Special Commission to Investigate and Study State Licensed Addiction Treatment Centers

Meeting Minutes

Friday, September 16, 2016

2:00pm – 4:00pm

1 Ashburton Place, Boston, MA 02108

Commission Members Present:

Leslie Darcy

Commissioner Joan Mikula

Jennifer Barrelle

Scott Taberner

Kevin Wicker

Emily Stewart

Joanne Peterson

Dr. Henry East-Trou

Marcy Julian

Doris Kraemer

***Summary of Discussion:***

Leslie Darcy highlighted portions of recently released reports from HHS. Specifically, the report issued by DPH, pursuant to Chapter 55 of the Acts of 2015, found here: <http://www.mass.gov/eohhs/docs/dph/stop-addiction/dph-legislative-report-chapter-55-opioid-overdose-study-9-15-2016.pdf>; and the annual update on implementing the Governor’s Action Plan, found here: <http://www.mass.gov/eohhs/docs/dph/stop-addiction/opioid-working-group-update-september-2016.pdf>.

Lisa Lambert asked if there a goal for the number of beds.

Leslie Darcy answered that it would be hard to put an exact number on beds needed to satisfy demand because it is not static, noting if we reduced relapses, or provided more downstream treatment options that would significantly shift the analysis. She noted that instead of focusing on adding a specific number of beds as a goal, it may make sense for the goal to be improving people’s ability to access the right level of care at the right time and working to keep people engaged in treatment for as long as possible, for example by improving access to recovery coaches.

Henry East-Trou noted the dropout rate in both CSS and TSS seems to be high.

Leslie Darcy asked Henry East-Trou if there were strategies we could employ to reduce the dropout rates?

Henry East-Trou answered what we do not know is what happened to these people, but he knows there are licensing requirements for follow up, you have to have an after care plan for residential treatment, to be able to contact people after 30/60/90 days.

Emily Stewart noted the importance of a comprehensive assessment upon admission– if you’re doing a comprehensive assessment at the front door that is looking at both addiction and mental health, then you can understand more why people drop out at certain levels of care; it is important to know what kinds of conditions they have to understand why they would or wouldn’t stay in care.

Henry East-Trou noted there may be programs that have very small dropout percentages and maybe there is a learning opportunity there.

Leslie Darcy asked if the provider community would be comfortable sharing their dropout rates publicly.

Henry East-Trou noted he thinks all providers are interested in doing better work – that is what they are trying to do in some ways. He elaborated, the idea would be learning collaboratives, not pointing the finger, but providing opportunities for people to examine what they’re doing.

Scott Taberner noted with Children’s Behavioral Health Initiative (CBHI), there was a lot of work done in terms of best practices; maybe a recommendation of the Commission should be a more in depths review of programs that have positive results, to find out what they’re doing right.

Leslie Darcy asked the two provider representatives, Henry East-Trou and Emily Stewart, if the track their dropout rates? Henry East-Trou noted they look at it every quarter to see how many people completed care and how many dropped out, reasons why. He explained, the big deal for Gandara is client contribution, so people will drop out just because of that. He noted there is a huge issue with smoking – you can’t smoke in the premises; if we are looking at a harm reduction model, then let them smoke.

Henry East-Trou noted another issue is people using in the program. Emily Stewart agreed, noting that is Esperanza’s most common reason for people to drop out – people relapsing. She noted, they try to give second chances, but can’t put everyone else in the house at risk to relapse as well. She continued, when we look at our data and they are trying to figure out how to improve our outcomes, they use the NIATx tool to track this information, and suggested the provider community can do a NIATx conference to discuss this.

Henry East-Trou noted sometime residents are leaving too soon, and they will relapse.

Emily Stewart noted often times someone comes from incarceration, and they have a partner at home who needs their financial support, and there is often a lot of pressure for men to step away from treatment, so they can go back to support the treatment. She continued, they see it in reverse with women because more are told not to go to treatment altogether. She noted, when people have a housing opportunity, when that opportunity becomes available, they will leave treatment regardless – this counts as a dropout.

A discussion was had about the types of data collected by the State. There was a discussion about what types of analytics would be helpful. Emily Stewart mentioned, in terms of recommendations, if standardized data collection would be something worth thinking about.

