

# THE PROVIDER LINE

Vol 1-2011

## Guidelines for the Use of Buprenorphine

The use of buprenorphine has continued to grow since its approval in 2002. Data presented at a recent national meeting shows that the number of patients receiving buprenorphine increased from 20,000 in 2002 to 640,000 in 2009. Analysis of Community Care Medicaid prescription claims shows a similar trend. It is projected that the number of members on buprenorphine will equal the number of members on methadone in the near future.

While buprenorphine has shown to be effective for many consumers, there are many clinical and quality concerns associated with buprenorphine. Access to treatment, relapse rates, concurrent benzodiazepine use, and lack of care coordination between physical health and behavioral health providers are primary concerns.

Data from 2009 show that only about 19,000 US physicians are certified to prescribe buprenorphine and not all of these physicians have consented to be on the national buprenorphine physician locator list, making it difficult for some seeking treatment to find a provider. Appropriate length of treatment continues to be a key issue among buprenorphine providers. Recent literature suggests that opioid use is substantially reduced while patients are maintained on buprenorphine but upon tapering off of the medication, most patients resume opioid use.

Benzodiazepine use is widely reported by patients in buprenorphine treatment programs. Studies of patients in opioid treatment programs consistently identify that patients taking benzodiazepines experience greater levels of drug-related harms

than those not using benzodiazepines. Despite these reports, literature on how to treat concurrent benzodiazepine use remains sparse. Overcoming barriers such as conflicting treatment goals, misunderstanding of provider roles, and confidentiality restrictions can lead to effective coordination of care between physical health providers and behavioral health providers.

A Treatment Improvement Protocol (TIP) previously created to provide physicians with clinical practice guidelines on the initial use of buprenorphine in the treatment of opioid addictions does not adequately address the above issues.

Community Care is working with providers, government entities, physical health plans, and other stakeholders to address the clinical and quality issues surrounding buprenorphine treatment and to develop new clinical practice guidelines. To support this process, Community Care co-sponsored a buprenorphine conference with IRETA, ATTC, and WPIC in January 2011. Experts on buprenorphine and in the field of addictions treatment presented information on current buprenorphine treatment practices, clinical models currently being used, quality issues, treatment of comorbid conditions, and recent research. After each presentation, discussions were held about outstanding issues. A panel of experts has been assembled to review these outstanding issues. The responses will be used to inform the development of guidelines for treatment with buprenorphine.

# School-Based Behavioral Health Teams: A Clinical Home for Youth and Families

Over the past two years, Community Care, in collaboration with participating school districts and county partners, has launched a new mental health program that is co-located in schools. There are currently 275 youth receiving School-Based Behavioral Health (SBBH) Team services in 8 different school districts in the northeast and north central contracts.

The SBBH Team program is a voluntary mental health service for youth, ages 5-18, who have a severe emotional and/or behavioral concern that interferes with their learning. The team is physically housed in the participating school building and provides support to the youth, as clinically indicated, during the school day. Additionally, services are available to the youth and family after school, evenings, and weekends, as needed. The SBBH model takes a team approach, delivers services flexibly according to need, and is comprehensive in its scope of interventions.

The clinical lead of the team is the licensed mental health professional (MHP) who completes the assessments, provides the individual, group, and family therapy, designs behavior management strategies and coordinates care with everyone involved with the youth and family. A group of bachelor-level Behavioral Health Workers (BHW) implement the treatment plan. Rather than 1:1 assignments, any BHW can work with any youth to avoid inadvertently contributing to youth dependence on a particular staff.

The scope of the teams' interventions include direct clinical work, crisis management, case management and case consultation/training for

school staff. The model is based on understanding the family as a system, appreciating the historical or current trauma the youth and/or family has experienced and supporting behavior change through positive behavioral principles. Services are offered in varying intensity, depending on the youth/family's need at any given time.

This is a model that is designed to afford quick access to a comprehensive assessment and to service initiation. Youth referred to the program can have an assessment within 48 hours; youth who meet medical necessity criteria typically start receiving services within three weeks. The youth and family are then enrolled in a program that provides a clinical home and they can remain on the team receiving services at the intensity and frequency truly needed. The team is accountable to the family for their care and serves as the single point of contact for services. Through its strong family focus, the SBBH team supports all members of the youth's family.

The SBBH Program was designed with an evaluation component that is assessing the impact of service on the youth and family functioning, the impact of the service on school grades and attendance and the impact of the service on service utilization. Preliminary data show a positive trajectory in child and family functioning. Full school data is not yet available to assess.

Collaboration with school district administration and ongoing communication between the teams and school personnel are critical to the success of the SBBH Program. School principals have given positive reviews of the model thus far and are very pleased with the impact of the program.

