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Access to the Full Continuum of Substance Abuse Services in North Carolina

**Presented to Joint Legislative
Oversight Committee on
MH/DD/SAS**

November 13, 2006



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NC Division of Mental
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-
- **So how should an ideal system of care for adults and children with substance abuse problems be designed?**



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Principles

- **Participant (consumer) driven.**
- **Prevention focus.**
- **Outcome oriented.**
- **Reflect best treatment/support practices.**
- **Cost effective.**
- **Integrated in communities.**
- **Resource equity & fairness throughout the state.**



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Participant Driven

- **Person Centered Care**
- Consumer is in control.
- Customization of care based on consumer needs and values.
- Care is transparent to the consumer.
- DHMDDDSAS utilizes Person Centered Plans



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Consumer Focused Access:

- Invest for Results –Close serious gaps in treatment capacity to reduce associated health, economic and social costs.
- No Wrong Door-Effective systems must ensure that the individual needing treatment will be identified and assessed and will receive services either directly or through appropriate referral, no matter where he or she enter the realm of services. Services are available on demand.
- Commit to Quality-Establish a system that more effectively connects services and research , with the goal of providing treatment based on the best scientific evidence



Prevention Focus

- Research suggests that only when high quality services are provided of the entire continuum, including **prevention**, will there be a reduction in the incidence, prevalence and overall costs of the disorder.



Prevention Focus

- Individuals and families should be screened for risk factors that are associated with the onset of substance use disorders.
- All those identified to be at risk should be offered the recommended evidence based preventive intervention.



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Outcome Oriented

- “For many years the provider community has held the *consumer* responsible for his or her own outcomes. For the person with substance abuse problems accountability is an important part of the recovery process if there was not constructive change than person was blamed for being resistant or incapable of change .



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- **With the advent of interventions that have been demonstrated to have clear benefits to consumers, accountability for outcomes has shifted to the *practitioner*. If the consumer does not benefit from the intervention the practitioner is blamed for being resistant or incapable of change.**



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- **What we are witnessing today is a shift toward holding human service *systems* accountable for benefits (or lack thereof) at the consumer level. System measures have been modified with less emphasis on diagnosis and symptoms and greater emphasis on recovery and resilience.”—National Implementation Research Network 2006**



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Cost Effective

- **Dwindling funding streams**
- **83% of the current funding for SA is Federal Block grant with many requirements**
- **No Medicaid reimbursement for distinct SA services**
- **Non-existent continuum of services in communities across the state**



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Best Treatment Support Practices

- **Most profound service and service delivery change in 30 years.**
- **Re-alignment of financial and clinical resources**
- **Provides the framework for the provision of a full continuum of SA Services**



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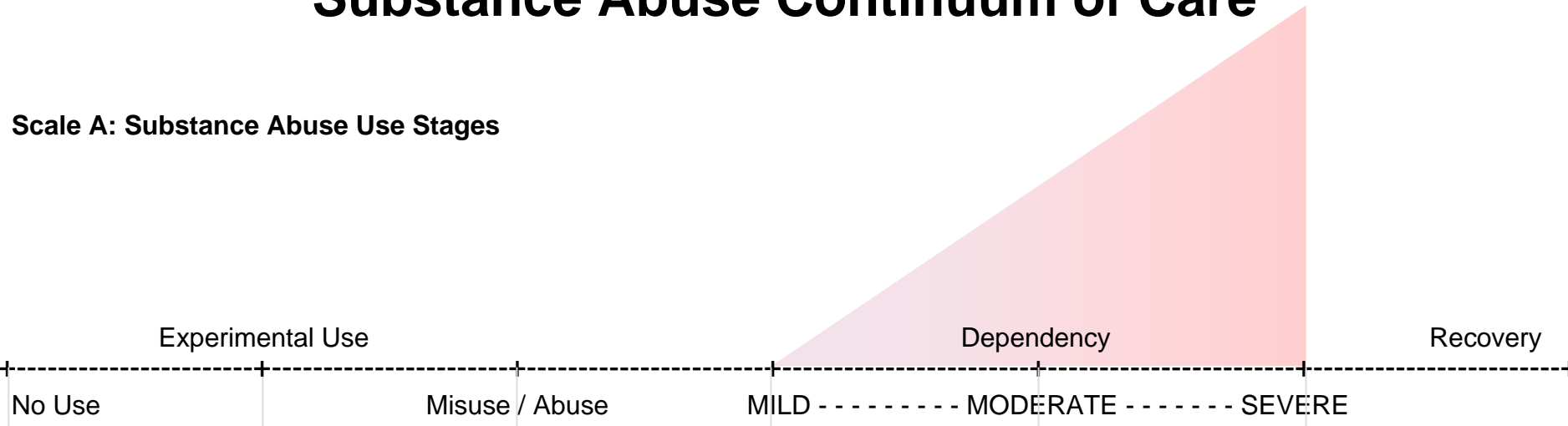
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Reimbursed SA Evidenced- based Best Practices

