STATE SUBSTANCE ABUSE TREATMENT FOR ADULTS

Introduction

- The focus of the study is on how DMHAS carries out its substance abuse treatment mission, including its responsibilities for coordinating state agency treatment activities. It also will evaluate how DMHAS determines the effectiveness of various state treatment programs and services for those age 18 and over.

- Two other state entities, the Department of Correction (DOC), and the Court Support Services Division (CSSD) of the Judicial Branch have major responsibilites for providing services to adults with alcohol and drug abuse problems involved in the criminal justice system; their substance abuse treatment roles also will be examined.

Section I: The Nature of Substance Abuse, Dependence, and Addiction

- In general, individuals are considered to have a substance abuse problem when there is a pattern of alcohol or other drug use causing harmful consequences (e.g., missing work or school, driving while intoxicated, getting arrested, fighting with family, etc.). In its most severe form, it is defined as dependence or commonly referred to as addiction.

- Connecticut state statutes define alcohol dependence and drug dependence in terms of the psychiatric profession's manual for diagnosing mental health and substance use disorders.

- Further complicating the understanding and treatment of addiction is the prevalence of co-occurring mental health disorders. A significant portion of people with substance use problems also have other mental illnesses.

- Increasingly, drug and alcohol addiction is described as a chronic medical illness. Like other chronic illnesses, people who are addicted often have relapses or a return to the abuse of drugs and alcohol after a period of abstinence.

- Researchers have demonstrated that the rate of relapse among those addicted to drugs (between 40 to 60 percent) is similar to other chronic diseases.

Section II: Prevalence, Abuse, and Treatment

- Connecticut has a higher rate of alcohol use, binge drinking, and illicit drug use than the national average. Connecticut's rate of substance dependence or abuse (10.1 percent) is higher than the nation as a whole (9.2 percent) and appears somewhat higher than it was in 2002 (8.6 percent).

- While marijuana is the most frequently used illicit drug in Connecticut and alcohol is the most frequently abused substance, the biggest problem substances for adults at time of admission to treatment are heroin and other opiates, followed by alcohol, cocaine, and marijuana.

- The non-medical use of prescription drugs (especially synthetic opiates) has been increasing in Connecticut. Opiates, particularly heroin, are more often the reason for treatment and stimulants (like methamphetamine) are less often the primary problem at admission than in the nation as a whole.

- The number of adults in Connecticut age 18 and older estimated to have a current need for treatment for substance abuse or dependence is 268,000. Rates of access to substance abuse treatment vary among different state agency populations and DMHAS estimates many groups are underserved. It appears less than half of those involved in the criminal justice system needing treatment are admitted to services and access can vary by race.

- The population groups identified with a greater risk of substance dependence were males, young adults, non-Hispanics, and those with less than a high school education. However, clients admitted to treatment are older with an average age at time of admission of 35.5 years.

- Detoxification and outpatient services, both regular and intensive, are the most used types of treatment for substance abuse in Connecticut followed by the various types of residential rehabilitation and opioid replacement therapies (ORT). Connecticut has a higher use of detoxification and ORT than the nation as a whole.

- Many adults admitted for substance abuse treatment in Connecticut are served by other state agencies, with the largest percentages involved with social service programs (e.g., Food Stamps, State-Administered General Assistance, Medicaid) and with the criminal justice system.

Section III: Substance Abuse Treatment Overview

- Substance abuse treatment encompasses an array of clinical therapies designed to address psychological, social, behavioral and medical problems related to alcohol and drug dependency. It may involve behavioral therapies, pharmacological therapies (medications) or a combination of both approaches.

- Supplemental services that can support recovery and reduce relapse, such as help with employment, childcare, housing, education, transportation, and life management, are also a key component of the treatment process.

- Mutual assistance groups such as Alcoholics Anonymous (AA), Narcotics

Anonymous (NA), and Smart Recovery are an important resource for many people with substance abuse problems. Participation in such groups, while not considered treatment, is widely recognized for its valuable contribution to successful recovery.

- The continuum of care for substance abuse includes very intensive, inpatient hospital services, a range of residential care levels, and many types ambulatory or outpatient treatment of varying intensity.

- While there are numerous therapies and many settings for treating alcohol and drug abuse, there are three main stages of treatment: detoxification and stabilization; rehabilitation; and aftercare, also called continuing care.

- Central to effective treatment is a continuum of customized care that addresses all aspects of an individual's life and includes recovery support services.

- Critical components of effective treatment are: ready availability of treatment; continuous monitoring of possible substance use during treatment; and adequate time in treatment.

- Research also shows substance abuse treatment is cost-effective. One federal study estimated in 1999 that every $1 invested in addiction treatment returned $4 to $7 in reduced crime and criminal justice system costs. Including projected cost-savings related to health care boosted the benefit ratio to $12 returned for every $1 invested.

Section IV: Connecticut Treatment System Overview

- The most recent national data on state substance abuse treatment providers shows there were 209 facilities providing inpatient, residential, and outpatient services to Connecticut adults in March 2006. The vast majority (86 percent) were private nonprofit organizations and over 90 percent of clients in treatment for alcohol and drug abuse problems were receiving outpatient services.

