Division of State Operated Healthcare Facilities

Alcohol and Drug Abuse Treatment Centers

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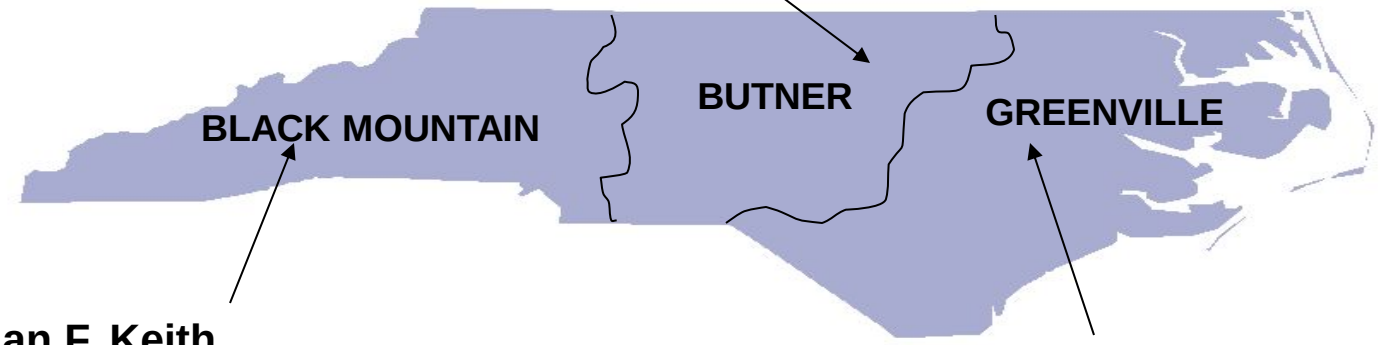
Interim ADATC Team Leader

HHS LOC Mental Health Subcommittee
February 24, 2014

ADATC Locations

R.J. Blackley
Veteran-specific services
MOA with Veterans
Leadership Council of NC



Julian F. Keith
Screening, assessment and referral for Traumatic Brain Injury (TBI)

Walter B. Jones
State-wide perinatal and inpatient Opioid Treatment Program (OTP)

Acute Inpatient Level of Care

- Each of the ADATCs are Joint Commission accredited.
- Each ADATC is CMS certified as an acute inpatient psychiatric hospital.
- The ADATCs have physicians available 24-hours a day and are staffed 24/7 with on-site nursing (RN, LPN, HCT) at an acute inpatient hospital level to provide comprehensive psychiatric services, medical and nursing services, individual & group counseling, treatment planning, discharge planning and family services. The highest ADATC daily rate is $619.
- The ADATCs serve individuals with medical/psychiatric complications that are in need of substance abuse/psychiatric stabilization and treatment.
- The residential level of substance abuse services is unable to meet this complexity of treatment needs.

DSOHF Evolution

- 1950 – 1969: The 3 Alcohol Rehabilitation Centers (ARCs) were opened.
- Historically, each of the 3 facilities were “28 Day” programs offering substance abuse treatment, education, recreation, VR, group therapy, and AA groups.
- The patient profile for the facilities in the first few years was primarily white male alcoholics age 50-70.
- 1989: The facilities were renamed Alcohol and Drug Abuse Treatment Centers (ADATCs).
- In 2001, the General Assembly accepted the recommendation made by the Public Consulting Group (PCG) that the ADATCs be adapted to accept primary substance abuse State Psychiatric Hospital admissions.
- By February 2009, all ADATC locked units were fully operational to assist State Psychiatric Hospitals, local community hospitals and EDs.
- In SFY 2007, more than one out of every five (21%) admissions to the state psychiatric hospitals were for individuals with a primary substance use diagnosis and this dropped to less than one out of ten (8%) of admissions by SFY 2103.