- **Recovery Philosophy based upon the bio-psycho-social disease model of addiction**
 - **Cognitive Behavioral Therapy**
 - **Motivational Interviewing**
 - **Motivational Enhancement Therapy**
 - **Twelve Step Facilitation**
 - **Brief Strategic Family Therapy**

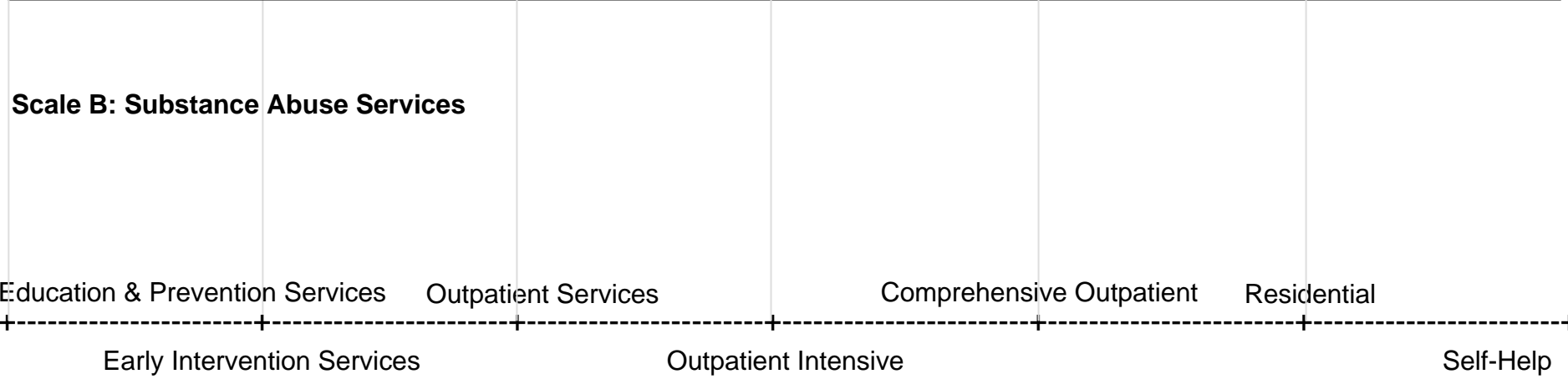
Substance Abuse Continuum of Care

Scale A: Substance Abuse Use Stages



NOTE: Progression through stages varies, moves forward, moves back until dependency is established, once dependent, some process of "Recovery" is often the best outcome or goal for the person/family with the problem.

Scale B: Substance Abuse Services



NOTE: Progression through services must allow for "stepping up or stepping down" based on clinical assessment of client progress or relapse issues. Based on assessment some clients may require a combination of services occurring simultaneously.



