Trinitas Regional Medical Center
DSRIP UPDATE
February 11, 2016

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Program Description

Hospital-wide Screening for Substance Use Disorders

• Algorithm driven treatment for alcohol withdrawal
• Screening of all admissions
• Identified patients receive evidenced-based approach: Screening, Brief Intervention & Referral to Treatment (SBIRT)
• Depression screening (PHQ-9) provided to target patients
• Patients agreeable to substance abuse services are linked, by an Addiction Specialist, to outpatient treatment programs and other concrete services (housing, welfare benefits, primary care physicians)
Outcomes

• Comparison of Attributed and non-attributed Screenings
• IT detailed metric summary helps to identify “missed” audits
  – By unit
  – Nursing survey through Survey Monkey
  – Nursing Focus Groups

• Stage 4 metrics collected through existing EMR with modifications.
• Reduction in restraint episodes and hours in restraints
• High Risk Patient satisfaction re: screening process implemented
  --30 patients per month by patient advocate
  -- Has resulted in Addictions Specialist Staffing changes
Outcomes

- Comparison of Attributed and non-Attributed Screenings for October – December 2015

<table>
<thead>
<tr>
<th>Month</th>
<th># of Completed AUDITS</th>
<th>% of AUDITS Completed / Total In-Patient admits</th>
<th># Not Done, Missing or Refused</th>
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<tbody>
<tr>
<td>October</td>
<td>942</td>
<td>90.7</td>
<td>19</td>
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<tr>
<td>November</td>
<td>831</td>
<td>90</td>
<td>20</td>
</tr>
<tr>
<td>December</td>
<td>893</td>
<td>87.5</td>
<td>23</td>
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<table>
<thead>
<tr>
<th>Month</th>
<th>Attrib Popl # of Completed AUDITS</th>
<th>Attrib Popl % of AUDITS Completed / Total In-Patient admits</th>
<th>Attrib Popl # Not Done, Missing or Refused</th>
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<tr>
<td>October</td>
<td>144</td>
<td>94</td>
<td>3</td>
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<tr>
<td>November</td>
<td>137</td>
<td>93.8</td>
<td>5</td>
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<tr>
<td>December</td>
<td>148</td>
<td>91.4</td>
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Restraint Data
Partners

Initial Project Partners (2014)
• Prevention Links
• New Hope
• Turning Point
• Flynn House
• Proceed
• Streetlight Mission

Added in 2015
• Salvation Army
• YMCA—Gateway
• Integrity House
• CURA
• Crystal Lake
• Second Home Adult Medical Day Care
• Cranford Park Rehab & Health Center
• Bayway Family Success Center
• HomeFirst Interfaith Housing & Family Services
• Elizabeth Nursing & Rehab Center

In progress: Mental Health Association of New Jersey (MHANJ)
Partner Statistics

A core group of project partners—four organizations—receive the majority of treatment referrals (about 70%).

**Gateway Family YMCA in Elizabeth, NJ**
- Partnership between the YMCA and Trinitas, Project Sustain, is a residentially-assisted, substance abuse housing program for pregnant and/or parenting women. Women retain custody of their children while in treatment.

- Housing services for adult men and women

**Flynn House —sober living facility for adult men in Elizabeth, NJ**
- The Flynn House is a 28 bed facility that mandates all patients be in substance abuse treatment and to adhere to strict program guidelines. Strong emphasis is placed on developing long-term, independent living skills.

**Salvation Army, Elizabeth, NJ**
- Emergency Shelter For men and women (open 24 hours a day, 7 days a week).

**Proceed—Spanish speaking SAS treatment facility**
-- Substance Abuse treatment for Spanish speaking patients.
New Partner Highlight: Innovative Model Providing Peer-Support at the Bedside

Mental Health Association of New Jersey (MHANJ)

*Unique, one of a kind partnership, between MHANJ and a Medical Center*

MHANJ trains peer workers in recovery for substance abuse and mental health issues to provide support and case-management services to patients.

Targeted patients are identified by the Addiction Specialist or Medical Social Workers with the goal of two-person, peer teams providing bedside support, discharge planning help and post-discharge assistance such as transportation to appointments and in-home support.
Partners: Strengths

• Four core partners provide:
  • Rapid response time
  • Housing within hours of being informed of a patient’s discharge
  • Effective communication regarding patient’s status
  • Compliance with DSRIP requirements for PHQ-9 & Patient Satisfaction Surveys
  • Willingness to participate in periodic roundtable discussions
Partners: Challenges

• One partner, residential provider, requested payment for staff time to complete the PHQ-9 and the patient satisfaction survey. Affiliation Agreement was not renewed.

• Agencies who provide services, but who do not generate Medicaid bills (grant run facilities). Examples include St. Bridget’s in Newark, NJ.

--St. Bridget's is a transitional and emergency shelter residence that provides housing and supportive services to homeless men living with HIV/AIDS. St. Bridget's employs a Certified Addiction Dependency Counselor (CADC) who provides addiction treatment to the clients. However, this program does not generate Medicaid bills, so would not meet the standards NJ DSRIP billing & coding requirements.

• Partners with strict abstinence-only treatment philosophies. This mean, if a patient relapses, they can automatically be discharged from a program or have housing privileges revoked.
Partners: Engagement Strategies

Strategy #1: Round Table Discussions & Celebrations.
One example: Thanksgiving Celebration & Partner Awards Ceremony on 11/19/15.

Community Partners—Gaps in Service

- Harm Reduction Model for treatment & housing
- Lack of evening programs for patients utilizing Medicaid & Charity Care
- Limited detox programs
- Medically focused transitional housing
- Lack of easily accessible primary care services