

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

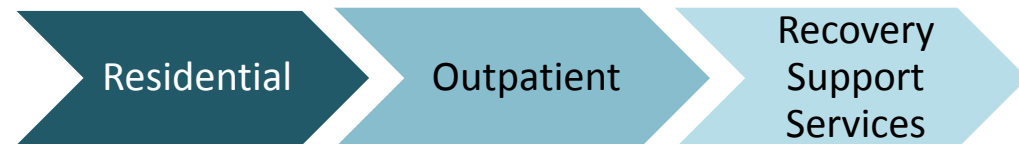
- **Framing the Issue**
 - Acute vs. Chronic Conditions
 - Episodic vs. Continuum Models of Care
- **Using the Full Continuum of SUD Care**
- **Operating as a Network of Care**

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***

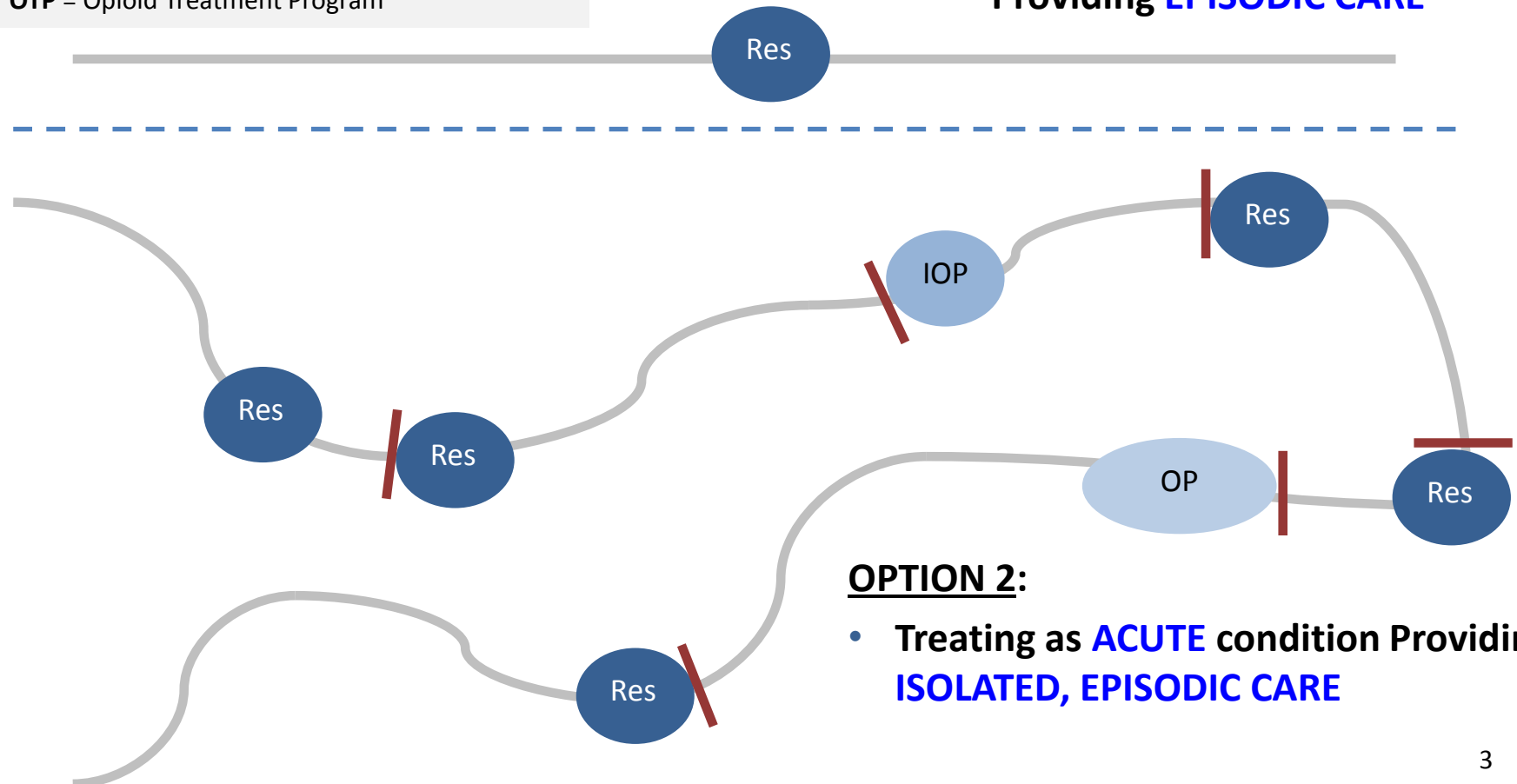
An SUD Recovery Journey

KEY

