

Community Partnerships: Enhancing the Continuum of SUD Services

Oak Orchard Health

Director of Behavioral Health

Robin Govanlu, LMHC, LAC, LPC

Oak Orchard Health

- Oak Orchard Health is a Federally Qualified Health Center that serves communities in Monroe, Orleans, Wyoming, Steuben, Allegheny, and Genesee counties with ten sites and a mobile dental unit.
- We provide integrated primary care, behavioral health, dental, and vision services.
- Our Behavioral Health program started at the beginning of 2019 with only our Director and one full time therapist, we now have 15 therapists and two behavioral health care managers across our organization.

A Community Approach to SUD/ODU Treatment

- Recognizing the need to treat SUD/ODU where clients turn up in our system—no wrong door.
- Development of Collaborative relationships and referral networks to support bidirectional linkage between higher and lower levels of care.
- SUD is a chronic, life long disease—making the shift to a medical model approach in ongoing maintenance treatment, just like any other chronic medical condition.

Grant Funding

- OOH received funding from NYS Office of Alcoholism and Substance Abuse Services (OASAS) in 2019 to support the implementation of MAT services in primary care through community partnerships in the Albion, NY region.
- Focus of the grant was to improve screening and identification of SUD/ODU across the system and create a streamlined referral network to connect patients to the correct level of care for MAT and SUD services.

Accomplishments of the Grant

- Created a partnership with the premier specialty substance treatment provider in the area (GCASA)
- Encouraged and provided support for providers to obtain Data Waivers
- Provided education on evidenced-based prevention, treatment, and recovery to help reduce stigma
- Increased access to naloxone and provided trainings to staff
- Implemented more robust screening (SSI-SA, AUDIT) for SUD in primary care and BH visits
- Creation of a bidirectional referral process from the specialty treatment hub to the FQHC
- Support integrated treatment and recovery services (utilization of Peer Services)
- Patients able to have

Overview of Referral Process

- Patients are inducted on MAT at specialty treatment program (GCASA)
- After completing the treatment regimen at specialty program client's are assessed for readiness to transition to lower level of care (FQHC)
- Provider from specialty program (GCASA) sends referral to OOH BH Care Manager
- OOH BH Care Manager completes initial phone screening and then schedules MAT appointments
- If a patient becomes de-stabilized in recovery (return to ongoing use) OOH BH care manager will support transition back to specialty treatment provider (GCASA).

Changing the Culture in Primary Care

- **Challenges Experienced:**

- Traditional siloed approach to substance treatment
 - Some resistance from providers around obtaining a Data waiver
 - Ongoing stigma around treating patients with substance use concerns
 - Understanding substance use disorders from a chronic disease model
- **Examples:** Overly rigid requirements for SUD patients in a primary care setting, “illicit,” drug use versus other substance use, patient running out of medications early.

Strategies to Start Shifting the Climate

- Providing initial and ongoing education and training to providers around MAT (with an emphasis on how our setting is different than specialty treatment).
- Setting expectations for providers to obtain Data waiver
- Collaboratively creating and updating referral workflows with GCASA to identify readiness to transition to an FQHC, when it is clinically needed for a patient to return to specialty treatment, and revisiting these processes when we identify barriers
- Implementing Motivational Interviewing trainings for all staff at onboarding
- More intensive training for Behavioral Health Providers around harm reduction/MAT
- Setting up trainings for non-clinical staff around SUD/MAT (coming soon!)

Current State and Ongoing Collaborations

Despite grant funding ending in the fall of 2020 we have continued our collaborative partnership with GCASA for SUD/ODD patients, and other grant initiatives and hope to continue to grow our program and meet the community need.