

Executive Summary

STATE SUBSTANCE ABUSE TREATMENT FOR ADULTS

Each year, Connecticut provides substance abuse treatment to thousands of adults with alcoholism and other drug addictions. Most are poor or medically indigent, and many are involved in the criminal justice system. State spending on treatment services for adults with substance use disorders totals over \$200 million annually.

In April 2008, the Legislative Program Review and Investigations Committee directed its staff to study how the Department of Mental Health and Addiction Services (DMHAS) carries out its mission related to substance abuse treatment for adults, including how it coordinates and determines the effectiveness of all publicly funded services in the state. The study also incorporated the alcohol and drug treatment programs administered by the Department of Correction (DOC) and the Court Support Services Division (CSSD) of the Judicial Branch.

The Department of Mental Health and Addiction Services has been the state's lead substance abuse agency since 1995. However, publicly funded alcohol and drug abuse treatment for adults actually is provided through six different service delivery structures. These include:

- a network of private, primarily nonprofit providers funded by DMHAS to provide community-based substance abuse treatment;
- DMHAS-operated treatment facilities, which provide intensive residential and some outpatient care for the neediest adults with substance use disorders;
- the General Assistance Behavioral Health Program (GABHP) service system, a publicly managed behavioral health care program for adults covered by State-Administered General Assistance (SAGA) that is administered by DMHAS;
- the substance abuse treatment system for incarcerated adults operated directly by the Department of Correction;
- the continuum of treatment services the correction department funds for its parole clients with alcohol and drug abuse problems, which is provided primarily by the same private providers DMHAS funds; and
- the continuum of treatment services the Court Support Services Division funds for pre-trial diversion and adult probation clients with alcohol and drug abuse problems, which also is obtained primarily from the DMHAS-funded private provider network.

Study focus. The program review committee focused on determining how well DMHAS performs its lead agency functions of planning, coordinating, and overseeing the outcomes of all components of the state substance abuse treatment system. Efforts were made to identify the extent to which selected best practices known to contribute to effective substance abuse treatment were in place throughout the system. Key quality assurance and quality improvement

activities of all three state agencies responsible for adult treatment services (DMHAS, DOC, and CSSD) also were reviewed. Where available, performance and outcome data for state-operated and funded alcohol and drug treatment programs were compiled and reviewed. The committee additionally examined issues related to treatment access, including unmet need and possible duplication in service delivery.

Main findings. Based on its examination, the program review committee found the state system of substance abuse treatment for adults is decentralized and disjointed. Uniform policies and procedures are missing in many areas of practice and there are gaps in the existing continuum of services. DMHAS has been deficient in promoting consistent standards and the use of best practices across state agencies and private program providers. Further, under current law and regulation, providers of both mental health and substance abuse treatment are required to have two separate licenses, resulting in unnecessary and costly duplication and possible quality of care issues for clients.

The PRI review also showed monitoring of treatment quality across providers, levels of care, and funding sources is neither consistent nor comprehensive at present. A major impediment to effective quality assurance and quality improvement is the absence of formally established performance goals and benchmarks for state-operated and funded treatment programs. DMHAS, the lead agency for substance abuse, has no strategic planning process that begins with setting clearly defined, measurable outcomes for the publicly funded treatment system

In addition, while considerable amounts of outcome data and research on treatment effectiveness are produced, the available information is not aggregated, analyzed, and reported in ways that promote accountability and guide policy and funding decisions systemwide. DMHAS, in its lead agency role, does not regularly review the effectiveness of state-operated and funded programs and services to determine how they can be improved. Information sharing across state agencies and with the private provider network remains a challenge for both technical and administrative reasons.

The program review committee study found the effectiveness of various substance abuse treatment approaches is well documented by a substantial body of scientific research. It is clear that participation in quality treatment programs has positive results that include: reduced alcohol and drug use; improved functioning; minimized medical complications; and fewer negative social consequences (e.g., criminal activity). However, in Connecticut, access to treatment is restricted by limited capacity.

PRI research noted substantial unmet demand for services, particularly for residential treatment; reliable estimates of the number of adults in the state who are requesting but not receiving care, however, are lacking. In particular, the significant and special substance abuse treatment needs of adults within the criminal justice population need greater attention. At present, DMHAS does not assess demand, monitor service availability, or track the time spent in programs across the state alcohol and drug abuse treatment system.