-  = Lifespan
-  = Relapse
- **Res** = Residential
- **IOP** = Intensive Outpatient
- **OP** = Outpatient
- **RSS** = Recovery Support Services
- **Res-WM** = Residential Withdrawal Management
- **OP-WM** = Outpatient Withdrawal Management
- **OTP** = Opioid Treatment Program

OPTION 1:

- Treating as **ACUTE** condition
- Providing **EPISODIC CARE**



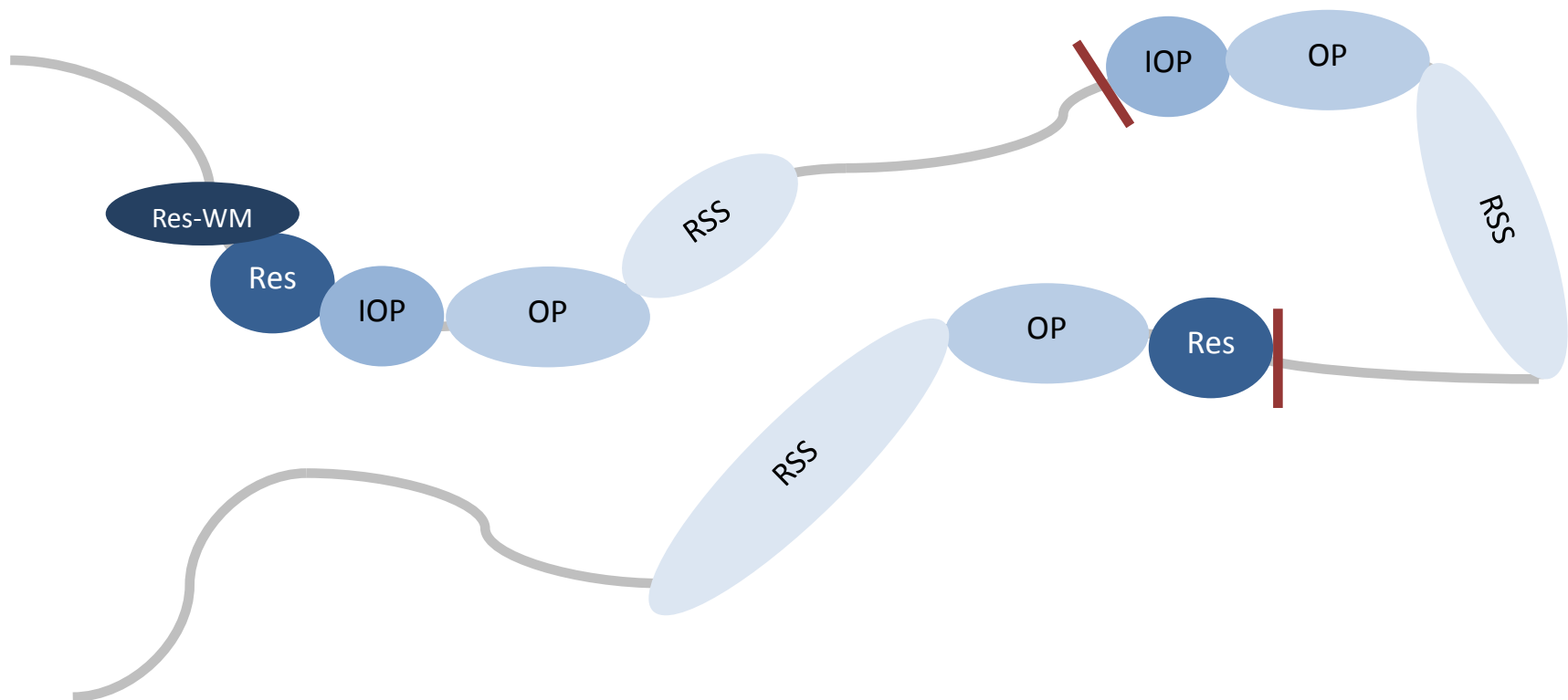
OPTION 2:

- 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
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2. Types of Services

Case Management	Medications for Addiction Treatment	Recovery Bridge Housing	Field-Based Services	Family Therapy	Individual Therapy	Group Therapy
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3. Therapeutic Approach



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)



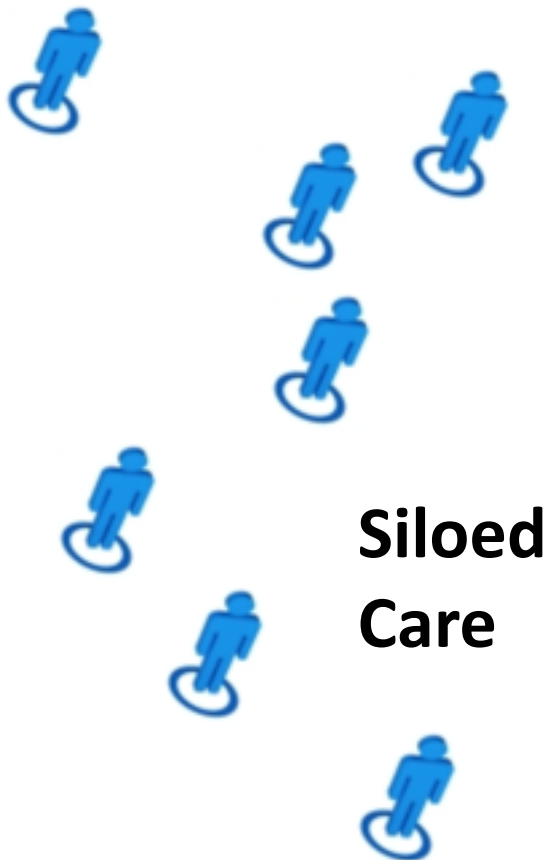
Think of case management as the *glue* of quality SUD care that providers can use to actively connect patients to a variety of needed benefits and services

Operating as a Network of Care



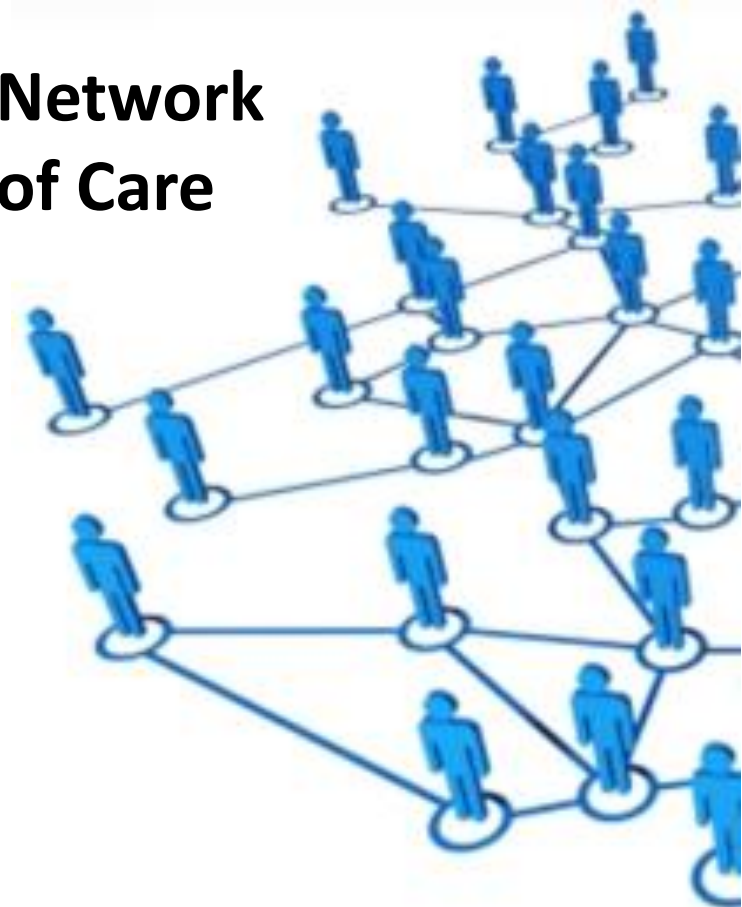
What Does it Mean to Operate as a Network of Care?

- **Definition of “network”:** System of interconnected people or things



VS.

