

New Hampshire Center for Excellence

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A TECHNICAL ASSISTANCE RESOURCE CENTER TO SUPPORT BEST
PRACTICES IN SUBSTANCE ABUSE
PREVENTION, INTERVENTION, TREATMENT AND RECOVERY



PUBLIC – PRIVATE PARTNERSHIP

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- Funding through state contract with the NH Bureau of Drug and Alcohol Services to provide on-going technical assistance for state-funded regional networks (prevention) and treatment and recovery service organizations in evidence-based practice and to facilitate the State Epi Outcome Workgroup (SEOW)
- Funding from the New Hampshire Charitable Foundation to provide general technical assistance to broader stakeholders including other state agencies and the Governor's Commission and to provide evaluation services to the state's regional networks

Objectives

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- Ensure data-driven practice across core elements of assessment, capacity-building, planning, implementation and evaluation
- Increase knowledge transfer from research to practice
- Engage contractors and community partners in quality improvement
- Increase access to data, research, and implementation support for data-driven practice

Long-term goal: improving effectiveness of service providers and networks in realizing individual and population level health outcomes

WHAT WE DO

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- Host monthly learning sessions (regional networks) and provide technical assistance that cuts across all regions
- Host quarterly Action Learning Collaborative meetings and learning sessions (treatment – clinical supervision)
- Provide proactive technical assistance during action periods
- Provide reactive technical assistance through on-line requests based on state approval

WHAT WE DO (Cont.)

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- Warehouse data from relevant data sources
- Prepare data analysis and products as requested
- Host monthly SEOW meetings
- Facilitate SEOW process, products and objectives

WHAT WE DO (Cont.)

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- Support state-level strategic planning (Call to Action, 5 year state plan)
- Develop competitive funding proposals for federal programs (e.g. ATR, SPE, SEOW, SBIRT)
- Respond to requests for literature reviews to support policy work (e.g. PDMPs, decriminalization of marijuana)

HOW WE DO IT

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- Monthly meetings (state, regional, stakeholders)
- Key partnerships and relationships (Other state agencies, UNH, PIRE, CAPT, PMP Center for Excellence, Colorado SBIRT, etc.)
- Leadership of funders
- Partnership with those we serve (CBPR model) – their knowledge, skills, expertise
- Expertise and skills of staff (tap non-Center staff when needed – e.g. research librarian, ED)
- Share work via eStudio and nhcenterforexcellence.org