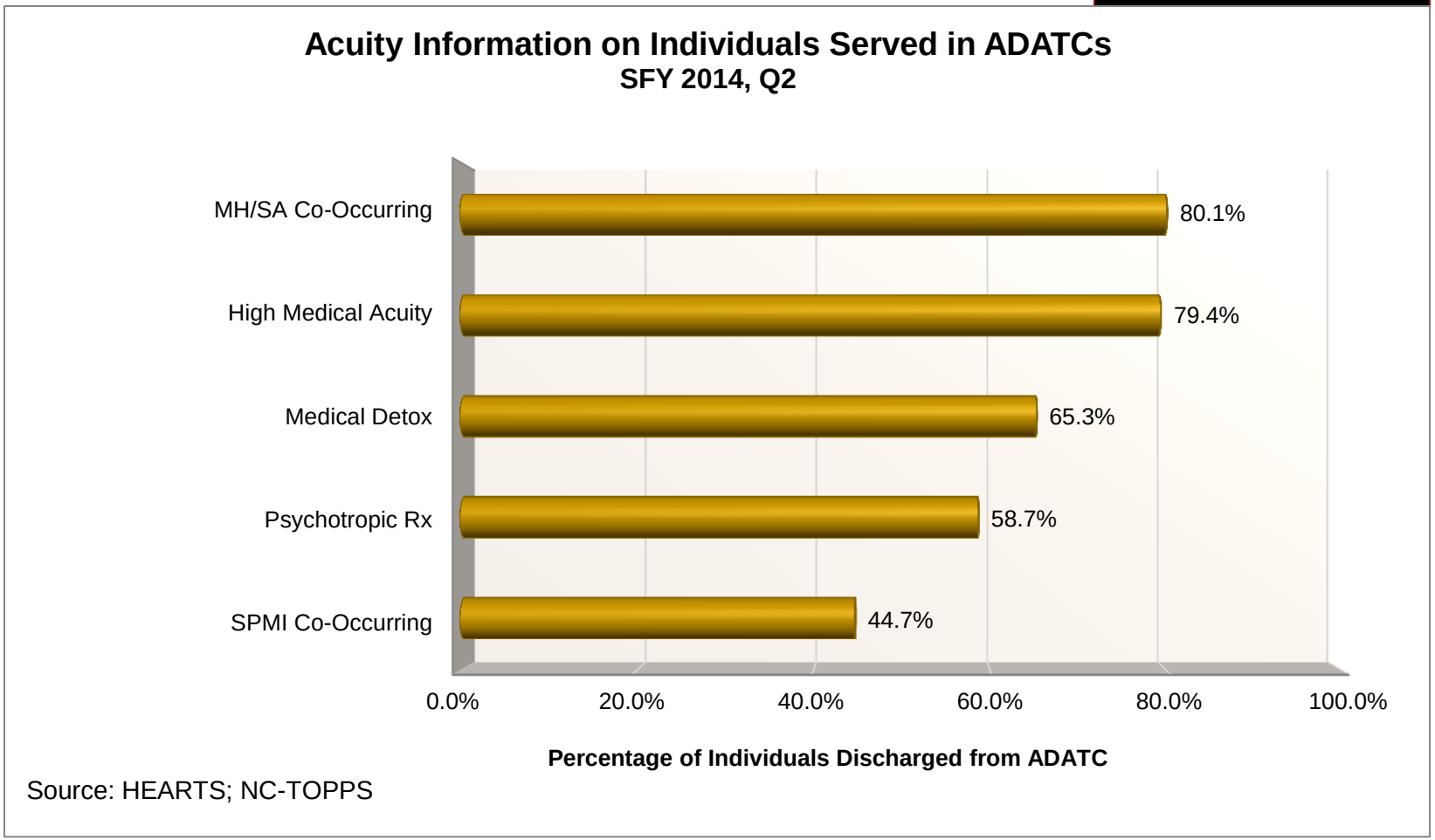
Referrals from EDs/Hospitals

- The ADATCs take referrals directly from the Emergency Departments for individuals who may be on commitment due to suicidal or homicidal ideations. They can be committed during their hospitalization at the ADATC if the individual becomes more dangerous.
- Of referrals to the ADATCs in the second quarter of SFY 2014:
  - 47% were for individuals who were waiting in emergency departments
  - 26% were for individuals in psychiatric beds or acute care beds within community hospitals

