

Co-occurring Disorders

Integration of Care at

SSTAR

• History of Integration:

- SSTAR founded on concept of treating people “holistically”
- Started as a 20 Bed alcohol detox
- Developed programs that were helpful to women as rates of treatment were lower than that of men

Developing holistic treatment with women with alcohol disorders required that we do more than just detox.

- Women were also abusing tranquilizers
- Women had histories of domestic violence and sexual trauma
- Women were displaying symptoms of anxiety and depression
- Women had child care and parenting issues

SO:

- We applied to be a drug detox as well as and alcohol detox
- We applied to the state for a Domestic Violence Program
- We applied to become a Licensed Mental Health Clinic
- We applied to SAMHSA for a Family Program Demonstration Grant

When the HIV Epidemic Hit:

- We incorporated Counseling and testing into our programs
- We decided that a medical clinic was needed in our area that incorporated primary care and infectious disease treatment

SSTAR had developed the individual segments needed for Integration;

- Services for addictive disorders
- Services for persons with mental health
- Services for person with trauma
- Primary Care
- Specialty care for Infectious diseases
- Family services including childcare, prevention and parenting

Services versus Integration

- To meet state and federal requirements and regulations each of the program areas had their own department; and staff.
- Program directors often set up their own requirements, and rules on top of this to “protect their turf”
- Collaboration Suffered; clients best interest suffered

SSTAR received an Integration Grant from SAMHSA in 20

- SAMHSA grant to improve the physical health of individuals with serious mental illness and/or substance use disorders
- We were able to spend time training all staff about different program cultures, language, regulations and we looked at ways to break down programmatic barriers to benefit the patient.

Integration

- We also added wellness programs such as “walk away the lbs” , Walking the Fall River Rail Trail, and food supplemental programs
- We learned that integration isn't accomplished in a single climb- there is forward motion and decline.

Integration and Open Access

- SSTAR also moved to an Open Access program in behavioral health, and we are moving in that direction for primary care.
- I believe that this has enhance our integration because we can move people from a primary care visit to be seen same day by a behavioral health specialist.

- We collected client data at baseline and every six months while enrolled. Data collection included their overall functioning, mental health status and physical health improvements. In addition to a variety of questions, we take their Blood Pressure, Weight, Waist Circumference, Breath CO, and a yearly lipid panel.
- **Improved outcomes noted:**
- Healthy overall – 29.2% improvement
- Functioning in everyday life -69% improvement
- No serious psychological distress -28.3% improvement
- Socially connected – 45.5% improved
- Health improvements most noted in blood pressure and glucose levels.
- Tobacco use and BMI have shown the least improvement

Client Satisfaction Surveys

Clients rated they **strongly agreed** or **agreed** with the following items:

- Staff believed I could grow, change and recover: 96%
- Staff encouraged me to take responsibility for my life: 90%
- I felt comfortable asking questions about my health: 98%
- I like the services I receive here: 98%
- I would recommend this program to family or friends: 97%

In addition, a Blue Cross Study found that SSTAR patients:

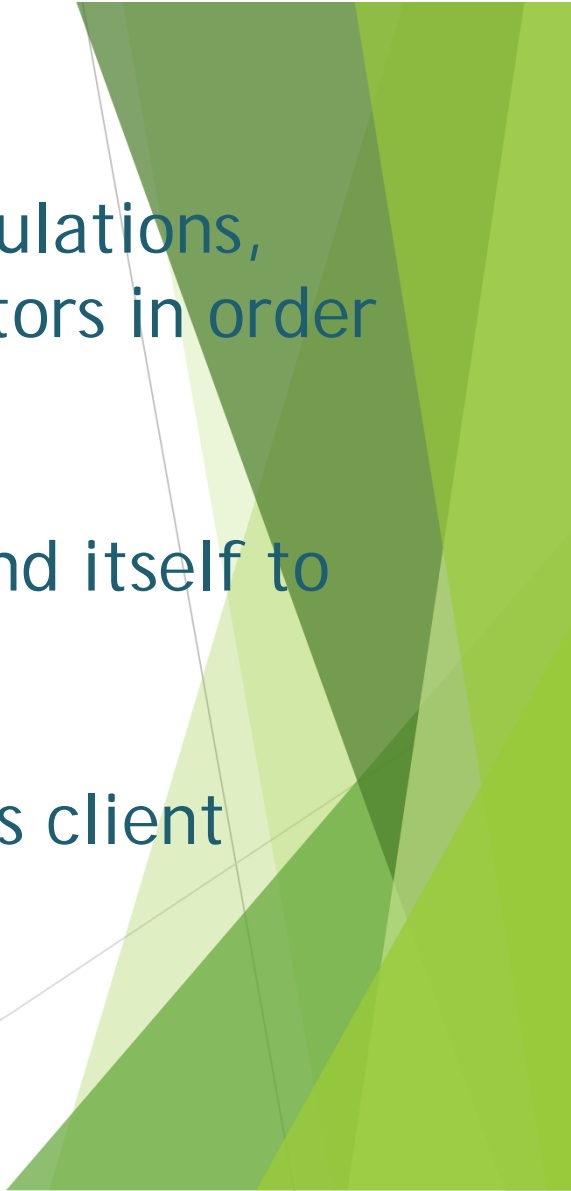
- Had improvements in feeling less Nervous
- Had improvements feeling less hopeless
- Had improvement in Depression Scores
- Had improvements in feeling worthless scores

In the same BC Study Staff reported in a partnership questionnaire:

- A doubling of the Synergy score (extent to which partnerships can accomplish more together than on their own)
- A doubling of satisfaction with participation (in partnerships)

Take away:

- Having different service sectors while helpful is not integration
- Integration is a process that needs to be nurtured within in organization.
- Time (and money) needs to be spent on training

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- Staff need to be cognizant of different regulations, policies, language within the different sectors in order to communicate effectively.
 - The way we are currently paid does not lend itself to integration
 - Integration when done effectively improves client outcomes and staff satisfaction.

Last thoughts: Wellness and Joy

- This has not been studied, but I have seen how special activities often paid for by grant funds, that focus on and honor our patients; improve client perception of the organization, their treatment, and their overall well being.

We need to put some fun into treatment.