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HIGHLIGHTS...

Only by adapting to a cumbersome billing system and being able to compete by offering an array of services can substance abuse treatment providers survive the juggernaut of mental health reform in North Carolina. State officials are hopeful that new rules set to take effect in July will open up more opportunities for providers, but there are still difficult times ahead. *See story, top of this page.*

A process improvement project is going so well in Los Angeles County that it may be expanded statewide. The project, focused on engagement and retention, is part of the national campaign of the Network for the Improvement of Addiction Treatment, an initiative which is creating excitement nationwide. *See story, bottom of this page.*

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Reform in N.C.: Substance abuse treatment providers losing out to state system

North Carolina's addiction treatment providers, who have been struggling to assimilate into the state's far-reaching reforms begun in 2001, are facing multiple challenges: a payment system perceived as overloaded with paperwork, rates that are too low, and a state agenda that blends substance abuse, mental health, and developmental disabilities. If substance abuse providers can't fit in by billing fee for service and by offering an array of services, they may not be able to continue to operate.

There are three aspects of the North Carolina treatment system that immediately stand out as unique compared to other states:

1) Treatment is managed by local management entities (LMEs) that operate under state authority and process the claims filed by providers.

2) Mental health, substance

abuse, and developmental disabilities are all under the same agency, leaving providers who do only substance abuse treatment at odds with the overall state reform plan which includes the developmentally disabled, and

3) A fledgling Community Support Services program has expanded dramatically with a projected \$900 million budget this year, funded almost entirely from Medicaid dollars, but been used more for developmental disabilities and the mentally ill than for substance abuse.

The problem is the complicated structure that rewards the easiest services — the Community Support Services (CSS) — and makes payment difficult for the most expensive. CSS are viewed as easy because they can be done by a paraprofessional. Originally meant to support

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Process improvement in L.A. County may reverberate across California

Befitting its reputation as a trendsetter, California is playing a leading role in fueling national interest in process improvement activities designed to help addiction treatment agencies improve clients' access to services and retention in treatment. A comprehensive process improvement project conducted in Los Angeles County in 2006 officially enters its second phase this week, and there are rumblings that state officials would like to initiate some type of statewide rollout of these types of activities.

If the present activity in California offers any indication, initiatives to help addiction treatment agencies

get their targeted clients in the door and keep them there long enough for treatment to work might be on the verge of a national explosion. Already there has been wide interest in the Network for the Improvement of Addiction Treatment's (NIATx's) national campaign to encourage agencies to implement one tested operational improvement over an 18-month span; it took only four months for the campaign to surpass its initial one-year goal of attracting 500 agencies (see *ADAW*, Jan. 28).

"Locally in L.A. County there was a lot of healthy competition to participate in phase two," Beth

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CALIFORNIA from page 1

Rutkowski, M.P.H., associate director of training at UCLA Integrated Substance Abuse Programs and director of the Los Angeles County pilot project, told *ADAW*. “Agencies were able to see the improvements that occurred for participants in phase one.”

The first phase of the project, encompassing activities occurring between November 2005 and September 2006, involved six county-funded treatment agencies that tested the concept of whether the NIATx process improvement model could improve treatment retention rates. Using a variety of strategies to ease the intake process for clients and to motivate them to stay in treatment once they got there, the agencies were able to achieve an aggregate 34 percent improvement in intake no-shows and a 6 percent improvement in 30-day treatment continuation rates. All but one of the phase one participants tested the approaches in outpatient treatment programs.

The first phase was co-sponsored by NIATx, the county’s Alcohol & Drug Program Administration, the Pacific Southwest Addiction Technology Transfer Center (which is housed at UCLA Integrated Substance Abuse Programs) and the federal Center for Substance Abuse Treatment (CSAT).

In the second phase, in which improvement activities will occur from April to October of this year, 10 agencies (including two that participated in phase one) will be involved, Rutkowski said.

Several participating agencies in the new phase will establish multiple “change teams” that will initiate process improvement activities in different aspects of the operation, such as for both outpatient and residential services, she said.

First phase’s findings

Rutkowski said one of the key themes from the first phase of activity in L.A. County is that treatment

Lessons learned from L.A. County project

Steve Gallon, a process improvement coach representing the Network for the Improvement of Addiction Treatment (NIATx) who has served as a consultant for the Los Angeles County process improvement project, summarized the cumulative lessons learned upon the phase’s completion in 2006. Gallon stated that these were the seven main messages that the six participating treatment agencies derived from their efforts to improve care processes:

- Seeing things from the client’s perspective can be helpful.
- Multiple improvements can be made in a short period of time.
- Process improvement can motivate staff and clients — they get excited when good things happen.
- The results surpassed the initial objectives/expectations.
- Simple improvements yield big dividends.
- Using data can actually be helpful.
- A huge value can be tied to “sticking with it” (sustaining effort and keeping communication flowing).

agencies are more similar than different in their challenges. The two main process issues in which agencies were falling short and wanted to initiate improvements were no-shows for assessment and continuation in treatment, she said.

In keeping with the principles now being advanced by NIATx in its Adopting Changes to Improve Outcomes Now (ACTION) Campaign, an effort that is focusing on rapid access, increased client engagement and a seamless transition between stages of treatment, the phase one participants in L.A. County tended to tackle the no-show problem before looking at engagement over time.

