



Continuing Care Interest Circle Call

March 18, 2008

By David Mathews, Ph.D.

Partnership for Advancing Recovery in Kentucky



- ***AIM: To promote wellness & develop a roadmap and bridging process that demonstrates increased continuation and decreased dropouts in the continuum of care.***

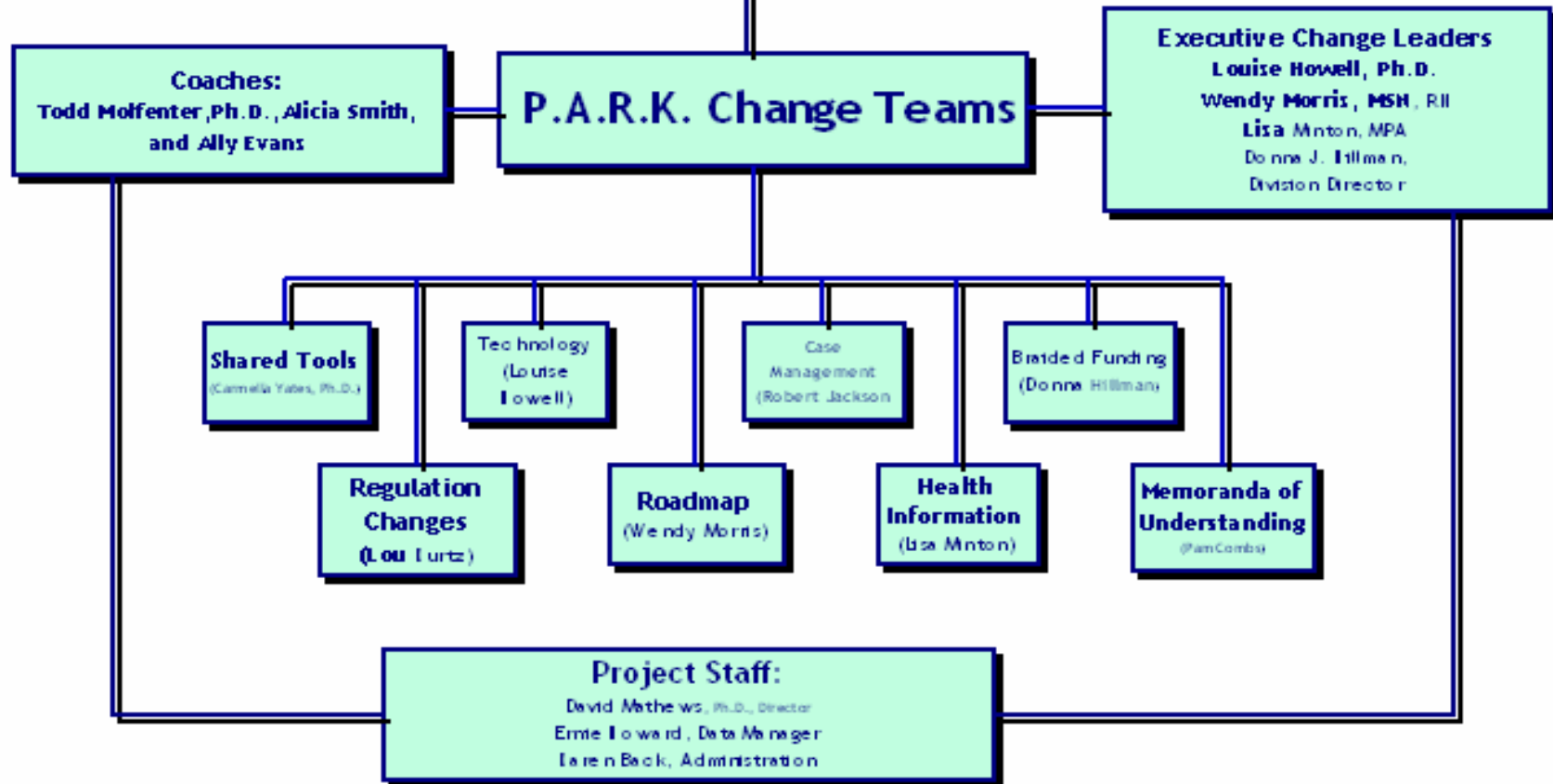
***TARGET EVIDENCE BASED
CATEGORY:
CONTINUING CARE***

Assumptions Behind P.A.R.K.

- Use NIATX approach to change
- Collaboration among state, hospital, outpatient and long term care
- Goal: Implementation of Evidence Based Practices in Substance Abuse Treatment
- State Policy changes and leadership necessary component

Partnership for Advancing Recovery in Kentucky

Promoting wellness, develop a road map and bridging process that demonstrates increased continuation and decrease dropouts in the continuum of care.