Who We Serve

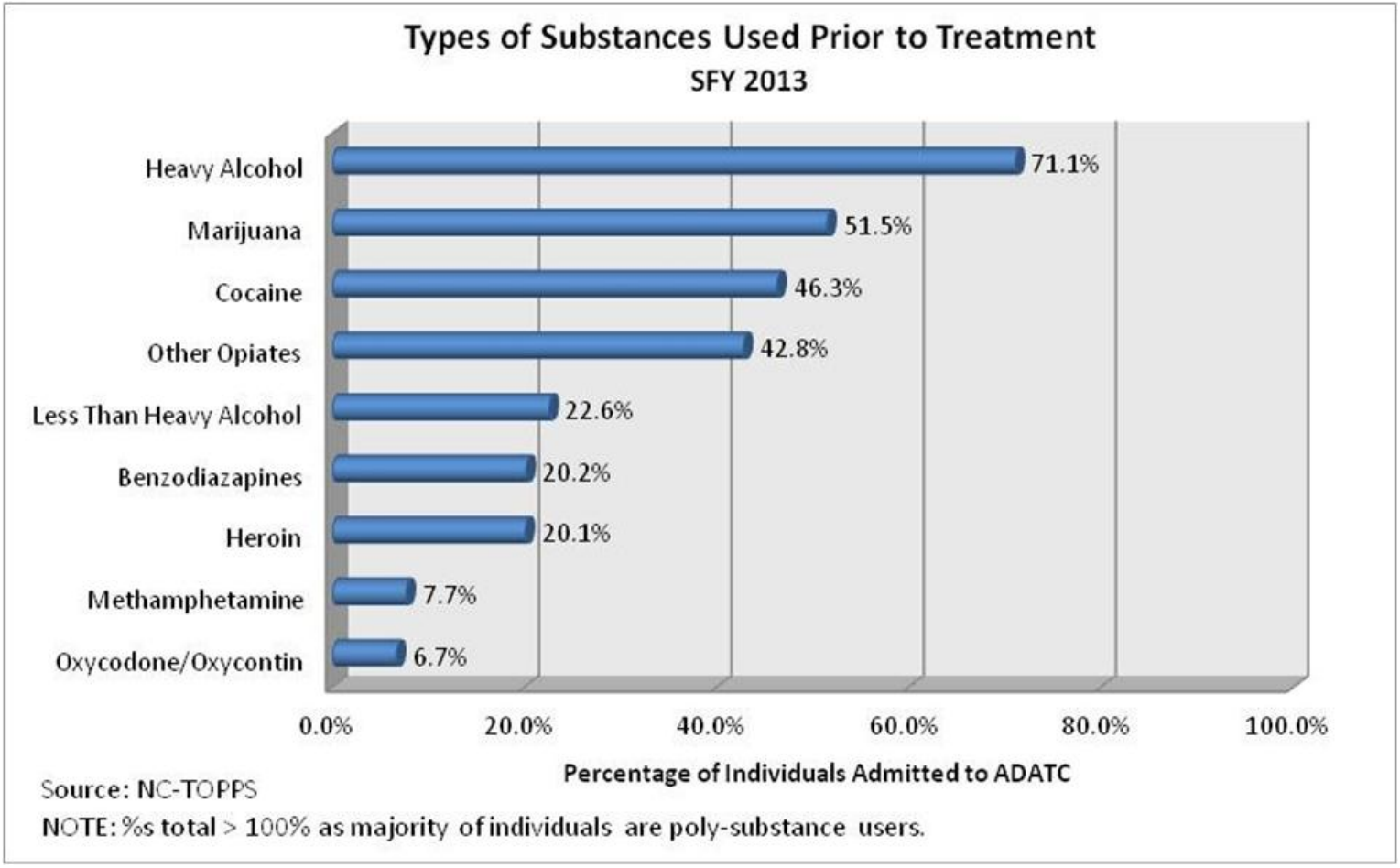
- Of individuals admitted to the ADATCs in SFY 2013:
  - 71.4% were unemployed or not in the labor force
  - 60.3% were homeless or lived in temporary housing
  - 79.1% had been arrested
  - 36.5% were under correctional or legal supervision
  - 48.9% had a history of domestic abuse
- Individuals with high medical acuity require the support of a 24/7 medically managed facility because (1) they have chronic medical problems that pose significant morbidity risk during medical detoxification and psychiatric treatment, and/or (2) they present with concurrent acute medical problems that require additional medical consultation and monitoring by primary care physicians.