At an outpatient program for Proposition 36 clients operated by Social Model Recovery Systems, Inc., officials sought to improve an intake appointment attendance problem in which 37 percent of clients referred by a Prop. 36 community assessment and service center were not showing up for their first appointment. Members of the change team that was established by the agency for the project took steps to improve their relationship with the service centers, including by offering them agency business cards that they could hand to clients when they were making the referral.

In addition, the change team

decided to initiate same-day or next-day assessments in order to reduce wait times for the Prop. 36 clients. This was seen as having the greatest impact on no-show rates, which plummeted to a miniscule average of 1.1 percent over the course of the project.

At another Prop. 36 outpatient program, operated by Southern California Alcohol and Drug Programs, Inc., no-show rates for intake appointments hovered around 57 percent prior to implementation of the project. Members of the change team observed that program counselors generally had little contact with the client prior to the intake appointment, so they began a process in which the counselor would get on the phone with the client as the referral was being made from the service center. During the call, the counselor would introduce himself/herself, describe the outpatient program, and ask about any treatment needs the client might have.

The agency found that the no-show rate for Prop. 36 clients dropped to an average of 14.4 percent during the project period. In one month of the project period during which the phone contact stopped because of counselors’ other job responsibilities, no-shows hit their highest rate of the project period.

Rutkowski said these types of experiences help to illustrate that process improvements do not have to be sweeping changes. “We kept encouraging agencies to make one change at a time, and to start small,” she said.

In the area of improving engagement in treatment, the idea of offering clients small incentives — such as in the form of retail gift cards — for staying in treatment took hold in the group after one agency started seeing results with this approach, Rutkowski said. Agencies were not hesitant philosophically about the idea of offering incentives, but mainly worried that they did not have the funding capacity to maintain such an effort, she said.

At the Via Avanta residential program for mothers, operated by the Didi Hirsch Community Mental Health Center, an effort to reduce discharges within the first 30 days of treatment included motivational enhancements for longer-term clients whose responsibilities in the therapeutic community include mentoring newer clients. The meeting of weekly goals would result in rewards such as a movie outing or pizza party. Other L.A. County agencies participating in the phase one project used department store gift cards as an incentive for perfect attendance at therapy sessions or for negative drug screens.

Although the participating agen-

cies in aggregate saw their 30-day continuation rates increase from 71 percent to 75 percent, that movement in rates paled in comparison to an aggregate drop in assessment no-shows from 34 percent to 6.8 percent. In the phase one final report that was released last year, Rutkowski wrote, “After demonstrating significant improvement in reducing no-shows to intake or increasing attendance to individual/ group sessions, there may not have been enough time to adequately test innovations that could improve 30-day continuation prior to the conclusion of the pilot project.”

The report includes a variety of lessons learned from the agencies’ experience in phase one (see box). Rutkowski said that when agency teams met regularly to discuss improvements and had a “change leader” who remained devoted to the effort, they fared better. She said that when she and project consultant Steve Gallon visited the participating agencies, they could essentially predict which agencies would do best according to whether an executive manager was an engaged participant in the improvement effort.

In addition, Rutkowski said that agencies found they needed to get a good handle on client data in order to evaluate their processes and track the progress of improvements. “You can’t make informed decisions if you don’t have the data,” she said.

The California Department of

Alcohol and Drug Programs has taken notice of the L.A. County project and appears interested in launching a broader process improvement effort in the state, Rutkowski said, but to this point no formal details have been made public.

Financial challenges

Rutkowski said that participants in the L.A. County project and other similar efforts have to be committed to the cause of process improvement because the staff time spent on these efforts is not compensated.

The county alcohol and drug agency is offering some funding support for the overall effort in phase two, and some phase one participants have suggested that the county assist the cause of process improvement further by subsidizing the use of client incentives and by rewarding agencies that demonstrate process improvements.

For phase two, engagement may prove to be as challenging for the participating agencies as for their clients. With California facing a huge state budget shortfall, it is likely that in the middle of the phase two project period the participating agencies will see a cut in their government funding support. At that time, it will be necessary for organizers to reinforce the point that process improvements are low-cost strategies with potentially high returns for an agency and its clients. •

BRIEFLY NOTED

Risk of victimization for women who drink freshman year

In the first study to compare the risk for physical and sexual assault based on changes in a young woman’s drinking patterns during the transition from high school to college, investigators with the Research Institute on Addictions at University of Buffalo, led by Kathleen A. Parks, Ph.D., looked at drinking patterns of 870 college

freshmen. They found that being a new drinker in the first year or college (15 percent of women) increased the likelihood of physical but not sexual victimization. However, women who were drinkers in high school and continued drinking in college not only were likely to increase their drinking but were at greater risk for sexual victimization. Particularly at risk were women with psychological symptoms or multiple sexual partners. Parks sees a need for more prevention programs on campus. The study, fund-

ed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), appeared in the January 2008 issue of the *Journal of Studies on Alcohol and Drugs*.

Cephalon hired lobbyists to promote Vivitrol

According to a disclosure posted online by the U.S. Senate public records office, the biotechnology firm Cephalon last year paid the public relations firm Capitol Decisions to lobby the federal government regard-

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