Scott Taberner asked where do people move to from these various levels of care. He continued, Massachusetts Behavioral Health Partnership (MBHP) provides reports back where members are going to, and he asked the provider representatives, Emily Stewart and Henry East-Trou if they look at and use this data?

Emily Stewart answered they do – it is useful information and we certainly look at it.

Scott Taberner noted he is trying to think about data that exists and would be helpful. He continued, there is some data at least for the MBHP population that MassHealth can point to. He indicated he would look into what data may be available and helpful.

Lisa Lambert asked Emily Stewart if they have information on relapse or where they’re going after dropping out. Emily Stewart answered no the thing that is challenging with people leaving residential treatment, you have no idea where they are going.

Leslie Darcy noted so one of our charges was to look at other models in other states or countries. She noted we reviewed many Massachusetts models but we should look to other states too. The Commissioners were provided materials prior to the meeting, those materials include:

Housing First Mode: <https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

Hampden County Model: <http://www.prearesourcecenter.org/sites/default/files/library/phmodelforcorrectionalhealth.pdf>

http://www.mass.gov/courts/docs/specialty-courts/specialty-courts-hampden-sheriff.pdf

British Columbia’s Strategies to Combat the Opioid Epidemic: <http://www.cfenet.ubc.ca/sites/default/files/uploads/news/releases/opioid-safety-news_release_nov-19-2015.pdf>

Review of Interventions to Improve Family Engagement and Retention in Parent and Child Mental Health Programs <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2930770/>

Issue Brief: Tackling Racial and Ethnic Disparities in Mental and Behavioral Health Services in Massachusetts. <http://masshealthpolicyforum.brandeis.edu/forums/Documents/Health%20Disparities%20Documents/IssueBrief_Disparities.V2.pdf>

Recovery Capital: A Primer for Addictions Professionalshttp://www.williamwhitepapers.com/pr/2008RecoveryCapitalPrimer.pdf

Shoveling Up Ii: The Impact Of Substance Abuse On Federal, State And Local Budgets <http://www.centeronaddiction.org/addiction-research/reports/shoveling-ii-impact-substance-abuse-federal-state-and-local-budgets>

Henry East-Trou commented on the Hamden County Sheriffs program, noting, the program has been quite successful in getting people to connect with certain medical facilities when they come out of jail. He also noted there is another program – after incarceration support services – which provides intensive outpatient, domestic violence, volunteer opportunities, opportunities for employment. Emily Stewart noted this model has a strong emphasis on vocational training. Henry East-Trou noted a lot of components on vocational training as well as health. Marcy Julian commented that there is a great substance abuse treatment unit model in Hamden County sheriff’s department – a national model.

Scott Taberner noted in the past year MassHealth has really changed, MassHealth now suspends those who are incarcerated, and 30 days prior to release, they reenroll them. Mr. Taberner further noted that there may be a way to prioritize this population and ensure they are being connected to treatment after release.

Lisa Lambert noted like a discharge plan. Scott Taberner answered yes, get the behavioral health community partner assigned to them upon exit. Emily Stewart noted her program already does that and its very effective. Henry East-Trou noted he has a program like that called corrections to community, but it will not be funded by DPH at the end of this fiscal year; he noted it is a good model that has been working.

Emily Stewart noted she has an offender reentry program grant from SAMHSA, and one of the key things about this program is that its flexible, release plans often change. She continued, they do a risk needs responsivity – risk of recidivism – a tool that SAMHSA asked them to use. She noted that they are trying to add more vocational training in the residential and recovery homes, which helps with gainful employment. She noted the St. Francis House has a program that is working and connecting people with jobs directly from the recovery home. She also noted that she has a whole program to deal with how to address work conflict, how to function in a work setting where drinking is present, and other challenging situations.

Henry East-Trou mentioned how medical necessity factors into this, that it really is the whole idea of disease – how the correctional facility can be a part of the system.

Emily Stewart said they call it work therapy – the idea that work is therapeutic.

