

**Uniform Assessment to
Recovery Planning and Care
Coordination: Part 1**

Letisia Balderas MacDonald, Treatment for Youth Coordinator; and Marie Salinas, SUD
Outpatient Programs and COPSD Program Specialist, Substance Intervention and Treatment
Programs
Kenneth Placke, Program Specialist Data and Quality Lead, Integrated Care Strategy
Behavioral Health Services
Texas Health and Human Services

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Overview

- Background
- Screening
- Assessments
 - ▶ Uniform Assessments
 - ▶ Treatment Planning
- Care Coordination
- Summary

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Background (1 of 2)

The current United States health care structure is complex:

- Health care providers and organizations providing support deal with the complexities in the service delivery structure.
- People with multiple health and social support needs face a highly fragmented service delivery structure.
- Within this structure, people may experience sub-optimal care, outcomes, and costs when engaged in health care.

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Background (2 of 2)

Timely access to services and an initial and comprehensive evaluation for people seeking services is a best practice.

- People requesting or referred to behavioral health services will receive a preliminary screening with a risk assessment to determine acuity of needs.
- After the preliminary screening, the person receives:
 - ▶ An initial evaluation;
 - ▶ A comprehensive, person-centered and family-centered diagnostic and treatment planning evaluation; and
 - ▶ Education on program services and requirements.

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Preliminary Screening

- Identifies positive indicators that support a need for further investigation
- Directs the screener to make appropriate referrals or schedule an assessment
- Includes:
 - ▶ Intake screening
 - ▶ Crisis screening
 - ▶ Behavioral health screening tools
 - ▶ Screening, brief intervention, and referral to treatment

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Assessments

“Gathering key information and engaging people in a process that enables providers to understand a person’s readiness for change, areas for improvement, diagnoses, disabilities, strengths, and natural supports.”

Treatment Improvement Protocol (TIP) Series, No. 42. SAMHSA Publication No. (SMA) 15-3991.
<https://www.samhsa.gov/resource/ebp/tip-42-substance-abuse-treatment-persons-occurring-disorders>

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Best Practices in Assessment

Best practices rely on:

- Input from multidisciplinary and interdisciplinary team members;
- Interview skills to obtain assessment information through engaged conversation; and
- Internal, consistent tools to frame biopsychosocial assessments on behavioral health, physical health, and non-medical drivers of health.

Intermountain Health (06/14/2021). The Benefit of Interdisciplinary Teams in Healthcare. Intermountain Health Blog. <https://intermountain.com/blog/the-benefit-of-interdisciplinary-teams-in-healthcare/>

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T-CCBHC Assessments (1 of 2)

A Texas Certified Community Behavioral Health Clinic (T-CCBHC) assessment is comprised of:

- Preliminary diagnosis
- Source of referral
- Reason for seeking care
- Immediate clinical care needs related to the diagnosis
- A list of current prescriptions, over-the-counter medications, and other substances the person may be taking
- Releases of information, if needed

Substance Abuse and Mental Health Services Administration. Certified Community Behavioral Health Center (CCBHC) Certification Criteria. Published February 2023. Update March 2023. <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>

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T-CCBHC Assessments (2 of 2)

A T-CCBHC assessment determines:

- Risk to self or others, including suicide risk factors
- Other safety concerns
- Medical care needs (with referral and follow-up as required)
- Active military or veteran status

Substance Abuse and Mental Health Services Administration. Certified Community Behavioral Health Center (CCBHC) Certification Criteria. Published February 2023. Update March 2023. <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>

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Treatment Planning (1 of 2)

Texas Administrative Code (TAC) definition:

- "A collaborative process through which the provider and the person receiving services develop desired treatment outcomes and identify the strategies for achieving them
- At minimum, the plan addresses the identified:
 - ▶ Substance use and mental health disorder(s)
 - ▶ Issues related to treatment progress including relationship, employment, education, spirituality, health concerns, and legal needs"

25 TAC Section 441.101
26 TAC Section 306.19

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Treatment Planning (2 of 2)

Treatment plans are developed from assessments.

- The assessments identify:
 - ▶ Presenting issues;
 - ▶ Historical experiences;
 - ▶ Past efforts; and
 - ▶ Supports in place and needed.
- The treatment plan recognizes:
 - ▶ Area(s) of concern;
 - ▶ Goals or objectives agreed upon;
 - ▶ Intervention(s) or methods to be used; and
 - ▶ An agreement on how change will be measured and recognized.

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Care Coordination (1 of 2)

People with complex chronic conditions often require long-term care from different healthcare and social care professionals.

- Care coordination is frequently developed to ensure good quality care.
- Complex needs require a sufficient exchange of information and flexibility in defining new professional activities.
- Existing networks between professionals become more important with increasing complexity.
- Internal policies are needed to promote better, more personalized, and person-centered care planning and coordination.

Van Houdt S, Heyrman J, Vanhaecht K, Sermeus W, De Lepeleire J. An in-depth analysis of theoretical frameworks for the study of care coordination. *Int J Integr Care*. 2013 Jun 27. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3718267/>

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Care Coordination (2 of 2)

Challenges:

- Care coordination can be impeded when:
 - The individual needs assessment is tied strictly to eligibility;
 - Community providers within a continuum are unfamiliar with existing clinical supports;
 - Providers within a continuum have different expectations regarding appropriate treatment; and
 - The operational communication loop for exchange of information is not clear.

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Summary

- Care coordination facilitates uniform assessments and treatment planning across systems:
- Screening, assessment, and treatment planning are a road map for recovery for people seeking health care.
 - Care coordination in treatment planning provides the linchpin to maintaining a focus on identified needs clinically determined to impact a person’s identified physical and social needs.

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Questions

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Thank you

TexasCCBHCInitiative@hhsc.state.tx.us
Substance_Use_Disorder@hhs.texas.gov

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