# Clinical Practice Guidelines Followed When Making Decisions About Care

Community Care uses clinical practice guidelines to help practitioners and members make decisions on appropriate care for specific clinical circumstances. These evidence-based guidelines are reviewed at least annually, updated as appropriate, and approved by Community Care's Quality and Care Management Committee.

Major depression disorder is the top diagnosis for the Community Care membership. Community Care follows the APA Guideline for the Treatment of Patients with Major Depressive Disorder (2nd Edition).

Schizophrenia is among the top ten diagnoses for the Community Care membership. Community Care follows the APA Guideline for the Treatment of Patients with Schizophrenia (2nd Edition)

Substance abuse disorders account for two of the ten most prevalent diagnoses within the Community Care membership. Community Care follows the guidelines in the NIDA Principles of Drug Addiction Treatment: A Research Based Guide (2nd Edition)

Community Care measures provider adherence to Clinical Practice Guidelines through claims data and record reviews. Providers are notified of the results of these measurements through newsletter articles and web-based communications.

To obtain copies of the APA Guidelines, contact:

American Psychological Association, 1400 K Street, NW Washington, D.C., 20005.

Or you can access these documents via the APA website, <http://www.psychiatryonline.com/pracGuide/pracGuideHome.aspx>.

To obtain copies of the NIDA Guideline, contact: National Institute of Drug Abuse, National Institute of Health, 6001 Executive Boulevard, Room 5213, Bethesda, MD, 20892

This guideline may also be obtained via the NIDA website, <http://www.nida.nih.gov/PODAT/PODATIndex.html>.

If you have any questions regarding the use of these guidelines, please call toll-free 1-888-251-2224 and ask to speak to a Quality Representative.

**Please call  
Community Care's  
toll-free  
Provider Line,  
1-888-251-2224,  
to report all  
adverse events.**

# Child and Family Committee Designs Award-Winning Recovery/Resiliency Toolkit

The Allegheny County Coalition for Recovery (ACCR) Child and Family Committee has received the “Project of the Year” award for their work on the Recovery/Resiliency Toolkit. The award, which was presented to the Child and Family Committee at the ACCR’s Annual Recognition Awards Banquet, is given each year to the project that best promotes ACCR’s mission: to increase awareness of behavioral health recovery and to promote the use of recovery principles and practices in behavioral health services.

Under the leadership of Sherry Shaffer, Associate Regional Director, Community Care, and Co-Chair of the ACCR Child and Family Committee, the committee developed the Recovery/Resiliency Toolkit to encourage providers, youth, and families to understand and utilize the vocabulary and concepts that support resiliency and recovery. The ACCR Child and Family Committee, comprised of a small group of dedicated parents, youth in recovery, consumers, and providers, includes a variety of resources in the toolkit such as Mary Ellen Copeland’s WRAP for Kids workbook, a coloring book that helps children learn to better understand and express their feelings, a Recovery/Resiliency crosswalk brochure for families and professionals, quality guidelines for providers to offer more recovery/resiliency-oriented services, and other training and resource materials. The

toolkit also includes an “Introduction to Recovery/Resiliency” PowerPoint presentation and a parent panel discussion called “The Shame, The Blame and The Hope,” which is about the family experience of having a child with serious emotional problems and was aired on a local radio station.

Using a parent, youth, and provider as co-presenters, the ACCR Child and Family Committee presented the “Introduction to Recovery/Resiliency” training to over 100 staff and 50 provider agencies, including representatives from all BHRS, RTF, and Case Management providers, and distributed copies of the Recovery/Resiliency Toolkit to those in attendance.

The training teaches the basic language of recovery/resiliency and gives providers practical advice on what they can do today to promote the message of hope for recovery to the youth and families they serve. During the training, the co-presenters share their personal experiences and perspectives as youth, parents, and providers with, as well as in, the behavioral health system. Following a presentation to RTF providers, leadership from Juvenile Probation requested that the training be provided to all Juvenile Probation officers in the county to help raise awareness and promote the concepts of recovery and resilience in the juvenile delinquency system. Planning is underway for Spring 2011 trainings.

The trainings and toolkits were so well received by providers that plans are underway to offer a “Train-the-Champion” training to further promote the use of the toolkit and assist providers interested in providing more recovery/resiliency-oriented services and supports for the children and families they serve.

If you have any questions about the Recovery/Resiliency Toolkit, please contact Sherry Shaffer at 412-454-2663 or shaffersl@ccbh.com.

