SSTAR: 24 Years of Integrating Behavioral Health And Primary Care

Nancy Paull, MS LADC I

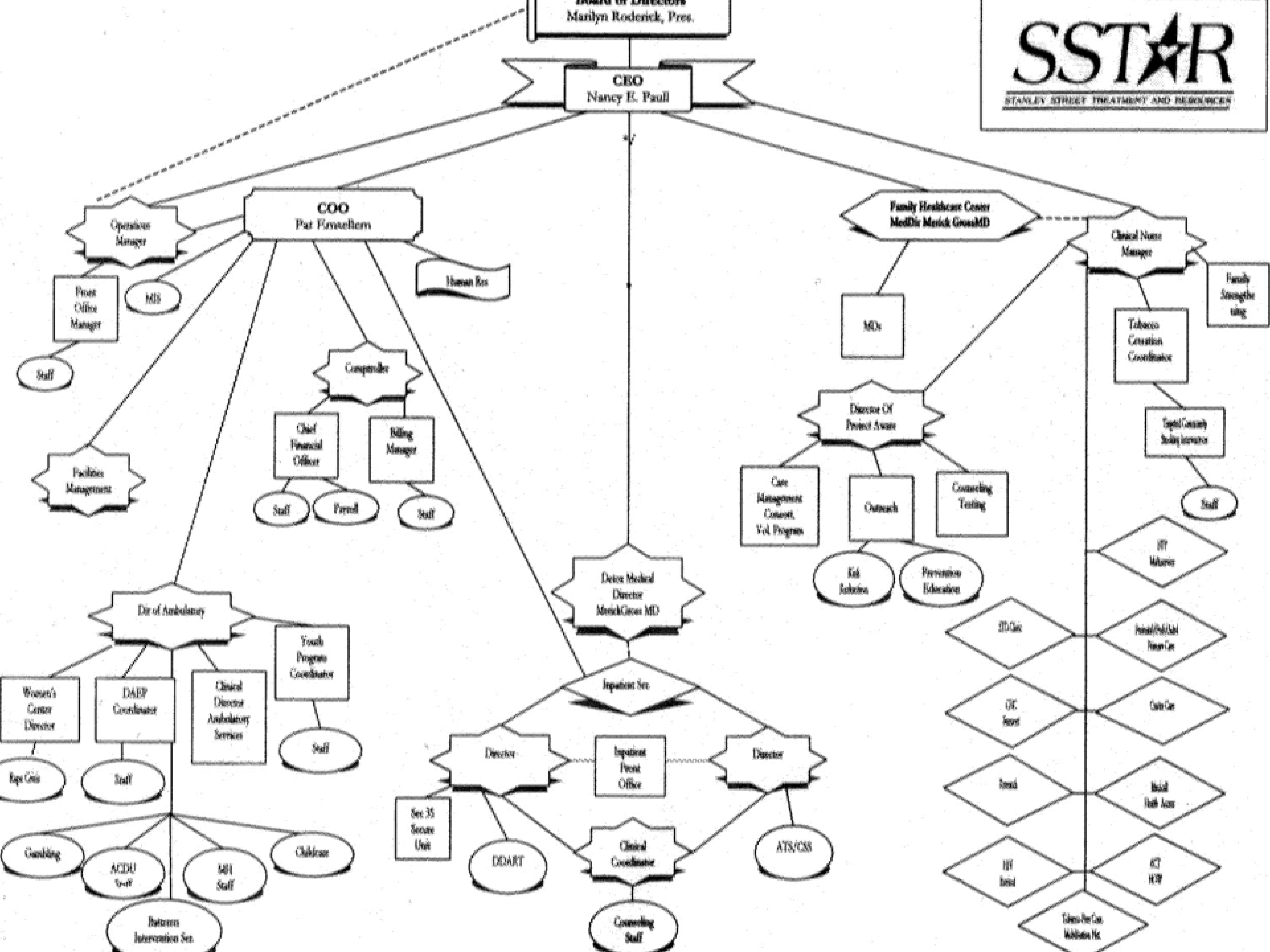
CEO

SSTAR/SSTAR of RI

Founded in 1977 as a private, not for profit organization. Original programs included:

- a 20 bed alcohol detoxification program,
- an outpatient alcohol treatment program,
- an education program for persons convicted of driving under the influence of alcohol

SSTAR's programs have been developed by listening to and trying to meet the needs of the clients we serve.


