



**NC Division of Mental Health, Developmental
Disabilities and Substance Abuse Services**

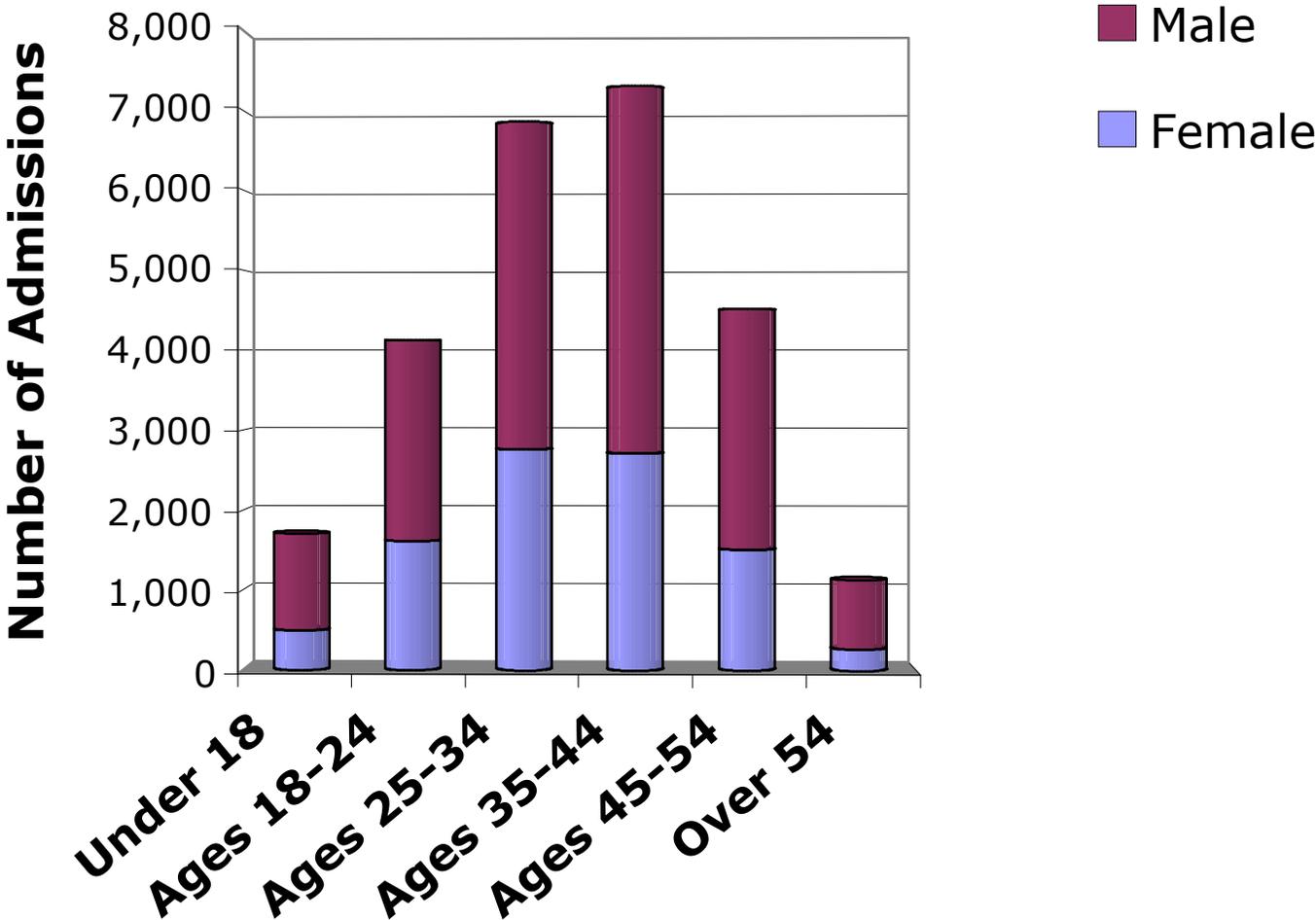
The Publicly-Funded Substance Abuse System & Barriers to Care

