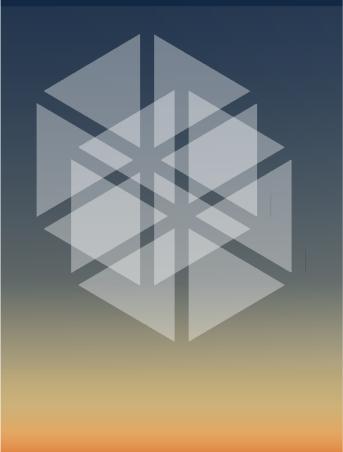


NAATPNATIONAL**2024**



Placing the Head Back on the Body: Integrated Care Across Substance Use, Mental Illness and Physical Health



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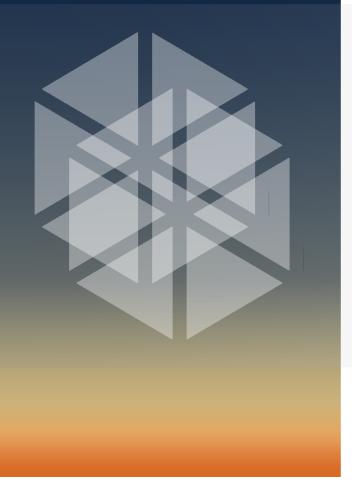


Bethany Engblom

Medical Director

SummitStone Health Partners

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Objectives

- Outline the key features of an integrated care model using general medical and psychiatric prescribers and the training required to achieve collaboration among these team members.
- Define the system-wide strategies needed to incorporate substance use and withdrawal management as well as physical health management across a behavioral healthcare continuum.
- Identify the training elements needed by nursing, medical assistants, and case managers to integrate substance use, mental illness, and physical health care.



SummitStone Health Partners

- Community Mental Health Center (CMHC)
- Serving Larimer County
- 10+ locations in Fort Collins, Estes Park and Loveland
- Embedded in 38+ partnering locations





SummitStone Health Partners

- Mental health, substance use, and physical health services for adults, youth and families
- Outpatient, inpatient, residential, crisis, behavioral health urgent care, addiction treatment, community based and forensics services
- Mutli-disciplinary teams
 - Prescribers
 - Clinical
 - Peer Specialists
 - Administrative



SummitStone Health Partners

12,050

Clients treated for mental health and substance use services



4,124

196

Overnight Stays Clients

TOTAL CRISIS SERVICES:

7,387

Crisis Phone Clients

2,899

Crisis Walk-In Clients

3,625

Crisis Overnight Stays

527

Mobile Crisis Clients

2.279 Peer Support services provided

369 Peer Support clients served





1,175 Fentanyl testing kits distributed



3,264 Naloxone kits distributed

445 People trained in Question, Persuade, Refer (QPR) suicide prevention

Community members trained in Adult Mental Health First Aid

Community members trained in Youth Mental Health First Aid





5,285

Co-Response services provided alongside law enforcement



491 People served













Our Values

Boldly raise the bar.

We are a leader and voice for behavioral health and have a responsibility to uphold equity. Through continuous curiosity, exploration, and reflection, we adapt and evolve to achieve excellence.

Stronger together.

We honor each individual's whole self by embracing differences in race, ethnicity, ability, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, language, and the inherent intersections of many different identities.



Journey Towards Broad Integration of Care Delivery

- In 2016...
 - Traditional CMHC
 - Identity as a mental health provider, not addiction
 - DUI programming only
 - No other addiction services
 - Crisis center with 10 beds where risk of withdrawal was exclusionary