HOW WE DO IT

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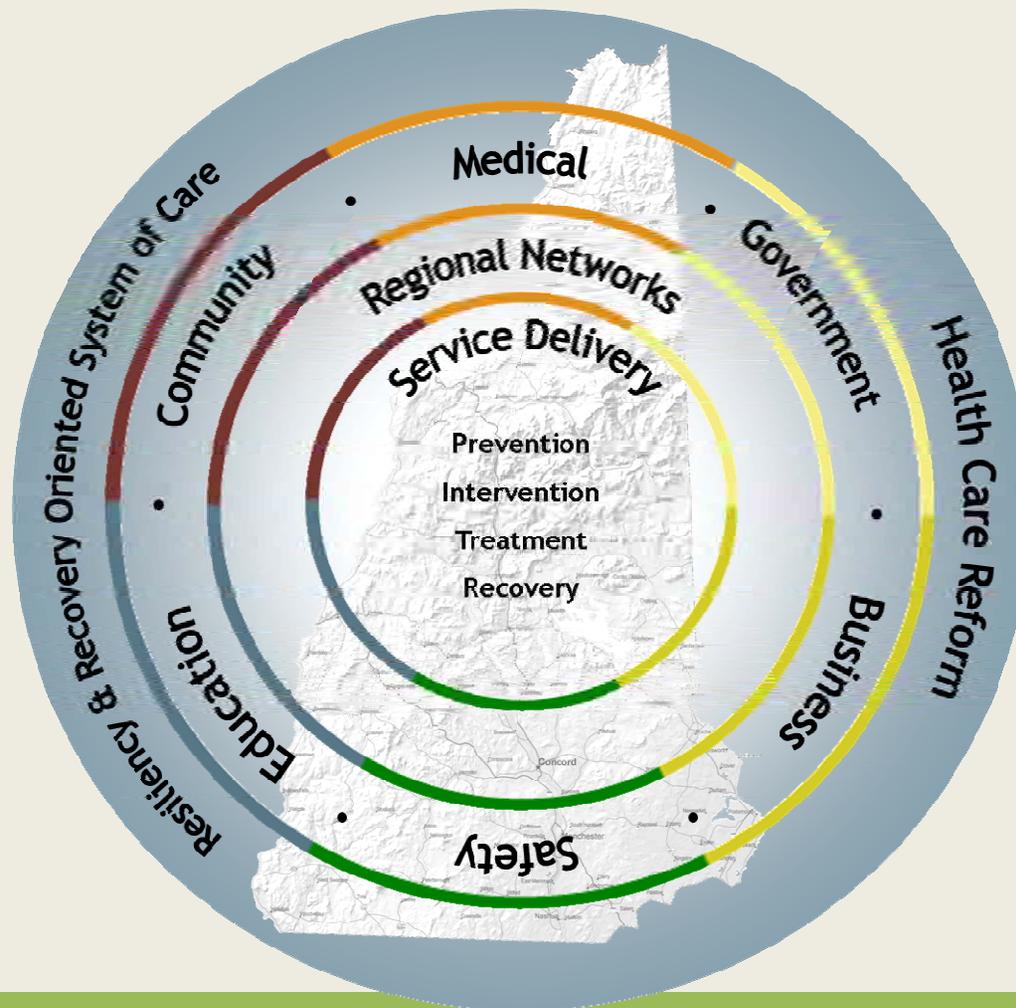
Culture of responsiveness and adaptability
to changing landscape

Professional and personal commitment
to health outcomes for our communities

Harness capacity, knowledge, skills, and passion that already reside
within communities, sectors, professional field, partners

THE CHANGING LANDSCAPE

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WHAT WE MEASURE

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- # and type of technical assistance provided
- Hours per incidence of TA
- Intermediate outcomes (how TA was used; self-report of its impact on community or provider work)
- Satisfaction of TA recipients
- # of grant proposals developed v awarded; resources secured
- Beginning to track data requests and products
- New measures for new landscape

SHIFTING THE CENTER'S ROLE

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- ✦ Increasing capacity at the local level (e.g. Understanding data, CBPR, technical assistance to communities, etc.)
- ✦ Developing tools and trainings for new “field of practice” (five core sectors)
- ✦ Supporting implementation (ALC in Clinical Supervision) while also managing significant system shift in treatment
- ✦ Not leading but supporting

WHEN ARE WE MOST EFFECTIVE?

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- ✦ Clear objectives
- ✦ Clear expectations
- ✦ High standards
- ✦ Listening and being responsive to communities and providers
- ✦ Strong assessments to back up goals and objectives
- ✦ Big picture....small details – BOTH

WHAT ARE OUR CHALLENGES?

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- ✦ Shifting priorities and direction at the federal level
- ✦ Funder priorities may not match community or provider need
- ✦ Keeping up with demand
- ✦ Increasing accessibility of data (e.g. WISDOM will help alleviate bottlenecking)
- ✦ Countering distrust or sense of TA being “forced”
- ✦ State funded v not state funded – when resources are stretched
- ✦ Managing expectations at many levels

WHAT ARE OUR SUCCESSES?

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- High satisfaction (anecdotal and via evaluations)
- Resources awarded (ATR, SPE, SEOW; total ~\$14M over 4 years)
- Centralized data and resources = more streamlined strategic planning and data-driven practice (e.g. Call to Action Rx Drug Plan; ten regional network plans)
- Broad engagement promotes broad knowledge transfer
- Positive experiences lead to more forward momentum (e.g. CFS wanting to join ALC)

