

North Carolina Department of Health and Human Services: Division of Mental Health, Developmental Disabilities, and Substance Abuse Services—Community Policy Management

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PROVIDER SITES Onslow County Mental Health, Dual Diagnosis, and Substance Abuse Center, Jacksonville
Pitt County Mental Health, Dual Diagnosis, and Substance Abuse Services, Greenville
PORT Human Services, Greenville (see page 65)
Roanoke-Chowan Human Services Center, Ahoskie
Tideland Mental Health Center, Washington

PARTNERS Governor's Institute on Alcohol and Substance Abuse, Inc.

PROJECT DESCRIPTION

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the Division of Community Policy Management of the North Carolina Department of Health and Human Services teamed with treatment providers and local management entities (LMEs) to strengthen access to and retention in detoxification treatment in the eastern part of the state.

PRIMARY AIM(S) OF THE PROVIDER PILOT

The North Carolina Pilot Project set these four aims:

- Increase admissions to detoxification services.
- Decrease waiting times to detox, as measured by time from initial contact to treatment.
- Increase successful completion of detoxification treatment.
- Improve continuation to the next level of care following discharge from detox.

STATE/PAYER ACTIVITIES TO IMPROVE ACCESS AND RETENTION

The North Carolina Single State Agency (SSA) wanted to assess how effectively its detoxification program transferred patients to the next level of care. In the NIATx State/Payer Pilot Project, the SSA examined the detoxification program from the point of admission through discharge, using client and provider interviews and walk-throughs that simulated the client's

experience at admission and during the transition to the next level of care. This process identified two issues:

- The current detoxification program did not provide adequate coverage throughout the state.
- Clients dropped out of addiction treatment because they became ineligible for treatment after discharge from detox.

To address these problems, the State implemented various changes:

- Expanded coverage: The Adult High Management Target Population was expanded to include all clients currently in, or discharged within past 30 days from, Medical Detox (ASAM 3.7) or Social Detox (ASAM 3.2). Coverage was also expanded to include clients with substance dependence on stimulant drugs, who presented at an advanced state of substance abuse disease, or who exhibited limited supports and coping skills. Clients could additionally have co-occurring disorders, moderate medical conditions, or past unsuccessful engagement in community recovery (Alcoholics Anonymous, Narcotics Anonymous, faith-based recovery programs).
- Decreased screening and referral paperwork at two LMEs: The original referral form captured general and medical exam information, which proved to be time-consuming and duplicative. General client information requests were integrated into the main screening form and the medical exam information was deleted from referral forms and instead completed by the provider.

RESULTS

By expanding the detoxification program's geographic coverage through PORT Human Services and revising the eligibility requirements for continued treatment, admissions to detoxification treatment increased by more than 20% in the eastern half of the state. Transfers from detoxification to other levels of care increased by 5% and average monthly occupancy increased from 30% to 54% at two of the three pilot detoxification treatment centers.

KEY EVENTS AND LESSONS

Clients in addiction treatment often need the services of multiple providers of addiction, health, and support services to achieve and maintain recovery. These services need to be designed to minimize gaps in services, facilitate accessibility among providers, and promote engagement in recovery.

SUSTAINABILITY AND SPREAD

- The North Carolina SSA flow-charted the process of treatment delivery to identify the major steps in service system and potential gaps in delivery.
- The State recognizes the potential to work with LMEs and providers to detail each step and find improvement opportunities.
- The State and providers are prepared to evolve as needed to maintain and expand their improvements in service delivery.