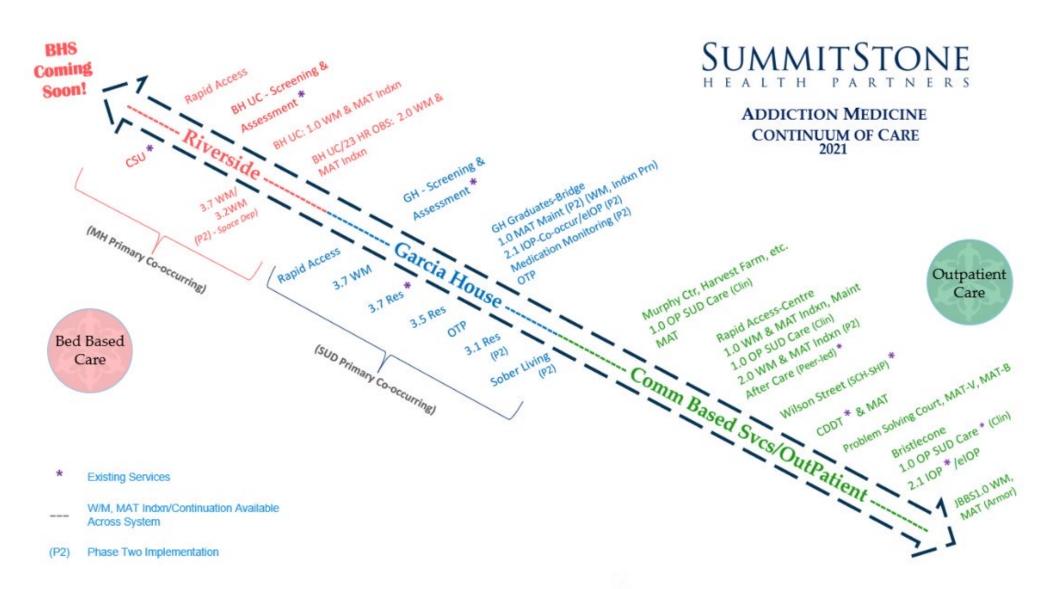




SummitStone Journey

- In 2018-2020, against this backdrop...
 - Changing regulatory landscape
 - •SUD Medicaid benefit, SB1113 Circle Program
 - •COVID vaccination clinics for clients, community, and staff
 - •Larimer County BHS Ballot Initiative, successful RFP bid
 - Social unrest, economic downturn
 - Hired Chief of Addiction also Family Medicine
 - Mission, Vision, and Values







Offering three levels of Substance Use Disorder Treatment

- ASAM 3.7 WM Level of Care Medically Monitored Withdrawal Management
- ASAM 3.7 Level of Care Medically Monitored Intensive Residential Treatment
- ASAM 3.5 Level of Care Clinically Managed Intensive Residential Treatment

- 16 Bed Facility that serves clients age 18-65
- 8 double occupancy rooms
- Designed for those with co-occurring substance use and mental health disorders
- Home-like setting where clients will participate in cooking, laundry and other skill building activities of daily living





We began deliberate and considered thinking about integrated and whole person care.



What did that mean for us?







Definition?

There is no universal definition for integrated care, but it can be considered as "an approach characterized by a high degree of collaboration and communication among team members, related to patient care and the establishment of a comprehensive treatment plan to address the biological, psychological and social needs of the patient."

(American Psychological Association)



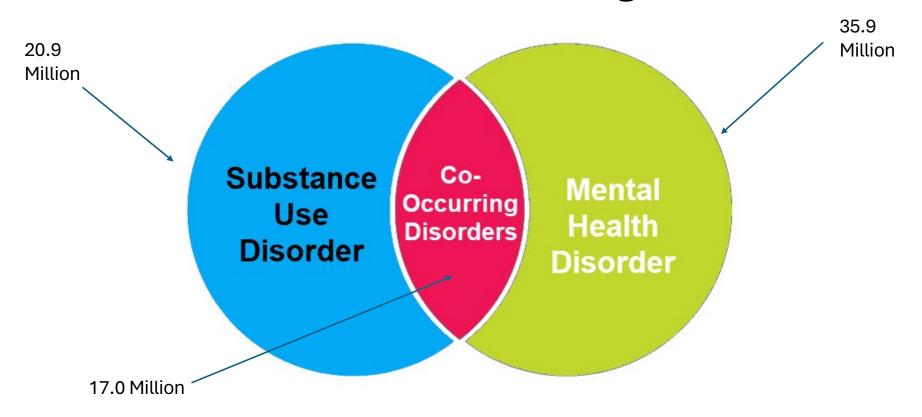


Broad Strokes

To offer low barrier access to behavioral healthcare, including addiction medicine, psychiatry and clinical services for children, adolescents, & adults, through a comprehensive, coordinated, multidisciplinary teambased approach, using the trauma informed, harm-reduction and recovery-oriented philosophy.

