

# Operations Subcommittee

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November 4, 2016



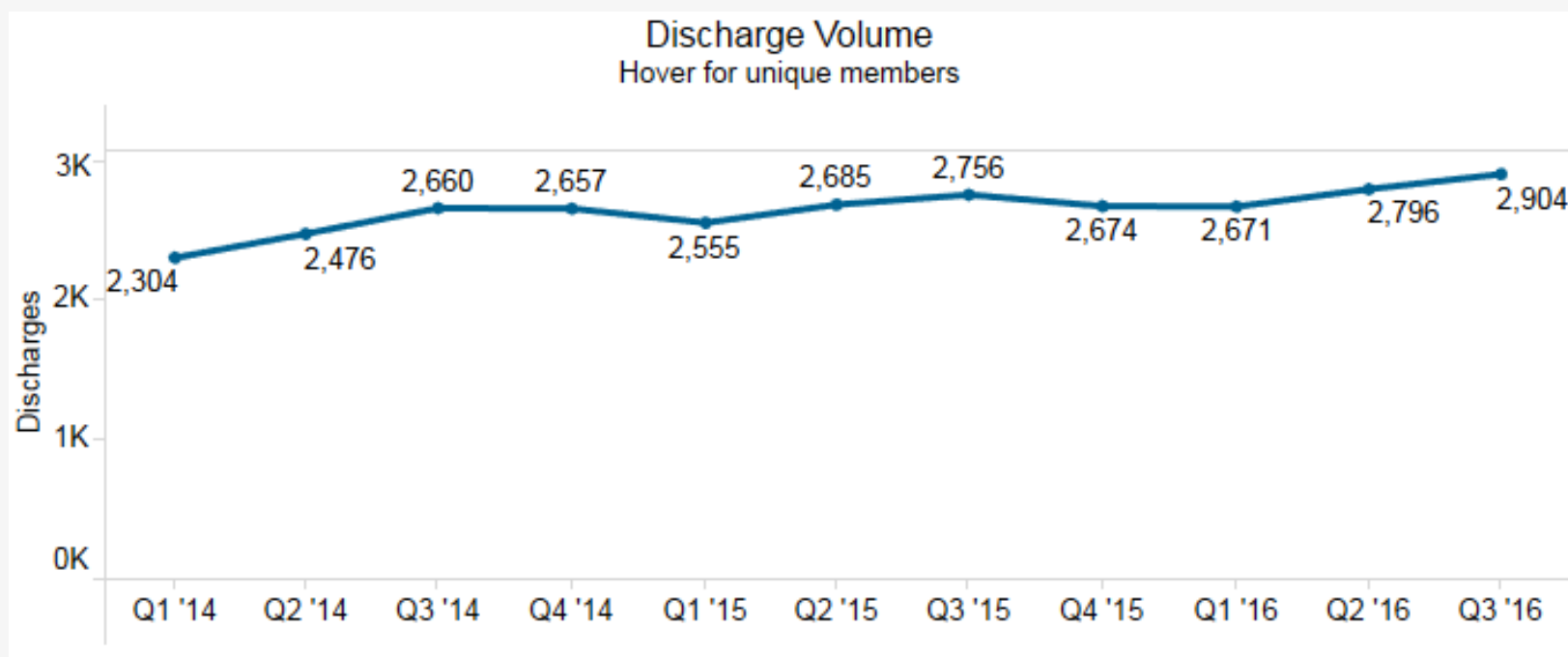


# Retrospective Chart Reviews 2016 – Medically Monitored Detoxification

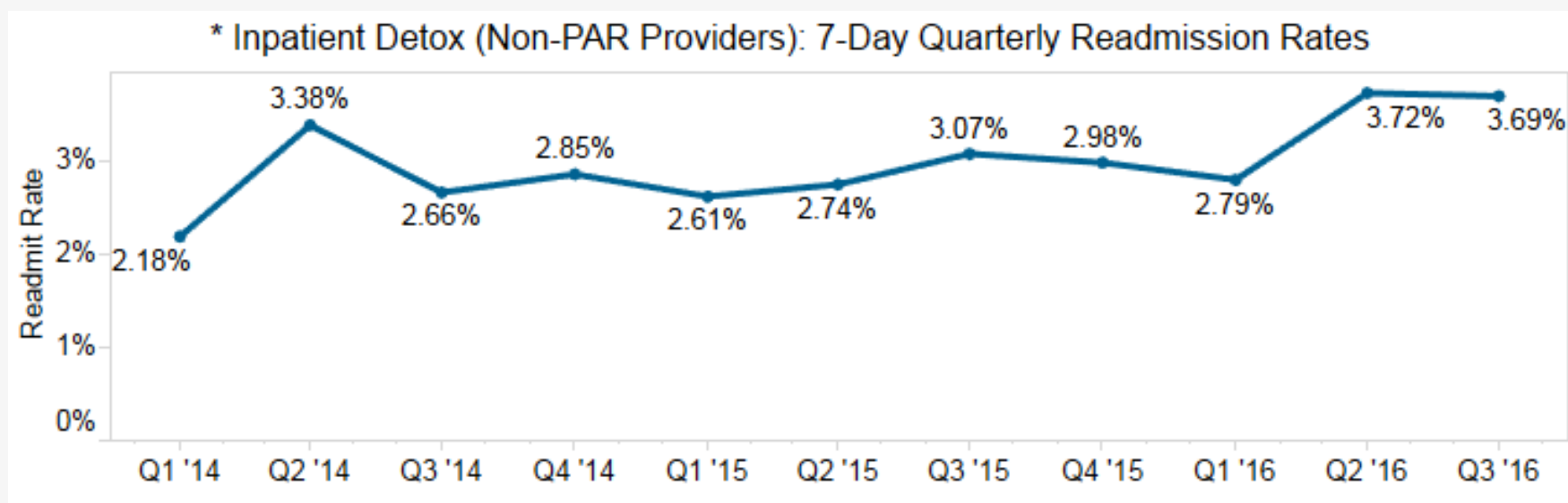
# Process

- Collaboration between DMHAS and Beacon Health Options
- Developed standardized tool for level of care specific evaluation process (Medically Monitored Detoxification)
- Reviewed charts, conducted client focus groups and interview leadership as well as other detox staff