Finally, the department could not provide PRI with any assessment of the financial viability of its network of private nonprofit providers, which delivers the bulk of state treatment services, or complete data on the costs associated with providing different levels of care. Over the last decade, stagnant state funding levels and rising operating costs have led to serious fiscal problems for many private programs, which could not be easily or economically replaced by state-operated services.

Committee recommendations. The program review committee made a total of 31 administrative and legislative recommendations intended to address the deficiencies found in the state substance abuse treatment system for adults. The proposed corrective actions center on three critical areas: increasing access to treatment; improving program monitoring and quality assurance throughout the system; and strengthening the lead agency role of the Department of Mental Health and Addiction Services.

Among the PRI committee's main proposals are statutory requirements for DMHAS to: assess and report on demand for treatment services; track and make public information about treatment availability; and create and regularly update, with input from other agencies and stakeholders, a comprehensive strategic state substance abuse plan. The department additionally would be required to issue a "report card" for the state treatment system and create and publish profiles for each treatment program operated or funded by the state. As lead state agency, DMHAS also should develop strategies for systemwide use of evidence-based practices and evaluate the long-term financial viability of the state's private substance abuse treatment provider network.

Each program review committee recommendation is listed in detail below. Taken together, they are aimed at enhancing the quality and delivery of state treatment services to achieve better outcomes for Connecticut adults with substance use disorders.

- 1) **DMHAS shall assess demand for substance abuse treatment services on a periodic basis through the coordination of wait list information or other methods to identify gaps and barriers to treatment services and report the results in the department's biennial report (p. 143).**
- 2) **DMHAS shall determine a method to track the availability of substance abuse treatment services and provide that information to the public through websites; a toll-free hotline, the statewide human service help line, 2-1-1 (formally Infoline); or other similar mechanisms (p. 143).**
- 3) **DMHAS shall develop and report on, in its biennial report, process measures that measure the length of:**
 - **time to receive substance abuse assessments and treatment through its provider network and for state-operated services; and**