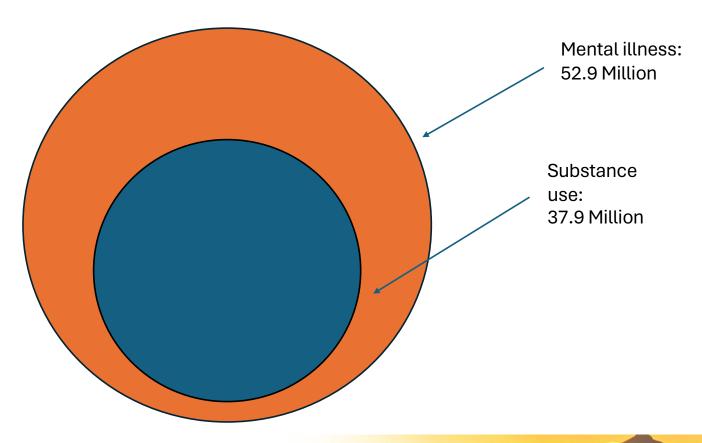


What was the data telling us?





What if we looked at it a little differently?



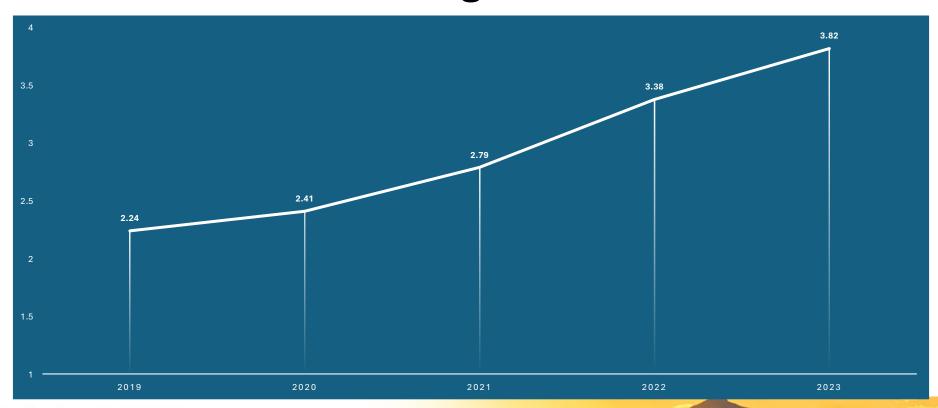




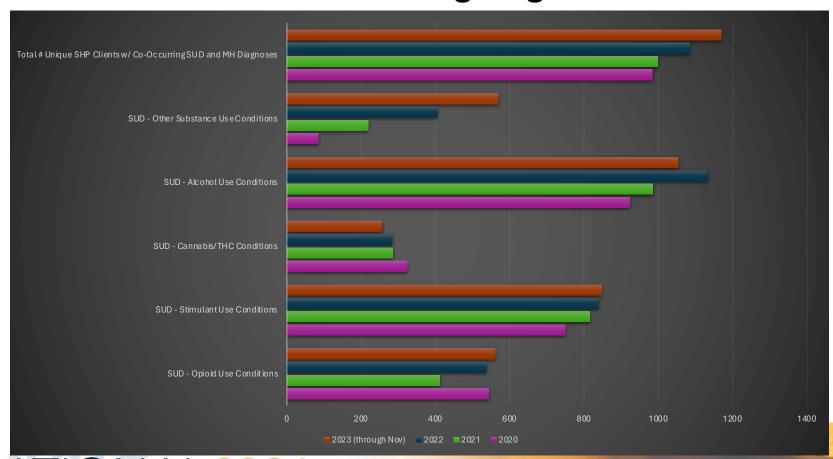
- Service lines
- Staffing
- Training
- Space