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- **Looking for a few good SA Professionals**
 - **Senate Bill 705/S.L. 2005-431 SA Practice Act**
 - LCAS-licensed clinical addictions specialist
 - LCS -licensed clinical supervisor
 - CSAC-cert. substance counselor
 - CCJP-cert. criminal justice addictions prof.
- **10A NCAC 27G .0203**
 - **Qualified Professional Status (QP)**
 - **Associate Professional Status (AP)**
- **10A NCAC 27G .0204**
 - **Para-professional Status**
- **Certified Peer Specialist Credential (New)**



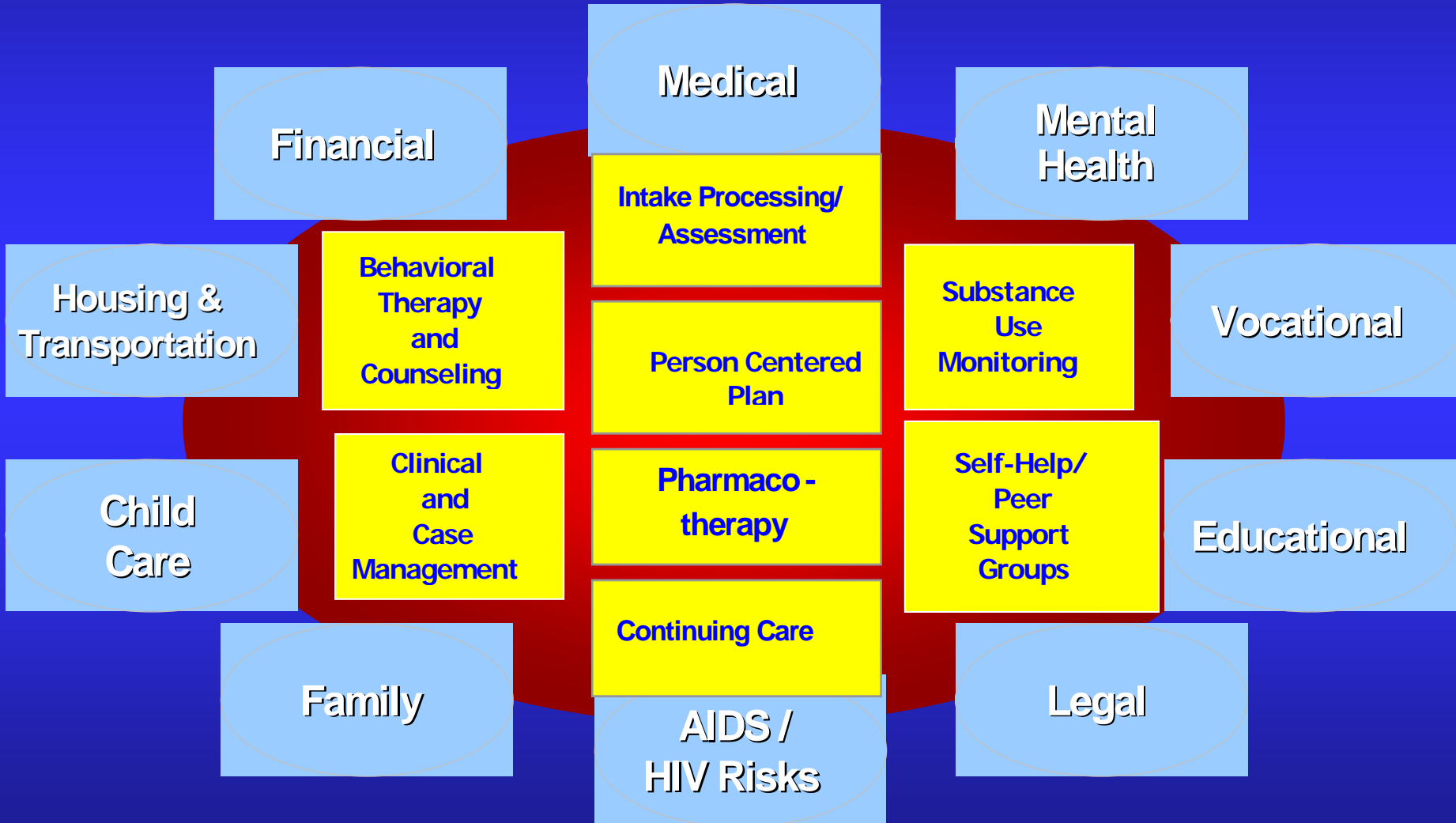
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Integrated into the Community