**Flo Stein, Chief, Community Policy
Management**

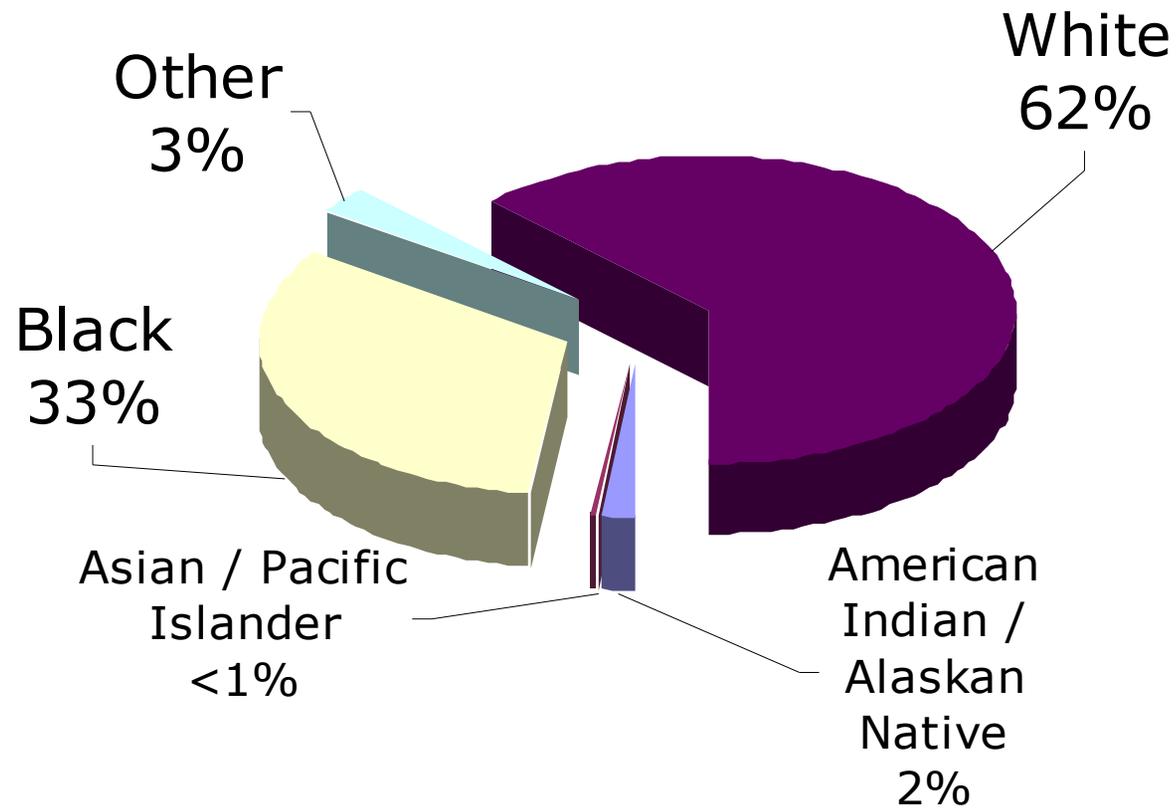
Institute of Medicine

October 15, 2007

SA Admissions SFY 2006

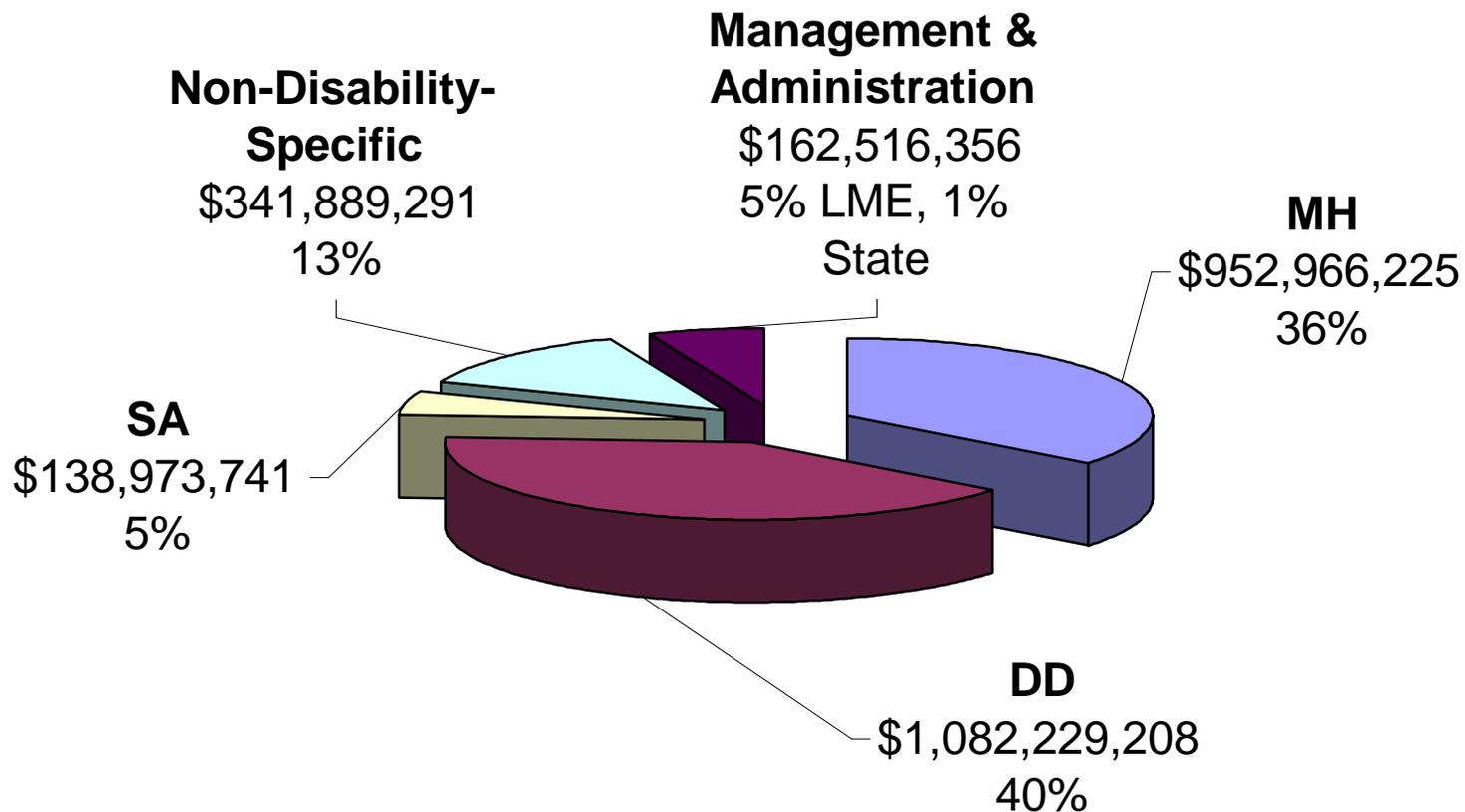


SA Admissions By Race SFY2006



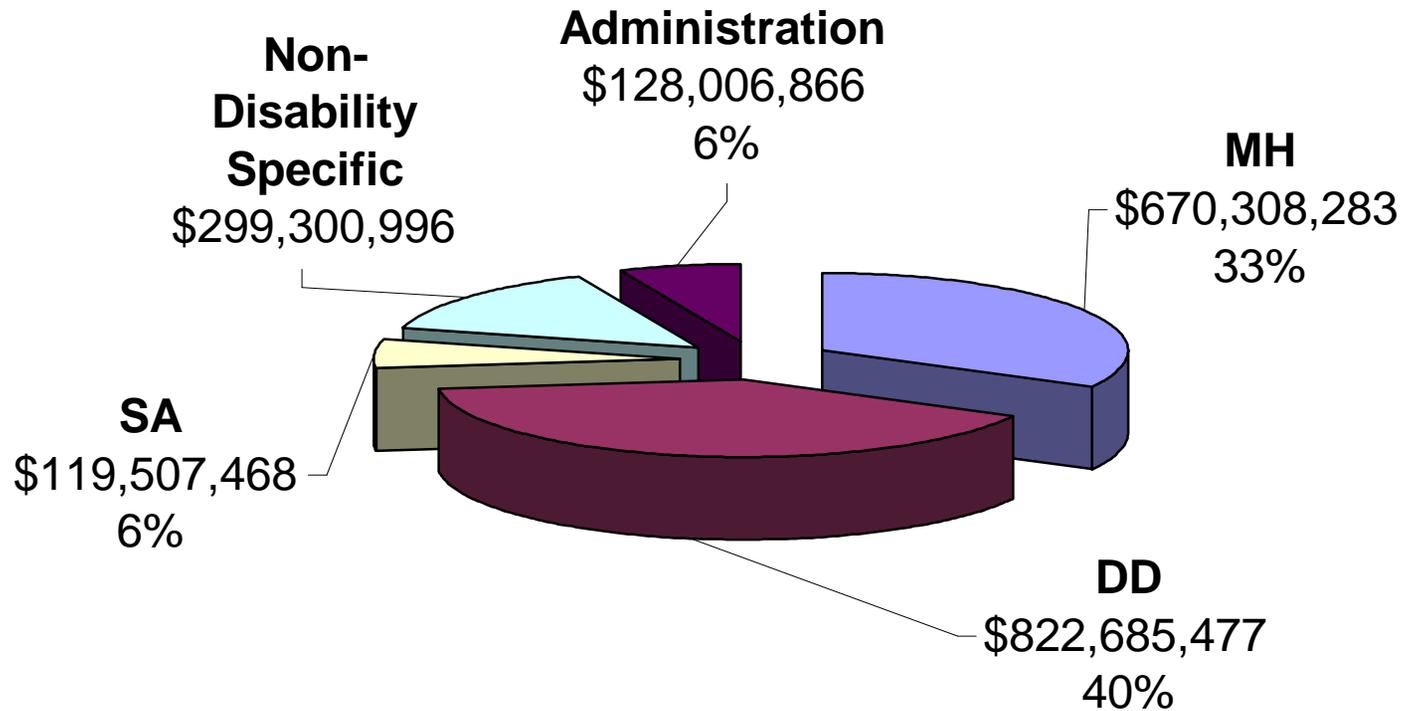


Total System Funding by Disability: \$2,678,574,821



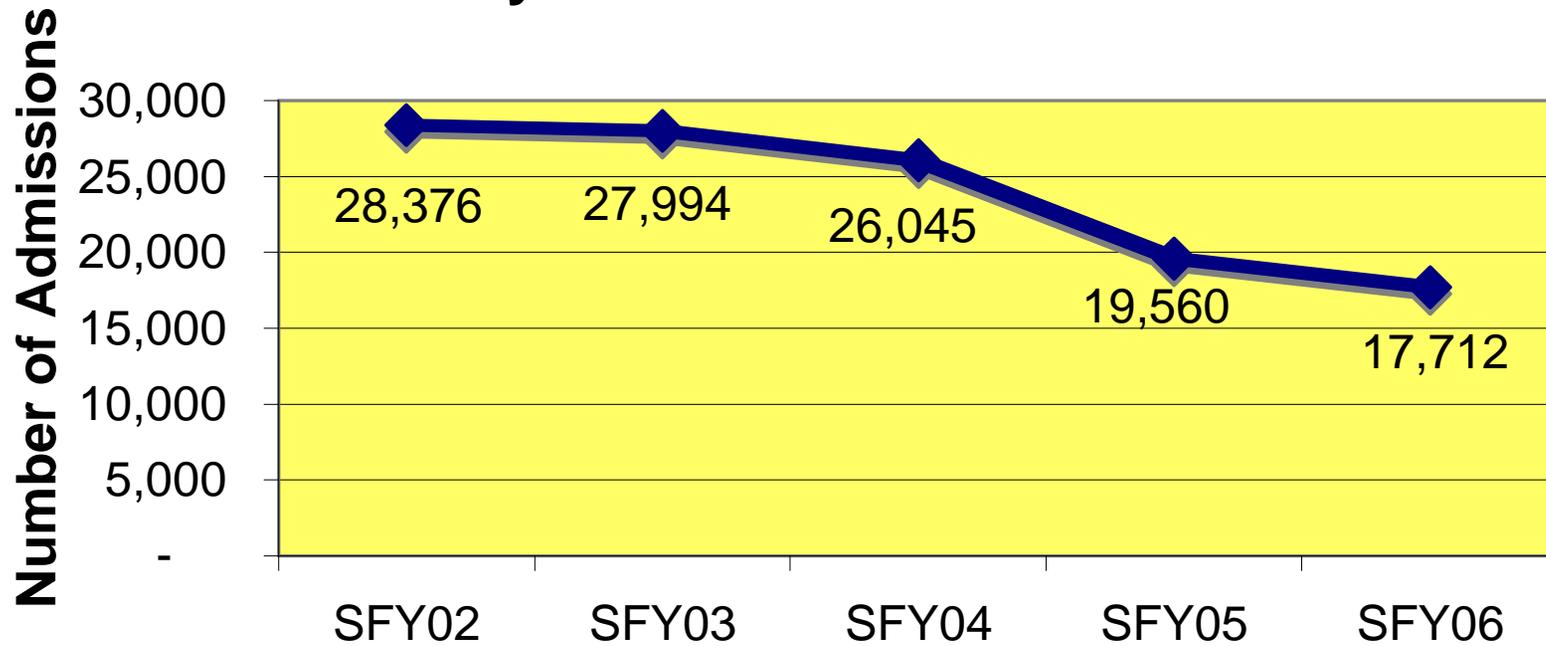


Community Services by Disability: \$2,039,809,090





Admissions to Community Substance Abuse Services





- **So how should an ideal system of care for adults and children with substance abuse problems be designed?**



Principles

- **Participant (consumer) driven.**
- **Prevention focus.**
- **Outcome oriented.**
- **Reflect best treatment/support practices.**
- **Cost effective.**
- **Integrated in communities.**
- **Resource equity & fairness statewide.**



