DRAFT

Redesigning Ohio's
Continuum of Care and Service Taxonomy

PHASE I REPORT

Ohio Department of Alcohol and Drug Addiction Services

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INTRODUCTION

The Ohio Department of Alcohol and Drug Addiction Services (ODADAS) is committed to the development, maintenance and continuous improvement of a comprehensive and integrated continuum of alcohol and other drug (AOD) services.

Towards that end, in August 2005, ODADAS established the Continuum of Care and Service Taxonomy Workgroup to provide recommendations to the Department on redesigning the system of AOD prevention, treatment and recovery support in Ohio. Working in partnership, with the stakeholders, was the first step in a process that would guide ODADAS in reshaping and repositioning the publicly-funded AOD system in Ohio.

ODADAS invited individuals to participate on the workgroup based on their expertise, experience, leadership, and contributions to the AOD system, reflecting the cultural and geographic diversity of Ohio. The workgroup included AOD administrators, prevention, treatment and recovery support specialists, methadone treatment providers, Governor's Advisory Committee members and trade associations. (Refer to page 13 for a list of workgroup members)

The primary tasks of the workgroup were to:

- Design Ohio's Continuum of Care System Model (including prevention, treatment and recovery support with intervention serving as the access point to other phases in the continuum).
- Refine treatment levels of care.
- Identify the service components of "recovery support" (acknowledging that recovery support is an evolving critical component in an AOD continuum of care).
- Update the Departments service taxonomy and definitions for prevention, treatment and recovery support.
- Develop a funding matrix that aligns AOD services with reimbursement opportunities from within and outside the AOD service system.

GUIDING PRINICPLES

Redesigning a system is defined as a transformation of business processes to achieve significant levels of improvement in one or more performance measures through examination, rethinking and implementation. It requires close examination of assumptions and a willingness to consider new approaches that are systematic and disciplined.

Ohio's redesigning efforts are based on the premise that AOD dependence is a chronic illness that requires ongoing contact with the AOD system of care. This concept is in harmony with the Institute of Medicine's (IOM) recommendation that "substance use disorder treatment move toward building standards of care, performance measurement and quality, information and cost measures upon a chronic illness model rather than the current, acute illness-based, fragmented and deficient system of health care".

Consistent with the IOM's recommendations, the Institute for Research, Education and Training in Addictions (IRETA) established principles of care for the development of new systems where "individuals (family and community) receive the right prevention, intervention and/or treatment and support, at the right level, for the right period of time, by the right practitioner, agency or sponsor, every time". This principle provides the assurance of quality, efficiency and accountability to all stakeholders and the assurance that every individual has the best opportunity to achieve wellness and recovery.

IRETA also concluded that in designing a continuum model, all parts of the system, including self-care, prevention, intervention, [treatment] and recovery support and management strategies, are complimentary and necessary; and that wherever the entry point occurs, the continuity of care must be prioritized and supported.

In the process of redesigning the continuum of care and service taxonomy the Department recognized the following core principles:

Service Taxonomy – Services must be:

- strength-based, comprehensive and high quality with demonstrated effectiveness.

- accessible, affordable, individual and community-centered, culturally, linguistically and gender appropriate and responsive to individual and family needs and differences.

Continuum of Care – Must be:

- comprehensive and integrated (prevention, treatment and recovery support).

- able to demonstrate improved quality, capacity and effectiveness of AOD prevention, treatment and recovery support through better use of data and the application of continuous quality improvement practices.

CONTINUUM OF CARE: REDESIGNING GOAL

The overarching goal of redesigning Ohio's AOD continuum of care is to develop and maintain a comprehensive statewide prevention, treatment and recovery support system that assures quality, efficiency and accountability to all stakeholders and the promise that every individual has the best opportunity to achieve wellness and recovery.

SYSTEM BARRIERS/GAPS/NEEDS

The following discussion is not intended to be an exhaustive list of barriers or a formal gap analysis nor needs assessment but, rather the identification of issues that, if properly addressed, would enhance or improve service delivery and the continuum of AOD services in Ohio.

- Individual treatment placement decisions should be guided by professional judgment, assessment and level of care criteria. However, individuals are often placed in inappropriate levels of care because of the lack of funding and capacity.

- Public funding is structured in a way that forces compartmentalization or "siloing" of services, adding to the difficulty of prevention participants, treatment clients and persons in recovery from receiving needed services that are outside the AOD system of services.

- Stigma continues to undermine effectiveness at all service levels by discouraging individuals from seeking and receiving services.

- Intervention is a vital component to a comprehensive continuum of care however, there is a lack of consistency in how intervention is defined in prevention, treatment and recovery support settings. The lack of definitions and funding barriers often preclude opportunities to intervene with a client with AOD issues or problems.