- **Who cares about services delivered to persons with substance use disorders?**
- Consumers
- Families
- Primary Care Physicians
- Criminal Justice Judges
- State Government (80% primarily government funded)

North Carolina

Substance Abuse Treatment Components and Comprehensive Services



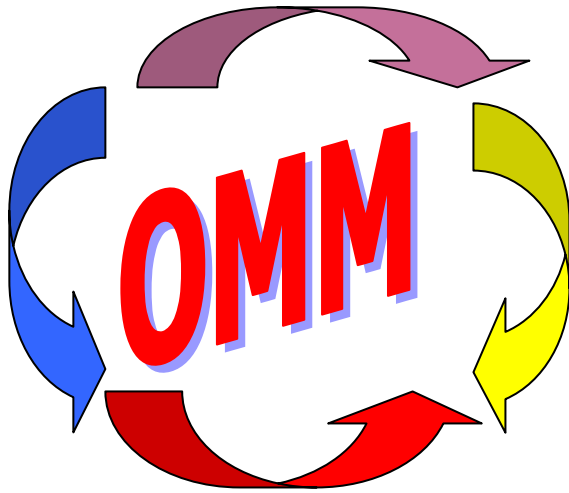


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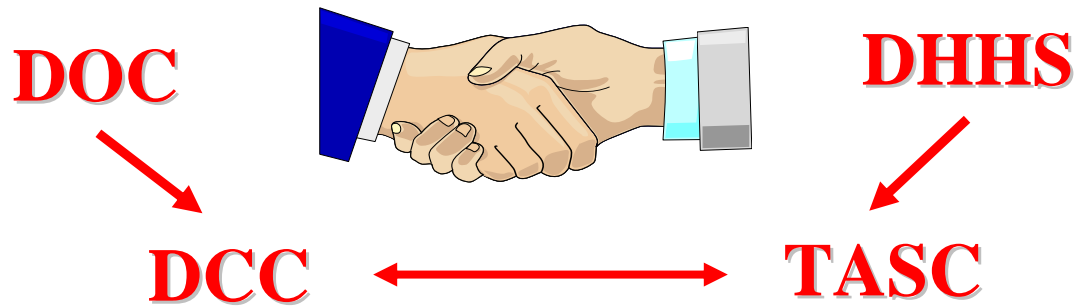
Community Integration

- **Partnerships are essential for the support of and recovery. The effective substance abuse service delivery system relies on other systems of care to reinforce prevention and treatment goals.**