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- treatment services received, using the 90-day standard, on an episode of care basis (p. 143).
- 4) **DOC should assess:**
 - the costs and operational implications of transferring community service counselors to DOC facilities to expand intensive outpatient and residential treatment offerings in DOC facilities; and
 - in the absence of transferring community counselors, the cost savings that may accrue to treating additional inmates in DOC facilities rather than in residential treatment in the community while on parole (p. 144).
 - 5) **The DOC parole division should improve its contract monitoring practice and quality assurance processes by including a periodic audit check of its contracted providers to ensure all contract requirements are being met and treatment services are being delivered appropriately (p. 148).**
 - 6) **DMHAS should investigate, with CSSD, the DOC parole division, and DPH, the development of joint quality assurance and monitoring teams for substance abuse treatment facilities or a common approach for reviewing and checking similar areas of concern and coordinating such review efforts. Either activity should include the development of a corrective action plan summary of compliance issues identified regarding substance abuse treatment providers and the sharing of that information among all agencies (p. 148).**
 - 7) **CSSD should expand its quality assurance process to include the division’s other program models that contain a substance abuse treatment component (p. 148).**
 - 8) **CSSD should further develop, and the DOC parole division should consider developing, a quality assurance process that assesses the work of probation and parole officers with regard to core practices that assist in reducing criminal behavior and enhancing offender motivation to change, especially for those offenders with a substance abuse problem (p. 148).**
 - 9) **DMHAS should compile and analyze information about provider substance use testing procedures, create a uniform policy, and ensure that regular testing is performed and best practices are followed (p. 153) .**
 - 10) **DMHAS shall establish a clear definition of research- and evidence-based practices and develop a strategy to encourage the use of such practices for substance abuse assessments and treatment, including program fidelity checks and measuring of the therapeutic alliance. The strategy shall be developed by January 1, 2010 (p. 153).**
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- 11) DMHAS should collect and report data on the number of substance abuse clients who receive services to support their recovery and any related outcome information (p. 153).
- 12) The DOC parole division should ensure that all treatment information is considered when referring clients for additional substance abuse treatment, including the treatment received while in DOC facilities and any discharge planning developed by the Addiction Services Unit. The division should ensure that all referrals to residential treatment are made appropriately (p. 153) .
- 13) The Board of Pardons and Paroles should consider having the evidence-based assessment tool called the Level of Service Inventory administered by parole officers before a final decision is made by the board regarding parole eligibility and conditions of parole (p. 153).
- 14) DOC and CSSD shall ensure that all substance abuse treatment providers are properly licensed as required by law (p. 153).
- 15) DMHAS shall develop a strategy to encourage the development of licensed or credentialed staff in providing clinical services within all state-funded and -operated substance abuse treatment programs. The strategy shall consider a long-term phase-in of such a requirement. The strategy shall be developed by January 1, 2010 (p. 153) .
- 16) DMHAS shall compile a profile of each substance abuse treatment provider that receives state funding. This provider profile shall be updated on an annual basis and be maintained on the department's website. Both DMHAS and DOC also shall create a similar profile for the programs they operate. The profile shall include:
- client populations served;
 - language competence of staff;
 - types of care available and the number served at each level of care;
 - extent to which services are evidence-based or not;
 - accreditation status of the provider;
 - client survey results;
 - the percent of employees who are licensed or credentialed who perform assessment, treatment plan development, and treatment delivery services; and
 - treatment completion rates by level of service, average wait times for treatment services, and outcome information, including the federally required National Outcome Measurement System data, and any other information DMHAS deems relevant (pp. 153-154).
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- 17) **CSSD and DOC should calculate completion rates for those clients enrolled in their substance abuse treatment programs. CSSD and DOC should benchmark their completion rates against programs offered by other similar criminal justice and correctional agencies. In addition, DOC should evaluate whether its contracted community private providers produced better completion rates and outcomes than offenders on parole and receiving services from DOC (p. 156).**
 - 18) **DMHAS, in conjunction with CSSD, should conduct an evaluation of the effectiveness of PAES and PDEP programs, in terms of their impact on participant substance use and criminal justice involvement. The agencies also should develop outcome measures for both programs that are reported, at a minimum, in the DMHAS biennial report, beginning in 2010 (p. 157)**
 - 19) **DMHAS should develop and review the performance and outcome information related to the state's methadone maintenance and other opioid replacement treatment programs by July 1, 2010. The information should be summarized and reported on the agency's website and in the department's biennial report. At a minimum, it should include: how long people remain in treatment; whether providers are in compliance with all state and federal standards; and what improvement clients have experienced in their substance use and quality of life because of the treatment they received (p. 157).**
 - 20) **The annual State of Connecticut Recidivism Study generated by the Criminal Justice Policy and Planning Division of the Office of Policy and Management should evaluate and report the effects of substance abuse treatment received by offenders on subsequent criminal justice involvement (p. 157).**
 - 21) **DMHAS, as the lead state substance abuse agency, should expand and strengthen its role in developing, gathering, analyzing, and reporting outcome measures regarding the effectiveness of the state's substance abuse treatment system (p. 157).**
 - 22) **DOC should conduct an assessment of its management information system to determine how it could better meet the department's research and management needs (p. 159).**
 - 23) **Current statutory provisions for a statewide substance abuse plan shall be repealed and replaced with a requirement for a strategic planning process for the state substance abuse treatment system for adults that is overseen by DMHAS (p. 163).**

Beginning in 2009, the department shall prepare and annually update a three-year strategic plan for providing state treatment and recovery support services to adults with substance use disorders. The plan shall be based on a mission statement, a vision statement, and goals for the state treatment system, including all state-funded

and state-operated services, that are developed by DMHAS, in consultation with: its regional action councils; consumers and their families representing all client populations, including those involved in the criminal justice system; treatment providers; and other stakeholders.

The strategic state substance abuse plan shall outline the action steps, timeframe, and resources needed to address the goals developed with stakeholders. At a minimum, the plan shall address the following areas:

- access to services, prior to and following admission to treatment;
- comprehensive assessment of the needs of those requesting treatment, including individuals with co-occurring conditions;
- quality of treatment services and promotion of best practices, including evidence- and research-based practices and models;
- provision of an appropriate array of treatment and recovery services along a sustained continuum of care;
- outcomes of specific treatment and recovery services and of the overall system of care; and
- department policies and guidelines concerning recovery-oriented care.

