

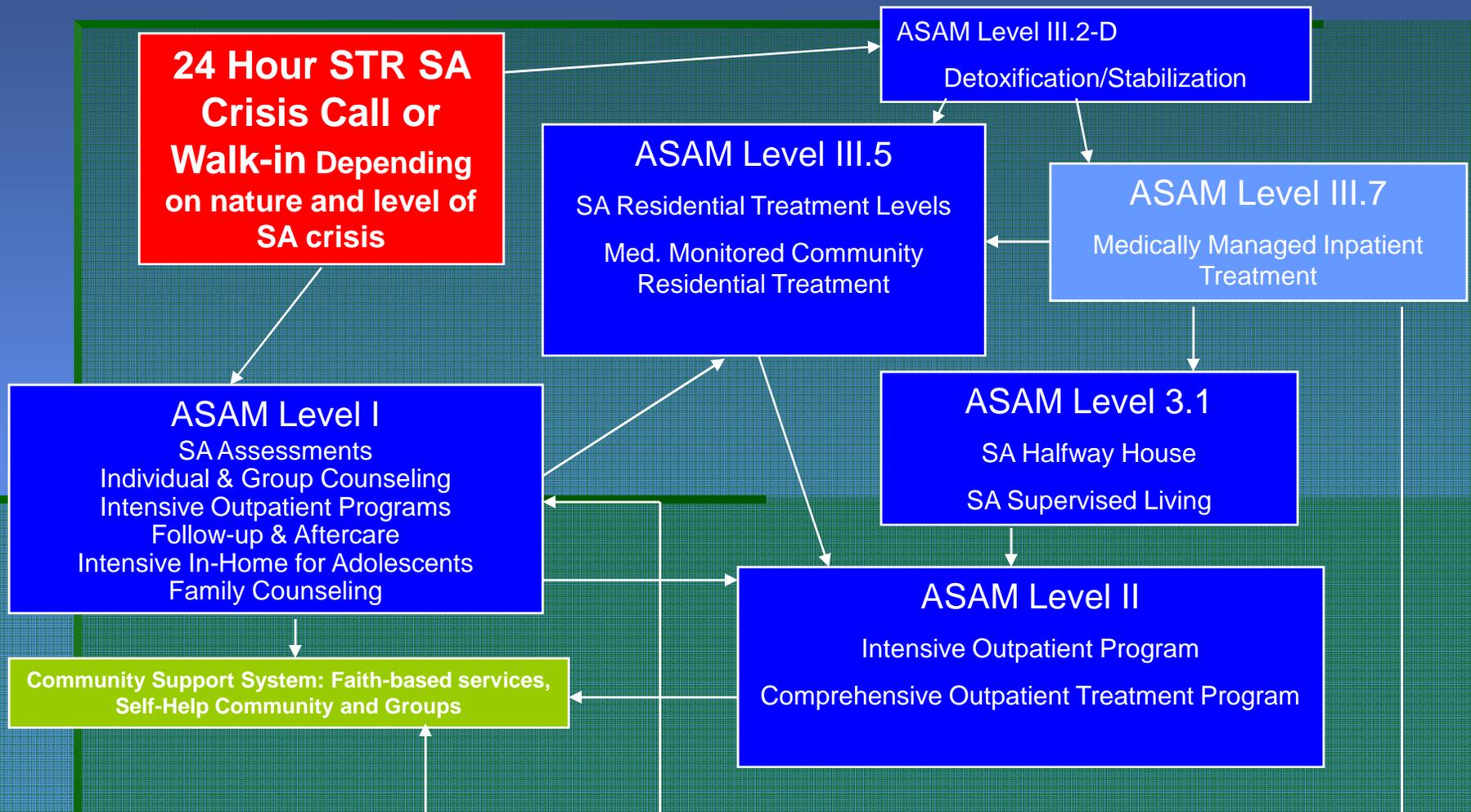
SA Access Issues in the current system

NC Institute of Medicine
SA Study Committee Meeting
November 21, 2008

Overview of the process

- NC Division MHDDAS requested that BHRP/SSW/UNC-CH study issues of SA Client Access to system services and identify the barriers which may be keeping people from the public SA services.
- Step to the process
 - Request of the following information
 - List of all SA providers by Medicaid or IPRS
 - List of all ASAM services contracted by the LME by Provider and location
 - STR data by client call for SFY 07-08
 - Description of the LME's SA IPRS benefit package
 - List of 50 most recent SFY 09 SA admissions
 - Telephone and online survey of LME providers regarding SA service management provided by LME
 - Onsite visit with each LME to clarify and analyze the information
- To date, onsite visits have occurred with 4 LMEs and a total of 5 LMEs have submitted information. Information is presented in aggregate form until finalized