- Completed on-site visits at each of the 7 freestanding detox programs in CT between April and July 2016
  - Midwestern CT Council on Alcoholism (MCCA) – Danbury
  - InterCommunity Recovery Center (ICRC) – Hartford
  - Recovery Network of Programs (First Step) – Bridgeport
  - Rushford Center Inc – Middletown
  - Southeastern Council on Alcoholism (SCADD) – New London
  - Cornell Scott-Hill Health Corp. (SCRC) – New Haven
  - Stonington – North Stonington

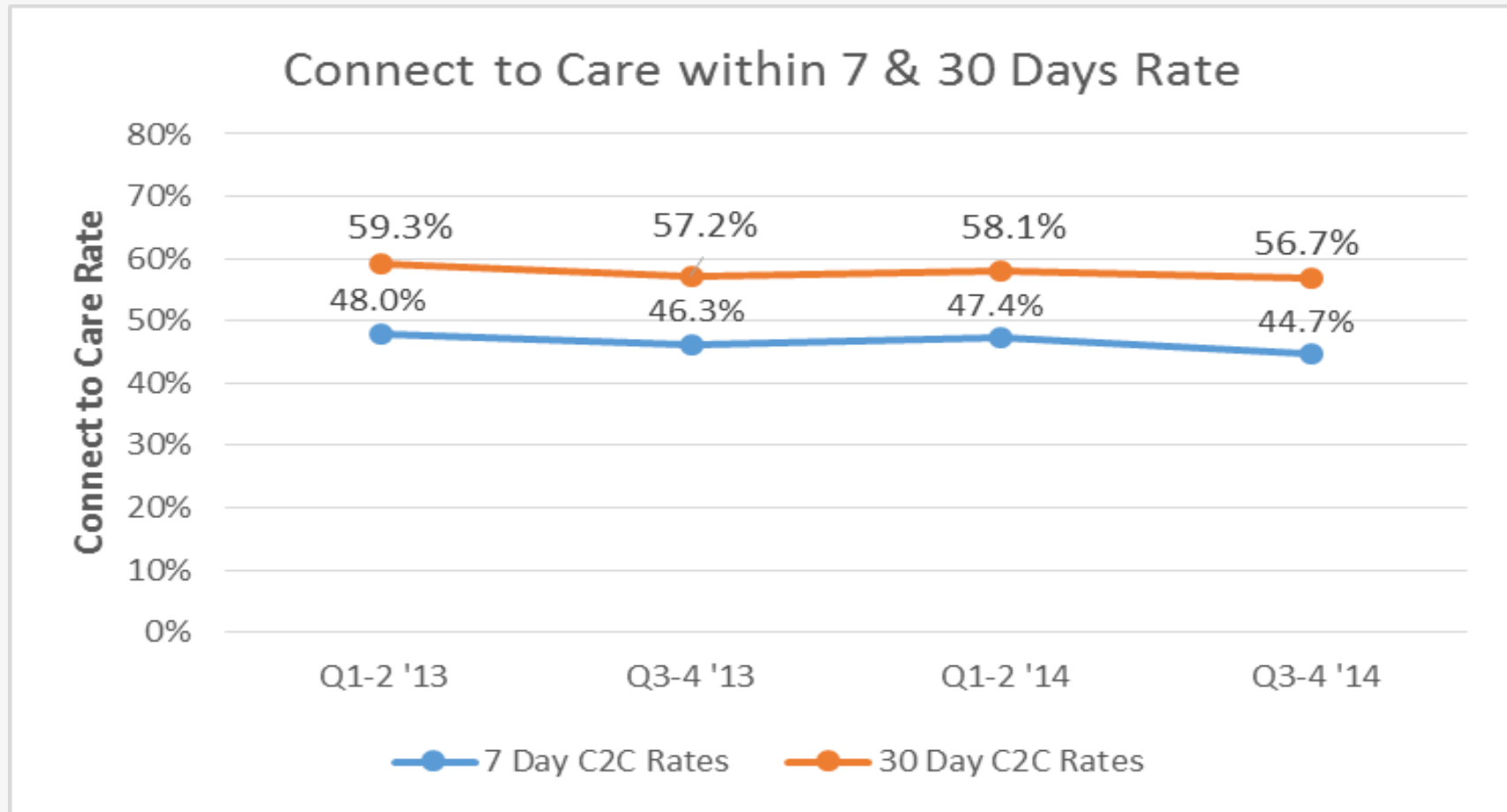
# Medically Monitored Detox – Discharge Volume



