

## CO-OCCURRING DISORDER TREATMENT

Behavioral health professionals recognize that treatment for people with substance use and mental health issues is complex, and traditional treatment approaches for either disorder have not been successful. Treatment must be integrated, and designed to treat the whole the person.

Integrated treatment reduces the risk for additional problems, such as increased hospitalization, financial and family problems, homelessness, suicide, violence, sexual and physical victimization, incarceration, serious medical illnesses, such as HIV and hepatitis B and C, and early death.

The Pennsylvania Departments of Health and Public Welfare in 1997 began to develop an integrated state wide system of care. To achieve this objective, the Commonwealth has recognized, and embraced the Comprehensive, Continuous, Integrated Systems of Care (CCISC) Model, adapting the principles outlined by Dr.'s K. Minkoff and C. Cline. (See Box)

A Bulletin was issued in 2006 that outlines a service delivery system of care that is integrated, welcoming, accessible, and comprehensive. You can access the Bulletin and other valuable resources on the website: [www.pa-co-occurring.org](http://www.pa-co-occurring.org).

## PRINCIPLES OF COMPREHENSIVE, CONTINUOUS, INTEGRATED SYSTEMS OF CARE

1. Co-morbidity is an expectation, not an exception, and should be included in a welcoming manner in every clinical contact
2. The core of treatment success in any setting is the availability of empathic, hopeful, INTEGRATED, relationships over multiple treatment episodes.
3. Utilization of the four quadrant consensus model based on high and low severity of each disorder
4. All relationships and programs have the right balance of support and expectation to promote integrated learning.
5. When both illnesses are present, each must be considered primary.
6. Treatment for each primary problem must be matched to phase of recovery and stage of change.
7. There is no SINGLE correct intervention or program; each intervention must be matched according to the principles.
8. Similarly, successful outcomes for each problem are individualized according to the principles.

**WELCOME CARBON MONROE AND PIKE NETWORK PROVIDERS...** Community Care implements this network on July 1, 2007. Provider trainings have been held and the first Provider Advisory Committee Meeting is scheduled for July 18, 2007 from 1:30 to 3:30 p.m. at the Monroe County Public Safety Center in Stroudsburg. Community Care's regional office to serve this contract will open mid-July in Tobyhanna, PA.

# SCREENING AND MONITORING PATIENTS FOR ADDICTIVE DISORDERS

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Opioids are commonly prescribed because of their effective analgesic, or pain relieving, properties. Studies have shown that properly managed medical use of opioid analgesic compounds is safe and rarely causes addiction. Taken exactly as prescribed, opioids can be used to manage pain effectively.

However, according to the Drug Abuse Warning Network (DAWN) Report published by SAMHSA's OAS, the incidence of abuse of prescription opioid pain medications (also known as narcotic analgesics), has risen markedly in recent years (Crane 2003). Nationally, opioid analgesics were involved in 14 percent of all drug abuse related ED visits in 2001 (SAMHSA 2002b). **2** Of particular concern is the increasing trend of misuse of fentanyl (Duragesic) patches either by itself or in combination with other psychotropic medications.

The drug, fentanyl, is 100 times more potent than morphine. The drug is intended to be released over a 72 hour period. However, in many cases, people who died from overdosing on the drug were able to easily remove the full dose of fentanyl from the patch and take the entire three-day amount at once, either by injecting, ingesting or smoking it.

Concomitant use of the fentanyl patch with other central nervous system (CNS) depressants is associated with an increased risk of respiratory depression, hypotension, profound sedation, and coma. When fentanyl is administered in conjunction with these agents, significant dose reduction of one or both agents is advised. Many of the documented deaths were an outcome of multiple use or abuse of these sedating classes of drugs.

Community Care would like to raise awareness on the importance of screening and monitoring patients for addictive disorders in order to help decrease the abuse of the patch. Because of the increasing experiences and literature noting the severe potential for addiction

and possibly fatal addictive behaviors, the following links offer some of the critical practice issues. We hope to further our efforts at monitoring this important development through receiving information on additional cases noted throughout the Community Care network.

We hope you find this information useful and will incorporate it into your daily practice.

<http://www.nida.nih.gov/PODAT/PODAT1.html>  
<http://www.fda.gov/cder/drug/advisory/fentanyl.htm>  
<http://www.medscape.com/viewarticle/554001>  
<http://www.medscape.com/viewarticle/503596>  
<http://www.medscape.com/viewarticle/510856>

## NEW RECORD REVIEW INDICATORS

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Community Care will begin to assess documentation of new indicators during quality record reviews this year. We will be looking for the following:

- For members aged 14 and older - is there documentation that an assessment of all tobacco product use was completed.
- For all ages – is there documentation of the member's weight (member self-report is acceptable).
- For all ages – is there documentation of the member's body mass index (BMI).

Community Care considers tobacco use and obesity member safety issues and encourages providers to assess the above items. If you have any comments or questions, please call Community Care and ask for a Quality Representative.

