Operationalizing a Network and Continuum of Care Model within the Specialty SUD System

Substance Abuse Prevention and Control
County of Los Angeles Health Agency & Department of Public Health

All Provider Meeting: 11/02/17
Overview

• Framing the Issue
  – Acute vs. Chronic Conditions
  – Episodic vs. Continuum Models of Care

• Using the Full Continuum of SUD Care

• Operating as a Network of Care

WHEN QUESTIONS ARISE:

1st → SAPC website
  • Provider Manual
  • FAQ’s
  • Documentation Checklist
  • Most recent forms
  • Timeline Factsheet

2nd → Call SAPC
Framing the Issue

- Condition: Acute vs. Chronic
- Care Delivery: Episodic vs. Continuum
An SUD Recovery Journey

**OPTION 1:**
- Treating as **ACUTE** condition
- Providing **EPISODIC CARE**

**OPTION 2:**
- Treating as **ACUTE** condition Providing **ISOLATED, EPISODIC CARE**
An SUD Recovery Journey (cont’d)

OPTION 3 – THE GOAL!

- Treating condition as CHRONIC
- Providing FULL CONTINUUM OF SUD CARE
Using the Full Continuum of SUD Care

1. Levels of Care
2. Types of Service
3. Therapeutic Approach
What Does a Full Continuum of SUD Care Look Like?

A full continuum/spectrum of services that are available and accessible to meet the dynamic and varied needs of patients from precontemplation to maintenance of recovery

1. Levels of Care

| OTP | Inpt WM (3.7-WM & 4-WM) | Inpt Treatment (3.7 & 4.0) | Res-WM (3.2-WM) | Res (3.1, 3.3, 3.5) | OP-WM (1-WM) | IOP (2.1) | OP (1.0) | Recovery Support Services |

2. Types of Services

| Case Management | Medications for Addiction Treatment | Recovery Bridge Housing | Field-Based Services | Family Therapy | Individual Therapy | Group Therapy |

3. Therapeutic Approach

| Firm Approach | Soft Approach |

Foundation: MOTIVATIONAL INTERVIEWING!
How Can Providers Use the Full Continuum of SUD Care?

• **Knowledge**
  – Know what an SUD continuum of care is and why it benefits both patients and providers → This is also important so we can begin to shift the general public’s view of what SUD treatment looks like.

• **Think of yourselves as a component of the recovery journey for your patients, not the recovery destination**
  – Think and look outside the walls of your treatment site about what other services are needed to assist your patient’s recovery journey.

• **THINK AHEAD about what your patients will need AFTER the services you provide them**
  – If you think of your treatment site as just one step of the recovery journey for your patients, what is their next step (e.g., next level of care)?
How Can Providers Use the Full Continuum of SUD Care? (cont’d)

- **Use the tools at your disposal** ➔ Provide billable services that promote use of the different levels of care and types of services available across the SUD continuum
  - **Example:**
    - **Case Management** ➔ Billable services to actively connect patients to necessary benefits and services:
      - **Medi-Cal enrollment**
      - Helping patients **transition to the next level of SUD care**
      - Helping patients with **housing needs** (RBH, CES)
      - Helping patients obtain **other necessary services** (MAT, physical & mental health care)

Think of case management as the **glue** of quality SUD care that providers can use to actively connect patients to a variety of needed benefits and services
Operating as a Network of Care
What Does it Mean to Operate as a Network of Care?

- Definition of “network”: System of interconnected people or things
A specialty SUD system that is operating as a network of care and benefiting from a full continuum of care within that network is:

- **Coordinating** between providers
- **Communicating** between providers

**Transitioning** patients to necessary services and the “next step” in their recovery journey
Scenarios – Taking a “Network” Approach and Using the “Full Continuum of Care”

- **Scenario 1:** Homeless patient who is Medi-Cal eligible but not yet enrolled presents for residential SUD treatment.

- **Scenario 2:** Outpatient patient has been doing well, recently got a job, and is indicating he feels ready to “graduate” care.

- **Scenario 3:** Patient in IOP treatment is experiencing recent stressors that have triggered her PTSD, causing her to experience significant cravings as a result.
Information sharing is required within a network of providers delivering a full continuum of SUD care—Coordination, Communication, Transition.
Benefits of Information Sharing

• **Patient Level**
  – Information sharing *gives patients access to a greater scope of services through care coordination* to ensure they receive the services they need, as opposed to the services that are available.

• **Provider Level**
  – Information sharing *allows providers to improve their efficiencies and maximize their workforce* by sharing what services other providers have delivered so they can avoid duplication, while also better meeting patient needs through care coordination.
  – **Reduces staff burnout & improves morale** by:
    • Improving patient outcomes
    • Interacting with other providers to make work more fulfilling
Benefits of Information Sharing (cont’d)

• **System Level**
  – Enables a system of providers to work together as a NETWORK and CONTINUUM OF CARE
  – **Improves access to services** by minimizing system-wide gaps through care coordination
  – **Improves efficiencies** of system by maximizing workforce
  – **Improves health outcomes**
“The opposite of addiction is not sobriety; the opposite of addiction is social connection.”
- Johann Hari