Patient Acuity

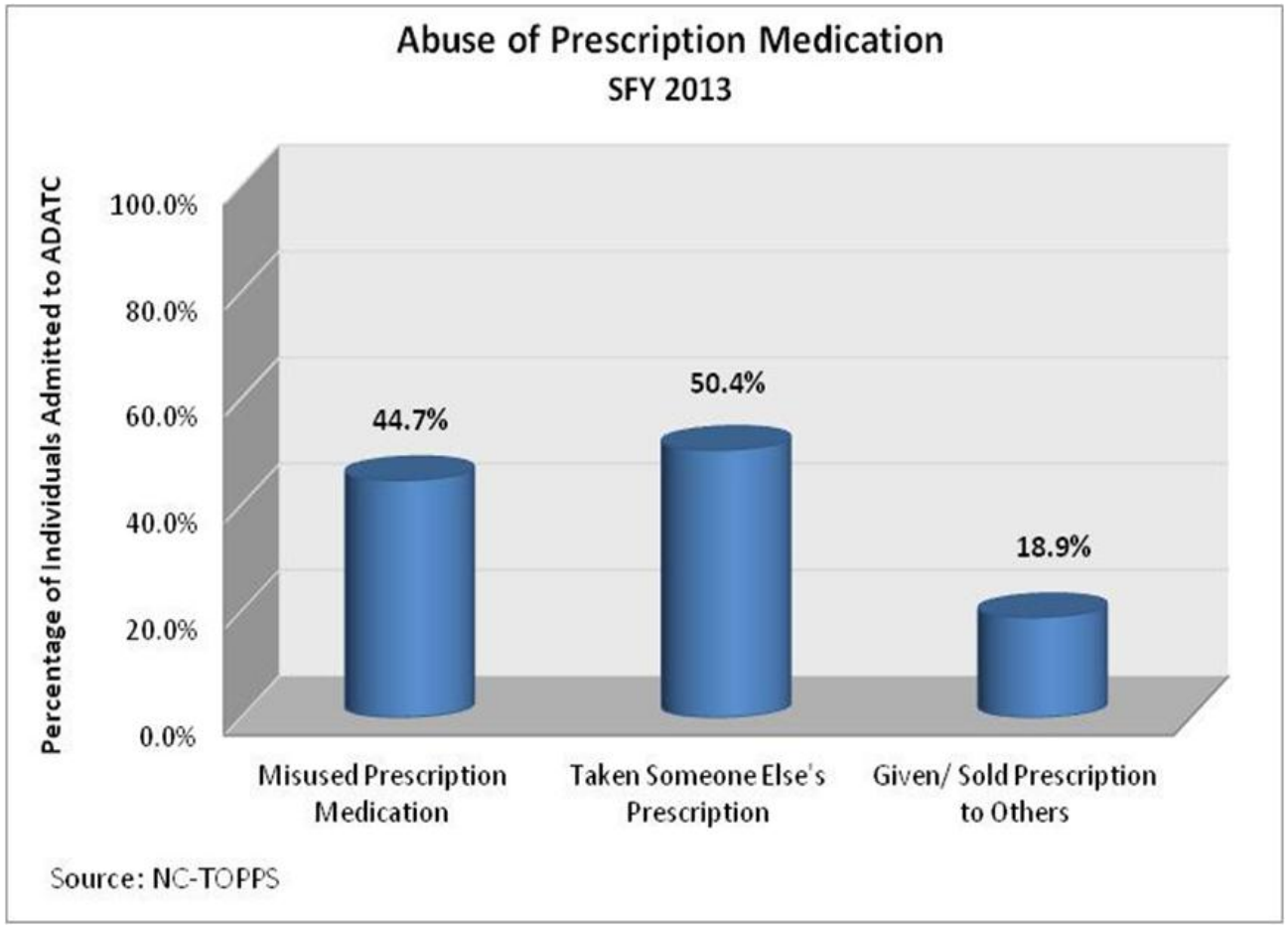


Source: HEARTS; NC-TOPPS

Substances Used Prior to Treatment



Prescription Medication Abuse



Pamela

- 31 year old white female primary drug of choice IV opiates; also used IV cocaine, methadone, alcohol, marijuana, methamphetamine and hallucinogens
- Used drugs since the age of 14 to numb emotional issues with childhood sexual abuse
- Raped 4 times in the last 10 years; History of six suicide attempts
- Medical Diagnoses include Hepatitis C with elevated liver function tests which required more careful medication management and repeat lab work during her hospitalization
- Psych diagnoses include Bipolar disorder, PTSD and possible ADHD, on Lithium
- Continued relapse despite 4 previous detox admissions in her home state of Massachusetts, previous ADATC admission for medical detoxification and 2 prior psychiatric admissions earlier in the year. Had previously been incarcerated for 5 months and went through drug court
- 4-year old son removed from her custody by DSS upon her admission - due to suicidal ideations and opiate/alcohol intoxication
- Non-compliant with outpatient treatment and medication appointments. History of “doctor shopping”
- Admitted through local hospital ED under Involuntary Commitment (IVC) for medical detoxification from opiates, alcohol, and sedatives
- Completed treatment objectives (medical detoxification and the specialized treatment track for anxiety and PTSD) and was stabilized for discharge

