

ZORRO

Access/Screening/Assessment Workgroup

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Agenda

- Review of OK Notable ASA Practices:
 - Best, Preferred, and Promising
 - Trauma-Informed
 - Wellness
 - Co-Occurring
 - Workforce

Agenda Cont.

- Presentation of National Trends and Practices for Consideration
 - Best, Preferred, and Promising
 - Trauma-Informed
 - Wellness
 - Co-Occurring
 - Workforce
- What's Missing?

OKLAHOMA BEST, PREFERRED AND PROMISING PRACTICES

Practices We Will Highlight

- Same Day Access
- UCLA and PTSD Screens
- Health Screenings
- Person-Centered Planning
- EHR and HIE
- Peer Support
- Mobile Crisis
- Urgent Care

Same Day Access

- Reorganization of the intake process that allows for the person to receive an intake on the day they contact the provider
- Appointments are not made
- Staff can/are multitasked

Outcomes

- Can reduce the number of intake staff because it eliminates no shows
- Reduces no shows to 0%
- Reduces wait time to 0%
- Increases the number of active consumers served

Outcomes Cont.

- Reduces the number of crisis intakes
- Commercial insurance consumers increases
- Referrals from non traditional sources increase (Primary Care)

Analysis

- This is considered a preferred practice
- It does not have a cookbook process
- It is trauma-informed from the standpoint that it is immediately responsive to a person's needs- the person feels taken seriously.
- Co-occurring component depends upon the content of the process.
- There are three levels to Same Day Access; level II and level III require preparing staff for a different process

Child Posttraumatic Stress Index (CPTS-RI)

- The CPTS-RI (also known as the Reaction Index) is a 20-item interviewer-administered scale for children between ages 6 and 17 that assesses some of the DSM-III-R/DSM-IV symptoms for PTSD as well as guilt, impulse control, somatic symptoms, and regressive behaviors. Items are rated on a five point frequency scale (ranging from "none" to "most of the time"). The CPTS-RI yields total scores ranging from 0 to 80 that reflect the frequency of symptoms. Categories of degree of disorder (from doubtful to very severe) can be assigned based on the total scale score. This interview is available in a child's and a parent's report version.
- This is considered a Best practice.
- This is a Trauma-Informed screening.

Post Traumatic Stress Checklist

- The PCL is a 17-item self-report checklist of PTSD symptoms based closely on the DSM-IV criteria.
- Respondents rate each item from 1 ("not at all") to 5 ("extremely") to indicate the degree to which they have been bothered by that particular symptom over the past month.
- This is considered a Best practice.
- This is a Trauma-Informed screening.

Health Screenings

- Five “A’s”: Tobacco screening and brief tx. Ask, Advise, Assess, Assist, & Arrange.
- Primary Care Provider: Ask about Primary Care Provider, last visit, encourage PCP and annual visit
- Outcomes
 - Tobacco is a leading cause of preventable death, especially among our populations
 - Quitting tobacco and other substances of abuse concurrently increases probability of longer term sobriety by over 40%
 - Average life span for persons with SMI and/or SA is 25 years less and due to physical health needs

5 A's Tobacco Cessation Counseling

Client's Name:
I.D. Number:

Billing code: T1012 HE, SE for mental health and T1012, HF, SE for substance abuse, 15 minutes- any level of ODMHSAS outpatient service provider can provide this service.

Physician Billing Codes: 99406 (3-10 min.) 99407 (10+min.)

Providers are encouraged to refer clients to the Oklahoma Tobacco Helpline at: 1-800-QUIT NOW (1-800-784-8669)