Interagency Agreements On Referrals & Collaboration

- Preferred partnership agreement would facilitate transitions
- All levels of care represented
- Working together on continuum builds relationships



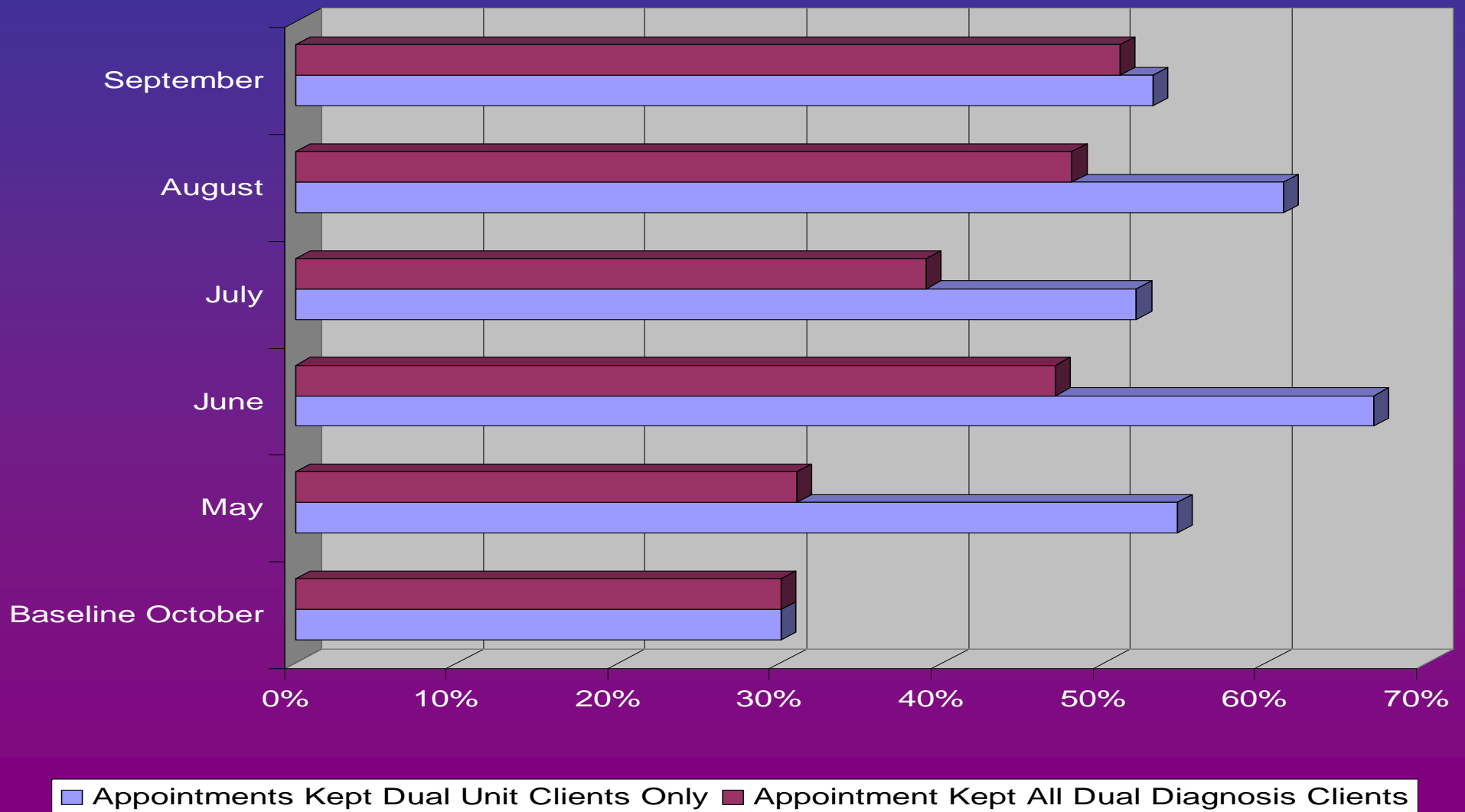
Video Meetings

- Everyone had webcams
- Frequent meetings including video enhanced communications
- Video meetings between levels of care would enhance continuation