Principles (SAMHSA)

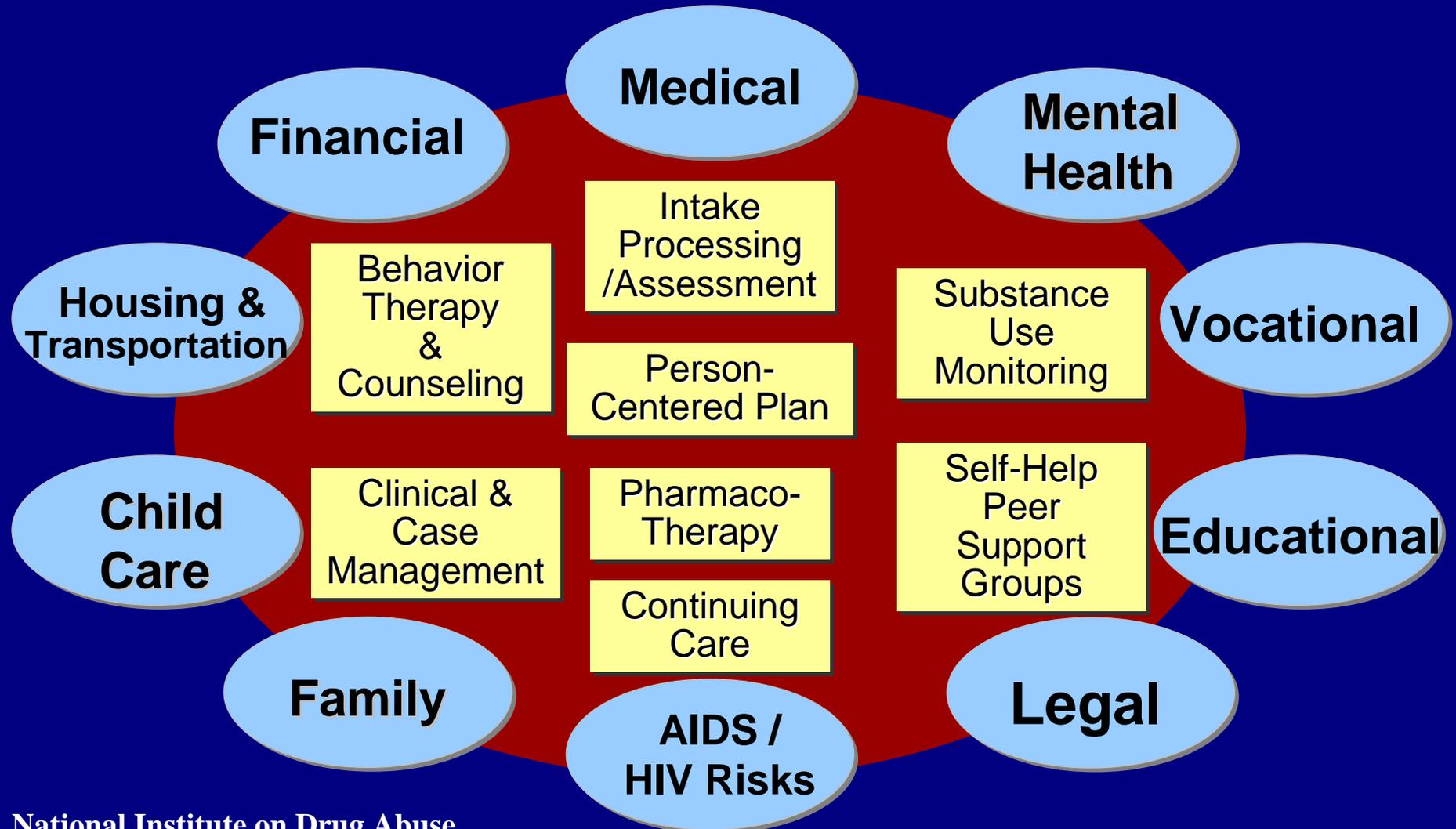
- **Invest for Results** - Close serious gaps in treatment capacity to reduce associated health, economic and social costs
- **“No Wrong Door”** - Effective systems must ensure that the individual needing treatment will be identified and assessed and will receive services either directly or through appropriate referral, no matter where he or she enter the realm of services
- **Commit to Quality** - Establish a system that more effectively connects services and research , with the goal of providing treatment based on the best scientific evidence



Person-Centered Planning

- **This process addresses the whole life of the individual including medically necessary needs and preferences.**
- **Addresses the individual strengths and other supports available as well as his service needs.**