Visit Date	___/___/___	___/___/___	___/___/___	___/___/___
Start Time	___:___	___:___	___:___	___:___
Ask every client every time (1 minute)	<input type="checkbox"/> Does not smoke <input type="checkbox"/> Recently quit <input type="checkbox"/> less than 25 cigarettes per day <input type="checkbox"/> 25+ cigarettes per day	<input type="checkbox"/> Does not smoke <input type="checkbox"/> Recently quit <input type="checkbox"/> less than 25 cigarettes per day <input type="checkbox"/> 25+ cigarettes per day	<input type="checkbox"/> Does not smoke <input type="checkbox"/> Recently quit <input type="checkbox"/> less than 25 cigarettes per day <input type="checkbox"/> 25+ cigarettes per day	<input type="checkbox"/> Does not smoke <input type="checkbox"/> Recently quit <input type="checkbox"/> less than 25 cigarettes per day <input type="checkbox"/> 25+ cigarettes per day
Advise all tobacco users of the consequences (1 minute)	<input type="checkbox"/> Benefits of quitting <input type="checkbox"/> Harms of continuing <input type="checkbox"/> Personalized message to quit <input type="checkbox"/> Recognize difficulty of quitting	<input type="checkbox"/> Benefits of quitting <input type="checkbox"/> Harms of continuing <input type="checkbox"/> Personalized message to quit <input type="checkbox"/> Recognize difficulty of quitting	<input type="checkbox"/> Benefits of quitting <input type="checkbox"/> Harms of continuing <input type="checkbox"/> Personalized message to quit <input type="checkbox"/> Recognize difficulty of quitting	<input type="checkbox"/> Benefits of quitting <input type="checkbox"/> Harms of continuing <input type="checkbox"/> Personalized message to quit <input type="checkbox"/> Recognize difficulty of quitting
Assess willingness to make a quit attempt (1 minute)	Readiness to quit in next 30 days: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for not quitting: _____	Readiness to quit in next 30 days: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for not quitting: _____	Readiness to quit in next 30 days: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for not quitting: _____	Readiness to quit in next 30 days: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for not quitting: _____
Assist with treatment and referrals (3+ minutes)	Set Quit Date: ___/___/___ <input type="checkbox"/> Problem-solving <input type="checkbox"/> Provide materials <input type="checkbox"/> Identify Support <input type="checkbox"/> Refer to 1 800 QUIT NOW <input type="checkbox"/> Pharmacotherapy	Set Quit Date: ___/___/___ <input type="checkbox"/> Problem-solving <input type="checkbox"/> Provide materials <input type="checkbox"/> Identify Support <input type="checkbox"/> Refer to 1 800 QUIT NOW <input type="checkbox"/> Pharmacotherapy	Set Quit Date: ___/___/___ <input type="checkbox"/> Problem-solving <input type="checkbox"/> Provide materials <input type="checkbox"/> Identify Support <input type="checkbox"/> Refer to 1 800 QUIT NOW <input type="checkbox"/> Pharmacotherapy	Set Quit Date: ___/___/___ <input type="checkbox"/> Problem-solving <input type="checkbox"/> Provide materials <input type="checkbox"/> Identify Support <input type="checkbox"/> Refer to 1 800 QUIT NOW <input type="checkbox"/> Pharmacotherapy
Arrange follow up (1 minute)	<input type="checkbox"/> Assess smoking status at every visit <input type="checkbox"/> Ask client about the quitting process <input type="checkbox"/> Reinforce the steps the client is taking to quit <input type="checkbox"/> Provide encouragement <input type="checkbox"/> Set follow up appointment	<input type="checkbox"/> Assess smoking status at every visit <input type="checkbox"/> Ask client about the quitting process <input type="checkbox"/> Reinforce the steps the client is taking to quit <input type="checkbox"/> Provide encouragement <input type="checkbox"/> Set follow up appointment	<input type="checkbox"/> Assess smoking status at every visit <input type="checkbox"/> Ask client about the quitting process <input type="checkbox"/> Reinforce the steps the client is taking to quit <input type="checkbox"/> Provide encouragement <input type="checkbox"/> Set follow up appointment	<input type="checkbox"/> Assess smoking status at every visit <input type="checkbox"/> Ask client about the quitting process <input type="checkbox"/> Reinforce the steps the client is taking to quit <input type="checkbox"/> Provide encouragement <input type="checkbox"/> Set follow up appointment
Comments				
End Time	___:___	___:___	___:___	___:___
Provider Signature				
Credentials				

Analysis

- These are considered Best practices
- They both promote wellness
- The Five A's is considered a co-occurring competent service as nicotine dependence is a substance dependence condition
- Not specifically trauma-informed but tobacco use and poor physical health are directly correlated with trauma
- Workforce: staff need to be trained in the use of the Five A's; Licensed Independent Practitioners are reimbursed at a higher rate for this service.

Person-Centered Planning

- Is a process directed by the family or individual with long term care needs, intended to identify the strengths, needs and desired outcomes of the individual. The individual identifies planning goals to achieve personal outcomes in the most inclusive community setting. The identified personally-defined outcomes and the training supports, therapies, treatments, and or other services the individual is to receive to achieve those outcomes becomes part of the plan of care.