Marilyn Roderick, Pres.
SSTAR
STANLEY STREET TREATMENT AND RESOURCES
CEO
Nancy E. Paull
COO
Operations Manager
Front Office Manager
MIS
Staff
Human Res
Comptroller
Chief Financial Officer
Billing Manager
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Payroll
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Facilities Management
Dir of Ambulatory
Women's Center Director
DAEP Coordinator
Clinical Director Ambulatory Services
Youth Program Coordinator
Staff
Rape Crisis
Staff
Gambling
ACDU Staff
MH Staff
Childcare
Batterers Intervention Ser.
Detox Medical Director
Inpatient Ser.
Director
Inpatient Front Office
Director
Sec 35 Secure Unit
DDART
Clinical Coordinator
ATS/CSS
Counseling Staff
MDs
Director Of Project Aware
Care Management Consort. Vol. Programs
Outreach
Counseling Testing
Prevention Education
Clinical Nurse Manager
Family Strengthening
Tobacco Cessation Coordinator
Staff
STD Clinic

From the very early days of operation, it was clear that our clients were medically compromised.

- High rates of diabetes,
- Asthma
- Liver disease
- Nutritional deficiences

- Our community has consistently had a high rate of opioid addiction.

- The first cases of HIV/ AIDS came to SSTAR very early in the epidemic; and there were no infectious disease specialists in our community.

- SSTAR became the first provider in the state to have a counseling/testing site in their drug treatment facility

When the first wave of individuals tested positive, we had push-back from the local private physician community, who didn't want us integrating "those" patients into their private practices.

SSTAR staff had to refer most patients to Providence and Boston.

SSTAR”s Medical Director Frank Lepreau said:

“These are our patients- they deserve to be treated well within their own community”

SO…..

1. Dr Lepreau sought help from Brown University Infectious Disease Specialists

2. Simultaneously, **we** started looking at state regulations for clinics and licensing requirements

We became a licensed clinic; licensed by the Massachusetts Department of Public Health; hired staff; and utilized our medical director and volunteer Docs from Browns program.

In the first year of operation, we lost a staggering;

$250,000.

We then decided to apply for FQHC status to the Bureau of Primary Care.

Our application was rejected.

We then went to our local community Health Center Assn for help.

Initially they were not thrilled to see us.

•The state had recently started a free care pool for community health centers and they did not want drug treatment agencies stealing their money.

We worked;

we kept communicating;

we gave tours;

our primary patient care expanded;

we talked to our legislators;

and finally we became dues paying members of the Health Center Association.

The ASSN suggested we first apply for a Look-a –Like Clinic and after much work we were awarded that status.

We became eligible for the state’s free care pool and our rates for Medicaid/ Medicare increase significantly. We started working our way back to financial health.

We then applied with another health center in town to be an FQHC.

Since only 1 would be funded, SSTAR agreed to be the sub-recipient in this agreement.

We won FQHC status.

We now have a grant which assist us with basic infrastructure costs.

Our Health center doctors are covered by Federal Malpractice Insurance. However, it does not cover any inpatient work in our detox; or other services that our not in our scope of practice.

There are both gains and losses; and the complexity of the system as currently configured is less than optimal.

A good electronic medical record for all services still eludes us.

For profit managed care Behavioral Health carve-outs continue to impede progress to integrated care.

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The lack of behavioral health providers in our area means we cannot meet the demand for that service within our Health Clinic.

However, our clients have more health resources available to them than ever before.

