

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

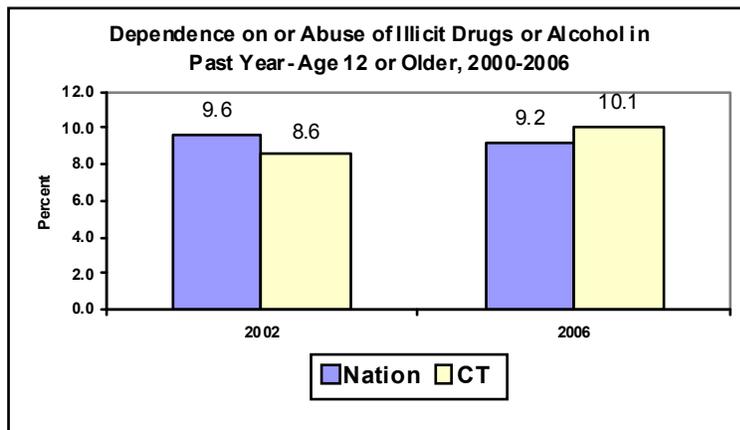
STATE SUBSTANCE ABUSE TREATMENT FOR ADULTS (2008)

Study Results Focusing on RBA Program Performance Questions
(Full report at www.cga.ct.gov/2008/pridata/Studies/PDF/SubAbuse_Final_Report.pdf)

Scope of PRI Study

- Evaluate how the Department of Mental Health and Addiction Services (DMHAS) carries out its substance abuse treatment mission to plan, coordinate, and oversee the effectiveness of the state-operated and -funded services for adults with alcohol and drug use disorders
- Examine the roles of the Department of Correction (DOC) and the Judicial Branch, through its Court Support Services Division (CSSD), in providing alcohol and other drug abuse treatment to individuals involved in the criminal justice system

Quality of Life Result Indicator – Overall (population) rate of substance abuse or dependence in Connecticut

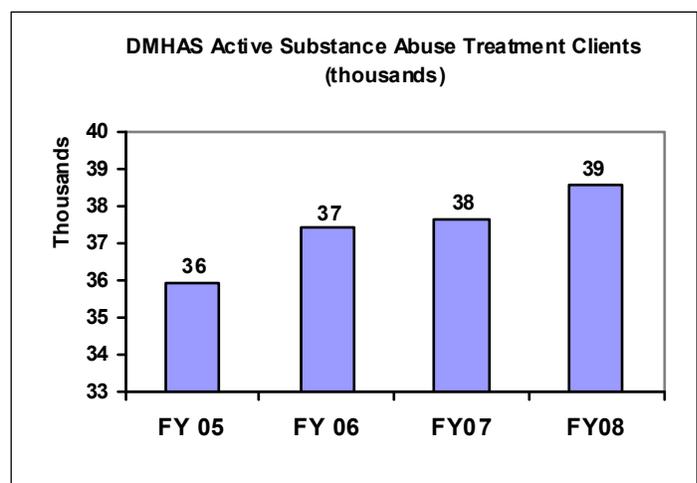


- Over last five years, Connecticut's rate of substance abuse or dependence as a whole appears to have increased from 8.6 percent to 10.1 percent
- Connecticut's rate of substance abuse or dependence (10.1 percent) for the population as a whole is higher than the national rate (9.2 percent)

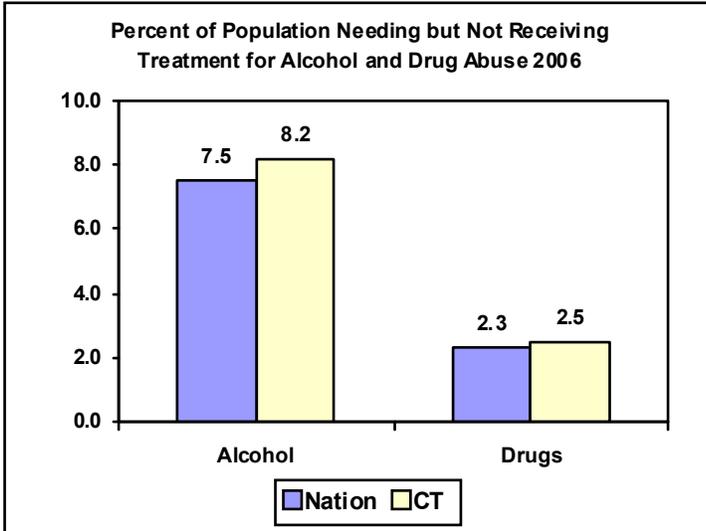
How Much Did We (Adult Substance Abuse Programs) Do?