Scott Taberner asked how to address this medical necessity, he noted one of the things MassHealth is working with the Bureau of Substance Abuse Services (BSAS) on is an American Society of Addiction Medicine (ASAM) evaluation methodology that has a science behind it so each individual who comes through the system to complete an evaluation to get to the next level of care; he said he wondered if we can knock down some of these issues by moving to this instrument.

Henry East-Trou noted if that is treated as a comprehensive assessment and providers are able to get reimbursed, that would be an important piece of it.

Leslie Darcy asked the Commission, based on our reviews and research, what their top five recommendations are to improve the addiction treatment system.

Commissioner Mikula answered recovery coaches are key for positive outcomes, whether it is expanding access through Accountable Care Organizations (ACOs), or whether we should go beyond that

Leslie Darcy noted they are a consistent theme.

Marcy Julian asked how recovery coaches factor into dual diagnosis patients.

Commissioner Mikula answered the most recent example for us is the Women’s Recovery From Additions (WRAP) Program at Taunton State Program, and recovery coaches are built into the model, they are regionally based, and there is six months of follow up – it is making a huge difference. Commissioner Mikula noted the good news that she has heard from the group and how it informs future practice is that they are involved with the women during the course of their stay at the program, and it is the relationship and connection out, so they are not meeting someone on day one of discharge. She noted we have to figure out continuity of recovery coaches.

Emily Stewart noted her program has their own recovery coaches who try to help people on both ends of treatment, all the way through the system.

Henry East-Trou noted the other thing he wanted to add is the recovery support centers – the Commonwealth has ten across the state – and these centers are a member-driven system of care model and it is a resource for potential recovery coaches. He noted people become experts on housing, treatment, etc., and the members provide a culturally sensitive service. He said his organization, Gandara, has three of them.

Leslie Darcy asked, given the data we have and our discussion earlier around the dropout rate. If you have someone who is dropping out or leaving AMA how to we continue to connect with them. Emily Stewart answered that was one of the models she sent to Leslie Darcy, the assertive outreach model. Henry East-Trou noted his organization has recovery coaches that are a part of the recovery center and they do an enormous amount of outreach, come to all the meetings, and really market the centers.

Leslie Darcy then asked the Commission if ensuring providers conduct a comprehensive assessment should be one ofthe top five recommendations.

Emily Stewart answered yes, especially with those with co-occurring disorders. The group agreed.

Lisa Lambert asked if we should recommend treating the co-occurring disorders together or should co-occurring disorders be focused on as a third category.

Commissioner Mikula noted she thinks the majority of those that have substance use disorder have mental health issues and so we are remiss if we do not have expectations of them being treated together – the question is how do we account for that. Commissioner Mikula continued that we are not talking about distinct situations – it is all together – how do we create competence across the broader system to acknowledge that; the majority of the services are provided through the insurers – the insurance industry drives it.

Scott Taberner noted what seems to make sense to him is to expand access to the EATS model. Ensuring that individuals in a substance use disorder treatment setting have access to a mental health service component resonates with MassHealth. This is the direction we should be heading

Leslie Darcy noted another way to improve access is to ensure the 1,900 acute psychiatric beds have the capability and training to provide a substance use treatment component. If Freestanding Psychs could provide the same standard/level of care as an ATS/CSS, then we would expand access to treatment for dual diagnosis without adding new providers.

Commissioner Mikula noted that we are currently redoing the regulations, so there might be an opportunity to revisit this.

Lisa Lambert asked if we should make a recommendation to change the reimbursement rate for the treatment of individuals with a dual diagnosis.

Scott Taberner noted from his perspective, we need to develop a model that incorporates both mental health and substance use disorder treatment beyond EATS – which only extends through detox. He continued, now we need to take it to the next level in terms of treatment.

Leslie Darcy noted the time and indicated the meeting was coming to a close. She asked the commission to think about what the other two “top five” recommendations will be. She noted, in a sea of 28 recommendations, we may lose the impact. She noted, if Jack Reilly was here, he would probably say a top 5 should be the dashboard for families to be able to compare treatment facilities. She noted, staff will be in touch about the next meeting dates, and the Commission’s three top recommendations so far are 1) best practices 2) comprehensive assessment 3) co-occurring treatment.

Meeting Adjourned.