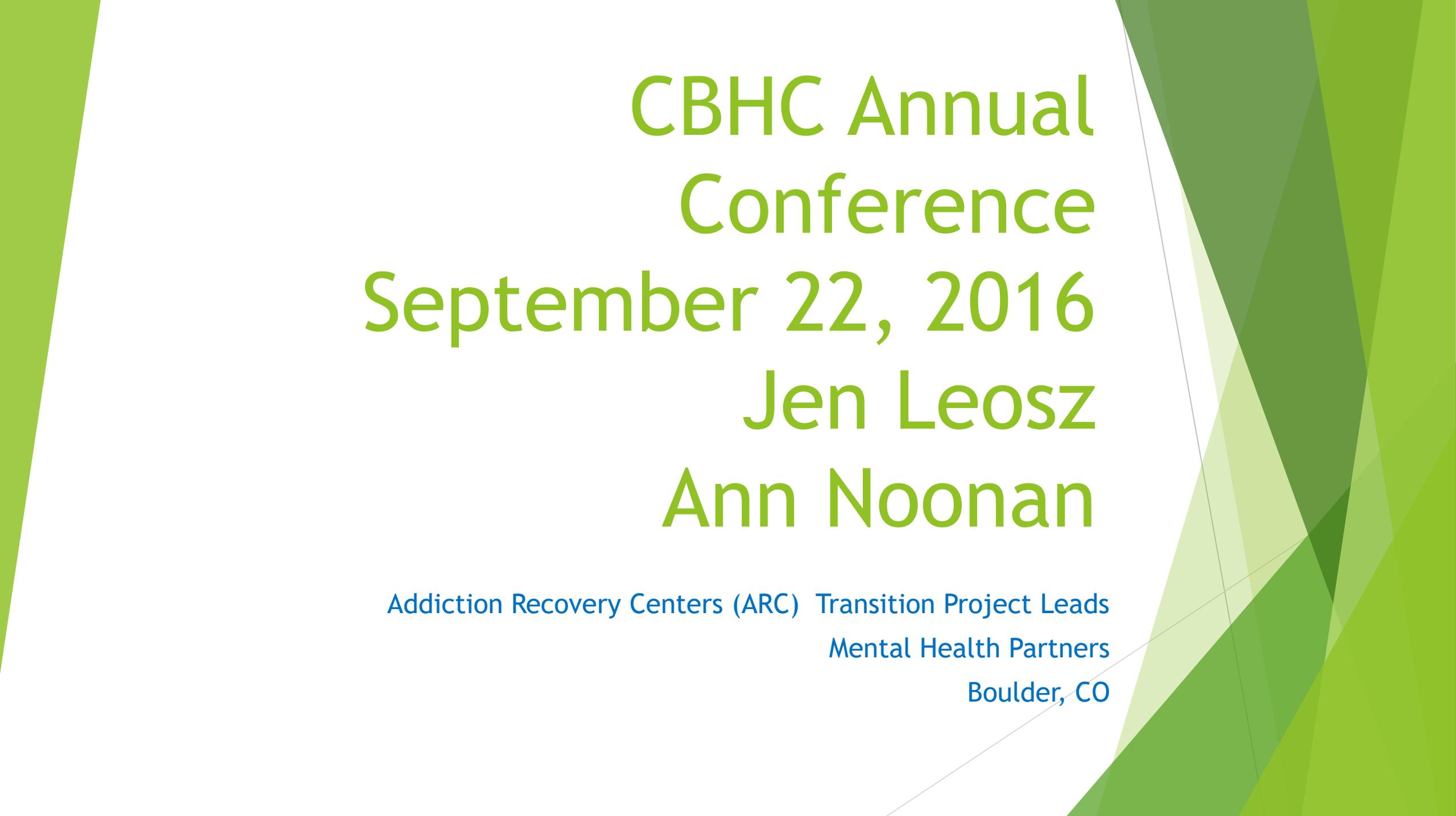


CULTURE CLASH OR COLLABORATION:

A Case Study
of SUD and MH Integration



CBHC Annual Conference September 22, 2016 Jen Leosz Ann Noonan

Addiction Recovery Centers (ARC) Transition Project Leads
Mental Health Partners
Boulder, CO

THE LANDSCAPE

Mental Health Partners and Addiction Recovery Centers

50+ and 45+ years in community

- ▶ Partners in numerous community ventures, yet separate organizations
- ▶ MHP is a Community Mental Health Center,
 - Primary funding from Medicaid
 - 500+ employees, ~\$35M
- ▶ ARC was part of Boulder County, a Division of Boulder County Public Health
 - Funding ~45% Federal Block grant, ~45% County, ~10% fees, >1% Medicaid
 - 50 employees, ~\$3M budget