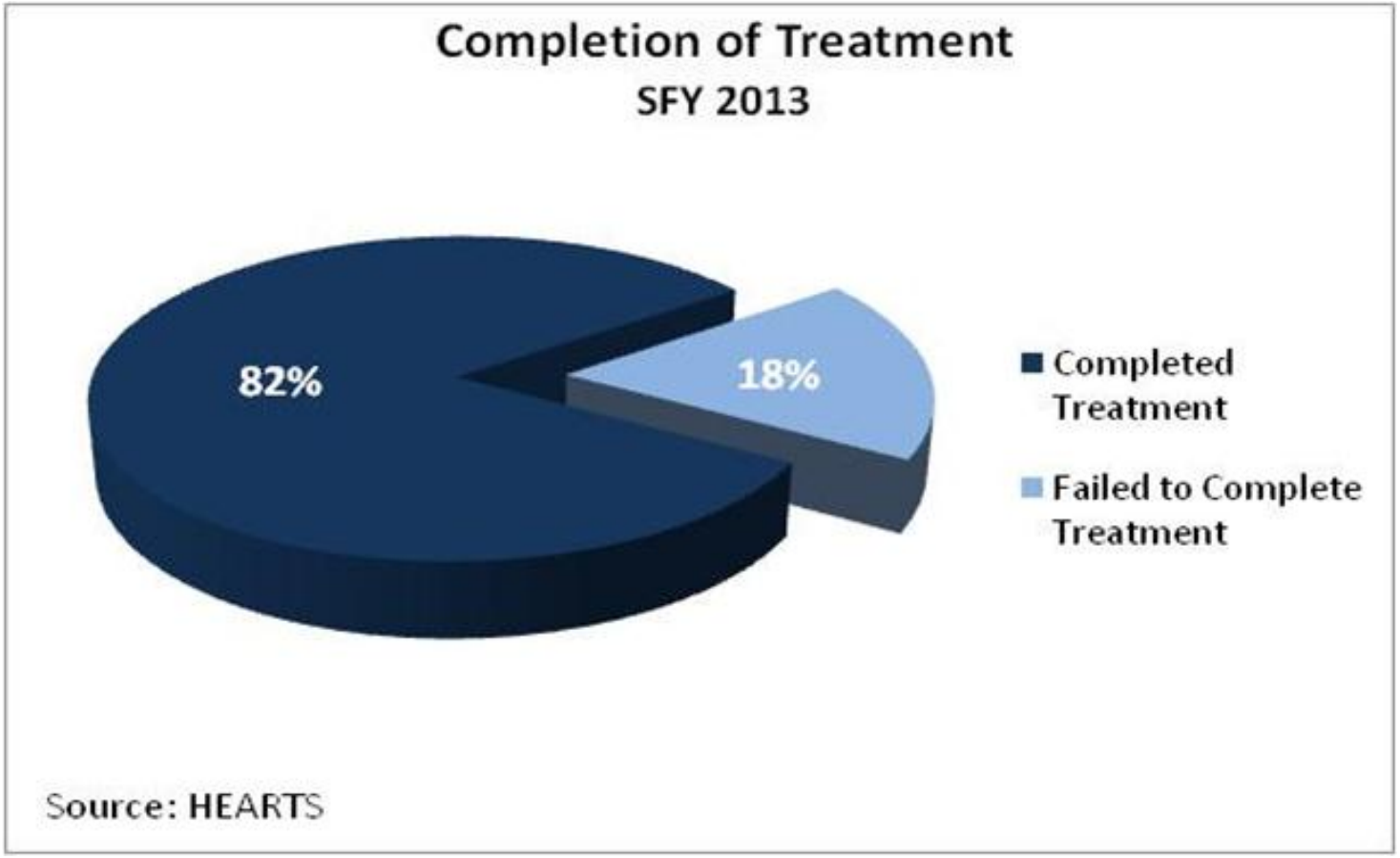
Pamela Today

- Has maintained sobriety for over 5 years
- Has regained custody of son a few months after discharge, he is now 9 years old
- Currently pregnant with a second child, engaged, and awaiting completion of Habitat home for their family
- Is employed at NC tourist attraction
- Taking classes for CNA
- Has a sponsor in Narcotics Anonymous and sponsors 4 other women

