tr>
<tr>
<td><strong>Median</strong></td>
<td>19 arrests</td>
<td><strong>Median</strong> 5 convictions</td>
</tr>
</tbody>
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CENTERSTONE OF INDIANA
Type of Arrest Prior to Project CARE (N = 237)

- Stolen Goods: 199
- Possession/Sale of Drugs: 163
- Aggravated Assault: 158
- PI/Liquor Law Violation: 120
- Larceny/Theft: 112
- Burglary/B&E: 109
- Fraud/Forgery: 88
- Possession/Sale of Drugs: 85
- Stolen Goods: 63
- Aggravated Assault: 51
- Larceny/Theft: 39
- Burglary/B&E: 35
- Possession/Sale of Drugs: 26
- PI/Liquor Law Violation: 7
- Arson: 4
- Rape: 4
- Gambling: 3
Services Received at Program Discharge

- Group Counseling
- Individual Counseling
- Aftercare
- IOP
- Life Skills
- Recovery Coaching
Recidivism – Project CARE Clients

- Urban County: 53.00%
- IDOC: 36.10%
- Project CARE: 26.60%
Annual Cost Savings
Returned for New Offense

<table>
<thead>
<tr>
<th>Year</th>
<th>Current Costs</th>
<th>Costs under CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1:</td>
<td>$1.5 Million</td>
<td>$1.5 Million</td>
</tr>
<tr>
<td>Year 2:</td>
<td>$2.5 Million</td>
<td>$2.5 Million</td>
</tr>
<tr>
<td>Year 3:</td>
<td>$2.5 Million</td>
<td>$2.5 Million</td>
</tr>
</tbody>
</table>

Source: Jarjoura & Haight, 2011
Recovery Engagement Center

- Low barrier hub for recovery
- Information resource for people with SUD seeking support and services
- Help to build recovery capital
- Serves as a safe place for 12 step and other support meetings
- Serves as a launch point for
- Volunteering and recovering community building
- The identity is very community specific
Hi My Name is J.D. and I'm an Addict

I didn't relapse today, nor yesterday, or the day before! I was fortunate I guess. See I don't want to use and for me it's just that simple. I have witnessed more than one relapse this...

View in Context ▼

Can I borrow a cup of sugar?

Last night, a random stranger knocked on my door with a well known yet odd request. “Can I borrow a cup of sugar?” Considering I live about a block away from a grocery store, I found it a bit...

View in Context ▼

Showing 5 of 1903 comments

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View in Context ▼

Add New Comment

Type your comment here.

Sort by newest first ▼

lifemoreabundant

I think the hardest thing to deal with is watching one of your family members struggle with addiction. It is level of powerlessness that is hard to accept. Anyone have suggestions on how to deal with this issue?

1 hour ago

Like ▼ Reply

Upcoming Events

- TODAY - Feb 5
  - 2:30PM - 4:30PM REC Walk In’s
  - 6:00PM - 7:00PM AA- Shivering Denizens Outreach more
  - 6:00PM - 7:00PM AA- Women in Recovery more
  - 6:30PM - 7:30PM AA- Stone City Group more
  - 6:30PM - 7:30PM AA- Stone City Group more
  - 7:00PM - 8:00PM AA- Stepping Into Sobriety Group more
  - 7:30PM - 8:30PM AA- Tuesday Evening Group more
  - 7:30PM - 8:30PM AA- Tuesday Night Candlelight Group more
  - 8:00PM - 9:00PM AA- One Day at a Time Group more
  - 8:00PM - 9:00PM AA- Tuesday Night Literature Group more
Team Based Care with a Focus on Outcomes

- Development of Recovery Coaching, Health Coaching, Employment Coaching and Peer Recovery Specialist positions.

- System of care approach that is comprehensive, holistic and individualized.

- Had to use grants and special projects initially to demonstrate results to payers and get buy in from staff/clients/community.

- Moving care towards the client means that everything must change.
Reimbursement for services

- Addiction is a chronic relapsing disease and resources need to be available to support people in the community (impact on legislation, legislators, CJ providers, folks in child welfare, ACO’s, Medicaid, etc.). Outcomes, outcomes, outcomes. Focus on cost savings.

- Individuals with SUD and other mental health issues need employment, health care, peer recovery services, housing and these services are much more effective and cost effective in their communities (increase in employment, housing, decrease in recidivism, decrease in health care costs). Success stories, be good partners, upfront investment. In addition to giving outcomes you needed to show the face of recovery and the impact it has had on individuals in their communities.

- Start small with pilot projects or grants. We used our block grant $$$ to fund our Recovery Coaching model the first couple of years and now it is a reimbursable service under Medicaid and DCS.
Barriers

- Reimbursement change is probably the easiest way to effectuate changing your model. Moving from acute model which is how we have been traditionally trained to a recovery oriented and client centered is very challenging.

- Challenges with organizational bureaucracy: you must have a change leader that is willing to address and a CEO who is embracing this major philosophical change. There will be resistance at all levels (hiring individuals with criminal backgrounds) both internal and external to the organization.

- Have to have a workforce that is knowledgeable enough to implement and support this new model (and often work against others who are resistant or do not understand the need for change).
Questions

Thank you!
Questions & Discussion
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