

Project 2: Capacity Building

D3: Expansion in intensive SUD Treatment Options, including partial-hospital and residential care

b. Project Selection Rationale and Expected Outcomes

Region 7 identified this project based on the need to expand access to substance use disorder services in the region. Data indicate that a significant percentage of individuals in need access services outside of the region. In 2015, only 48% of Substance Use Disorder (SUD) treatment visits by IDN 7 patients occurred in the region. Additionally, Region 7 is much lower in terms of utilization per member rate. The utilization rate was .6% which is the lowest in the state when compared to the next lowest region which was 1.13% and the highest region which was more than four times Region 7 utilization. The New Hampshire Bureau of Drug and Alcohol Services noted that the number of admissions into treatment for prescription opiates or heroin increased from February to June 2016, and the number of admissions for opiates decreased from June to July. When combining the number of heroin and prescription opiate treatment admissions, the overall number of admissions decreased by 31% from June to July. Although the numbers are small, Coos and Carroll Counties both experienced a greater decrease, 75% and 100% respectively, in the number of residents admitted to treatment programs from June to July.¹

In addition to the challenge of accessing treatment services, the New Hampshire Division of Public Health Services reported that Coos County had the largest percentage increase (200%) of opioid related emergency department visits in the state between May and July 2016.² Both the North Country and Carroll County Public Health Networks have implemented trainings for community stakeholders to administer Naloxone (Narcan), a prescription medicine used for the treatment of an opioid emergency such as an overdose or a possible overdose. The New Hampshire Bureau of Emergency Medical Services (EMS) reported an increase in both Carroll County (25%) and Coos County (20%) in incidents involving EMS Narcan administration from June to July 2016.³ Both counties had significant increases compared to the overall state increase of 7%. Both of these significant increases in emergency department visits and administration of Narcan helped inform the IDN's selection of this project.

The majority of services (67.7%) in the region were provided by Tri County CAP (TCCAP). TCCAP services range from Head Start child development programs to programs for seniors, including senior center/meal sites and meals on wheels. The Tri-County CAP, Division of Alcohol and Other Drug service program facilitates a continuum of care model offering a comprehensive array of services which include Recovery Support Services, Outpatient and Intensive Outpatient services offered in Coos, Carroll and Grafton counties, as well as both High and Low Intensity Residential Treatment. TCCAP provides a large array of services including an outpatient department that serves individuals whose alcohol and drug use affects their daily living. TCCAP has a short-term residential substance abuse treatment program, and peer recovery support services

A small percentage (1.6%) of SUD services in the region were provided by Northern Human Services (NHS) in 2015. These data do not capture the full extent of SUD services provided by NHS which are likely captured as mental health services without a distinction between SUD and mental health. NHS provides professional support and services to people affected by mental illness, developmental disabilities, substance abuse, acquired brain injury or related disorders. NHS has been a primary provider of mental health services for over forty five years and offers a comprehensive array of recovery and resiliency oriented community based mental health services for children, adults and older adults. Clinic staff provide evidence-based practice interventions and NHS employs dually licensed clinicians who provide comprehensive treatment services to dually diagnosed individuals (mental health/substance abuse), consistent with scientifically proven best practices.

¹ The Opiate/Opioid Public Health Crisis. Update on the State of New Hampshire's Comprehensive Response.

² *ibid*

³ *ibid*

This project was selected so NHS, TCCAP, and other IDN partners can expand their services and capacity for delivery of partial intensive outpatient, partial hospital, or residential treatment options for SUD, in conjunction with expansion of lower acuity outpatient counseling. Community stakeholders from Region 7 identified this project as an opportunity to impact the following by the end of the demonstration project period:

- address the rapid rate of increase in substance use disorders in the region
- increase access to limited SUD and mental health services
- impact the number of individuals and their families affected by substance use disorders

The gaps in services section of this project plan clearly indicate the need for expanded substance use disorder treatment options in Region 7. Among other things, funds dedicated to this project will increase treatment and recovery resources, reduce long waiting lists for outpatient services by increasing critical workforce, and increase supportive behavioral health therapy in conjunction with Medication Assisted Treatment.

Anticipated outcomes for this project include:

1. Expanded capacity to deliver Intensive Outpatient (IOP) services
2. Expanded outpatient counseling for substance use disorders provided by qualified practitioners for individuals across the spectrum of health and social service programs within the IDN
3. Increased support for Medication Assisted Treatment
4. Increased evidence-based screening and identification of high-risk patients in primary care settings

This project will also include an educational component that will provide patients, families, and the community with information about mental health and substance use disorders. IDN partners have raised concerns about the lack of education and understanding of the high percentage of substance use disorders due to underlying and undiagnosed mental illness. Increased awareness and insight into the issues related to SUD and mental health will help reduce the stigma and “old school” ideas about mental health that providers still observe in the region.