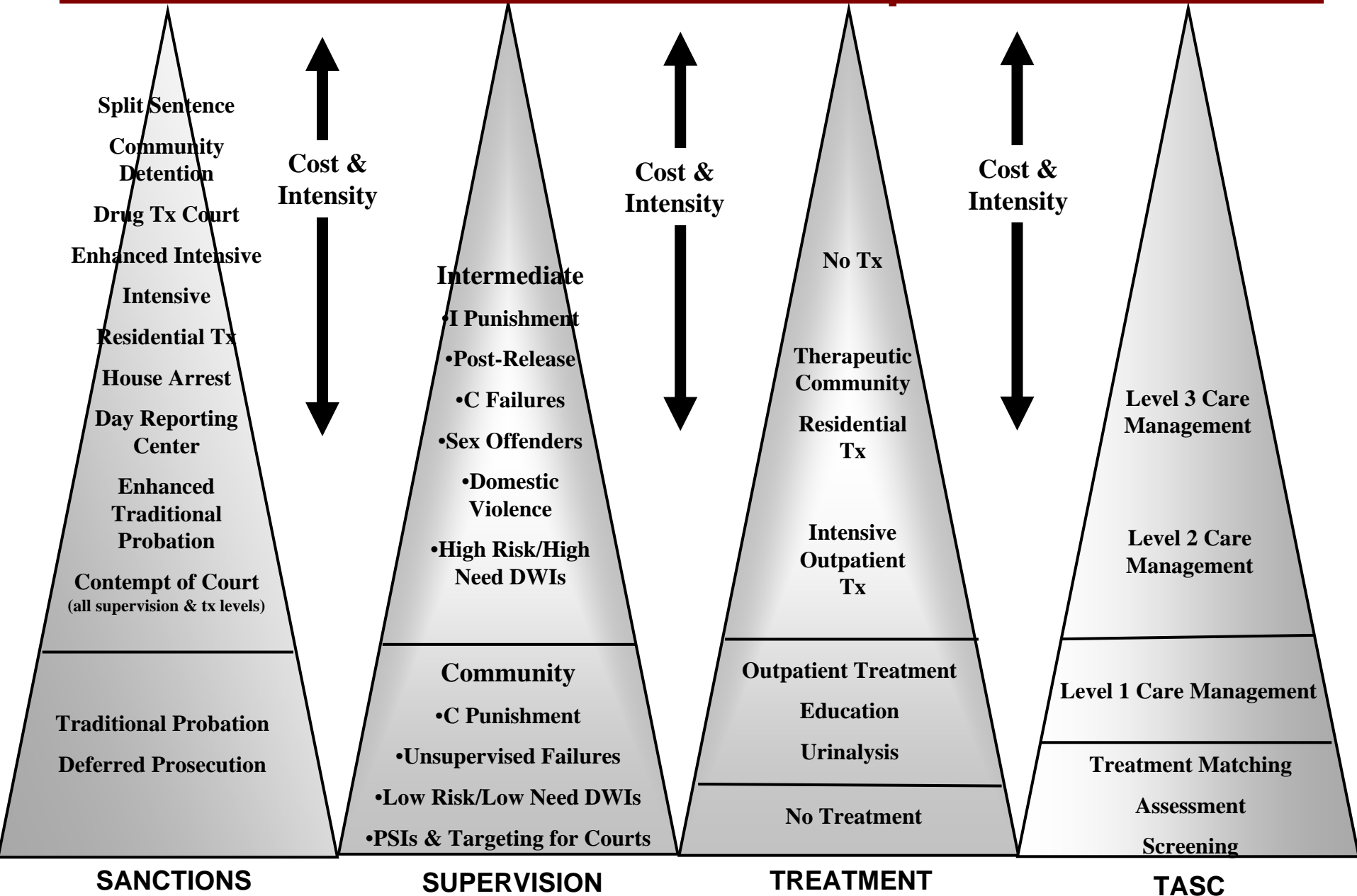
OFFENDER MANAGEMENT MODEL

ONE OFFENDER - ONE CASE PLAN - ONE TEAM



Balances Intervention Opportunities provided thru DMHDDSAS & Controlled Supervision provided thru DCC

NC Continuum of Sanctions, Supervision & Care



**Memorandum of Agreement
between the
North Carolina Department of Health and Human Services
and the
North Carolina Department of Correction
and the
Administrative Office of the Courts**

i.

This Memorandum of Agreement (MOA) and Appendices are entered by and between the Department of Health and Human Services (DHHS), the Department of Correction (DOC) and the Administrative Office of the Courts (AOC) for the purpose of developing a comprehensive offender management model that ensures public safety while addressing the needs of offenders. The Division of Community Corrections (DCC) and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) are the primary resources involved in community corrections. AOC manages the N.C. Drug Treatment Court Act Program and provides administrative support to the local courts that operate Adult Drug Treatment Courts (DTC). The Division of Alcoholism and Chemical Dependency Programs (DACDP) and Division of Prisons (DOP) impact community corrections through the release of offenders who have received services while in custody or while in a residential facility (DART-Cherry). The purpose of a comprehensive offender management model is to create a seamless system built on the ideals of integrated service delivery and coordination of resources that provide effective interventions for offenders.

