

Substance Abuse Task Force
November 21, 2008
10:00-3:00
North Carolina Hospital Association

Meeting Summary

Attendees:

Task Force/Steering Committee: Patrice Alexander, Sonya Brown, Anthony Burnett, Chris Collins, April Connor, Anne Doolen, Beverly Earle, Paula Harrington, Carol Hoffman, Verla Insko, Larry Johnson, Jinnie Lowery, Kevin McDonald, Sarah McEwen, Paul Nagy, Martin Nesbitt, Janice Peterson, Belinda Pettiford, Martin Pharr, William Purcell, Thomas Savidge, Jane Schairer, DeDe Severino, Starleen Scott Robbins, Flo Stein, Anne Thomas, Cynthia Wiford

Interested Persons: David Ames, Karen Chapple, Sheila Davies, Karen French, Kathleen Gibson, Jessica Herrmann, Jeanette Jordan-Huffam, Nidu Menon, Larry Pittman, Margaret Weller-Stargell, Helen Wolstenholme

Staff: Kimberly Alexander-Bratcher, Thalia Fuller, Mark Holmes, Jesse Lichstein, Pam Silberman,

WELCOME

Senator Martin L. Nesbitt, Jr., JD
North Carolina Senate

Senator Nesbitt welcomed attendees and informed them of a change in the agenda. Syd Wiford would present second, and Flo Stein would present last.

IMPROVING ACCESS TO SERVICES: DARE SUBSTANCE ABUSE INITIATIVE

Anne B. Thomas, BSN, MPA
Public Health Director, Dare County Department of Public Health

In a 2006 Community Meeting in Dare County, public outcry over high rates of alcohol and substance abuse-related deaths led to Dare County Department of Public Health leadership in developing a comprehensive plan to address substance abuse in the county. Data showed high arrest rates for drug and alcohol offenses, alcohol and drug related death rates higher than the state average, and extremely high rates of substance use in adolescents. In addition, there were large gaps in the substance abuse service system for both adults and adolescents.

In response, the Dare County Department of Public Health created a demonstration project to develop an effective substance abuse prevention, intervention, and treatment system to provide service options to anyone at anytime. The plan for the project included prevention, public education, and intervention services for adults and adolescents, Dare County treatment services for adults, and training development for the substance abuse workforce.

The project has seen progress in all four aspects of the plan, with implementation of evidence-based programs such as Positive Action, ongoing outreach and campaigns, the New Horizons outpatient treatment services, and pilots for training and intervention services. Next steps for the project include implementation of additional treatment services and an evaluation of the program's success.

Discussion:

Discussion focused on funding for the project, the scope of the problem in Dare County, service contracting, and the problem of prescription drug abuse. In addition, questions regarding medicated assisted therapy, the service model used in Dare County, and the ability of other departments to run a similar program were addressed.

ACCESS BARRIERS

Syd Wiford, MRC, CCS, CSAS

Assistant Clinical Professor/Coordinator,

Behavioral Healthcare Resource Program, Jordan Institute for Families

School of Social Work, University of North Carolina at Chapel Hill

The Behavioral Healthcare Resource Program in the School of Social Work at the University of North Carolina at Chapel Hill (BHRP/SSW/UNC-CH) is studying barriers, challenges, and achievements related to client access to substance abuse system services. Information is to be taken from local management entities (LMEs), beginning with those with the most significant challenges. To date, a total of five LMEs have submitted information.

Data show that in the five LMEs that submitted information, substance abuse clients are not being identified, triaged, and referred into the public system in a timely manner, defined as 48 hours following a screening, triage, and referral (STR) call. In addition, the LMEs are authorizing very low numbers of Behavioral Health Assessments compared to the goal of 100%. Clients who are being referred to services are being authorized for individual counseling and psychotherapy much more often than for more intensive treatments such as detoxification and stabilization services or intensive out-patient (IOP) services. The American Society of Addiction Medicine recommends that 50% of clients be referred to detoxification, stabilization, or medication management services and 40% be referred to substance abuse IOP services. Only 10% of clients are recommended to be referred to individual or group counseling alone. In summary, these LMEs are neither identifying substance abuse clients nor referring clients to the proper treatment and stabilization services. These problems are not limited to LMEs and there is a broad need for specialized services for substance abuse clients, instead of generalized services for mental health, developmental disabilities, and substance abuse. Workforce and standardization issues are also a problem.

Discussion:

Discussion focused on the need to refer to appropriate services, the systemic source of access and services issues, the difficulty and complexity of entering the system, and the need for a specialized system for substance abuse clients.

IMPROVING ACCESS TO SERVICES: OXFORD HOUSE

Kathleen Gibson

State Coordinator, Oxford House

Oxford Houses, started in 1975, are group homes for recovering substance abusers. In 1989, through Congressional legislation, each state received one-time funding of \$100,000 to establish a revolving loan fund for startup of peer-run housing. This funding is important for housing start-ups as most individuals in recovery do not have needed financial resources when leaving treatment.