# Teen Dating Abuse Signs

~ Pennsylvania Department of Public Welfare

One in three teens experience dating abuse. What are the signs a teen is being abused by a boyfriend or girlfriend? Teen abuse can look like adult abuse. Abuse can occur in new, casual, or long-term relationships. Abuse does not happen to one type of person. Abuse can happen to males or females. Abuse can happen in gay and lesbian relationships. Abuse can happen to people of any race, religion, or national background. It can happen at any income level.

Only a person who is being abused can make the decision to seek help. Friends or family may see signs of abuse before the victim will accept help. Here are some signs that a dating teen maybe in an abusive relationship:

- Unexplained marks on the body.
- General unhappiness.
- Drastic change in clothing style.
- Loss of interest in activities or school.
- Less contact with friends and family.

More signs of abuse may include crying often and a decline in grades. They may have an eating disorder. Victims may have low self-esteem. They may be indecisive. Pregnancy and sexually transmitted diseases can be signs of abuse, as well.

Dating abuse is a dangerous expression of control. For victims, abuse is not a game. Abuse does not mean love. Dating teens who show any of these signs may be abused. Please gently share your concern with that person. Give them the telephone numbers below.

Please keep an eye out for our next article on teen dating abuse and intervention. If you or someone you know needs help, call:

**National Domestic Violence Hotline**

[www.ndvh.org](http://www.ndvh.org)

**1-800-799-7233 (SAFE); 1-800-787-3224 (TTY for the Deaf)**

**National Teen Dating Abuse Hotline**

[www.loveisrespect.org](http://www.loveisrespect.org)

**1-866-331-9474; 1-866-331-8453 (TTY for the Deaf)**

## REGISTER NOW!

**Community Care's  
spring conference:  
RECOVERY for the  
mind and body  
is being held on  
March 23, 2011  
at the Omni  
William Penn Hotel  
in Pittsburgh.  
For more  
information and a  
registration form  
please visit  
Community Care's  
website:  
[www.ccbh.com](http://www.ccbh.com).**

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## Preventive Health Programs for Members

Community Care maintains two Preventive Health Programs for members:

- Depression for adults (age 18+).
- Attention Deficit Hyperactivity Disorder (ADHD) for parents/guardians of children up to age 12.

Both programs are currently available in Allegheny, York, Adams, Berks, Chester, Carbon, Monroe, Pike, and all North Central Counties: Bradford, Cameron, Centre, Clarion, Clearfield, Columbia, Elk, Forest, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Montour, Northumberland, Schuylkill, Snyder, Sullivan, Tioga, Union, Warren, Wayne, and Wyoming.

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The Preventive Health Programs are designed to help members and their families learn more about the illnesses they face and how to help themselves or their children. The programs involve a series of free newsletters sent to adult members recently diagnosed with depression; parents or guardians of child members recently diagnosed with ADHD; and members expressing an interest in learning about these conditions. Information specific to depression in older adults, such as symptoms, treatment, and recovery is also available. All Preventive Health materials are posted on Community Care's website, [www.ccbh.com](http://www.ccbh.com).

The majority of members surveyed reported that the newsletters were useful and that they felt less stress and more informed about the illnesses and how to help themselves or their children. Community Care encourages you to refer any member who you feel may benefit from the program. For more information or to receive the newsletters, call the Preventive Health Line at 1-866-639-2943.

## COMCARE Presents CommonGround Clinic with Model Program of the Year Award

A program of the County Commissioners Association of Pennsylvania, the County Managed Care Resource (COMCARE) is an Intergovernmental Cooperation Agreement among counties which provides services to Pennsylvania Counties. At the Delegate's meeting held in November, COMCARE presented the Northwestern Human Services (NHS) CommonGround Clinic in the Carbon-Monroe-Pike HealthChoices region with the Model Program of the Year award.

CommonGround is a web-based application developed by Pat Deegan & Associates, LLC, that helps people prepare to meet with their psychiatrist, so that during the appointment they are ready to work with their doctor to make the best decisions for their treatment and recovery.

Community Care worked very closely with NHS to get the clinic up and running. A Community Care staff member trained by Dr. Deegan, served as the point person during the implementation and provided training and technical assistance for NHS staff.

The NHS CommonGround Clinic was nominated for this award by Mr. Jeffrey A. Hartzell, MA, HealthChoices Coordinator, Carbon-Monroe-Pike HealthChoices.

## High Standards of Care

Community Care publishes Provider Benchmarking reports to providers on an annual basis. The latest reports, sent to providers in June 2010, were generated from claims. The reports included indicators for inpatient mental health, non-hospital rehabilitation, behavioral health rehabilitation services (BHRS), family based mental health services, residential treatment facilities (RTF), and blended case management or service coordination.