North Carolina Substance Abuse Treatment Components And Comprehensive Services





Local Management Entities (LMEs) and their Member Counties --- July 2007

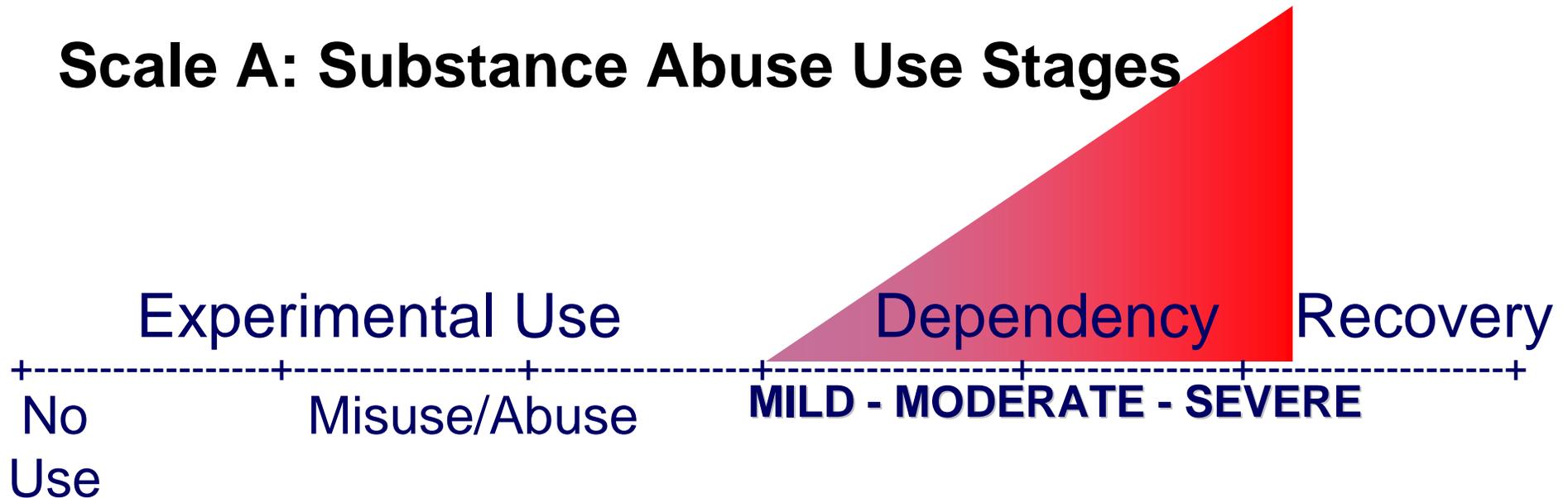


The counties within an LME share the same color. Unless otherwise indicated, the LME name is the county name(s).



Substance Continuum of Care

Scale A: Substance Abuse Use Stages



NOTE: Progression through stages varies, moves forward & back until dependency is established, once dependent, some process of "Recovery" is often the best outcome or goal for the person/family with the problem.



Substance Continuum of Care

Scale B: Substance Abuse Services

**Community Support
for Engagement**

**Community Support
to Maintain Recovery**

**Education/Prevention
Services**

**Outpatient
Services**

**Comprehensive
Outpatient Services**

**Residential
Services**



**Early Intervention
Services**

**Outpatient Intensive
Services**

Self-Help

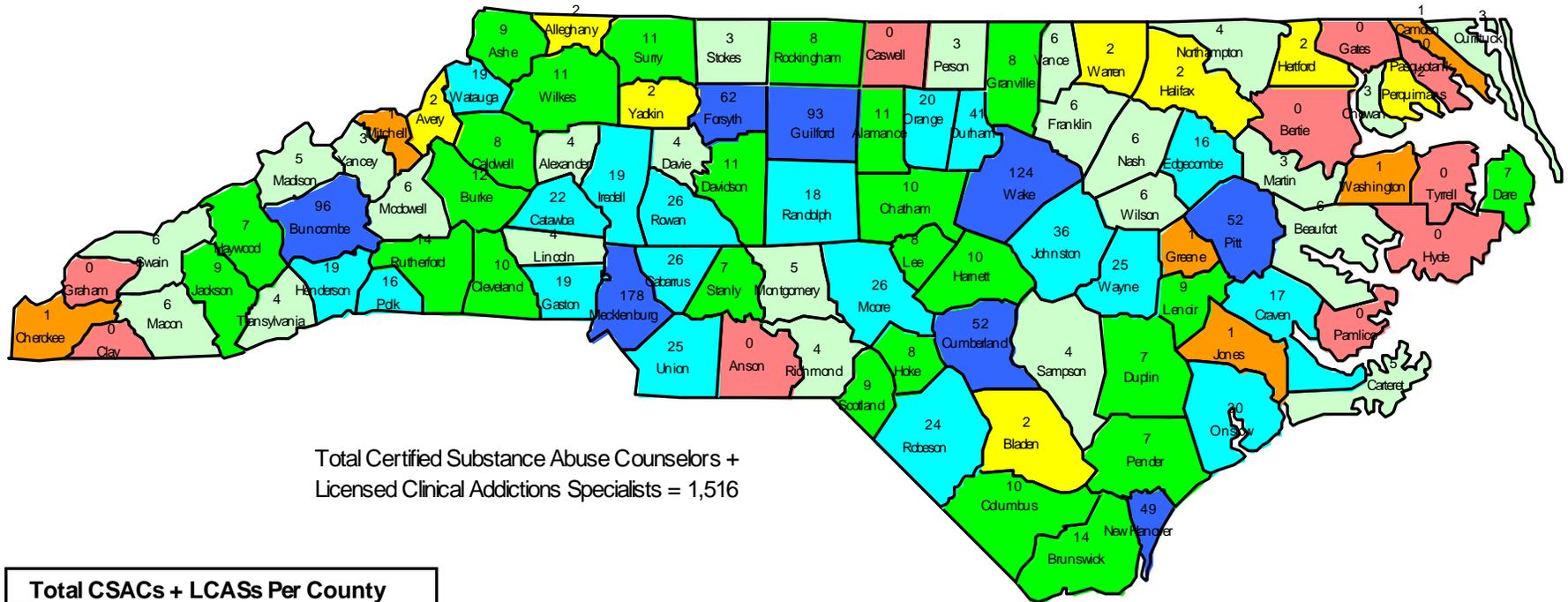
NOTE: Progression through services must allow for “stepping up” or “stepping down” based on clinical assessment of client progress or relapse issues. Based on assessment some clients may require a combination of services occurring simultaneously.



Workforce

- **Independent practitioners—The NC Substance Abuse Professional Licensure Board.**
- **Effective October 1, 2006, Licensed Clinical Addiction Specialists able to directly enroll with Medicaid and practice independently.**

Number of Certified Substance Abuse Counselors & Licensed Clinical Addictions Specialists In NC By County 2006



Total Certified Substance Abuse Counselors +
Licensed Clinical Addictions Specialists = 1,516

Total CSACs + LCASs Per County	
0	(10 counties)
1	(6 counties)
2	(8 counties)
3 to 6	(24 counties)
7 to 15	(25 counties)
16 to 41	(19 counties)
42 to 178	(8 counties)

Data Source: NC Substance Abuse Professional Practice Board, January 2007.

Map prepared by NC DMH/DD/SAS, Quality Management Team

Meet the Recipients





Priorities within Substance Abuse Populations

- Pregnant injecting drug users and pregnant substance abusers.
- Injecting drug users.
- Children and adolescents in the social services system with school problems or with a parent in SA treatment services.
- Persons who are Deaf and need special services
- Persons with co-occurring disorders
- Homeless individuals



NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Public Service System





Substance Abuse-Specific Services

- Crisis Services
 - Professional Services in Facility-Based Programs
 - Mobile Crisis
- Detox (4 Levels)
 - Ambulatory
 - Social Setting
 - Non-Hospital Medical
 - Medically Supervised
- SA Intensive Outpatient Program (SAIOP)
- SA Comprehensive Outpatient Treatment (SACOT)