Average Client Acuity Increased from 2019-2023 in Integrated Care Efforts



Increasing Prevalence of Substance Use as Primary Diagnosis & Prevalence of Co-Occurring Diagnose - 2020-2023





























Treat Addiction, Save Lives





oothills











POUDRE SCHOOL DISTRICT
NORTHERN COLORADO





















Lessons Learned

- Different training background
- Streamlining communication
- System payment structures and billing for services
- Physical space

- Learn from one another with perspectives that differ
- Using leaders across disciplines to collaborate and find ways to communicate with multi-disciplinary teams
- "just because it's always been done this way, doesn't mean it has to be this way."



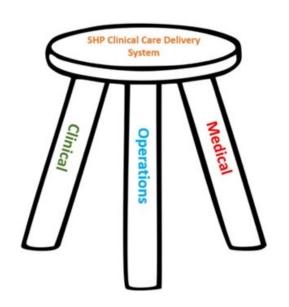
Levels of Care





- 24/7 Walk-in Care Availability
- Services include individual therapy, group therapy, medical treatment, medications, intensive care coordination, and on-site lab & pharmacy.
- Internal medical clearance





We continue to deliberate and consider integrated whole person care.

What does that mean for us now and into the future?





Integrated Continuum of Whole Person Behavioral Health Care

SUD Primary Co-occurring

- · Rapid Access · OTP
- 3.7 WM
- 3.1 Res (P2)
- 3.7 Res *
- · Sober Living
- 3.5 Res
- (P2)

MH Primary Co-occurring

- CSU *
- 3.7WM (P2)
- 3.2 WM (P2)

Bed Based Care

BH Urgent Care

Rapid Access to Medications

Garcia House Outpatient Care

Community Based Services

Murphy Center 1.0 OP SUD Care (Clin)

Rapid Access- Centre 1.0 WM & MAT Indxn, Maint 1.0 SUD Care (Clin) 2.0 WM & MAT Indxn (P2) * After Care (Peer-led)

* Sunrise Community Clinic embedded GH- Screening & Assessment

GH Graduates-Bridge 1.0 MAT Maint (P2) 2.1 IOP-Co-occur/ eIOP (P2) Medication Monitoring

> Methadone initiation/maintenance

Occupational Therapy

Utilization Management

Rapid Access

BH UC-Screening & Assessment*

BH UC: 1.0 WM & MAT Indxn

CH UC/ 23 HR OBS: 2.0 WM MAT Indxn

> OTP Bridge Clinic

Future Planning: Adolescent CSU

Outpatient

* CDDT & MAT

Problem Solving Court MAT- V, MAT-B

> Bristlecone * 1.0 OP SUD Care * 2.1 IOP/ eIOP

> > JBBS 1.0 WM MAT (Armor)

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Key Take Aways

- "Who do you get to see today?"
- Treatment philosophy and other grounding documents
- Diverse providers, non-traditional CMO
- Focus and training toward broad-shouldered work undergirded by national guidelines. Teach therapists to perform CPR, respond to codes
- The way we've always done it doesn't mean the way we need to do it
- A built-environment that supports the work you are doing and helps get to yes!

Thank you!!!

Questions?



Upcoming Sessions

12:15-1:45 Exhibitor Appreciation Lunch

Sponsored By: NAATP Board



1:45-2:45 NAATP Educational Workshops

- Enough is Enough: Setting New Trends in Ethics
 Governor's Square 15
- Workforce: Acquisition, Retention, and The NAATP Salary Survey
 Governor's Square 14
- Understanding Provider Finances: A Business School Workshop Governor's Square 12

2:45-3:15 Exhibit Hall Popcorn Party & Networking Session