c. Participating Organizations: Selection Criteria

Organizations choosing to participate in this project will submit a proposal in response to the sub-recipient request for funds previously discussed. Organization’s proposals will be reviewed to ensure they meet the criteria below for effective implementation of the project. Targeted participating organizations for this project will include behavioral health organizations seeking to expand service options. The primary organizations in the region providing interest to seek funds to expand service options include Northern Human Services, Tri County CAP and other primary care provider practices as they enhance integration with behavioral health services. Organizations seeking funds to participate in this project must have some behavioral health services in place that they would like to enhance. Northern Human Services, as noted above, is the primary provider of community mental health services in the region. NHS has noted that “individuals with emergency needs who are eligible for services can be served immediately. People with less emergent needs are scheduled for assessment and follow-up, based on the level of their need for service. There are waiting lists for some services which are dependent upon NHS obtaining necessary funding in order to begin serving new individuals.”⁴ Tri-County CAP has prioritized expansion of alcohol and drug clinical services in their 2017-2021 strategic plan. Strategic priorities include: 1) develop and execute intensive out-patient program; 2) extend service offerings to include on-site medical services; 3) increase capacity to serve clients and reduce wait time for services, and 4) increase number of people who complete evidence-based treatment services.

Primary care practices that provide some behavioral health services and intend to expand SUD treatment options may participate in this project. While all IDN participants are required to participate in the Core Competency program which will move them along the continuum of primary care/behavioral

⁴ <http://www.northernhs.org/FAQ.html>

health integration, some practices have indicated that they would like to expand SUD treatment options as well. Practices that have indicated this include: White Mountain Health, Huggins Hospital, Indian Stream Health Center, and Coos County Family Health Services. Other statewide IDN participants intending to work on this project include NAMI New Hampshire, Hope for NH Recovery, and White Horse Addiction Center. Understanding this is not an exhaustive list of potential participants in the project, it is an indication that there is consideration throughout the region.

Organization’s proposals will be reviewed to ensure they meet the criteria below for effective implementation of the project. Organizations will either propose as individual entities or in conjunction with community partners, and demonstrate capacity to implement and report progress toward improved outcomes.

Organizations participating in this project will demonstrate capacity to expand capacity for delivery of partial intensive outpatient, partial hospital, or residential treatment options for SUD. Organizations will be required to serve individuals with substance use disorders, with or without co-occurring mental health disorders. They will be asked to identify the target population for intervention, with particular emphasis on pregnant women, individuals that have experienced an overdose in past 30 days, IV drug users, and /or custodial parents of minor children. Organizations must be able to have capabilities to enhance services, collaborate with other partners, and to demonstrate:

- Capacity to delivery intensive outpatient (IOP); partial hospitalization (PH); or non-hospital based residential treatment services
- Workforce needs for this project, including desired expansion of behavioral health workforce capacity
- How services will be delivered in tandem with ambulatory and non-hospital inpatient medically monitored residential, as well as hospital inpatient medically managed withdrawal management services, and treatment services for mental health, substance use and co-occurring disorders.
- Sufficient level of practitioners who can serve individuals with lower levels of acuity

Organizations participating in this project will demonstrate capacity to design, and/or enhance SUD services that will support:

- Standard assessment tools
- Patient assessment, treatment, management, and referral protocols
- Participation in training planning and curricula
- Agreements with collaborating organizations
- Evaluation, including metrics used to measure program impact
- Mechanisms to track and monitor individuals served by the program, adherence, impact measures, and fidelity to evidence-supported project elements

e. Monitoring Plan

Organizations implementing projects related to expansion in intensive SUD treatment options, including partial-hospital and residential care, will be required to monitor and report to the IDN Lead agency on a regular basis. Each project will be reviewed quarterly by the appropriate Work Group to ensure progress of the project is in line with overall improvement of outcome measures. If sufficient progress is not being made toward identified outcomes, Work Group members will designate an appropriate member to work with the organization and the Administrative Lead to assess the project and propose alternative activities. The types of evaluation questions that may be addressed include⁵:

Focus of Evaluation	Evaluation Question
Process	How well was the project designed and how is implementation going?
Outcome	Is the project meeting overall needs?

⁵ http://evaluationtoolbox.net.au/index.php?option=com_content&view=article&id=20&Itemid=159

	Was there/is there any significant change and to what extent was it attributable to the project? How valuable are the outcomes to the organization, stakeholders, IDN region?
Learnings	What worked and what did not? What were unintended consequences?
Investment	Was the project cost effective? Was there another alternative that may have represented a better investment?
What's On-Going; What's Next?	Can the project be scaled up? Can the project be replicated elsewhere? Is the change self-sustaining or does it require continued intervention?

All organizations will be required to have adequate workforce to carry out activities related to this project. Organizations participating in this project will determine their capacity and have a work plan that reflects their ability to implement all project activities. All sub-recipients that receive funds will be required to indicate: an implementation timeline, a project budget, a work force plan, projected annual client engagement, and key provider participants.