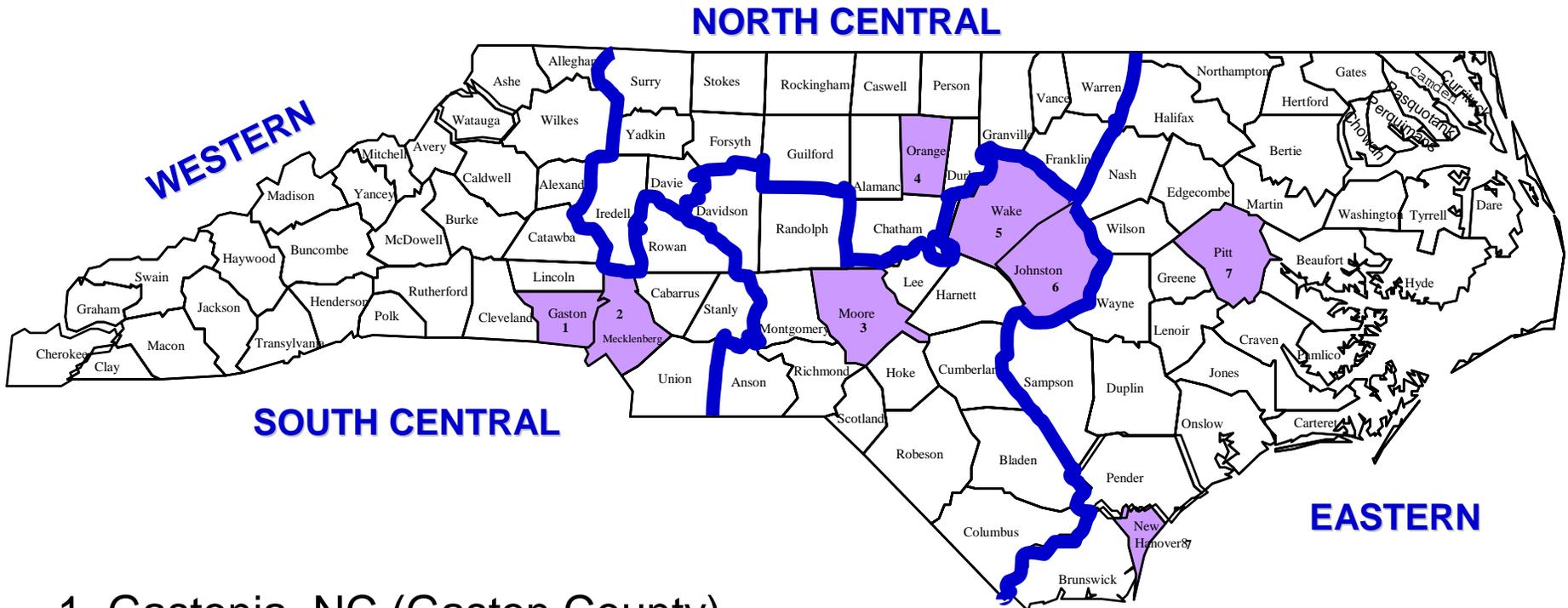


Substance Abuse Specific Service (Cont.)

- Opioid Treatment
- Residential Supports (4 Levels)
 - SA Halfway House
 - Non-Medical Community Residential (30 days)
 - Medically Monitored Community Residential
 - Inpatient SA Treatment



NC CASAWORKS - Family Residential Initiative

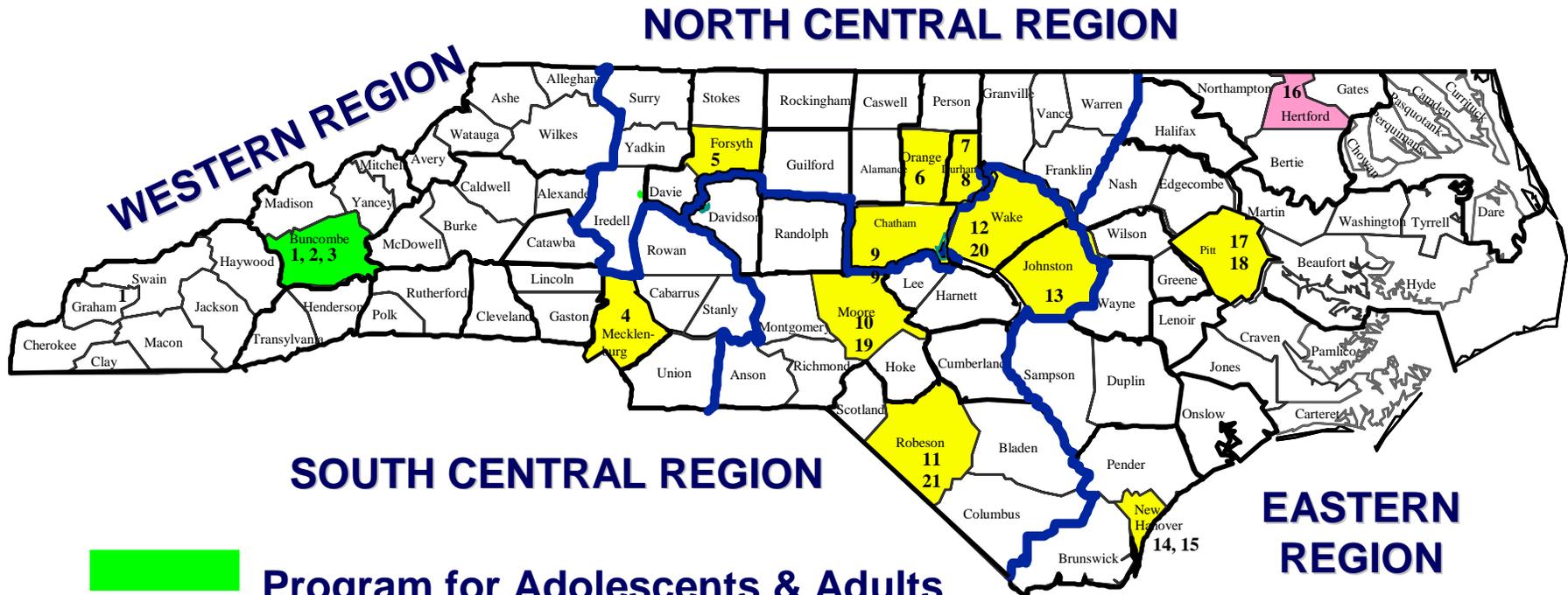


1. Gastonia, NC (Gaston County)
2. Charlotte, NC (Mecklenburg County)
3. NC (Moore County)
4. Chapel Hill, NC (Orange County)
5. Fuquay-Varina, NC (Wake County)

6. Selma, NC (Johnston County)
7. Greenville, NC (Pitt County)
8. Wilmington, NC (New Hanover County)



NC Perinatal & Maternal SA Initiative





NC SA Continuum of Care

NC ASAM Levels of Care

DETOX Levels

- **Level I-D Ambulatory Detoxification**
- **Level II-D Social Setting Detoxification**
- **Level III.7-D Non-Hospital Medical Detoxification**
- **Level IV-D Medically Supervised or ADATC Detoxification/Crisis Stabilization**

