

NAATP
NATIONAL 2019





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OF
ADDICTION TREATMENT PROVIDERS

Quality Assurance Breakout Session 3: Continuing Care

Continuum of Care, Discharge Planning, Atypical
Discharges

VOICE.
VISION.
LEADERSHIP.

QA 3: Continuing Care

Panelists



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Maureen Boyle, PhD
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Tom Kimball, PhD
MAP Health
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Sherri Layton
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 - Clinical Services Administrator, La Hacienda Treatment Center
- Maureen Boyle, PhD
 - Chief Quality and Science Officer, American Society of Addiction Medicine
- Tom Kimball, PhD. LMFT
 - Clinical Director, MAP Health Management
 - Executive Director, Texas Tech Center for Collegiate Recovery Communities
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QA3 CONTINUING CARE:

Continuum of Care,
Discharge Planning,
Atypical Discharges

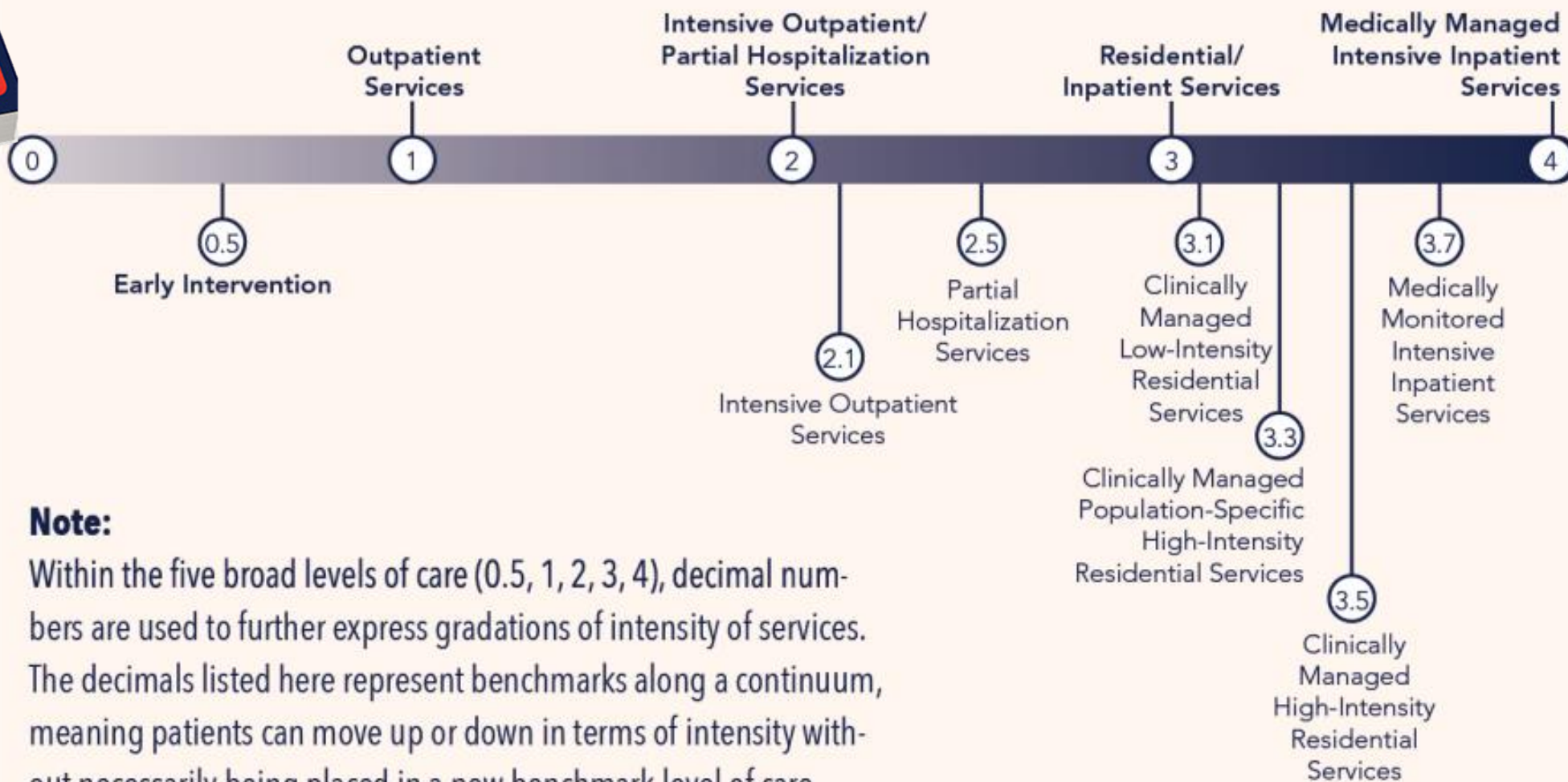
The ASAM Criteria Continuum of Care

Maureen Boyle, PhD
Chief Quality and Science Officer
American Society of Addiction Medicine
May 6, 2019