DCC provides supervision of offenders in the community and DACDP and DOP offer services that support the offender's transition into the community - all of which require a structured link to services, support and coordination with DMHDDSAS community-based services. AOC provides resources and support for local judicial supervision of offenders in DTC that includes a continuum of sanctions and incentives. The Offender Management Model (OMM), as described in the Appendices, presents a systemic model for accessing community-based services through screening and assessment, matching to appropriate interventions and managing case plans. Utilizing the principles of effective interventions, we can reasonably assert that the OMM will be successful in modifying offender behavior.

Meet the Recipients





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Priorities within Substance Abuse Target Populations

- Pregnant injecting drug users and pregnant substance abusers.
- Injecting drug users.
- Children and adolescents in the social services system with school problems or with a parent in SA treatment services.
- Persons who are Deaf and need special services
- Persons with co-occurring disorders
- Homeless individuals



- **Priorities continued**
- Adult or juvenile in the criminal justice system
- Adult or adolescent driving while impaired
- Children and families needing prevention servicesp



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Substance Abuse Specific Service Definitions

- Detox (4 Levels)
 - Ambulatory
 - Social Setting
 - Non-Hospital Medical
 - ADATC Level Medically Supervised
- SA Intensive Outpatient Program (SAIOP)
- SA Comprehensive Outpatient Treatment (SACOT)



Substance Abuse Specific Service Definitions cont.

- Opioid Treatment
- Residential Supports (4 Levels)
 - SA Halfway House
 - Non-Medical Community Residential
 - Medically Monitored Community Residential
 - Inpatient SA Treatment

North Carolina SA Continuum of Care Model Effective 3/20/2006

NC ASAM Levels of Care

DETOX Levels

- Level I-D
 - Ambulatory Detoxification
- Level II-D
 - Social Setting Detoxification
- Level III.7-D
 - Non-Hospital Medical Detoxification
- Level IV-D
 - Medically Supervised or ADATC Detoxification/Crisis Stabilization

TREATMENT Levels

- Level I
 - Diagnostic Assessment
 - SA Community Support Services-Adult & Team
 - Mobile Crisis Management

TREATMENT Levels cont.

- Level II.1
 - SA IOP
- Level II.5
 - SACOT
- Level III.1
 - SA HWH
- Level III.5
 - SA Non-Medical Community Residential Treatment
- Level III.7
 - SA Medically Monitored Community Residential Treatment
- Level IV
 - Inpatient Hospital SA Treatment

ASAM-American society of
Addiction Medicine



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Child Plan

To provide for children and families with substance use disorders or mental health needs services that are :

- Delivered in the home and community in the least restrictive, most appropriate and consistent manner possible.
- A new system of effective quality care.
- Accessible, culturally appropriate treatment, intervention and prevention services.

North Carolina SA Adolescent Continuum of Care

Effective 3/20/2006

NC ASAM Levels of Care for Adolescents

PREVENTION

TREATMENT Levels

- Level I
 - Diagnostic Assessment
 - SA Community Support Services-Adolescent
 - Mobile Crisis Management
 - Intensive In-home Services
 - Multi-Systemic Therapy (MST)
- Level II.1
 - Child & Adolescent Day Treatment
 - SAIOP

TREATMENT Levels cont.