ASAM-American Society of Addiction Medicine



NC SA Continuum of Care

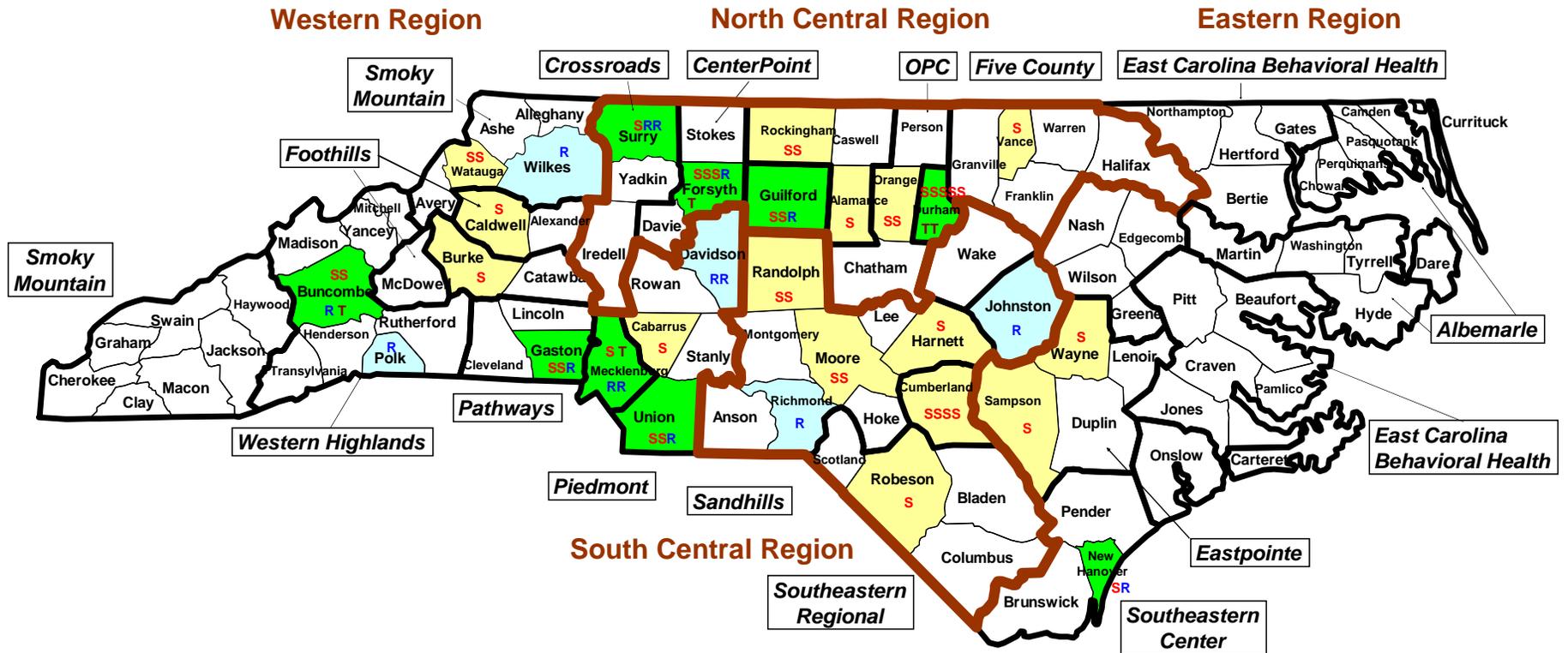
TREATMENT Levels

- Level I
 - Diagnostic Assessment
 - SA Community Support Services-Adult & Team
 - Mobile Crisis Management
- Level II.1 SA IOP
- Level II.5 SACOT
- Level III.1 SA HWH
- Level III.5 SA Non-Medical Community Residential Treatment
- Level III.7 SA Medically Monitored Community Residential Treatment
- Level IV Inpatient Hospital SA Treatment



NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Residential Treatment for Substance Abuse, Supervised Living for Substance Abuse (Adults), and Therapeutic Communities



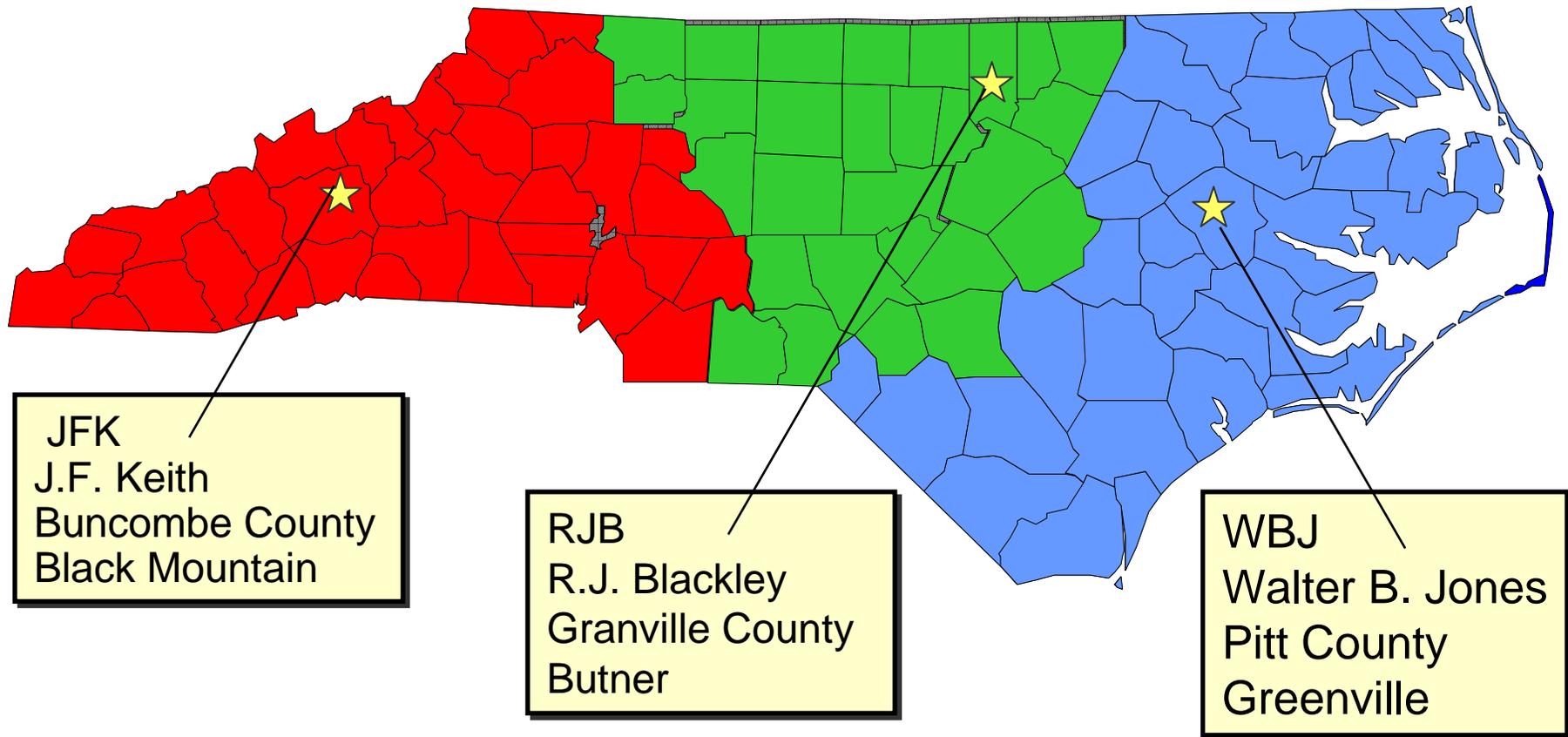
Therapeutic Community for Substance Abuse (16)

Supervised Living SA-Adults (42) Residential Treatment for Substance Abuse

Counties with Multiple Programs (May be in one facility)



Alcohol/Drug Abuse Treatment Centers (ADATC)





ADATCs

- **Julian F. Keith ADATC, Black Mountain**
 - **Currently 10 acute/crisis beds to be increased to 30 beds by May 2008**
 - **Currently 70 sub-acute beds**



ADATCs

- **R.J. Blackley ADATC, Butner**
 - **Currently 20 acute/crisis beds to be increased to 30 beds (10/07)**
 - **Currently 25 sub-acute beds to be increased to 30 beds (10/07)**
 - **In March 2008, increased capacity to 75 beds (30 acute/crisis and 45 sub-acute)**
 - **In September 2008, increased capacity to 80 beds (30 acute/crisis and 50 sub-acute)**



ADATCs

- **Walter B. Jones ADATC, Greenville**
 - **Opened a 24-bed acute/crisis unit in July 2007**
 - **Currently 56 sub-acute beds**



Child and Adolescent SA Services

To provide for children and families with substance use disorders or mental health needs services that are :

- Delivered in the home and community in the least restrictive, most appropriate and consistent manner possible.
- A new system of effective quality care.
- Accessible, culturally appropriate treatment, intervention and prevention services.