REFLECTING A CONTINUUM OF CARE



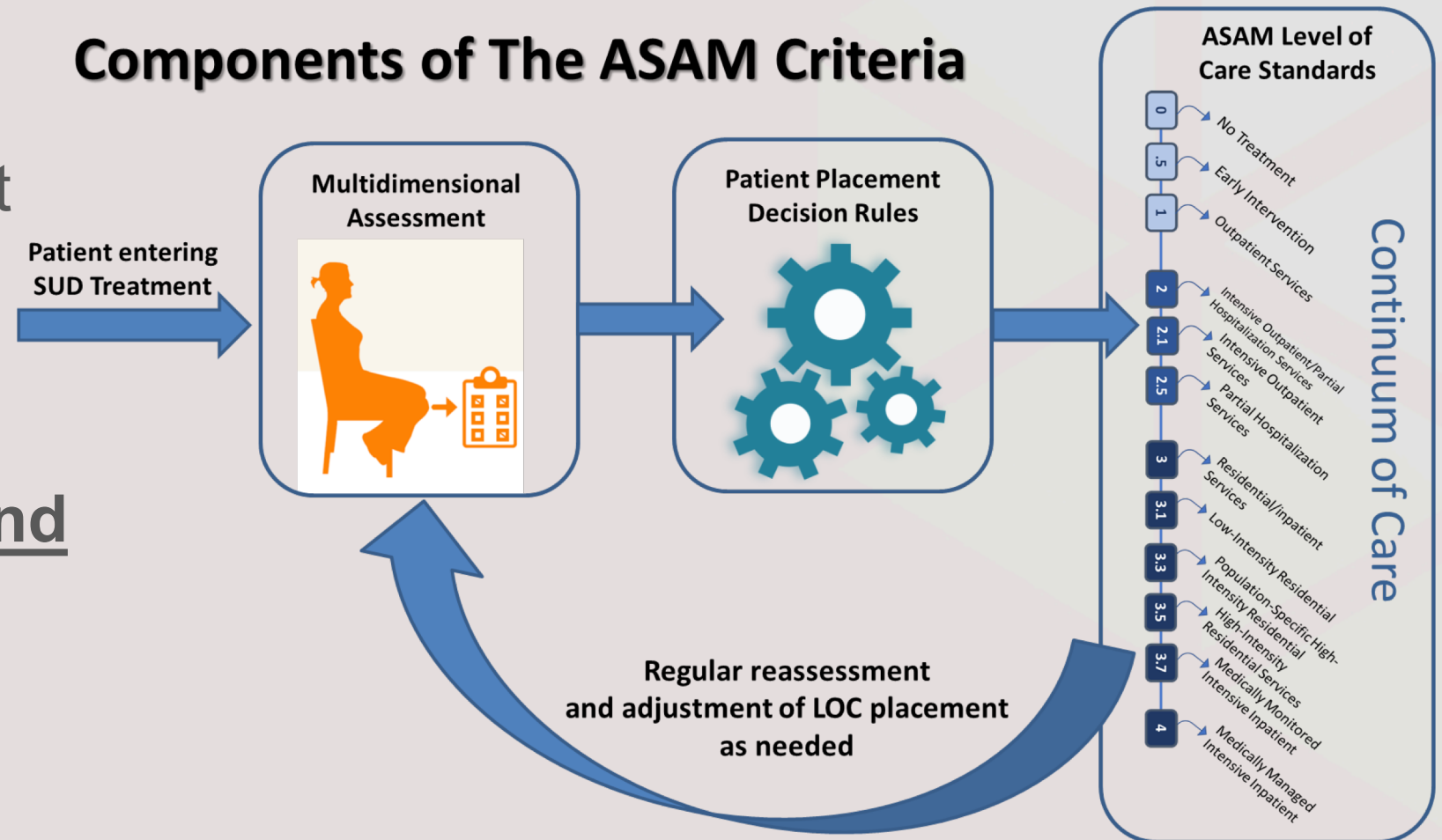
Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