# INPATIENT READMISSIONS

In 2006, Community Care conducted inpatient mental health record reviews for a sample of HealthChoices members diagnosed with a serious mental illness with or without a co-occurring substance abuse diagnosis who had a readmission to inpatient mental health within 30 days of discharge. The records of the first admissions showed that 66% of members were identified as having a co-occurring substance abuse diagnosis.

The records of the second admissions showed that the top reason for readmission to inpatient mental health of those identified as having a co-occurring substance abuse diagnosis was a drug and alcohol relapse at 49%.

Data from these record reviews were shared with the Care Management staff of Community Care and the Quality and Care Management Committee. A suggested intervention was to give members identified as having co-occurring mental illness and substance abuse disorders additional recovery – oriented information at the time of discharge planning/discharge.

A sample template of information that providers may give to members is provided - see box.. Utilizing this form is not required. However, Community Care encourages inpatient mental health providers to consider creating a similar form for use during discharge planning for those members with co-occurring disorders. For additional resources, please call the Community Care Provider Line.

# RECOVERY INFORMATION

## \*\*SAMPLE TEMPLATE\*\*

### Recommendations for Recovery:

- **Don't use!**
- **Attend AA/NA meetings regularly**
- **Get a sponsor and a home group**
- **Keep all doctors and therapy appointment**
- **Stay away from people/places/things**

### List three of your relapse triggers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### List three ways you will deal with your relapse triggers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Some ways you can cope with urges/cravings/relapse triggers:

- **Go to a meeting**
- **Call your sponsor**
- **Find an activity---meditate, read, exercise, play sports, go to a movie!**

### Helpful Contacts

<b>Alcohol Abuse Hotline</b>	<b>800-443-9281</b>
<b>Cocaine Anonymous</b>	<b>866-777-0983</b>
<b>Narcotics Anonymous</b>	<b>888-251-2426</b>
<b>Al-Anon</b>	<b>800-628-8920</b>
<b>NAMI (National Alliance for the Mentally Ill)</b>	<b>800-223-0500</b>
<b>National Domestic Violence Hotline</b>	<b>800-799-7233</b>
<b>PA Mental Health Consumer's Association</b>	<b>800-887-6422</b>

# URGENT AND EMERGENT ACCESS TO BEHAVIORAL HEALTHCARE

Community Care has adopted appointment access standards that meet or exceed state and national guidelines. HealthChoices members are entitled to:

- Services for routine behavioral health needs within seven calendar days.
- Services for urgent needs within 24 hours.
- Non-life threatening emergency services within one hour.
- Immediate emergency services in life threatening situations.

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Community Care utilizes various methods to monitor the accessibility of services. We closely monitor the access related questions on the annual member satisfaction survey and member complaints related to the accessibility of services. We also monitor access via member calls to Community Care that require triage and referral.

Being aware that these processes, while very useful, do not capture the entire picture of access, Community Care conducted a telephone survey of high volume outpatient providers to assess whether a member who

If you have difficulty scheduling appointments within the access standards, please contact us.

directly called the provider with an urgent or non-life threatening emergent need would be able to obtain an appointment within our access standards.

Community Care continues to consider access to services a member safety issue and expects that all members with an urgent or emergent need are offered appointments within the

access standards. The results of the telephone survey revealed that not all provider sites had urgent and/or non-life threatening emergent appointments available at the time that the survey was conducted.

Many of the respondents indicated that if the call had been made by a member with an actual urgent or emergent need that they would have accommodated the member. However, respondents seemed more likely to accommodate members who are already in treatment at that provider site.

If a member calls your agency with an urgent need and no urgent appointment is available, Community Care expects that you give the member the toll-free Community Care member line for their county of residence and inform the member that we are available 24 hours a day, seven days a week and can assist them in obtaining an appointment that meets their needs.

Community Care is distributing county specific cards to members via the New Member Packets. These cards explain that members can call us for help in getting an appointment and include the member line for their county. We will also distribute these cards at Member, Family and Provider Advisory Committee meetings. Additionally, these cards will be distributed by the Consumer/Family Satisfaction Teams.

Please note: Providers are required to immediately notify Community Care if they are not accepting new HealthChoices members, i.e., the provider is at capacity, to ensure that appropriate referrals are given to members.

Community Care appreciates the efforts of our providers in providing timely appointments for behavioral healthcare. If you have difficulty scheduling appointments within the access standards, please contact us.

# COORDINATION OF CARE BETWEEN BEHAVIORAL HEALTH AND PHYSICAL HEALTH PROVIDERS

Community Care measures the rate of exchange of information between behavioral health and physical health providers in each of our counties. In an attempt to improve this rate, we asked our providers for interventions. Some of the provider-submitted initiatives for coordination of care with Primary Care Physicians (PCPs) include:

- Members may be overwhelmed at the time of admission due to all the paperwork they receive and consents they must sign. It is important to discuss coordination of care with their PCP upon admission, but also at other times during their stay, such as during their treatment plan reviews.
- Incorporate the importance of coordination of care into wellness or medication education groups.
- Provide members with some basic information about the relationship between medical and mental health/substance abuse through groups or 1:1 sessions. For example: people with heart disease often have depression, which can make heart problems worse, diabetes may double the risk of depression and the chances of becoming depressed increase as diabetes gets worse; and high levels of anxiety, depression or both can increase a person's risk of developing asthma.
- If members report that they do not have a PCP, assist them in signing up for one by contacting their physical health plan.