ASPIRATIONAL GOALS

- ▶ Desire for true behavioral health integration
- ▶ Parity in mental health and substance abuse services
- ▶ So many dually diagnosed clients - better treatment in an integrated model
- ▶ Reduction of administrative overhead
- ▶ Improved access to MHP services

HOPES

- ▶ MHP had more hope (and fewer fears ...)
 - Many MHP clients with SUD issues
 - Looked forward to integrating SUD expertise
- ▶ ARC staff hopes
 - Being part of a clinically focused, direct service, Behavioral Health organization
 - Access to expanded services at MHP (housing, vocational resources, peer/recovery services)

FEARS

► MHP fears

- Never had a detox or TRT level of care (non-medical models)
- MHP working towards efficiencies of integration across the programs; would SUD fit in or need to be kept separate?

► ARC fears

- Assimilation would mean loss of culture, specialty skills
- Loss of county benefits, resources and perceived stability
- Long history in the community as ARC
- Previous history of MHP re-org where certain staff had to re-apply competitively for new positions
- MHP had several years of budget cuts - were we joining a stable organization?

REALITIES OF THE TRANSITION

- ▶ Had to reapply for MSO designation, put MSO at risk
- ▶ New licenses for each program
- ▶ All contracts had to be re-negotiated
- ▶ Three Boards involved in every decision: MHP, (private non-profit), Boulder County and Boulder County Public Health (governmental, open meetings rules applied)
- ▶ Perceived 'promises made' that nothing would change; in fact, there were significant changes
- ▶ Underestimated training needs for new MHP staff

WILD CARDS

- ▶ Flood - Fall 2013
- ▶ Medicaid - BHO management was accelerated (from July 2014 to Jan. 2014)
- ▶ Crisis - Contract fell in the fall of 2014 also (major resources diverted from ARC transition)
- ▶ Late in the game, decision to close the ARC, lay off staff and retain all records. This meant we couldn't transfer charts, HR records, etc. We had to close v. transition over all current clients, took months to fully clean up DACODs, re-do all admission assessments and summaries, complete treatment plans on over 400 open charts.

HOW TO's

- ▶ Project Management was key- 16 different work groups
- ▶ Cross leadership - each work group had reps from many different departments
- ▶ Executive Directors- high-level, decision making, problem solving authority
- ▶ The right people were involved for all phases
- ▶ BHO, MSO State Governance in loop
- ▶ Community partners in loop
- ▶ High level of communication both internal and external including employees and clients

PHASE II POST-TRANSITION

- ▶ Transition from planning to operations, a bit bumpy 😊
- ▶ New issues “revealed” - detox protocols, etc.
- ▶ Communication regarding problems
- ▶ Licensing transition took time
- ▶ Still found barriers regarding Medicaid rules v. SUD
- ▶ DACODS/CCAR + evaluation instruments
- ▶ Integrated groups and coding
- ▶ Workforce: CAC’s v. licenses
- ▶ Different, not better or worse

LESSONS LEARNED

- ▶ Resourcing effectively
- ▶ Cultural differences are HUGE!
- ▶ Shorter time period
- ▶ Desire to reduce ambiguity led to promises we couldn't keep
- ▶ The transition was overwhelming for ARC staff (new phones, copy machines, EHR, time cards, etc.) and more training time needed to be added into the transition
- ▶ More attention and resources to post-transition period would have made a big difference

FURTHER ASPIRATIONAL GOALS

- ▶ True Integration of funding
- ▶ True Integration of rules, regulations, coding
- ▶ True Parity between SUD and MH, and BH with physical health
- ▶ Workforce development training integrated professionals

OUR TIMELINE

- ▶ May - September '12 BCPH strategic planning focusing on population health
- ▶ October '12 Decision by BCPH to pursue detaching ARC
- ▶ November '12 First meeting with ARC teams (told transition would happen, likely to MHP)
- ▶ November '12 BOH meeting , other options opened back up, press and staff at meeting
- ▶ January '13 New org at ARC begins
- ▶ September '13 Bilateral DDCAT assessment
- ▶ October '13 MHP Board begins “investigation” (due diligence)
- ▶ January '14 Medicaid training starts; had planned to delay until transition to MHP
- ▶ May '14 BOH: 50 employees and press, decision to do lay-offs announced
- ▶ June, '14 BOCC vote to support move
- ▶ June '14 MHP BOD votes to merge, 16 work groups begin
- ▶ July '14 Letter to ARC clients re agency changes
- ▶ September '14 BOH voted on layoffs (final staff protest)
- ▶ January 5, 2015 **Flip the switch**