Child Specific Services

- Intensive In-Home.
- Community Support Children/Adolescents
- Child and Adolescent Day Treatment.
- Multisystemic Therapy (MST).
- Intensive Outpatient
- Non-Medical Community Residential (30 days)



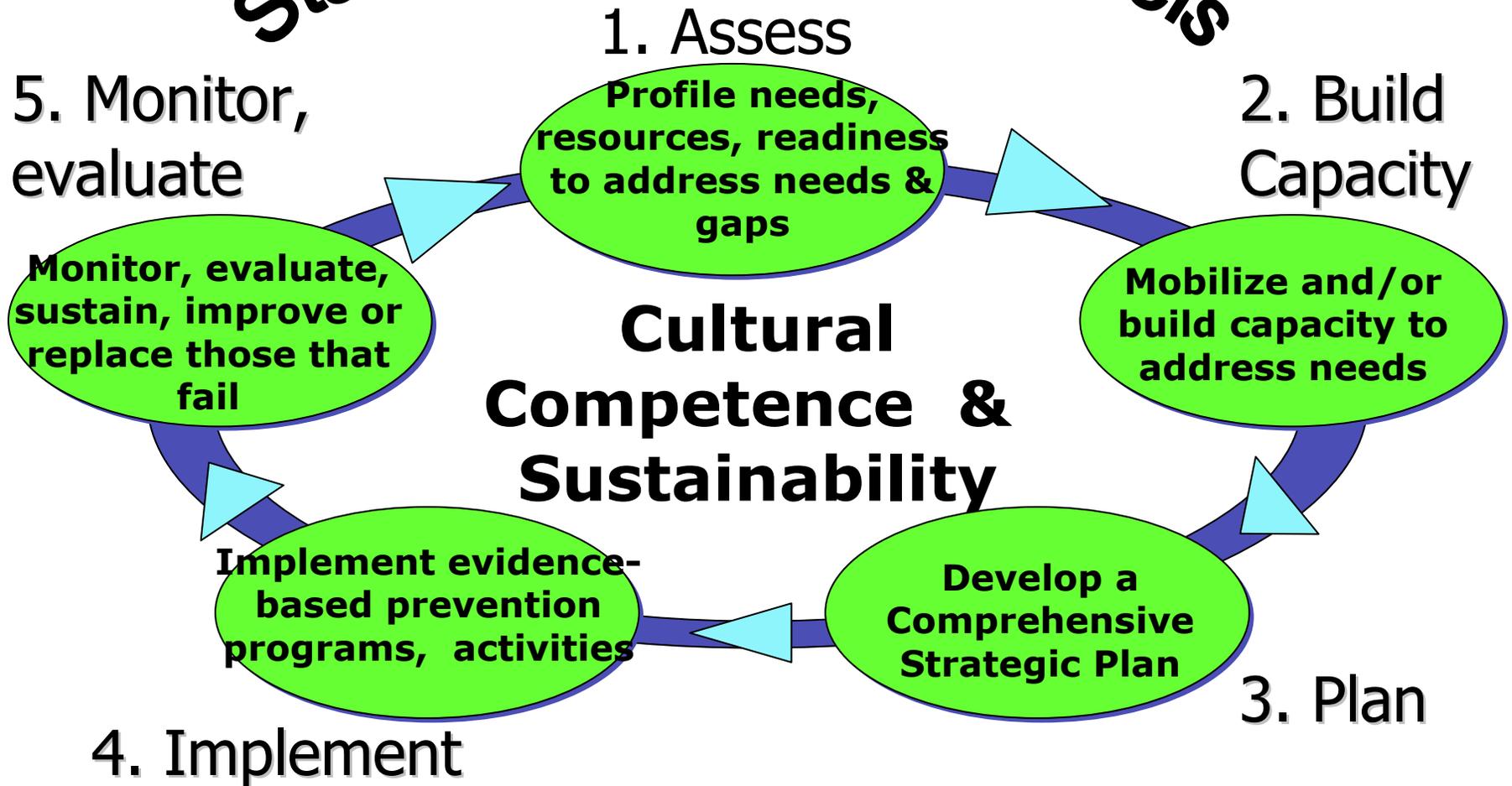
Adolescent SA Continuum of Care

- **NC ASAM Levels of Care for Adolescents**
 - **PREVENTION**
 - **TREATMENT LEVELS**
 - **Level I**
 - Diagnostic Assessment
 - **SA Community Support Services-Adolescent**
 - Mobile Crisis Management
 - Intensive In-home Services
 - Multi-Systemic Therapy (MST)
 - **Level II.1**
 - Child & Adolescent Day Treatment
 - **SAIOP**
 - **Level III.5 SA Non-Medical Community Residential Treatment**
 - **Level IV Inpatient Hospital SA Treatment**



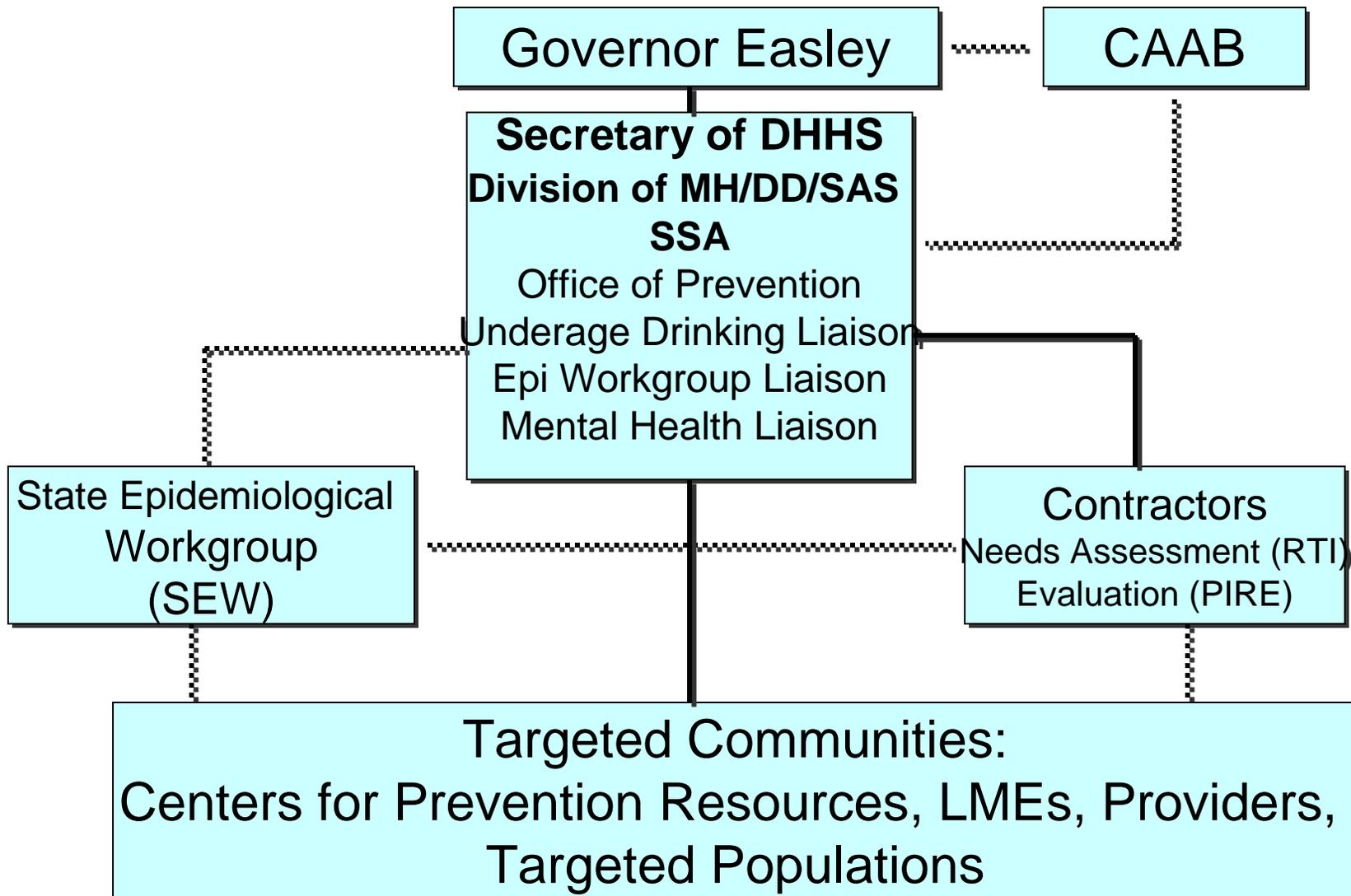
Strategic Prevention Framework (SAMHSA)