# Medically Monitored Detox – 7-day Readmission Rate



# Medically Monitored Detox – 7 & 30 Day Connect to Care Rate



# Purpose

- DMHAS monitoring visit to ensure contract compliance
- Satisfy requirement for Beacon under the CT BHP ASO Contract
- Better understand the level of care
- Assess the quality of the treatment
- Identify strengths/best practices
- Identify areas of improvement



# Documentation Reviewed

- Intake and Assessment Procedures
- Treatment Plans
- Groups and Individual Session Notes
- Discharge Summaries
- Agency Policies, Staff List & Schedule



# Best Practices & Trends

- Intake Procedures
  - Demonstrating Medical Necessity
  - Drug Screens/Breathalyzer
  - Orientation Documentation
- Assessment
  - Medical Evaluations
  - Comprehensive Biopsychosocial Assessments
- Treatment Plans
  - Timely with Observable/Measurable Objectives
  - Client participation
- Groups and Individual Sessions
  - Progress Notes that tie back to treatment goals and objectives
  - Evidence of Discharge Planning
- Discharge Summary

# Most Frequent Recommendations

- Provider education on MAT options as part of a comprehensive discharge plan & documentation of these efforts.
- Consistent education on Narcan and overdose risk factors post detox.
- Reduction in wait times for admissions and streamlining intake and admission process.
- Follow up steps for identified mental health and medical needs post discharge.

# Myth Busting

- MYTH: MAT is only available to certain clients.
- FACT: MAT Education should be discussed with every client seeking detox services.
- MYTH: Staff must observe clients in active withdrawal before reaching out to Beacon Health Options to obtain authorization.
- FACT: Clients do not need to be in acute withdrawal to obtain authorization as long as the clinical staff can provide clinical justification for need of services (ASAM criteria)
- MYTH: Discharge happens at the end of detox.
- FACT: Discharge Planning should start on day 1 of the treatment episode to ensure adequate time for referral process.

# Best Practices

- Vivitrol (MCCA)
- Patient Centered Care Approach (ICRC)
- Narcan Education (Cornell Scott Hill Health Center – SCRC)

# Barriers

- Immediate access to treatment from detox
- Safe housing
- Denial of client's preferred level of care due to treatment history

# Current MAT Initiatives

- Beacon
  - MAT Provider Locator Map for CT BHP website
  - Establish a comprehensive Substance Abuse (SA) Workgroup to include state partner representatives, other SA partners i.e. Advanced Behavioral Health (ABH) and medical ASO.
  - Develop a MAT Provider Focus Group to gather community issues, develop communication strategies and provide ongoing support to Provider Network
  - Develop MAT System of Care
  - Develop Member and Provider Tool Kits
- DMHAS MATx Expansion Grant

## Next Steps

- Collaborative meeting with Detox and Methadone Providers to be followed by other MAT providers
- Follow up on Quality Improvement Plans submitted from detox site visits



# Thank you