DESCRIPTION: CONTINUUM OF CARE SYSTEM MODEL

ODADAS' Continuum of Care System Model (front page) demonstrates the relationship between and among three different components or phases of the continuum including: prevention, treatment and recovery support. Intervention services belong in all phases of the continuum of care as illustrated by it being located in the middle of the model. Intervention services are a point of access for all services within the continuum and serve as a bridge from one category of services to another.

Prevention Services utilize three nationally accepted strategies (endorsed by the Institute of Medicine): Universal, Selected and Indicated.

- **Universal** prevention services are targeted at everyone regardless of the level of risk and before there is an indication of an AOD problem.

- **Selected** prevention services are targeted at persons or groups that can be identified as "at risk" for developing AOD problems.

- **Indicated** prevention services target individuals identified as experiencing problem behavior related to alcohol and other drug use to prevent the progression of the problem. These services do not include clinical assessment or treatment for substance use dependence.

Treatment Services are organized around levels of care (based on ASAM criteria). The levels of care include Pre-Treatment, Outpatient, Residential and Detoxification. The recommended Continuum of Care and Service Taxonomy reflect several changes to the current levels of care in an effort to streamline and provide clarity to the process.

- **Level 0.5** was recommended to be changed from Consultation/Intervention to Pre-Treatment
- **Level I Outpatient** no changes were made in Level I Outpatient. The following sub-levels remain the same:

  Level I-A Non-Intensive Outpatient
  Level I-B Intensive Outpatient
  Level I-C Day Treatment

- **Level II Residential** the workgroup recommended deleting from the taxonomy both Medical Community Residential (Non-Hospital) (A0230) and Medical Community Residential (Hospital) (A1210) services. Level II Residential would include the following sub-levels:

Level II-A Non-Medical Community Residential
Level II-B Medical Community Residential

- **Level III Detoxification** Currently, there is a Level III Sub-Acute Detoxification and a Level IV Acute Detoxification. It has been recommended to combine Level III Sub-Acute and Level IV Acute in to a Level III Detoxification. Within Level III Detoxification there would be the following sub-levels:

  Level III-A Ambulatory Detoxification
  Level III-B Sub-Acute Detoxification
  Level III-C Acute Detoxification

Recovery Support is grounded in "the precept that all people deserve the opportunity for a life that includes a job, a home, education and meaningful relationships with family and friends. In short, a life in the community for everyone" (Charles Curie, Director, SAMHSA). This phase of the continuum is "in process" and requires further discussion to identify the appropriate services within the Recovery Support continuum and to develop realistic reimbursement options for services provided. The workgroup recommends that Recovery Support include three components:

- **Re-entry Support Services** are designed to establish linkages between the public systems (jails, prisons, detention centers, foster care system, etc.) and community services. Re-entry services may include discharge and transition planning activities.

- **Recovery Management Services** include engagement, stabilization, education, monitoring, support and re-intervention technologies to maximize the health, quality and level of production of persons with alcohol and other drug problems. It promotes hope for recovery, exemplifies a strength-based orientation and offers a wide spectrum of services aimed at support of long-term recovery from alcohol and other drug disorders.

- **Client Empowerment Services** include those services that allow individuals to experience having power and control over one's destiny. Empowerment services are inspiring, horizon-raising, energizing and galvanizing. Services are based on the concept that empowerment occurs, in part when people impacted by addiction cast aside their victim-hood and become active players in the healing of themselves, families and communities,

RECOMMENDATIONS

The Continuum of Care and Service Taxonomy Workgroup developed the following recommendations to begin the process of redesigning the AOD continuum of care in Ohio.

Prevention Services

Phase 1 – Immediate Action

- Adopt Prevention Continuum of Care and Strategy/Service Taxonomy Format and Definitions
- Modify all official ODADAS documents including Web Resources to Reflect the Prevention Continuum/Strategy Taxonomy
- Educate Stakeholders - Prevention Continuum of Care and Strategy/Service Taxonomy
- Where Appropriate Utilize Prevention Continuum/Strategy Taxonomy in All Application and reporting Processes

Phase 2 – Next Steps

- Develop a Billing and Reimbursement Matrix Consistent with the Prevention Continuum/Strategy Taxonomy

Treatment and Recovery Support

Phase 1 – Immediate Action

- Adopt the definition of "Treatment". (See below)

  New Definition: *Treatment is a structured process of activities designed to minimize or arrest the harmful effects of alcohol and/or other drug abuse and/or addiction thereby improving the individual's physical, psychological and social level of functioning, in the context of abuse and/or addiction.*

- Expand the definition of "Target Population". (See below)

  New Target Population: *individuals who abuse or are addicted to alcohol and/or other drugs;* ***family members, significant others, co-dependents; individuals with co-occurring (AOD and MH) disorders.***

- Change the name of Level 0.5 from Intervention and Consultation to Pre-Treatment.

- Combine all detoxification services (including ambulatory [H0014], sub-acute [H00012] and acute [H0009]) under Level III Detoxification.