Person Centered Approach

- Movement born in 1979
- The theory of change is that the quality of our relationships define who we are and can enhance our innate capacities
- Thus it is an effort to create new environments and opportunities for social inclusion and a life worth living
- The community of practice itself establishes a new environment where persons can be someone new
- The community of practice helps to identify and validate the strengths of the focus person while creating empowering relationships
- It is not a series of techniques or tools (personal futures planning, service planning, etc.)
- The Person-Centered approach is a Recovery and Trauma-Informed Practice stance

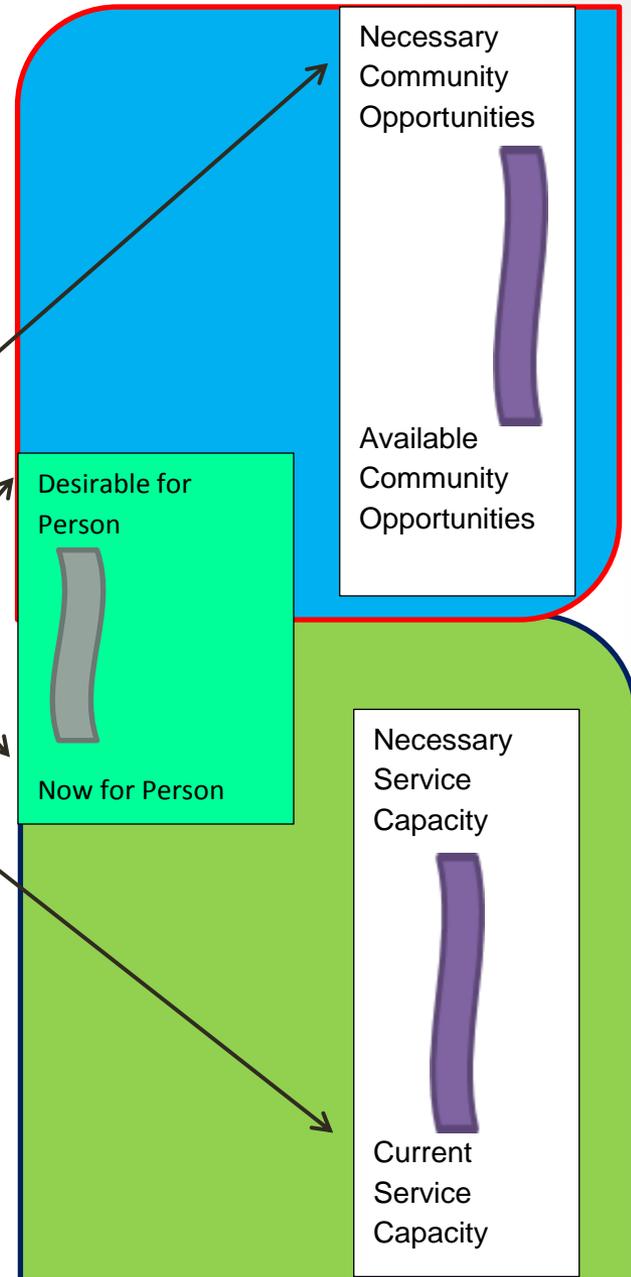


Image from: O'Brien, J. & O'Brien, C. Person Centered Planning. Toronto: Inclusion Press, p.116.

Outcomes & Analysis

- Outcomes
 - Increases community tenure
 - Promotes independence and recovery
 - Promotes systems of care
- This is a Best practice.
- It is trauma-informed and co-occurring competent as it addresses the specific needs of the person as identified by the person.
- Workforce: requires training as well as a change in the organization's understanding of assessment and planning.

EHR and HIE

- Electronic Health Record is more than an Electronic Medical Record because the EHR meets the standards for “Meaningful Use”. Health Information Exchange allows the transfer of certain clinical data in real time from a network of providers.
- Outcomes:
 - EHR results in enhanced payments for Medicare providers.
 - Meets the evolving HIT requirements at the federal level.
 - Allows for disease management and a health registry.
- Analysis
 - This is considered a Best practice
 - This is a Wellness enhancing practice
 - Promotes co-occurring capable practice
 - Not specifically trauma informed

Peer Support

- The use of persons who have lived experience in recovery from mental health and/or substance use conditions in order to engage consumers in treatment.
- Outcomes (from NIDA ENGAGE Study)
 - Significantly improves collaborative and culturally competent services
 - Significantly increases social functioning of consumers from baseline
 - Significantly increased the importance to consumers to seek substance dependence treatment
 - Significantly reduced problems with alcohol
 - Significantly increased the duration of services during 1st and 2nd year post-baseline

Analysis

- Considered a Best practice
- It is a trauma-informed practice
- It is a co-occurring competent practice (depending upon staff hired)
- Not explicitly Wellness oriented
- Workforce: currently we have a training and credentialing process for Peer Support