Performance Measure 1 – Number of individuals served compared to those who need and demand services

- Annually, over 40,000 adults receive clinical treatment for substance use disorders through programs funded or operated by the state
- Programs funded or operated by DMHAS serve more than 35,000 adults each year and about 5,500 inmates receive treatment through 24 programs DOC operates in 14 correctional facilities
- Approximately 100 different private, primarily nonprofit, agencies funded by DMHAS, CSSD, and DOC Parole Division provide alcohol and drug abuse treatment services to adults in Connecticut



LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE



- Treatment gap in Connecticut appears large; in 2006, about 204,000 adults in the state needed but did not receive treatment for alcohol abuse and 66,000 individuals needed but did not receive treatment for other problem drug use
- DMHAS does not monitor or estimate demand for alcohol and drug abuse treatment services
- Data maintained by CSSD and DOC indicate substantial numbers of adults involved with the criminal justice system not receiving timely substance abuse treatment

PRI Recommendations: DMHAS periodically assess demand for services and track and report on treatment availability; conduct a study of the financial viability of the private provider network; evaluate cost/benefit of collaborative contracting; DOC realign treatment staff to improve access

How Well Did We (Adult Substance Abuse Programs) Do It?

Performance Measure 2 - Substance Abuse Treatment Completion Rates

- Completion rate for all adult substance abuse treatment programs funded or operated by DMHAS in FY 07, excluding methadone maintenance, was nearly 68 percent
- Completion rate for DMHAS methadone maintenance programs in FY 07 was 52 percent
- Completion rates ranged from 51 percent to 85 percent depending on level of care; treatment levels with the shortest duration (e.g., detox) had highest completion rates
- Completion rates for DOC inmates ranged from 15 percent to 75 percent depending on the level of care; CSSD does not maintain completion rate information for treatment programs it funds

Connecticut Treatment Completion Rates: Percent of Total Discharged Completing Treatment		
Treatment Level	FY07	
	%	N*
Detox – Hospital	81.7	3,318
Detox – Residential	77.4	9,079
Residential - Hospital	75.8	1,703
Residential - Short Term	81.8	2,385
Residential – Long Term	65.8	2,873
Intensive Outpatient	51.0	2,821
Outpatient	51.0	9,645
Ambulatory Detox	85.4	714
All	67.6	32,538

*Total discharges with matching admission data

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

PRI Recommendations: Treatment completion rate information be developed by each agency and for each program; establish program performance benchmarks

Performance Measure 3 - Presence of Monitoring and Quality Assurance Processes

- CSSD and DMHAS have the most developed monitoring and quality assurance processes; DOC parole division had the least
- All three agencies and Department of Public Health (DPH) perform quality assurance field inspections of the same treatment providers

PRI Recommendations: Improve both the DOC parole division and CSSD contract monitoring and quality assurance process; expand coordination of monitoring efforts among the agencies; update state regulations for treatment facilities and develop dual behavioral health license

Performance Measure 4 - Presence of Selected Best Practices

- CSSD and DOC-operated programs had adopted most of the selected best practices identified by PRI staff; DMHAS had the least
- DMHAS does not inventory key information about the programs it funds or operates such as use of evidence-based practice, license/certification status of staff, and other factors associated with effective treatment