Our substance abusing clients have access to care with doctors that understand their disease

Last year:

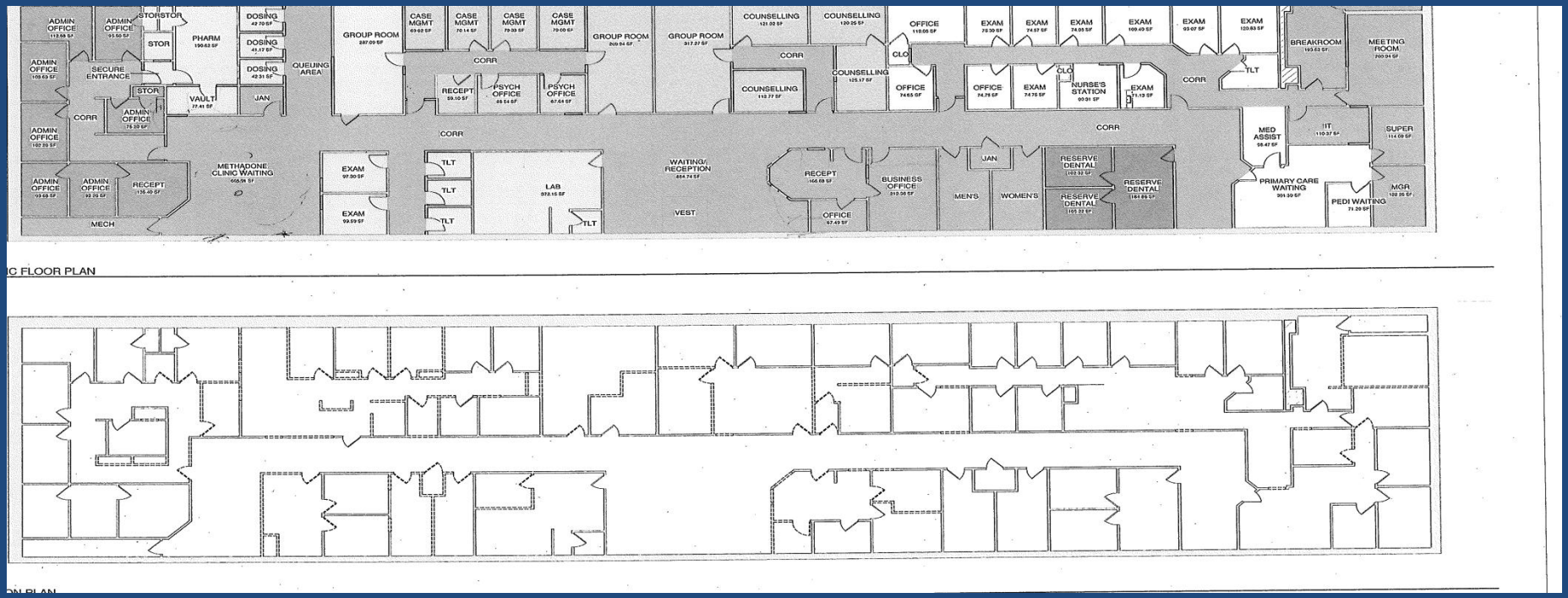
- 6000 patients assigned to our pc practice
- 45,000 encounters
- This year
- Last month we had 250 new people enroll in our health center.

In our behavioral programs we had ;

Program	Unduplicated Clients	# of Visits
Detox	1117	N/A
DDS	709	N/A
CSS	851	N/A
Total Inpatient	**2677**	
ABH	3058	27847
DAE	182	N/A
Suboxone	457	4793

In addition we have 893 patients on methadone, and patients on vivtrol

- Awarded an ARRA stimulus grant and we opened our second integrated care clinic in 2011.



•State regulations which prohibit integration of care ended up costing us thousands of dollars in revising our integrated clinic so primary care and behavioral health would be separate.

•The Division of Health Care Quality was less than helpful in developing an integrated site. Consequently my vision for full integration does not exist.

•Because of our plight, the Department of Public Health has eased the way for waivers of these outdated regulations.

- *We have recently opened our Open Access Behavioral Health Clinic model, where there are no appointments and an emphasis on group therapy.*

- *SAMHSA has funded our project to integrate wellness programming into our model, and we are now able to offer complimentary services such as acupuncture and yoga, as well as monitoring of diabetes and other chronic conditions within our behavioral health programs.*

There are many challenges that lie ahead with health care reform, but we are working to develop a system of care that meets the needs of our clients with addictive disorders and severe and persistent mental illness within the context of the community and state in which we reside.

We need to be tireless advocates in the face of health care reform.

Thank You!

Nancy E Paull

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