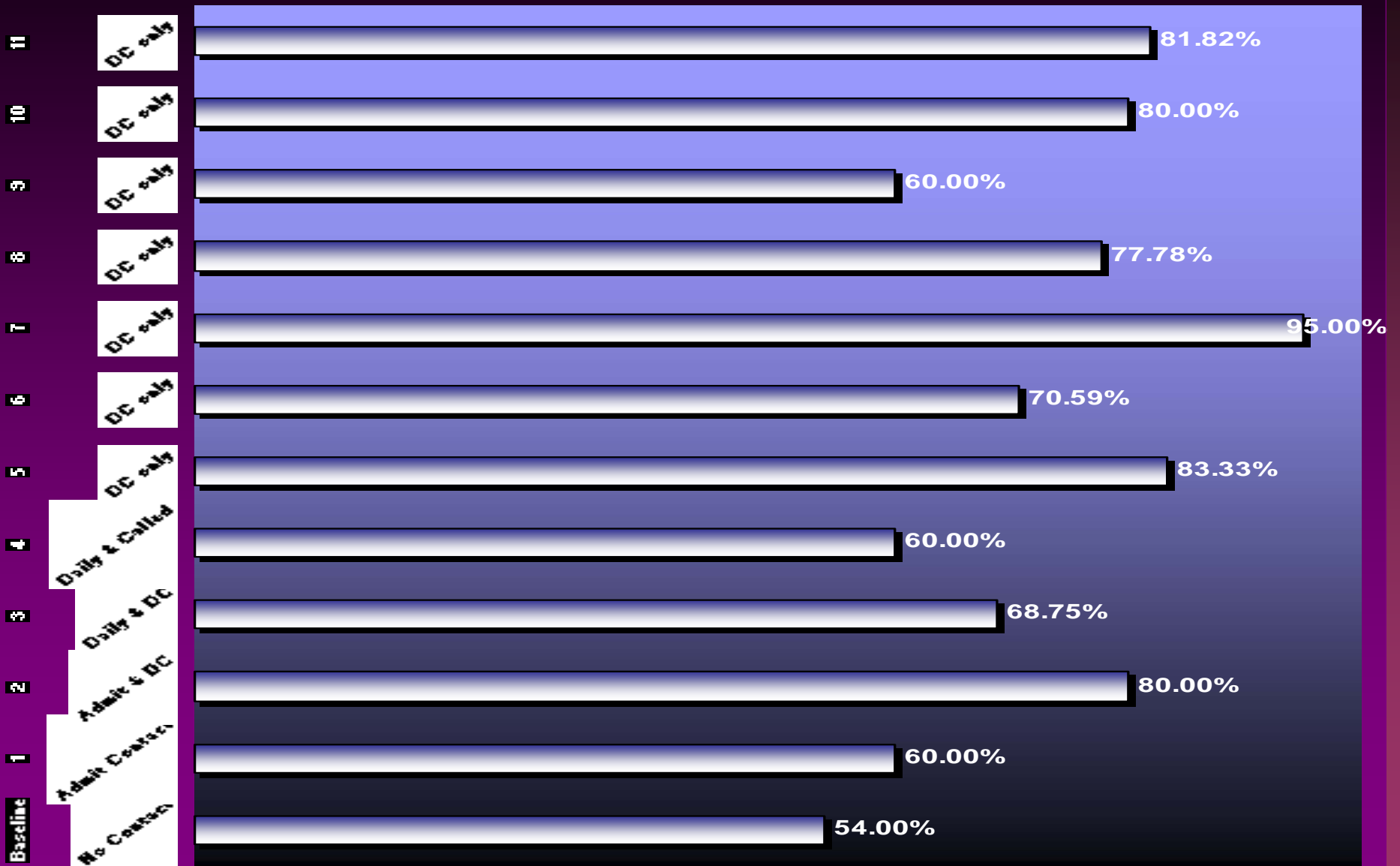
Most Effective: Case Management

- Family Health Navigators assigned to Dual Unit
- Other case managers assigned to psychiatric units where substance abusers also treated
- Various contact scenarios tried
- Script given to hospital staff ineffective
- Clients follow-up post discharge tracked

Percentage Substance Abuse Continuing Care from ARH-Hospital to KRCC Outpatient from Dual Unit and All Units By Month Versus Baseline



**Transition from ARH-Psychiatric Center to KRCC Outpatient Mental Health Care
Percent Completing Transition Between Levels of Care Using Various Contact
Strategies at Admission, Admission & Discharge, & Discharge Only**



Gift Bags for Appointment Cards & Refrigerator Magnets

- FHN's and CM;s given goodies for distribution
- Discharge Packets examined for follow-up info
- Appointment cards attached to magnets
- Road map to recovery created

YOUR ROAD MAP TO RECOVERY

RULES OF THE ROAD

- There are no one way roads.
- Streets can appear at any point. BEWARE.
- You may need to travel some roads multiple times to reach your destination.
- You can move from one road to another road.