The plan also shall define measures and set benchmarks for assessing and reporting on progress in achieving the plan goals, statewide and for each state-operated program. These should include but not be limited to: timeliness (e.g., portion of clients admitted to treatment within one week after referral); penetration rates (percent of those needing treatment who receive it); completion rates; connection-to-care rates; length of treatment episode (e.g., portion of clients receiving treatment of 90 days or more); and rates of client improvement regarding substance use, employment status, stable housing, criminal activity, and relationships with family and community.

The first three-year plan shall be completed by July 1, 2010. DMHAS shall submit final drafts of the initial plan and its annual updates to the state Alcohol and Drug Policy Council for review and comment. Progress in achieving the plan's goals shall be summarized in the department's biennial report on substance use that is submitted to the legislature and the council under C.G.S. Section 17a-45 (pp. 163-164).

- 24) Provisions of the community reentry strategy developed by the Criminal Justice Policy and Planning Division regarding substance abuse treatment and recovery services needs of the offender population shall be incorporated within the state strategic plan.

Further, DMHAS shall consult with the Criminal Justice Policy Advisory Commission in developing goals related to the special treatment and recovery service needs of adults involved in the criminal justice system, as well as strategies for meeting them, for the new state substance abuse plan. A work group composed of staff from CSSD, DOC Addiction Services, DOC Parole, and the DMHAS Forensic Services Division, and representatives of private nonprofit providers of adult substance abuse treatment services, should be formed to assist with this process (p. 164).

25) DMHAS shall conduct a financial viability assessment of its private provider network. This assessment should estimate the extent to which the community providers have the ability to appropriately meet their clients' needs and their mission in a sustainable way over the next five to ten years (p. 165).

26) The statutes shall be amended to establish clearly that DMHAS is the state lead agency for substance abuse (p. 169).

27) DMHAS should create and lead an interagency workgroup, composed of its own staff responsible for fiscal, contracting, and provider monitoring functions, as well as staff from other state agencies that fund and/or oversee substance abuse treatment services, including CSSD, DOC, and DPH, to study and address such matters as:

- rules and regulations that are at odds with best care practices (e.g., appointments on separate days) and needless duplication of effort (e.g. repetitive financial forms);**
- a standard plan of care so no matter what “door” a person comes in for treatment, there will be a consistent approach to developing the care plan, each plan will address a full continuum of services (from detoxification, if needed, to aftercare) and it will follow the client through the publicly funded system;**
- better sharing of data, including regular distribution of DMHAS monthly and semi annual provider performance reports and profiles to CSSD and DOC; and**
- ways to track and report on connection to services and treatment outcomes for DOC and CSSD clients with substance use disorders following discharge from the criminal justice system (pp. 169-170).**

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- 28) DMHAS should begin working closely with the Department of Public Health to have updated substance abuse treatment regulations and the new combined license for dual behavioral health care providers in place by July 1, 2010 (p. 170).**
- 29) The department also should conduct, with assistance from DOC and CSSD, a formal analysis of the costs and benefits of the collaborative contracting project to determine its impact on: standardizing rates paid by participating agencies; reducing administrative expenses of providers; and improving access to, and utilization of, available residential treatment resources (p. 170).**
- 30) DMHAS should restructure its existing staff resources allocated to planning, monitoring, and evaluation to create a centralized unit responsible for comprehensive strategic planning and quality improvement. It should also serve as the department's best practices unit, identifying effective treatment approaches and performing a clearinghouse function on policies, programs, and activities followed by Connecticut programs with good outcomes. Further, it should be a central repository for all state agency internal and external research products on treatment effectiveness (p. 170).**
- 31) DMHAS shall prepare a "report card" for the publicly funded substance abuse treatment system that addresses, but is not limited to, the following areas: access to treatment; quality and appropriateness of treatment; treatment outcomes, including measures of abstinence and reduced substance use, as well as quality of life improvements related to employment, living arrangement, criminal justice involvement, family and community support; and client satisfaction. At a minimum, the report card should be posted on the agency website and included in the department's biennial report (p. 170.).**