- Level III.5
 - SA Non-Medical Community Residential Treatment
- Level IV
 - Inpatient Hospital SA Treatment



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Child Specific Service Definitions

- Intensive In-Home.
- Community Support Children/Adolescents
- Child and Adolescent Day Treatment.
- Multisystemic Therapy (MST).
- Intensive Outpatient
- Non-Medical Community Residential



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Example: Jane Doe

- 25 year old pregnant female with a two year old daughter abusing alcohol, cocaine and marijuana
- Access by calling LME toll free number
- Services
 - Assessment – seen in two days
 - Referred to Non-Medical Community Residential and spent a month in treatment with her daughter
 - On discharge, coordinated with her Community Support provider



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Example: John Doe

- 35 year old homeless male abusing alcohol, cocaine and heroin.
- Access by walking into a SA program in his home town and he was screened and services were authorized LME
- Services
 - Assessment – seen that day at the SA program
 - Referred to Community Support with the same SA provider
 - Referred to an Opioid Treatment Program and State funds paid for treatment as he was priority population



Example: Tom Public

- 50 year old male abusing alcohol showing up in ER under involuntary commitment petition after threatening to harm his wife
- Services
 - Assessment – Evaluated in the ER and sent to the ADATC under commitment for detox
 - Spent 5 days at ADATC and referred for full assessment and to Community Support
 - Community Support provider referred to an SAIOP and to psychiatrist for evaluation of depression
 - Dual Diagnosis made and the SAIOP treating both



Example: Mary Failure

- 28 year old poly-substance abusing female whose mother called the LME for services. Mary put on phone and screened
- Services
 - Assessment – referred for assessment in three days
 - Community Support Team (CST) recommended
 - Mary not engaged in treatment
 - Home based treatment with motivational therapy techniques utilized
 - SACOT and residential recommended but Mary refuses
 - CST continues to attempt to engage Mary



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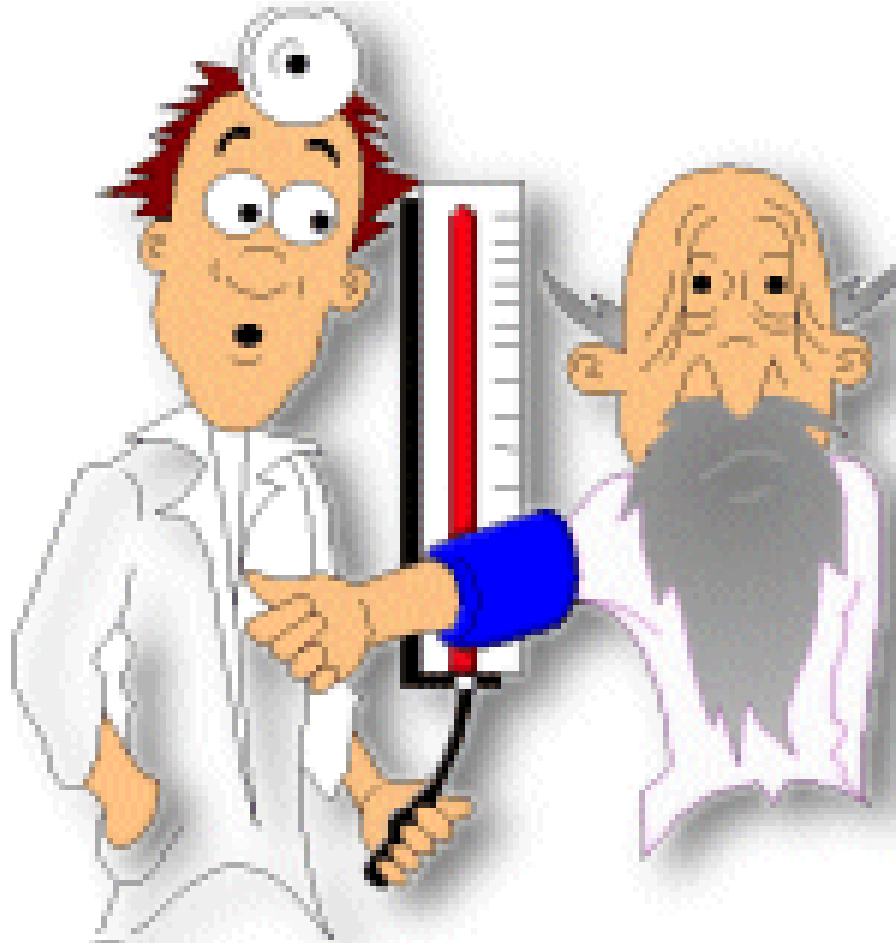
RECOVERY





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Diagnostic Assessment





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Diagnostic Assessment cont.