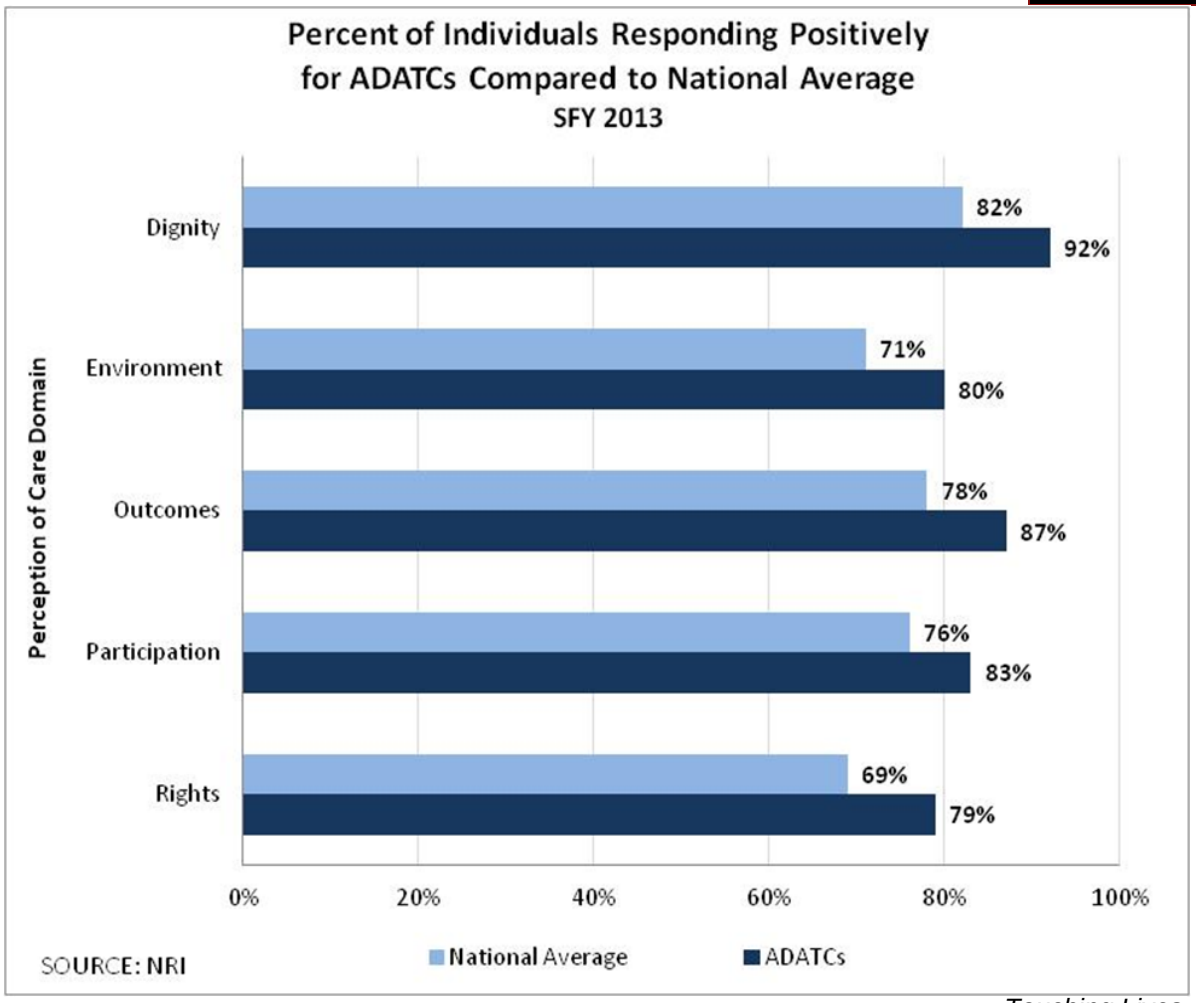
Outcomes

- The ADATCs have established systems to monitor the quality of treatment as well as treatment outcomes given the limited resources available, using process-based measures and self-report survey data.
- The following quality indicators are monitored regularly with the goal of improving outcomes during and following treatment:
  - Program Completion
  - Perception of Care surveys
  - Effectiveness of services received
  - 30-day readmissions