- Expand the definition of Case Management (H0006). (See below)

  New Definition: *Case Management means those activities provided to assist and support individuals* ***and groups*** *in gaining access to needed medical, social, educational and other services essential to meeting basic human needs. Case management services may include interactions with family members, significant others and/or other individuals or entities.*

- Expand the definition of Crisis Intervention (H0007). (See below)

  New Definition: *Crisis Intervention means a face-to-face* ***or over the telephone*** *response to a crisis or emergency situation experienced by a client, family member or significant other.*

- Expand the Department's current service taxonomy to include: 1. Education; 2.Treatment Intervention; 3. Screening and 4. Life Skills, Education and Activities. (See below)

  New Definition: *Education means planned educational experiences focused on helping the individual increase his or her awareness and knowledge of the nature, extent and harmful effects of alcohol and other drug addiction. Educational services may include individuals and groups and may consist of lectures, videos or other structured discussion sessions.*

  New Definition: *Treatment Intervention means a structured, solution-focused process that consists of a group of family members, significant others, among others (co-workers, colleague3s, etc.) who come together to present their observations and concerns regarding an addict's behavior.*

  New Definition: *Screening means to gather information to make an informed decision with regard to an individual's appropriateness for an assessment and/or referral for other services.*

  New Definition: *Life Skills, Education and Activities involves developing skills and decision making abilities to assist in maintaining long term recovery.*

- Expand the number of Medicaid reimbursable services to include Family Counseling (T1006). (See below)

  New Definition*: Family Counseling means sessions with individuals, their families and/or significant others under the guidance of a counselor to address family relationship issues related to alcohol and other drug abuse and/or dependence for the purpose of promoting recovery from addiction. Family Counseling may be provided to family members and significant others* ***(with or without the client present).***

- Change the current Drug Screen Analysis service definition to Toxicology Screen and include hair and oral fluid specimens, among others, in the definition. (See below)

  New Definition: *Toxicology Screens means the testing a specimen to detect the presence of alcohol and other drugs. Examples of specimen may include urine,* ***hair, oral fluids,*** *among others.*

- Expand the current service definition of Laboratory Urinalysis (H0003) to include hair and oral fluid specimens, among others. (See below)

  New Definition: *Laboratory* ***Analysis*** *means the laboratory testing of a specimen to detect the presence of alcohol or other drugs. Examples of specimen may include urine,* ***hair, oral fluids,*** *among others.*

- Delete the following services from the Continuum of Care and Service Taxonomy.

  Service: *23-Hour Observation Bed. [99236]. No claims were paid for this service for SFYs '06 and '07.*

  Service: *Training [H0021]. Definition of Training is not a service or is it directly related to client care.*

  Service: *Medical Community Residential (Hospital) (A1210).*

  Service: *Medical Community Residential (Non-Hospital) (A0230).*

- Modify all internal documents, forms including MACSIS and treatment standards, among others to reflect changes in the Continuum of Care and Service Taxonomy for treatment and recovery support.

Phase 2 – Next Steps

- Develop a Billing and Reimbursement Matrix along with Billing Guidance.

- Develop and implement a budget strategy to identify gaps in service reimbursement and the action steps necessary to obtain funding for those services (i.e., recovery support services).

- Initiate the rule review process to amend the service definitions recommended for change.

SUMMARY

In support of ODADAS' continuum of care redesign efforts, the workgroup is moving Ohio toward a more comprehensive and integrated system that reflects and addresses the specific needs of Ohioans, with an emphasis and focus on integration – linkages between and within modalities.

Redesigning the continuum of care in Ohio's publicly-funded AOD system is a challenging task that will require the development of a system that: is dynamic and responsive to challenges; considers and addresses the multiple needs of all people and communities; anticipates new populations and new trends; is driven by data and outcomes; and provides for continuous quality improvement.

By adopting the recommendations outlined in this Phase I Report Ohio is poised to be a leader in the nation in addressing the need to improve the AOD system through a comprehensive and integrated continuum of AOD services based on chronicity and the need for the availability of continuous care.

ODADAS has forwarded this report to the Governor's Advisory Committee for review and comment. During Phase Two: Planning and Implementation, the recommendations will be reviewed and an implementation plan will be developed.

REFERENCES

- Institute of Medicine. (2006a). Improving the Quality of Health Care for Mental and Substance-Use Conditions. Washington, D.C.; National Academy Press.

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- Linking Addiction Treatment and Community of Recovery: A Primer for Addictions Counselors and Recovery Coaches. William White, MA., Ernest Kurtz, Ph.D. Special Preface by: Charles Bishop "The Bishop of Books" and Michael Flaherly, Ph.D.

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ODADAS acknowledges the following individuals who participated in the Continuum of Care and Service Taxonomy Workgroup and contributed their time and expertise in developing recommendations to redesign Ohio's AOD continuum of services.

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