Implementation of The ASAM Criteria

Can improve the addiction treatment system,
but only if it is **implemented comprehensively and effectively**

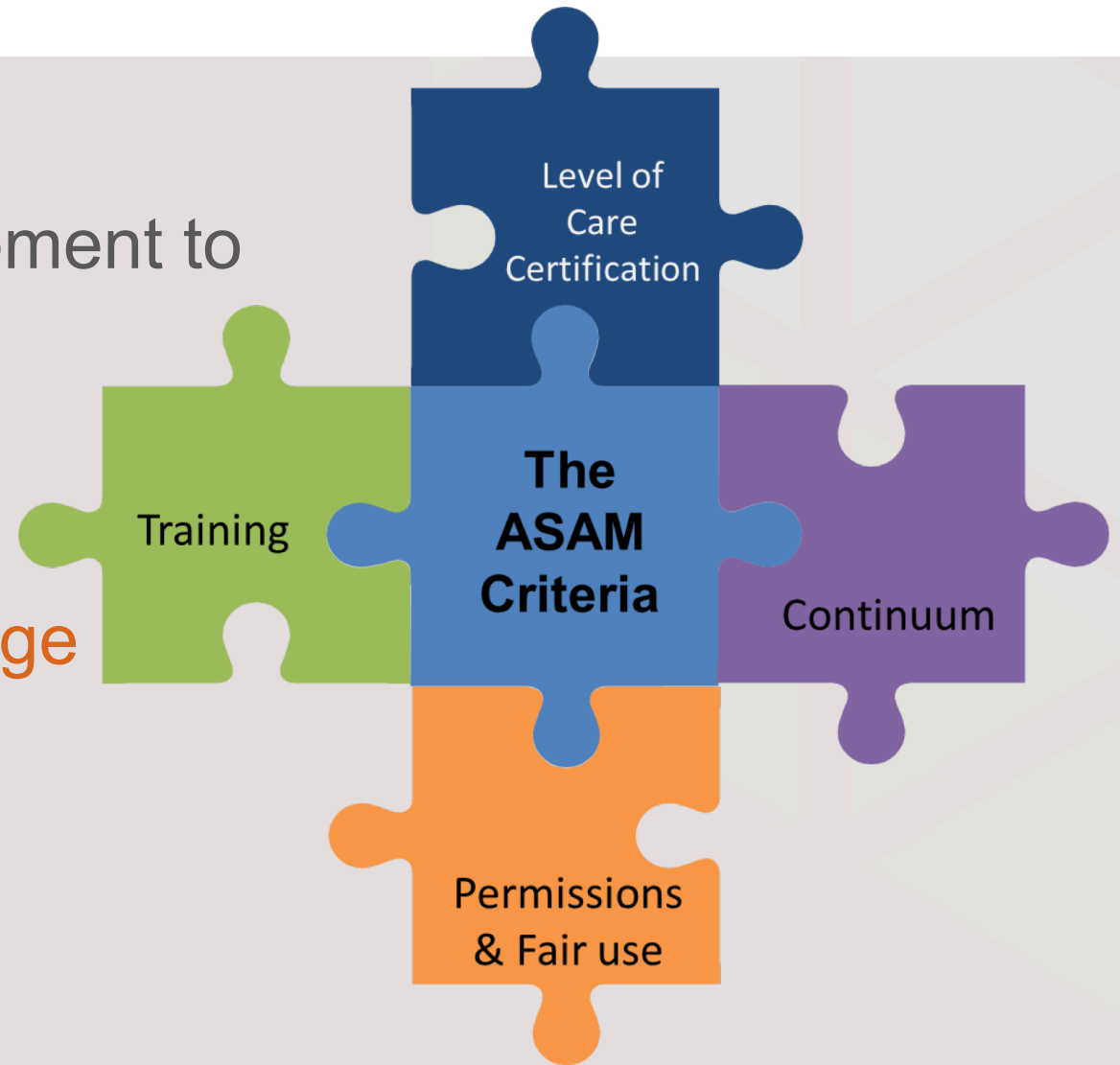
Components of The ASAM Criteria



Supporting Comprehensive Implementation of The ASAM Criteria

Tools are available or under development to support implementation:

- *ASAM Level of Care certification*
- *The ASAM Criteria Courses*
- *ASAM CONTINUUM and Co-Triage software*





ASAM American Society of
Addiction Medicine

carf INTERNATIONAL

- ASAM and CARF partnered to develop the ASAM Level of Care certification program
 - Beginning with residential programs; Levels of Care 3.1, 3.5, and 3.7
- The certification standards were developed by an expert panel of ASAM members with oversight by ASAM's Quality Improvement Council
- ASAM and CARF collaborated on the development of the ratable elements and scoring methodology
- CARF will comprehensively evaluate programs and make an independent determination of certification

Certification, Licensing & Accreditation

What's the Difference?

Accreditation

- Earned by an entire organization, program or agency
- Assessment to determine if the organization's processes and procedures are directed to producing positive outcomes in the lives of the persons served
- Granted by a non-governmental outside organization for a time-limited period



Voluntary or Involuntary?

Can be voluntary or mandated

Licensing

- Mandatory process by state government primarily for public safety and well-being of consumers.
- Process of review allows individuals, facilities, programs, organizations or agencies to meet a minimal level of competency
- Granted by state governmental agencies for a time-limited period



Voluntary or Involuntary?

Involuntary

Certification

- Earned by an individual or program to demonstrate the capability to deliver a specialized service or Level of Care
- Process to ensure that an individual or program has met certain requirements to provide services
- Granted by a non-governmental outside organization or professional organization for a time-limited period



Voluntary or Involuntary?

Typically voluntary

** sometimes regulatory bodies require certification to provide specific services*

Assessing ASAM Level of Care Delivery

SERVICE CHARACTERISTIC CATEGORIES

In *The ASAM Criteria*, the following categories of service characteristics will deliver example and appropriate information for each withdrawal management level of care:



Examples of Service
Delivery and Settings



Support Systems



Staff



Therapies

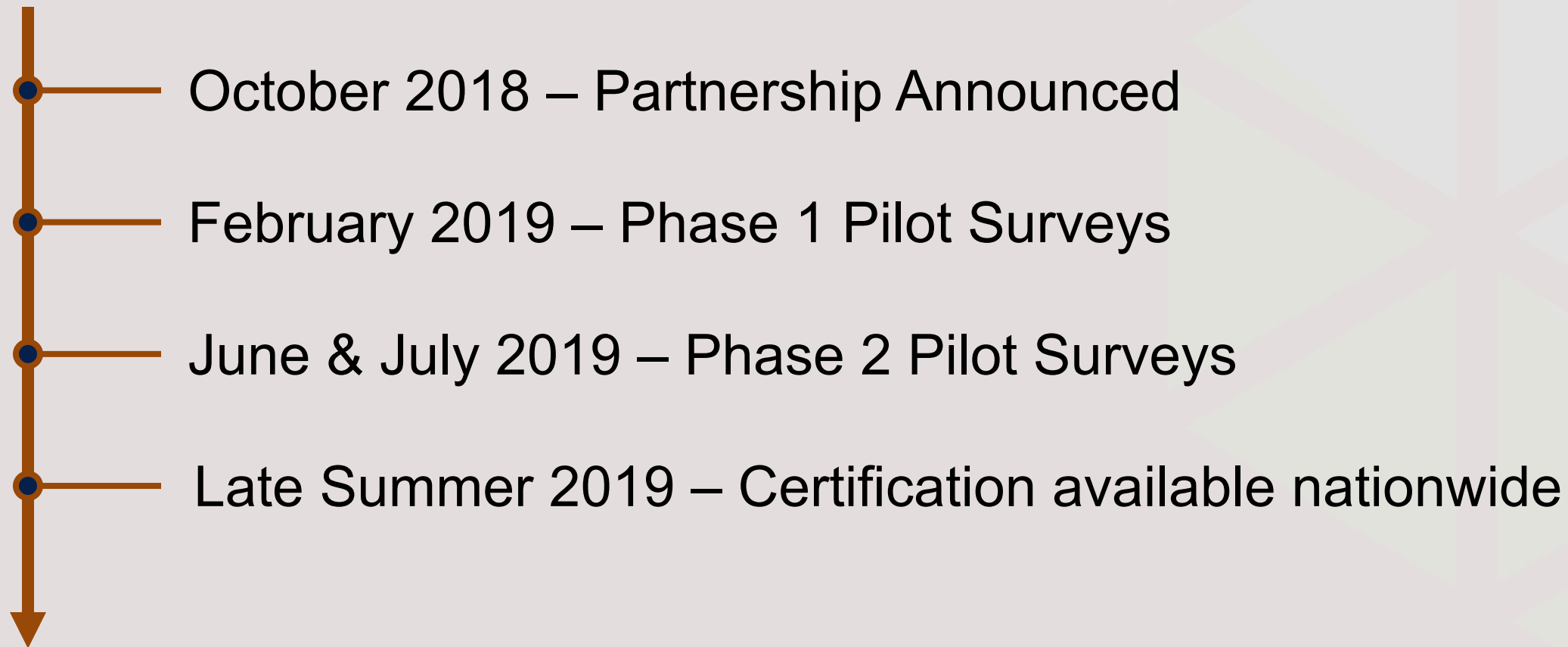


Assessment/Treatment
Plan Review



Documentation

Timeline





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Peer Recovery Support Services & Ongoing Patient Engagement

Tom Kimball, PhD, LMFT

Clinical Director, MAP Health Management

Executive Director, Texas Tech Center for Collegiate Recovery Communities

- **Extending the Continuum of Care**
 - Acute versus Chronic Care
- **Collegiate Recovery at Texas Tech University**
- **Collegiate Recovery Movement**
 - Association of Recovery In Higher Education
- **Clinical Director Map Health Management**
- **The Power of Peers**
 - Better Outcomes—Engagement is Key
 - Extending Recovery Support
 - Longitudinal Data Through Creative Methods of Gathering Data
 - Reducing Costs



Long-term Peer Recovery Support

A Powerful Solution

Peer recovery support is a proactive means to support a person in recovery (PIR) from severe substance use disorder. The primary goals of peer recovery support are to detect early risks signs, to guide the person at risk back to wellness and healthy recovery, and to gather meaningful data.

Peer recovery support is most effective when it includes family members and others (i.e., primary support), in the recovery system.

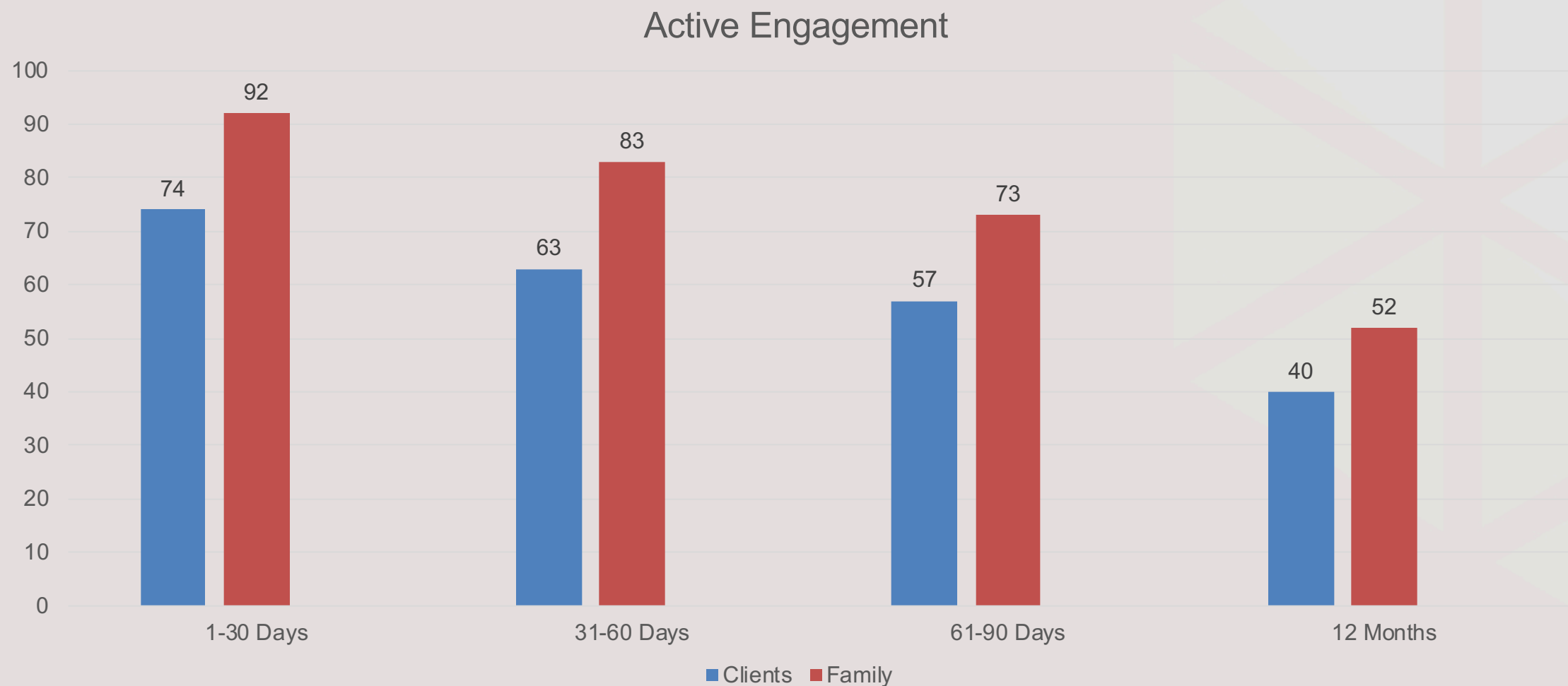
Recovery support is particularly valuable during the first 12-18 months post-treatment. During this time, PRSS can meaningfully engage PIR decreasing the incidence of relapse and a return to unhealthy life.