Oxford Houses are peer-run, responsible for all household expenses, and have a no tolerance policy for use of alcohol or drugs. House residents are expected to participate in recovery programs and are encouraged to complete outpatient treatment and counseling. There is also education on adjusting to living in communities. In November 2008, there were a total of 940 beds in 127 Oxford Houses in North Carolina, and the number of houses is expanding by an average of ten per year. Research shows that over the last five years the average rate of success for Oxford House alumni has been between 65% and 87%. Success is defined as five years of sobriety after leaving an Oxford House.

Discussion:

Discussion focused on the success of the houses, and other residential programs, and the lack of Oxford Houses in rural communities. Questions regarding reactions from neighbors of Oxford Houses, employment requirements of residents, and denial of people on opiate replacement therapy were also addressed.

NORTH CAROLINA PSYCHIATRIC ASSOCIATION'S ADDICTION COMMITTEE RESPONSE TO INTERIM REPORT

David Ames, MD, DLFAPA

Chair, North Carolina Psychiatric Association Addictions Committee

In September 2008 the Addiction Committee of the North Carolina Psychiatric Association (NCPA) issued a response to the North Carolina Institute of Medicine's Task Force on Substance Abuse Services Interim Report. The NCPA supports mandated insurance parity for treatment of addictive disorders, the promotion of prevention services, and changes in reimbursement for psychiatric consultation and specialized services. However, the NCPA would like to see more discussion of pharmacological-assisted treatment and the interaction between primary care services and physicians and substance abuse specialists, including psychiatrists. The response points out that there is a lack of training for primary care providers and psychiatric trainees in how to assess and treat mental illness and substance abuse, and supports training for both groups. The NCPA also requests to be added to the collaboration between NC DMHDDAS and other professional societies in the state on the substance abuse system.

Discussion:

Discussion focused on ways to increase psychiatrist's expertise in addiction, the need to create interest in specializing in addiction, and the need to educate primary care physicians on addiction. Questions regarding exchange of prescribing information between providers,

mandating continuing medical education, and removal of the stigma of being an addict were also addressed.

WHAT WOULD A DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES DESIGNED PERFORMANCE BASED SYSTEM LOOK LIKE

Flo Stein

Chief, Community Policy Management, Division of MD/DD/SAS

North Carolina Department of Health and Human Services

An ideal system of care for adults and children with substance abuse problems would be participant driven, have a prevention focus, be outcomes oriented, support best practices, be cost-effective, be integrated in communities, and provide resource equity statewide. In addition, it would close treatment capacity gaps, ensure effective access to the system, and establish connections between research and services. The system would focus on eliminating the stigma and fear associated with entering the system and make programs and services more convenient to the consumer. A person-centered approach would be taken, stressing personal responsibility and structuring care around a person's individual needs and goals. Child specific services would also be provided. Furthermore, a new recovery paradigm would shift the focus of treatment from acute stabilization to support for long-term recovery maintenance.

North Carolina is recommending a partnership to develop a model program designed to produce favorable patient outcomes in recovery. These "Adaptive Care Systems" will be developed incrementally over the next year, and will serve as cross area service programs. Each system will have to meet performance requirements, including provider and purchaser requirements. Some examples of these requirements are development and use of a standardized assessment instrument, arrangement for the provision of medication assisted therapies, offering peer and recovery supports, and LME development of a reimbursement system that supports the delivery of the system. Tools to manage performance will be developed and offered through the NC DMHDDSAS, the "Adaptive Care System", and the Division of Medical Assistance.

Discussion:

Discussion focused on lack of recovery supports in the system, the number of systems need across the state, and the need for non-medically necessary supports in rural areas. The success of residential programs was reintroduced into discussion, focusing on aspects of residential programs that make them effective modes for recovery.

REVIEW AND DISCUSSION OF POTENTIAL RECOMMENDATIONS

Pam Silberman, JD, DrPH

President and CEO, North Carolina Institute of Medicine

Proposed recommendations concerning subpopulations and workforce issues were reviewed. Attendees provided feedback and suggestions for the recommendations.

- Build mental health parity back into the recommendation.
- Incentives for LMEs to provide services in areas with the most unmet need.
- Need for veteran's programs to reach the community.
- Possible addition of scholarships for substance abuse training in community-colleges.

- To whom and to what education level to focus scholarships for substance abuse training.
- Possible pay-back for substance abuse training in underserved areas.

Proposed and updated recommendations concerning the comprehensive system of care for substance abuse were also discussed.

- Potential effects of the alcohol industry's attempt to privatize ABC stores on access to alcohol.
- Restructuring of recommendations.
- Difficulty of finding treatment and residential supports for individuals with dual-diagnoses.
- Possible addiction training for a range of degree courses and levels.