DESTINATION : RECOVERY

For long term success, continue follow-up care.

SELF HELP NETWORK

- NA
- AA
- Other

If your faith is the cornerstone of your life, this may be a good option.

Having a support system is important for recovery.

FAITH BASED SERVICES

- Religious Counseling
- Recovery Housing

A caseworker will work with you to develop a plan for follow-up care.

This pit stop may be required for some programs.

PROFESSIONAL CARE

- Medications
- Outpatient Clinics
- Residential Treatment

Call 911 or go to the hospital for assistance or Call the Crisis Line 1-800-262-7491

EMERGENCY SERVICES

Ability to pay may limit access to some programs.

AD Medication

Hospital Stay

Outdoor

I Need Help NOW!

- Emergency Crisis
- I'm afraid I will OD
- I'm afraid if I don't get help today I never will

I Need More Info

- I'm not sure if I have a problem
- I don't see any real benefit from quitting

I am Ready To Go!

- I know I have to make a change
- I recognize my life will be better

WHERE DO I START?

Video Introduction to Next Level of Care

YOUR FIRST VISIT

with
**Kentucky River
Community Care**



- Script created for FHN's and CM to follow
- Video created to demystify first visit to outpatient offices
- Video re-shot to better capture desired messages
- Video given to Hospital for units
- Case Managers with portable DVD player

Auto Reminder Phone Calls

- Voicent Reminder Software purchased
- Working from a list, calls robotically
- Message can be anything
- Staff did not support auto-reminders
- Complicated protocols developed

Client Tracking Software

- Web based application
- High rise business oriented client tracking software
- Theory: Entered info at one level of care so next could see referral info and outcome
- www.highrisehq.com

State Level Initiatives

1. **State Policy Letters Targeting Evidence Based Practice Barriers**
2. **Evaluation of Licensing Regulations to eliminate EBP Barriers**
3. **Efforts to Expand Medicaid Funding Benefits**
4. **State Contract Language to Reduce Treatment Planning Paperwork**
5. **Analysis and testing of shared tools for assessment & referral**

1. State Policy Letters Targeting Evidence Based Practice Barriers

- ✓ Medication as Drug Court Treatment; Letter to Chief Justice of Supreme Court;
- ✓ Medication Assisted Therapies for Women with children in out of home care, letter to DCBS;
- ✓ Medicaid Support for Co-Occurring Disorders, letter to Medicaid;
- ✓ Office of Inspector General Letter on shared treatment plans;
- ✓ MOU with Vocational Rehabilitation.

2. Evaluation of Licensing Regulations to Eliminate EBP Barriers

- ✓ Existing Licensing regulation examined in details by committee
- ✓ Suggested changes created in list
- ✓ Law prohibited drug users from being on program premises
- ✓ Innovation Zone Concept discussed
- ✓ Workgroup assigned to revise law

3. State Contract Language to Reduce Treatment Planning Paperwork

- ✓ Contract language added permitting adoption of treatment plan created at preceding level of care
- ✓ Effort to prevent duplication of paperwork

4. Analysis and Testing of Shared Tools for Assessment & Referral

- ✓ LOCI-2r
- ✓ CAAPE
 - Staff rejected
 - No clear advantage

5. Efforts to Expand Medicaid Funding Benefits

- ✓ Kentucky Medicaid benefit only for pregnant and 60 days postpartum
- ✓ Efforts to expand to parents
- Progress on reform stymied

Problems & Barriers Faced During Implementation

1. Stigma related to substance abuse and medication assisted recovery even by other state agencies views of substance abusers
2. Re-assessment of clients when transferring to a new level of care
3. Our own internal agency policies concerning shared information
4. Implementation of new technology conflicts with policies
5. Aftercare oriented to offering services to program graduates only
6. Systems not strongly oriented to full continuum of care and partnering
7. Interagency communication not present in the past to allow for smooth transitions to another level of care. This conflict broadens our view of world.

How are we going to sustain our system changes?

- State Contract Modifications
- Policy Changes
- Memoranda of Agreement

– NEXT: WRAPAROUND SERVICES

Plans for Spread

- Present to the Adjoining Area CMHC's,*
- Kentucky Association of Regional Providers,*
- 843 Commission,*
- Substance Abuse Program Directors,*
- Epidemiological Workgroup,*
- Kentucky School in 2008, thereafter annually.*

Thanks for your attention!

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