Peer Recovery Support Specialist

- Highly Trained Peers Can:
 - Run in an Ethical and Powerful Lane
 - Effectively Provide Support from a Strength-Based Approach
 - Evaluate Level of Risk for Relapse
 - Meaningfully Engage Both Clients and Family Members
 - Gather Longitudinal Data

Engagement Is the Key



What Types of Data Can Be Captured

Using and Relapse

- Active Clients Using at End of Month
- Number of Clients Who Returned to Substance Use by Month
- Returned to Substance Use for First Timers and Repeaters by Month
- Returned to Substance Use by Gender by Month

Risk Levels

- Risk Levels at Time of Report
- Risk Levels by Month

Quality of Life

- Happiness This Month
- Happiness by Month
- Stress and Coping
- Aggregate Peer Support This Month
- Peer Support Categories
- Aggregate Relationship Strength This Month
- Relationship Categories

Demographics

- Gender
- Race
- Age Group
- Religious Background
- Diagnosed Mental Health Disorder (& Disorders)
- Education Level
- Occupation
- Annual Household Income
- Military Service
- Criminal Record (& Categories)
- Addictions (& Categories)
- Drug of Choice
- Prescribed Medication
- Living Environment
- Post Discharge (& Categories)
- History of Family Addiction
- Family Member in Recovery
- Who Proposed Treatment
- Clients With Children

Core Indicators

- Quality of Life Indicators
- Compliance with Treatment Program
- Compliance with Medication
- Response to Medication
- Medication Side Effects Measures
- Engagement with Recovery Support Specialist/Counselor
- Development of New Forms of Addictive Behaviors
- Living in Secure Environment Involvement in Structured Peer Based Recovery Oriented Activities
- Sponsored Others This Month
- Attended 3 or More Weekly Meetings This Month
- Full Time School or Employed This Month
- Did Not Access Non-Routine Medical Services This Month
- Was Not Using by Month
- Had a Sponsor by Month
- Sponsored Others by Month
- Attended 3 or More Weekly Meetings by Month
- Employed by Month
- Did Not Access Non-Routine Medical Services by Month



Successful Completers



- Program evaluation using qualitative methodology (phenomenology) to explore the experiences of Peer Recovery Support Specialists (PRSSs) and their perceptions of “successful completers” of the MAP Health Management (MAP) peer recovery support program.
- PRSSs: 18 Years of Experience at MAP, 55 years of Experience in Recovery
- 2 male, 3 female
- Successful Completers—Being meaningfully engaged in recovery support with a PRSS for at least 12 months post-treatment.
 - Honesty, Integrity, Thoughtfulness in the way they answer questions.
 - Gratitude and Humility
 - Service
 - Willingness to engage MAP program and other recovery supports.
 - Willingness to be vulnerable, listen to feedback and then incorporate that into action.



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Questions?



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Thank you!

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