PRI Recommendations: DMHAS develop strategies to encourage the use of best practices among treatment providers; inventory use of evidence-based practices; promote phase in of credentialed direct care staff; all agencies publish provider profiles; improve internal coordination within DOC; upgrade assessments within the Board of Pardons and Paroles; ensure all providers are properly licensed

Performance Measure 5 - Presence of Outcome and Performance Measures

- None of the major agencies that provide substance abuse treatment have a comprehensive process in place to define, monitor, and report treatment outcomes and agency performance measures
- Both CSSD and DMHAS have some capacity to monitor the quality and outcomes of substance abuse treatment services; DOC does not have adequate monitoring resources

PRI Recommendations: Require DMHAS to strengthen its role in developing, gathering, analyzing, and reporting outcome and performance measures; require DMHAS to evaluate methadone maintenance clinics; require OPM to evaluate effects of treatment on recidivism in its annual recidivism study; DOC conduct assessment of its management information system

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

Performance Measure 6 - Measures Related to Access to Treatment, Length of Treatment, and Cost Effectiveness

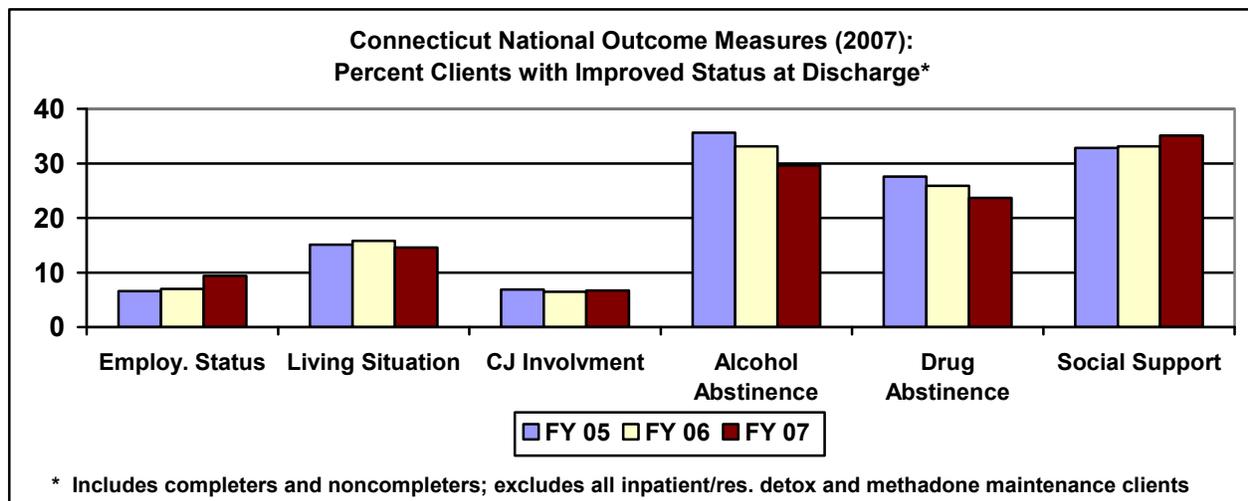
- Little to no information on time to access treatment, total length of time in treatment, or cost effectiveness of treatment is available

PRI Recommendations: Develop measures related to the timeliness of treatment initiation, length of treatment clients actually receive compared to best practices, and cost-effectiveness of treatment by level, modality, and provider

Is Anyone Better Off?

Performance Measure 7 - Improvement in the Status of Clients Receiving Treatment

- National outcome measures for Connecticut indicate many adults experience improved status following treatment but these measures are subject to many limitations and do not reflect long-term impacts
- The percent of clients showing an improvement in alcohol and drug abstinence has declined
- No benchmarks regarding treatment effectiveness exist to allow comparisons across programs or to other states
- DMHAS does not have well-defined goals for the statewide treatment system or conduct any assessment of system-wide effectiveness



PRI Recommendations: Develop comprehensive, multi-agency statutory strategic planning process that includes concrete goals, measures, and benchmarks to better assess the effectiveness of the state substance abuse system; DMHAS restructure existing staff to create more effective planning and monitoring unit