Mobile Crisis Team

- Crisis Intervention Services are face to face services for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or danger of AOD relapse.
- A team consists of at least two or more members of which one is an LBHP.
- Outcomes
 - Increases the number of consumers enrolled
 - Increased the number of referrals
 - Supports Same Day Access

Analysis

- This is considered a Best Practice
- This is a co-occurring competent service
- Not explicitly trauma-informed or wellness oriented- depends upon staff and processes
- Workforce: Requires an LBHP and crisis intervention training

Urgent Care

- Provides walk-in clinic and urgent behavioral health services 24/7/365. It also serves as a portal to the crisis system and allows for observation and crisis stabilization for up to 23 hours and 59 minutes as an alternative to crisis center or inpatient admission.
- Outcomes
 - Reduces Emergency Room visits
 - Reduces hospitalizations and crisis center visits
 - Increases linkage between the crisis system and outpatient providers

Analysis

- This is considered a promising practice
- The funding mechanisms are being formalized
- It is trauma-informed in that it provides immediate access but also depends upon the clinic processes
- It is co-occurring capable
- Not necessarily wellness promoting (depends upon the clinic processes)
- Workforce: requires training; requires creative staffing; requires an LMHP; Advanced Practice Nurses are ideal

NATIONAL PRACTICES AND TRENDS

Practices We Will Highlight

- Walk-In Clinic
- Concurrent and Statewide Documentation
- Staging for Treatment
- Peer Bridgers

Walk-In Clinic

- Also known as “Open Meds”
- Replaces Medication Evaluation and Medication Management scheduled visits to an Open Access Scheduling model
- Prescriber utilization goes from 42% to 95%
- No show rate drops from 29% to 6%

Analysis

- This is a promising practice
- Not a cookbook approach
- Consumers can feel “punished” at first
- Prescribers need to be willing
- While not explicitly trauma informed, it is responsive to the immediate concerns of consumers and reduces crisis management
- Not explicitly co-occurring nor not co-occurring
- Not specifically wellness oriented
- Workforce: requires selling and training to prescribers

Concurrent Documentation

- Concurrent documentation requires redesigning documentation so that the consumer fills part of the paperwork out. Process is also redesigned to encourage and support direct collaboration in reporting the content of a collaborative encounter.
- Outcomes:
 - Reduces admission time
 - Increases utilization and allows for Same Day Access
 - Engages consumers in the process
 - Increases the quality and degree of accuracy of assessments

Analysis

- Trauma informed practice because it respects and encourages the consumer's understanding of "what happened to them" versus "what's wrong"
- Not explicitly co-occurring
- Does not address wellness explicitly
- Workforce: requires training so that clinicians step out of the driver's seat

Statewide Documentation

- Intakes, assessments, treatment plans, and screening instruments are standardized.
- Outcomes:
 - When done well, it results in more focused and shorter assessments
 - Simplifies compliance
 - Reduces paybacks
 - Enhances the portability of assessments from one organization to another

Analysis

- This is a promising practice and in some States a preferred practice (Mass, OR, NY, NC)
- Is Trauma-Informed if it includes standardized trauma screening
- Is Co-Occurring competent if designed as such
- Is Wellness enhancing if it includes certain screening questions and encourages linkage with primary care providers
- Workforce: would require training on the standards for the Statewide practice

Staging For Treatment

- Though generally associates with Substance Abuse, can be adapted for mental health. Can use the SOCRATES (assessment of treatment readiness for SA) or the Substance Abuse Treatment Scale-Revised (SATS-R).
- Analysis:
 - This is a Best practice.
 - Not specifically trauma-informed.
 - It is a co-occurring competent practice.
 - Not specifically wellness oriented.
 - Workforce: requires training for appropriate evaluation. Must be tied to stage wise treatment to be relevant.

Peer Bridgers

- First developed in New York in 1995.
- Trained Peer Support Specialists provide assistance with discharges from psychiatric facilities as well as promote community integration, resource linking, attainment of independent living, maintaining gainful employment, and whatever services are needed to complete the journey to recovery.
- Develops a Wellness Recovery Action Plan with peers.
- Outcomes:
 - Has resulted in a 76% reduction in hospitalizations
 - Cost effective way to meet readmission rate targets

Analysis

- This is considered a promising practice
- It is trauma-informed because peer support implies a shared experience of trauma
- It is culturally competent from the standpoint of being a consumer of services
- Not explicitly a co-occurring model but certainly possible given the background of the peer and the training involved for the Bridgers program
- From a workforce perspective, the Bridgers program does have a specific protocol and training

FEEDBACK

What do you think of these practices as being the standard for Oklahoma Behavioral Health?

What are the barriers to
implementation?

What other best/promising
practices need to be
discussed/included?

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