Reports were published for over 40 different indicators for the levels of care benchmarked. These include:

- Inpatient Mental Health:
  - 30 day readmission rates.
  - 7 and 30 day follow-up post discharge.
  - Average number of days to follow-up visits after discharge.
- Short Term (3B) and Long Term (3C) Rehabilitation:
  - Average length of stay.
  - 7 and 30 day follow-up post discharge.
  - Average number of days to follow-up visits after discharge.
- Family-Based:
  - Average number of units per member.
  - Percentage of children who had an inpatient admission.
- Residential Treatment Facility (RTF):
  - Average length of stay.
  - Percentage of children who had an inpatient admission.
  - Follow-up within 7 days of RTF discharge.
  - Percent of members with lengths of stay greater than one year.
- Blended Case Management or Service Coordination (ICM/RC):
  - Percentage of 7 and 14 day follow-up post inpatient discharge.
  - Contact rate during an inpatient stay.

- BHRS:
  - Percent of authorizations utilized and average units per member per month for both the Autism Spectrum Disorder population as well as the Non-Autism Spectrum Disorder population.
  - Average length of stay for members without an Autistic Spectrum Disorder.

The 2010 Provider Benchmarking reports are based on claims from Calendar Year 2009, with 2008 and 2007 data included for comparison. There were a total of 1,144 reports sent to 225 distinct providers who were defined as being high-volume providers. High volume means the provider served 10 or more members from a given contract in 2009. Additionally, the benchmarking findings were also presented during 32 different provider meetings. These provider meetings focused on inpatient hospitalization related to all levels of care and follow-up after non-hospital rehabilitation. Specifically, readmission and follow-up rates were discussed due to their direct correlation with inpatient or rehab utilization.

For some indicators, OMHSAS has established a Gold Standard. For other indicators, Community Care has established specific target goals for providers to reach. Any provider not meeting goal for these indicators was asked to complete an analysis of their particular rate and identify a Quality Improvement Plan based on their analysis. This year, 69 distinct providers were asked to submit a Quality Improvement Plan based on performance. Some providers were asked to analyze more than one rate and a total of 77 rates were asked to be analyzed. In addition, Community Care requested one-on-one meetings with 22 distinct providers, and 21 of these providers were asked to complete an analysis of one or more rates. One provider meeting was a follow-up regarding their 2007 benchmarking Quality (continued on page 8)

(continued from page 7)

Improvement Plan and the improvements that they have made over the past several years.

Community Care asked providers for feedback about what factors are influencing these rates and preventing providers from meeting or exceeding the established goals for these indicators.

The identified factors include:

- Limited involvement of family members and other supportive people.
- Aftercare providers not having an available appointment within seven days.
- Members have drug and alcohol issues in addition to their mental health issues.
- Members choosing to not attend aftercare appointments or take medications as prescribed by their doctor.

Providers have developed plans to improve readmission and follow-up rates, ultimately allowing providers to achieve the established goals. Interventions implemented include:

- Changing how discharge plans are made to include more family and support people.
- Educating staff about available outpatient resources and working with co-occurring mental health and drug and alcohol issues.
- Improving communication between the hospitals/rehabs and the outpatient providers.
- Stressing the importance of aftercare at the beginning of treatment.
- Using new programs like WRAP (Wellness Recovery Action Planning) and Peer Support Specialists.

Please call toll-free 1-888-251-2224 with your ideas and comments and ask to speak to a Quality Representative. Your ideas and suggestions in regard to the abovementioned indicators are welcomed.

## Assisting Members with the Complaint and Grievance Process

Community Care works with our providers and members to ensure that all regulatory requirements and member rights are adhered to during the complaint and grievance process, as set forth by the Pennsylvania Department of Health (Act 68) and Department of Public Welfare (Appendix H).

A WebEx training, Providers and the Complaint and Grievance Process Training, is posted on Community Care's website, [www.ccbh.com](http://www.ccbh.com). The training gives providers the information needed to effectively assist our members/parents/guardians in navigating Community Care's complaint and/or grievance processes.

The following links are referenced in the WebEx training and provide detailed information about Community Care's complaint and grievance processes:

- Act 68 regulatory requirements for complaints and grievances can be found at: <http://www.pabulletin.com/secure/data/vol31/31-23/31-23.pdf> (scroll to page 3159).
- Appendix H regulatory requirements for complaints and grievances can be found at: <http://www.dpw.state.pa.us/Resources/Documents/Pdf/BhPsr/PSRCoAppdxH.pdf>. (Please note that this website is currently unavailable, but keep checking.)
- Community Care's complaint and grievance process is described in detail in our member handbooks, which can be found on our website at: <http://www.ccbh.com/healthchoices/memberhandbook> (choose a contract/county handbook then scroll to Section 5).