- If a member has signed up for a PCP but has never seen the doctor, encourage him/her to schedule an appointment as part of their aftercare.

For your convenience, we have included a sample exchange-of-information letter in this newsletter. (See page 6.) The sample letter is also on our website. Please see the Informational Articles under the HealthChoices Resources link on the Provider Resources page at [www.ccbh.com](http://www.ccbh.com).

We understand that PrimaryCarePhysicians may be very busy. Their recommendation to us, when we asked, was that the information be included in a letter that could be faxed to their office. When the fax is received, the information is placed in the member's file.

Please see the Informational Articles under the HealthChoices Resources link on the Provider Resources page at [www.ccbh.com](http://www.ccbh.com).

All Community Care providers are asked to coordinate care with a member's PCP; we will continue to monitor this indicator through quality record reviews in 2007. If you have suggestions regarding this rate, please call a Quality Representative at 1-888-251-2224.

[www.ccbh.com](http://www.ccbh.com)

# COORDINATION OF CARE SAMPLE LETTER

Date \_\_\_\_\_

**Behavioral Health Practitioner:**

**Address:**

**Fax #:**

Dear PCP,

Your patient, \_\_\_\_\_, is being treated for symptoms of \_\_\_\_\_.

I/We have recommended the following treatment: \_\_\_\_\_ (Diagnosis)

- |   |  |
|---|--|
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Family/Couples Therapy                |
| <input type="checkbox"/> Group Therapy      | <input type="checkbox"/> Psychiatric Evaluation for Medication |
| <input type="checkbox"/> Pharmacotherapy    | <input type="checkbox"/> No treatment recommended at this time |

The following medication(s) have been prescribed:

<b>Medication</b> _____	<b>Dose/Frequency</b> _____
_____	_____
_____	_____

No medication at this time

Please feel free to contact me at XXX-XXX-XXXX if you feel there are coordination of care issues that we should discuss.

Sincerely,  
Behavioral Health Practitioner

**PCP Response:**

**Diagnosis:** \_\_\_\_\_

<b>Medication</b> _____	<b>Dose/Frequency</b> _____
_____	_____
_____	_____

No medication at this time

Is this member being seen by a specialist (include specialist referrals)? If yes, type of specialist:

\_\_\_\_\_

Other issues that should be considered in treatment: \_\_\_\_\_

\_\_\_\_\_

# INFORMATIONAL ADVISORY: NEW WARNINGS ON ANTIDEPRESSANT MEDICATIONS

On May 2, 2007, the Food and Drug Administration notified healthcare professionals that the Agency proposed that makers of all antidepressant medications update the existing black box warning on the prescribing information for their products to include warnings about the increased risks of suicidal thinking and behavior in young adults ages 18 to 24 years old during the first one to two months of treatment.

The proposed labeling changes also state that scientific data did not show this increased risk in adults older than 24 years of age and that adults 65 years of age and older taking antidepressants have a decreased risk of suicidality.

The proposed labeling changes apply to the entire category of antidepressants. Results of individual

placebo-controlled scientific studies are reasonably consistent in showing a slight increase in suicidality for patients taking antidepressants in early treatment for most of the medications. Available data are not sufficient to exclude any single medication from the increased risk of suicidality.

Depression and other psychiatric disorders can have significant consequences if not appropriately treated. The new labeling recognizes this risk, but advises close monitoring of patients.

Providers are encouraged to review the risks and benefits in their informed consent discussions with members and their guardians.

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01624.html>

High-quality health care is a priority at Community Care. Our quality improvement program is designed with input from network practitioners and follows the guidelines of the National Committee for Quality Assurance (NCQA). Areas of focus include:

- Delivering high value, culturally competent care that incorporates the special needs and preferences of members
- Continuously improving the clinical care and service provided to members
- Enhancing the community's health status through wellness and preventive behavioral health programs for members
- Pursuing opportunities to improve the health status of members and targeting efforts to the needs of the population
- Ensuring that care and services are available and provided to members in a timely manner, appropriate to the needs and preferences of members
- Ensuring that care and services are coordinated between providers and across all delivery settings through the care management process
- Establishing collegial relationships with providers to achieve superior clinical and customer service outcomes
- Providing exceptional customer service
- Continuously improving quality improvement processes by maintaining comprehensive, current, and effective quality management policies and procedures
- Analyzing performance data and identifying opportunities to improve performance and outcomes

For more information regarding our quality improvement program, call 1-888-251-2224. We will provide you with a description of the program and an update on our progress toward meeting our goals. Please mail us your suggestions for improving our Quality Improvement program.



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