Specific monitoring activities will include: 1) tracking activities to monitor implementation and participation in activities; 2) targeted qualitative methods (eg. semi-structured interviews) to understand how the project is unfolding and to account for overall contextual factors that may affect implementation and sustainability of program efforts either positively or negatively; and 3) review of available outcomes data related to the region to understand progress in population health. A detailed project tracking sheet will be developed to identify and track each monitoring activity, including receipt of data. Organizations will be responsible for reporting progress on project activities on a quarterly basis.

The draft measurement plan below for this project provides information about collection of data for each primary objective. For ongoing outcomes data, there will be an assessment of the usability and feasibility of a dashboard, similar to the format outlined in the previous community-project plan.

Measurement plan for Region 7

	What	Where	How	When	Who
Program Objective	Measure and Target	Source of Data	How is the Data Collected	Frequency of Data Collection	Who is Responsible for Gathering the Data
Expand capacity to delivery intensive outpatient (IOP) services	# new health clinicians	Reporting template	Participating organizations complete tracking tool	Quarterly	Program Manager
	Procedures and protocols in place for effective delivery	Reporting template	Participating organizations complete tracking tool	Quarterly	Program Manager

	75% of participating individuals and families provide feedback, eg..satisfaction	Program Survey	On-line survey program	Annually	Program Manager
	What	Where	How	When	Who
Program Objective	Measure and Target	Source of Data	How is the Data Collected	Frequency of Data Collection	Who is Responsible for Gathering the Data
Expand outpatient counseling for SUD across the spectrum of health and human service programs, including MAT	# new clinicians	Reporting template	Tracking tool	Quarterly	Program Manager
	# clinicians trained/licensed	Reporting template	Tracking tool	Quarterly	Program Manager
	# sites implementing expanded services, eg. MAT	Reporting template	Participating organizations provide feedback and report barriers to process of expansion	Quarterly	Program Manager
	What	Where	How	When	Who
Program Objective	Measure and Target	Source of Data	How is the Data Collected	Frequency of Data Collection	Who is Responsible for Gathering the Data
Increase evidence-based screening and identification of high-risk patients in primary care settings	# sites with increased capacity to implement SBIRT	Reporting template	Tracking tool	Quarterly	Program Manager
	# patients assessed to determine level of readiness for intervention	Reporting template EHR	Tracking tool	Quarterly	Program Manager

f. Challenges and Proposed Solutions

Challenges to implement this project that were identified by the IDN stakeholders include: adequate workforce, relationships and coordination among patients and providers, and effective outcome measures.

Adequate Workforce

The lack of resources and funding in the region leads to high turnover and lack of trained staff. The Community Mental Health Center is unable to retain skilled staff because of low salaries (which

includes Medicaid reimbursement, lack of state funding, and no managed care contract). Lack of funding for SUD has led to low salaries for both mental health and substance abuse professionals, which has meant that good people have left the field and few are currently in the pipeline. Trained staff who are not compensated satisfactorily leave the organizations and the area to seek employment elsewhere. Throughout the region workforce is a significant barrier, particularly for patients who suffer from severe mental illness. Adult referrals to a psychiatrist can take a month or two, and there is not a child psychiatrist in the area. There is a lack of trained professionals who specialize in co-occurring developmental disability and mental health/substance use disorders who understand how to help this population.

Relationships and coordination among patients and providers

Clinical interventions and treatment rely on a good relationship between the patient and provider in order for there to be successful outcomes. This is a significant barrier when patients and families do not understand what providers are telling them or if they are not given full information. Patients and families often do not receive education to increase their understanding, awareness, and warning signs associated with substance use disorders, including resources and treatment options.

Effective Outcome Measures

Organizations that provide mental health and substance use disorder services recognize having effective outcome measures as a barrier to successful delivery and evaluation of services. It is often difficult to assess the following types of questions: how effective are treatment services; how can the effectiveness be assessed; have clients' quality of life improved following treatment; how to attribute clients' improvement to participation in a particular treatment program.

Strategies for improved expansion in intensive SUD Treatment Options services may include:

- Participating in the Statewide Workforce Taskforce will inform decisions that will be made to increase an effective workforce for this project in the region;
- Community-based funding for this project will focus on workforce recruitment and retention. It is anticipated that increased funding will enhance both recruitment and retention.
- Development of professional pathways will be explored and funds may be used to increase local training opportunities and programs (i.e. collaboration with the Northern New Hampshire Area Health Education Center)
- Region 7 participants will encourage the Statewide Workforce Taskforce to prioritize work with state credentialing and licensing entities to address policy change/legislation that will impact mental health and substance use disorder personnel
- Improved documentation of outcome measures will result if there are statewide efforts to identify and agree on effective measures. There should be standardized collection and interpretation of data. There should be an effort to maximize synergy of data that is required to be collected among multiple funders and projects.
- Efforts to improve relationships among patients and providers will focus on gathering information from community members who access services. Case management of integration of resources will increase communication and build trust.