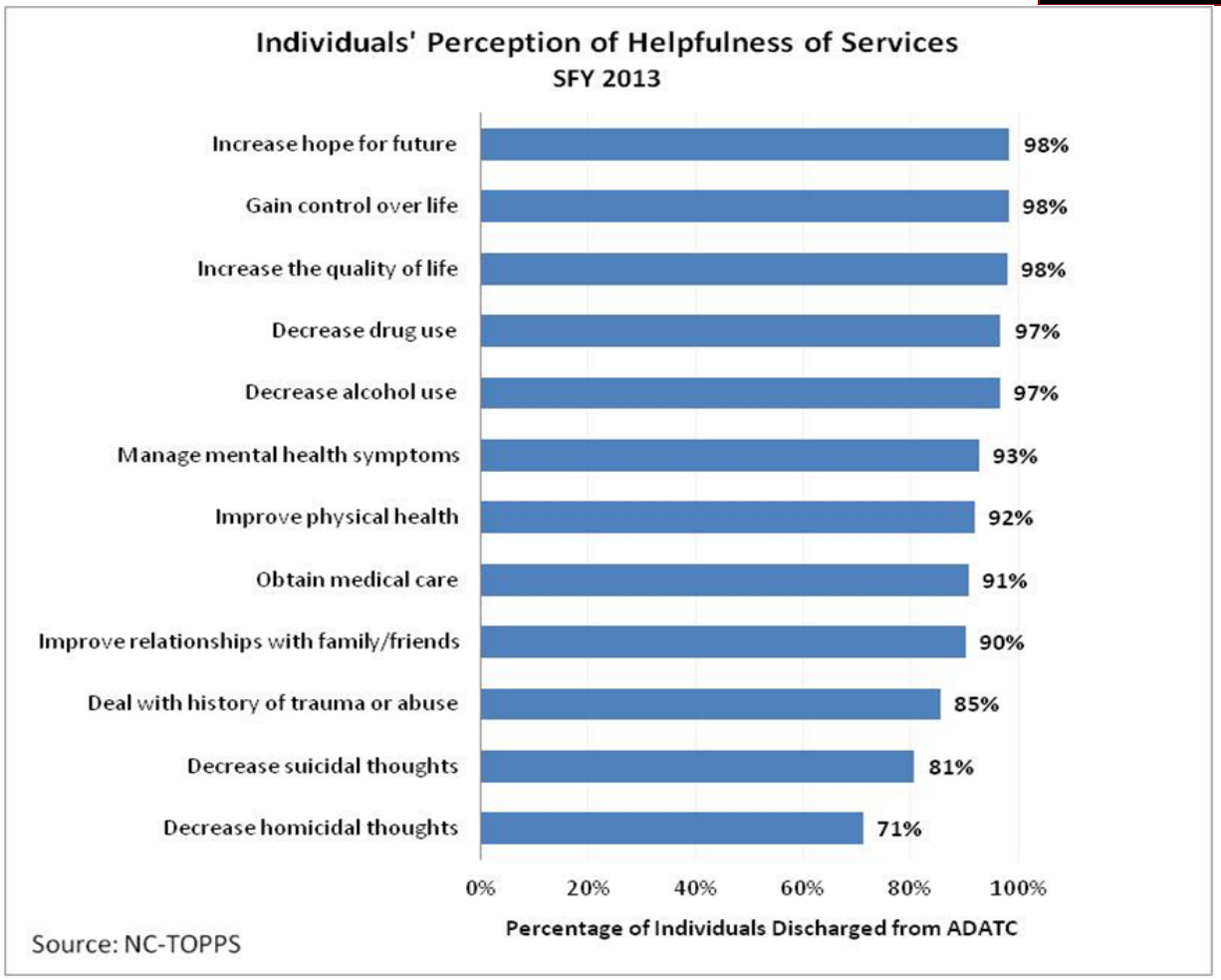
Program Completion



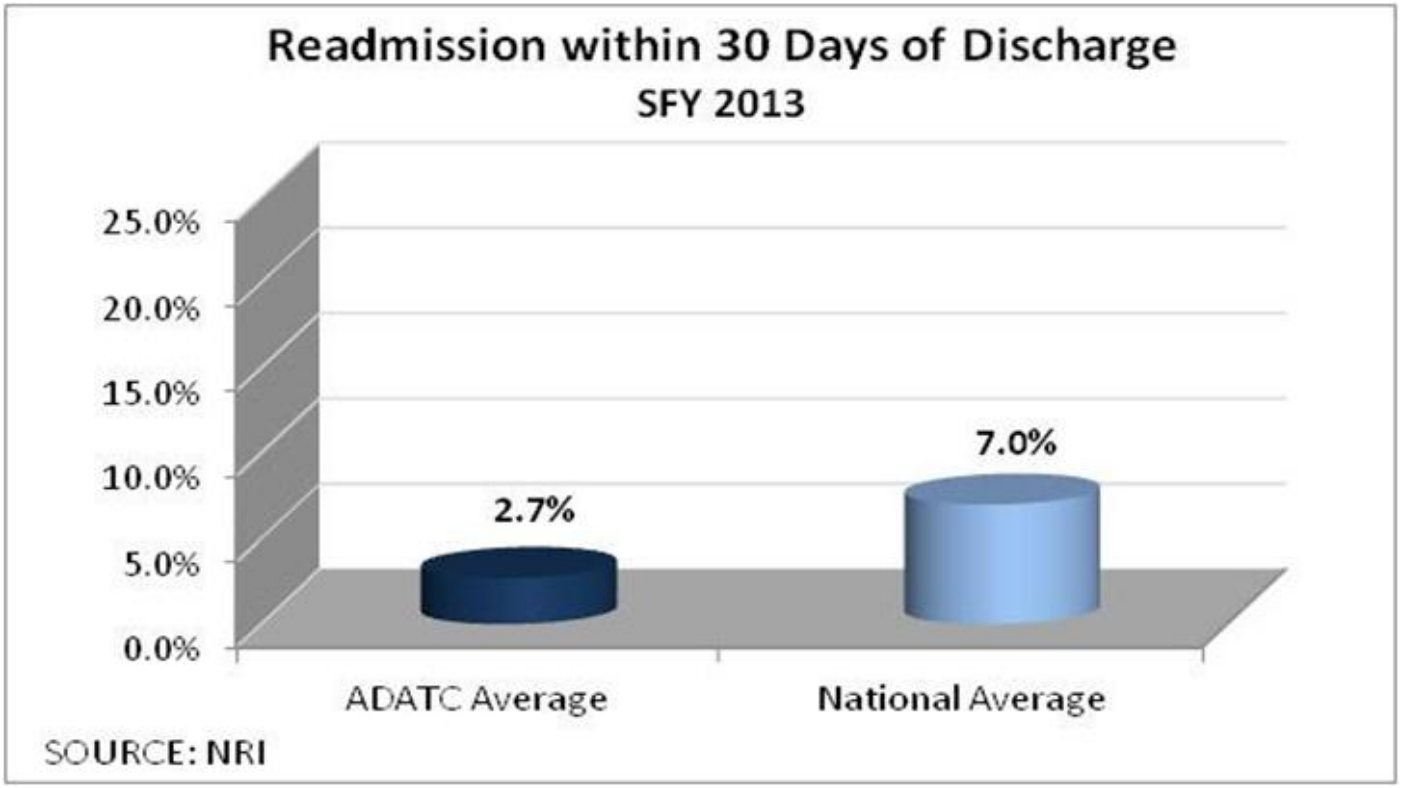
Perception of Care



Effectiveness of Services Received



Readmissions



Continuity of Care

- In order for individuals to achieve positive outcomes (e.g. employment, reduced substance use, improved family/community relationships) after an ADATC stay, it is imperative that they make the connection from inpatient to outpatient care.
- Individuals meet with their treatment team to review progress, discharge plans, and identify needs for continuing care and make necessary appointments so at discharge, they have a comprehensive list of resources and community linkages to increase their chances of success and recovery in the community.
- The ADATCs work closely with LME/MCOs and individual service providers to establish relationships with specialty providers and programs to specifically tailor aftercare appointments and services.

In Conclusion

- The ADATCs are the safety net for individuals with needs that exceed the community capacity.
- Outcomes are comparable or exceed national averages in the areas of program completion, perception of care, effectiveness of services received and readmission.
- Connection between the ADATCs and the LME/MCOs and providers is vital to connect individuals to services in the community upon discharge to improve their outcomes and reduce readmissions.
- Lower level residential and outpatient addiction services are a crucial need for people leaving an ADATC.
- The importance of discharging individuals into a robust community outpatient or lower level residential program cannot be emphasized enough as it is the goal of the continuum of care that each individual served, achieves and maintains a lifestyle of recovery.

Questions?