- Expenditures on substance abuse activities for adults and children by all Connecticut state agencies and the Judicial Branch, based on the most recent available date, totaled about $267 million in FY 05. About three-quarters of this amount was spent on treatment services; two agencies, DMHAS and the Department of Social Services, accounted for the bulk (82 percent) of state substance abuse treatment spending

- DMHAS is the state's lead agency for substance abuse prevention and treatment for persons age 18 and over; however other state entities, particularly DOC and Court Support Services Division of the Judicial Branch, provide alcohol and drug abuse treatment services for their clients.

- DMHAS directly operates three inpatient substance abuse treatment facilities, several outpatient programs and funds an array of residential, outpatient, and aftercare

servcies; the bulk of the alcohol and drug abuse treatment services its clients receive are delivered on a regional basis by contracted private providers, primarily nonprofit agencies.

- Currently the department funds about 180 different private provider treatment programs throughout the state. It also operates the state's managed care program for behavioral health services for State-Administered General Assistance (SAGA) clients that provided substance abuse treatment to more than 16,000 individuals in FY 08.

- Over the past four years, the department's substance abuse treatment system has provided services to more than 35,000 persons age 18 and over annually. During FY 08, the clinical treatment programs operated and funded by DMHAS served 38,577 individuals.

- DMHAS carries out a number of special substance abuse treatment programs and initiatives targeted to certain populations or particular treatment needs. Its Forensic Services Division participates in about a dozen criminal justice intervention programs with the Judicial Branch and the correction department. .

- Through another collaborative program (Access to Recovery) DMHAS provides recovery support services to its own clients and to adults with substance abuse problems served by other state agencies (e.g., DOC, CSSD). The department is also involved in major initiative to implement comprehensive, integrated services for persons with co-occurring (both mental health and substance abuse) disorders.

- In accordance with state and federal laws, DMHAS has implemented an extensive regional planning process that involves broad stakeholder representation and input. The agency also participates in several interagency planning and coordination groups including the Connecticut Alcohol and Drug Policy Council (ADPC) and the state's Criminal Justice Policy Advisory Commission (CJPAC).

- Substance abuse treatment programs operated or funded by DMHAS must use standardized screening tools in their admission processes and all service providers must follow the department's client placement criteria in determining appropriate levels of care for clients with substance use disorders. The agency encourages the use of evidence-based practices but does not mandate particular treatment programs or assessment tools.

Section V: Court Support Services Division

- The Court Support Services Division (CSSD), established in 1999, oversees a range of functions including bail and other pre-trial services, family services, and various probation options for adults and juveniles.

- On average, CSSD supervises nearly 57,000 sentenced offenders on probation and 17,000 pre-triail/diverted offenders on a daily basis for a total of 74,000 offenders.

- The latest estimate for substance abuse expenditures by CSSD was made in 2005 and includes both adults and those under age 18. The amount spent on substance abuse treatment and non-clinical interventions was $27.1 million or 19 percent of total CSSD expenditures.

- In 2006, 17,522 of CSSD's probation clients were assessed for criminogenic and other risk factors. Of those clients 53 percent (9,355) had indicated substance abuse as a problem (i.e., primary, secondary, or tertiary risk factor). Most of these clients with a substance abuse problem were male (82 percent), between the ages of 16-29 (49 percent), and White (58 percent).

- The division uses validated assessment tools from the onset of court intake through the completion of the sentenced period of supervision. Most of the programs offered by CSSD can be classified as research-based programming, with a few exceptions.

- CSSD contracts with a private, non-profit network to provide most of its client services, except for certain assessments that its staff perform. In FY 2008, the division managed a total of 114 adult services contracts in 149 locations throughout the state.

Section VI: Department of Correction

- The Department of Correction (DOC) provides medical and rehabilitative services to incarcerated offenders, and supervises and provides services certain offenders who have been released into the community.

- On average, the department annually confines about 19,500 individuals in 18 correctional facilities (about 20 percent of which are pre-trial), and supervises another 4,300 inmates in various community programs for a total supervised population of approximately 24,000 offenders.

- About 65 percent (12,000 individuals) of incarcerated pre-trial and sentenced inmates are in need of addiction treatment services.

- Two DOC divisions have a role in providing or overseeing substance abuse treatment for offenders: Programs and Treatment Division provides substance abuse treatment

through its Health and Addiction Services Unit to incarcerated offenders, to those released through transitional supervision, and for certain offenders on parole; Parole and Community Services Division is responsible for supervising offenders who have been released into the community prior to the end of their sentences.

- The department maintains a formal substance abuse screening and assessment process and provides a continuum of substance abuse treatment services. The parole division is in the process of changing its approach to assessing offender risk and needs.

- Substance abuse treatment within DOC facilities is available at four levels through the agency's "Tier Programs." Treatment level depends on the amount and intensity of services required based on: an assessment of individual needs; and the point in time at which intervention is determined to be the most effective.

- About 46 percent of those in need, 5,500 offenders, were admitted to one of the department's formal Tier programs, and about 2,700 inmates completed one of the programs. Over 2,400 inmates were on a wait list for one of the department's treatment programs at the end of FY 07.

- The parole division has 49 residential providers and 36 nonresidential providers that work in collaboration with parole officers to provide an array of residential and treatment services within the community. All levels of substance abuse treatment are available through this non-profit network.

- Within the incarcerated population, nearly $7.1 million was spent on treatment in FY 07. For offenders in the community on parole, the department spent $6.8 million on substance abuse treatment in 2007. The combined expenditures for the addiction services unit and the parole division for substance abuse treatment in FY 2007 was nearly $14 million or about 2.2 percent of the total DOC expenditures.