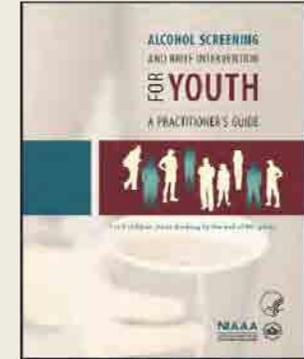
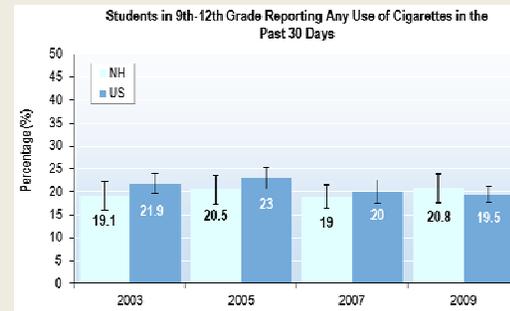
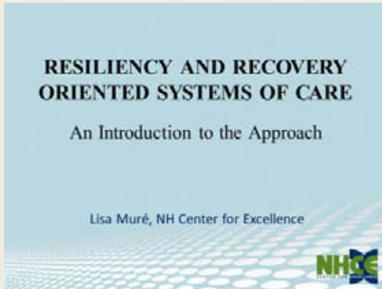
Technical Assistance Examples

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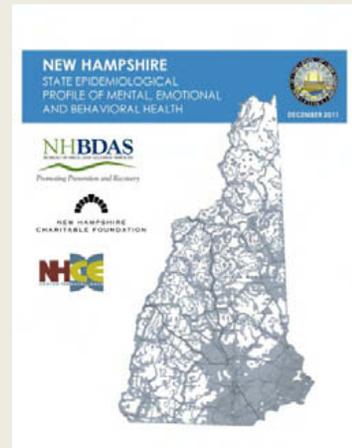
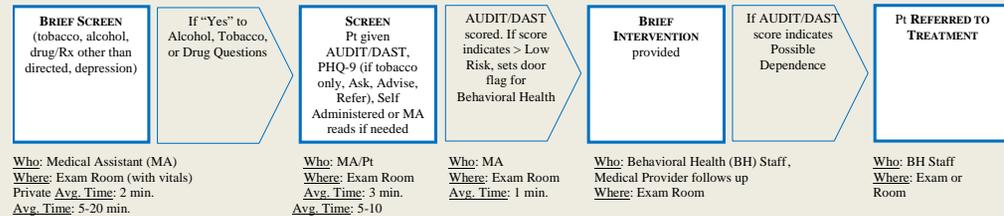
Technical Assistance Request	Technical Assistance Response
How can we support local health clinics in considering SBIRT?	Provided insurance codes, sample work flows, outcomes from other states
How can we engage businesses in prevention?	Disseminated federal publication Created local fact sheet
Can we have aggregate trend data for our region's schools relative to 30 day prescription drug abuse?	Produced aggregate data and graph for parent forum
We request training for community members in understanding data	Prepared and presented Data 101 for community group
We need technical expertise for a community stakeholder on how to use the PARTNER tool to measure community collaboration	Provided PARTNER orientation and facilitated stakeholder dialogue
We would like to use an NREPP program designed for universal populations for an indicated, high risk population.	Researched the program, contacted developers, provided modifications to program developers endorsed based on research they had done on high risk populations

Examples

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Clinic A (Medical Assistant and Behavioral Health Based Model)



Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	\$48.00

WHAT ARE OUR OPPORTUNITIES?

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- ✦ Prevention transformation provides opportunity to support knowledge transfer outside of traditional field of practice
- ✦ Treatment transformation provides opportunity to support new growth and adaptability of traditional treatment system
- ✦ Strategic planning (e.g. Call to Action) has leveraged new leadership and action which will support substance abuse and primary care integration; business engagement
- ✦ SEOW has led to more substantive collaboration between substance abuse and community/public health systems (e.g. WISDOM at state level) and behavioral health
- ✦ Opportunity through SPE to support important infrastructure enhancement, particularly in web-accessible data (WISDOM), knowledge transfer (web-based trainings and information-sharing), and quality improvement (performance management systems)

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QUESTIONS?



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THANK YOU!