■ **Definition**

- Intensive, clinical and functional face to face evaluation.
- Determines is in target population.
- Recommendations for Services.
- Basis of initial Person Centered Plan over next 30 days.
- For SA must include a CCS or LCAS.
- Must use the designated diagnostic tool for SA.



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Ambulatory Detox

■ Definition

- Medically supervised
 - Evaluation
 - Detoxification
 - Referral
- Predetermined Schedule
- Goal of safe, comfortable withdrawal from alcohol and/or drugs, and transition to treatment



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Social Setting Detox

■ Definition

- Residential
- Clinically Managed
 - 24 Hour supervision
 - observation & support
- Emphasis on Peer Support
- Goal of safe, comfortable withdrawal from alcohol and/or drugs, and transition to treatment



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Non-Hospital Medical Detox

■ Definition

- Medically Supervised – 24 Hours
 - Delivered by medical and nursing staff
 - Physician approved policies & physician monitored procedures
- Affiliated with hospital or free standing if 16 or less beds
- Goal of safe, comfortable evaluation and withdrawal management



Alcohol and Drug Addiction Treatment Center

■ Definition

- Medically Supervised – 24 Hours
 - Delivered by medical and nursing staff
 - Physician approved policies & physician monitored procedures
- Affiliated with hospital or free standing if 16 or less beds
- Goal of safe, comfortable evaluation and withdrawal management



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ADATC

Locations

- Walter B. Jones, Greenville (59 beds & Perinatal Program)
- Julian F. Keith, Black Mountain (80 beds)
- R. J. Blackley, Butner (80 beds & methadone program)



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ADATC Redesign

- Variable length of stay
- Person-centered treatment
- Evidenced-based treatment
- Co-occurring treatment
- Center of excellence and training for the region



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Community Support

■ Definition

- Services and supports
- Achieve and maintain goals
- Meet needs of recipient
- Acquire skills and skill building
- First responder



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Community Support Team





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Community Support Team

- **Community Support Team is a more intensive service as evidenced by the increased number of people on the team**
 - Intensive community service providing treatment and restorative interventions
 - Advocates, brokers, coordinates and monitors
 - Goals include decreased crisis episodes, increased community tenure, increased time working, in school or with social contacts, increased personal satisfaction and independence and consumers will reside in independent and semi-independent living arrangements.



Definition:

- SA Intensive Outpatient Program (SAIOP) means structured individual and group addiction activities and services that are provided at an outpatient program designed to assist adult and adolescent consumers to begin recovery and learn skills for recovery maintenance.



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SACOT

Definition:

- Time limited
- Multi-faceted approach
- For adults who require structure and support to achieve and sustain recover.
- Designed for homogenous groups or individuals with similar cognitive levels of functioning.



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Non-Medical Community Residential

■ Definition

- 16 bed (max) - 24 hour professionally supervised recovery program
- Trained staff provide SA treatment on-site
- Program is for pregnant women and women with children
- Services for the children
- Goal is restoration of functioning



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Medical Monitored Community Residential

■ Definition

- 16 bed (max) – non-hospital 24 hour adult facility
- 24 hour medical/nursing monitoring
- Professionally directed evaluation, care & treatment
- Goal of restoration of functioning



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SA Halfway House

■ Definition

- Clinically managed low intensity residential
- 24 hour facility for person's needing supervision
- Residents leave for work, school & SA Treatment
- Goal is rehabilitation