State & Community Levels



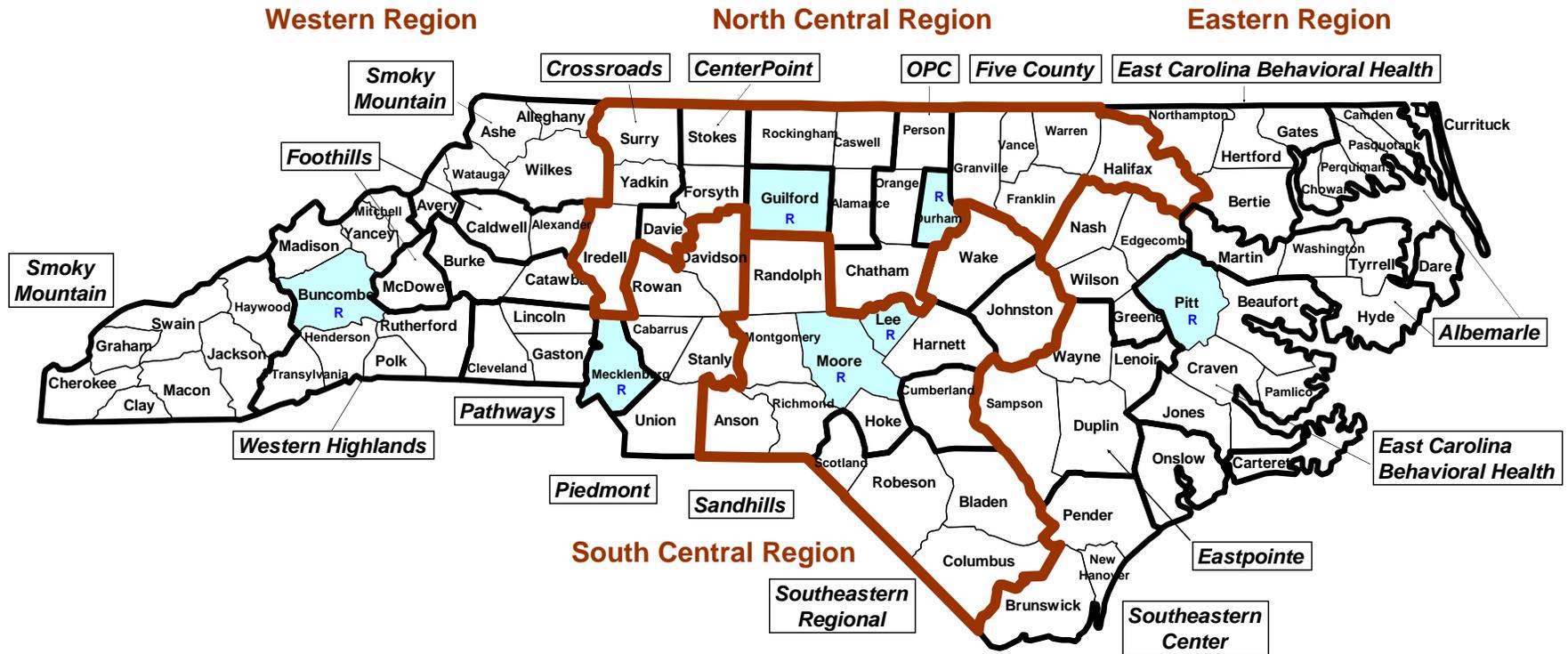


Who's Involved in NC?





Adolescent Substance Abuse Regional Residential Progr



Adolescent SA Regional Residential Program Initiative (7)



Managing Access to Juvenile Offender Resources and Services

MAJORS

- Joint initiative: DMH/DD/SAS and DJJDP (Department of Juvenile Justice and Delinquency Prevention).
- Purpose: to develop and implement *intensive* and *innovative* outpatient substance abuse treatment to drug and alcohol-involved juvenile offenders and their families.
- Targets youngsters under court supervision adjudicated delinquent or undisciplined or who are on contracts diverting them from incarceration
- Average 7 months in treatment.
- MAJORS in operation in NC since 1999, currently located in **61 counties** and **31 judicial districts**



DWI Services

- Oversight of treatment & education policy & training.
- Authorizes DWI assessors & ADET Schools/instructors
- Oversees 400+ authorized providers

www.ncdwiservices.org

North Carolina		
DWI SERVICES Justice Systems Innovations		
Division of Mental Health, Developmental Disabilities & Substance Abuse		
Clients	Providers	AETS
Locate a DWI Services Provider		What Offenders/Clients Need to Know Lo que los infractores/clientes deben de saber
Driver's Handbook: "Driving While Impaired" "Manual de manejo de Carolina del Norte"		DWI Web Resources: More Information DWI Services Contact/Staff Information
This site last reviewed: October 30th, 2006		



What is TASC?

- A model that bridges two separate systems: justice & treatment
- Links treatment & justice goals of reduced drug use & criminal activity
- Uses processes that improve treatment access, engagement & retention



TASC Core Services

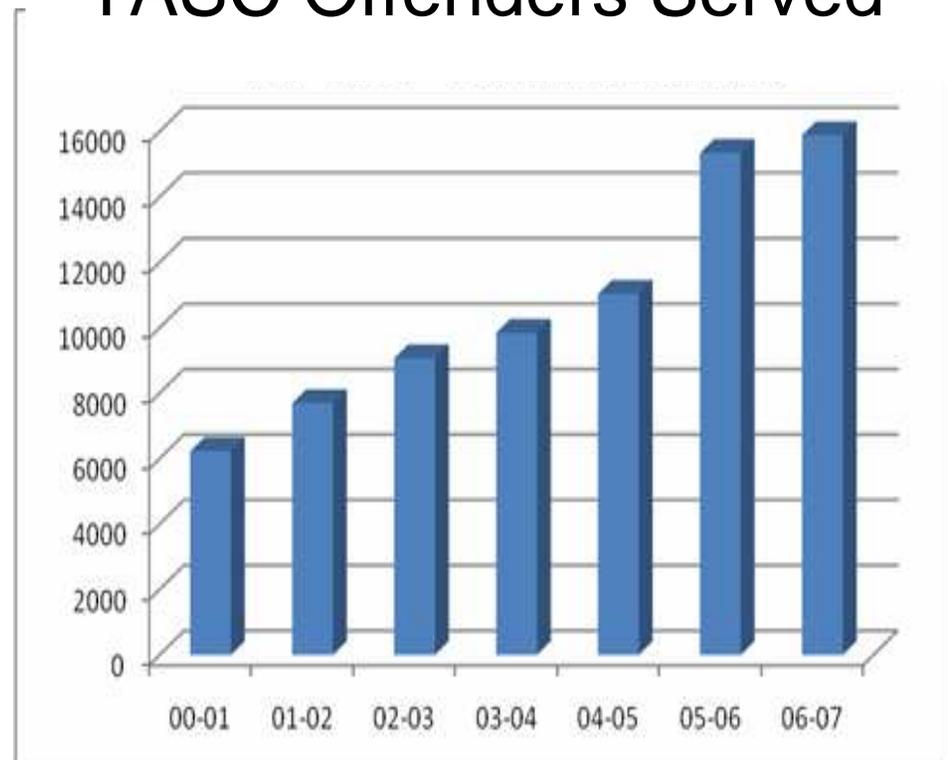
- Screening & Assessment
- Referral & Placement
- Care Planning, Coordination & Management
- Reporting Progress to Justice System



TASC Statistics

- 80% Male
- 48% Black 47% White
- 60% less than 31yo
 - 20% 16-21yo
- 85% Not Married
- 52% No HS Diploma
- 32% Unemployed

TASC Offenders Served





Oxford Houses

- Clean and sober housing for people in recovery, usually after completing a treatment program.
- First in NC in Durham and Asheville, 1991.
- Now 116 houses in 28 cities.
- Average 9 beds per house = more than 850 Oxford House beds in the state.
- Residents expected to participate in community recovery program during their residence.



Barriers

- Amount of preparation needed for successful consumer participation.
- Consumers knowing their rights.
- Availability of a qualified workforce
- Problems in provider system readiness, limited infrastructure.
- Inexperience of LMEs with relational contracting.
- Challenges in taking evidence-based practice to scale.

RECOVERY





The Future

- **Medication-Assisted Therapies**
- **Screening, Brief Intervention and Referral and Treatment (SBIRT)**
- **Recovery-Oriented Systems of Care**