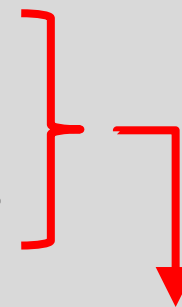
**Network
of Care**



How Can Providers Operate as a Network of Care?

- 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

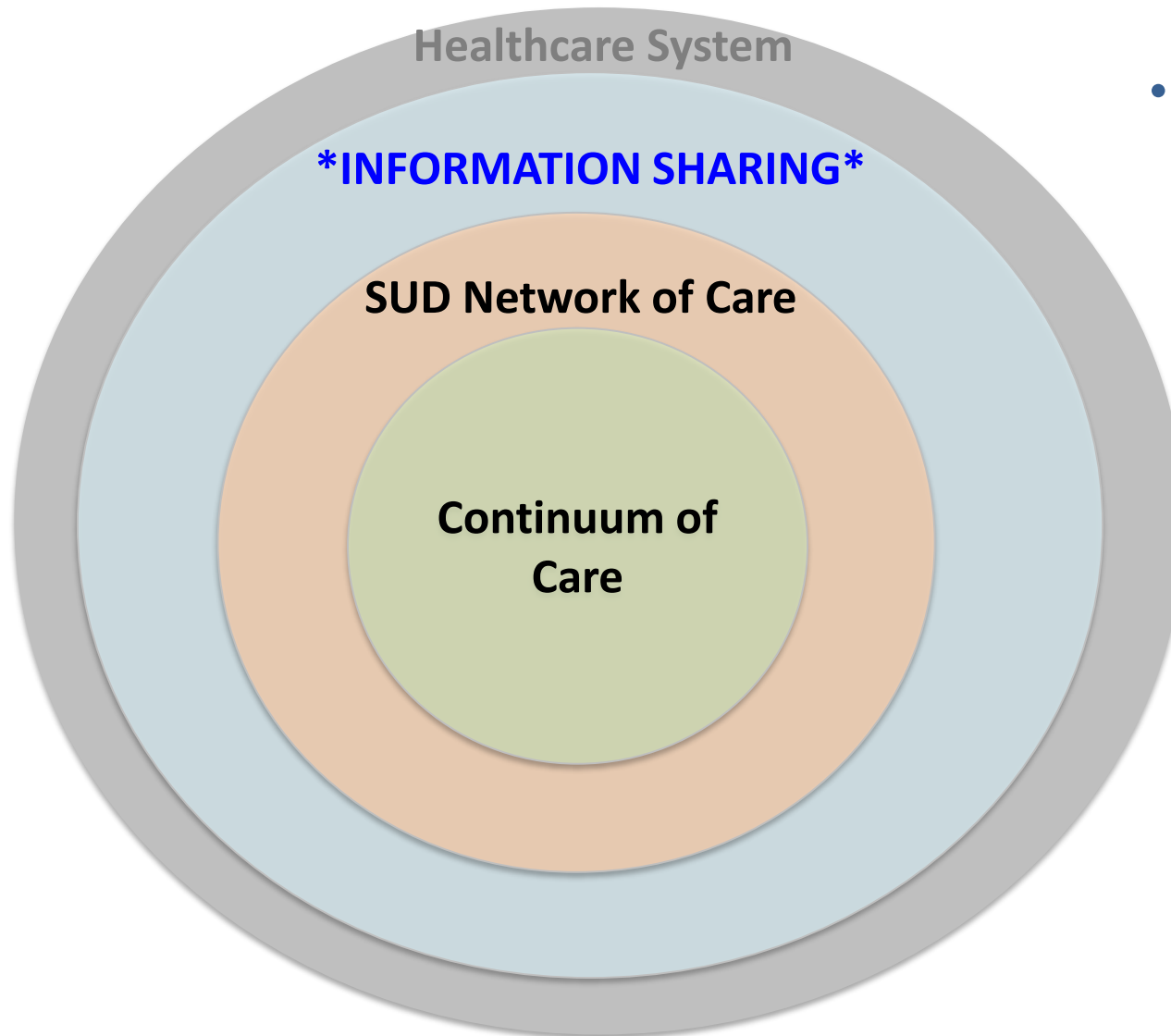


Transitioning patients to necessary services and the “next step” in their recovery journey

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.

Intersection Between a Network and Continuum of Care



- **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