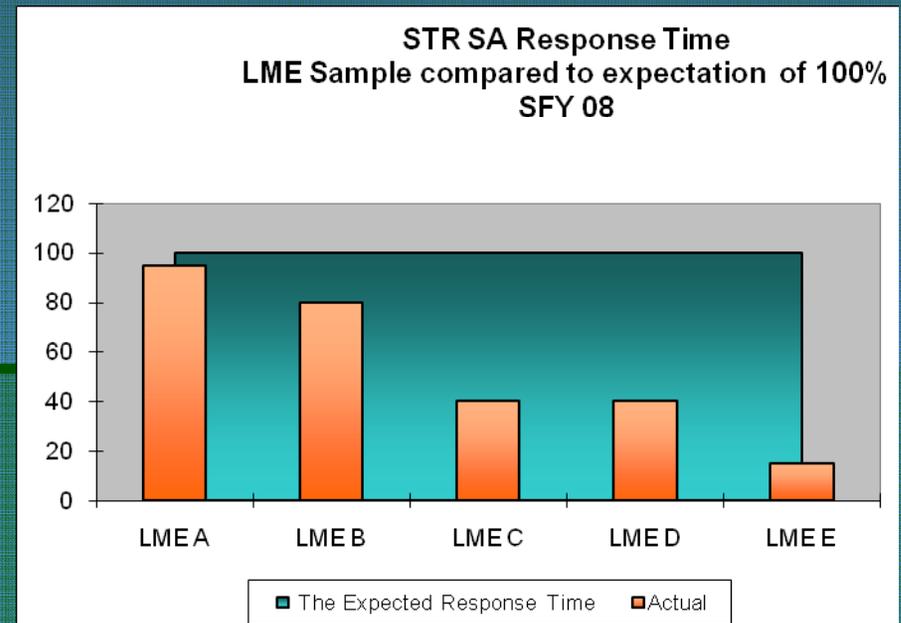
SA Continuum of Care Model



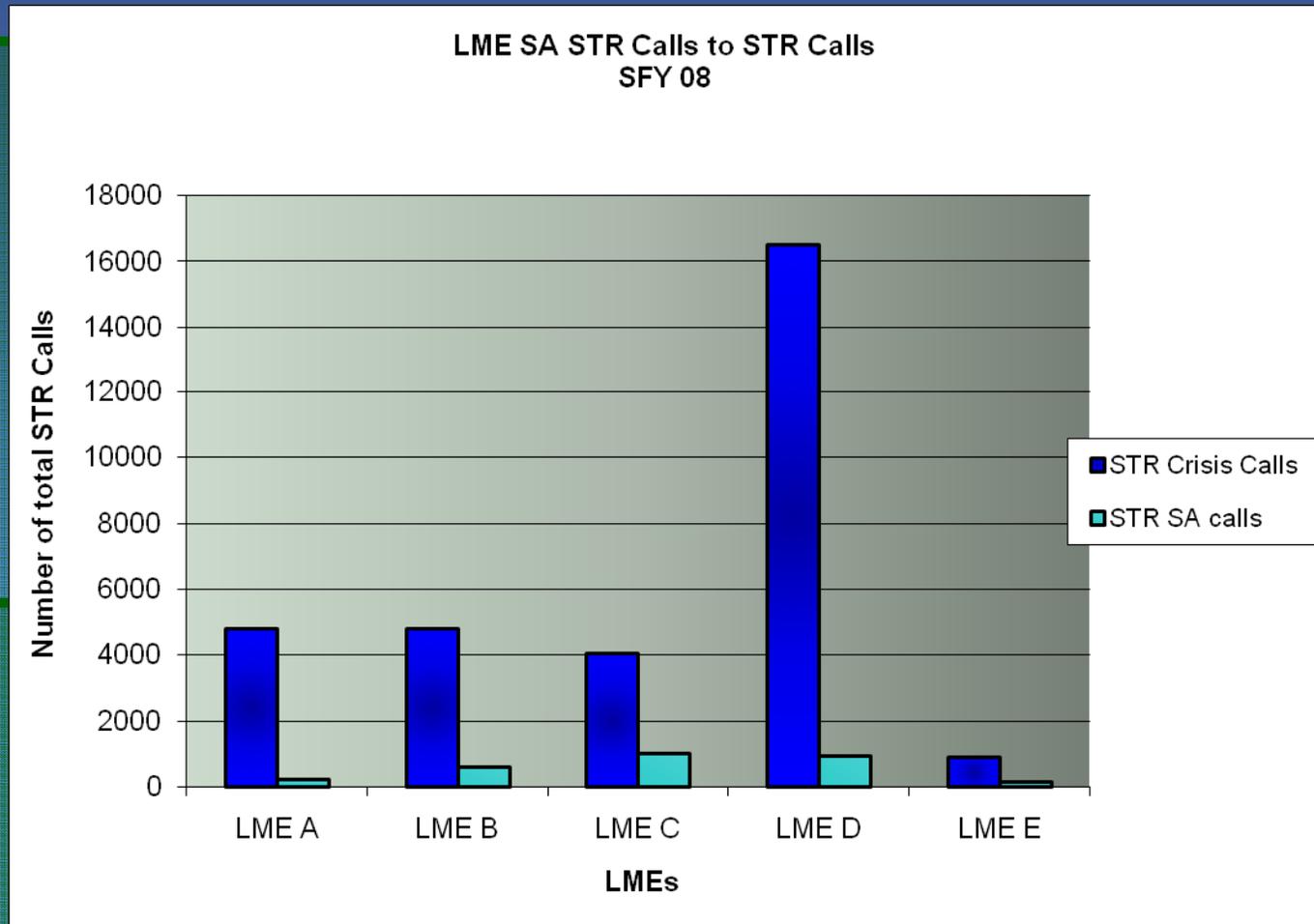
Screening, Triage and Referral of SA callers into the public system

- Threshold for SA STR calls = All STR SA calls are to be treated as Urgent and seen within 48 hours

- How are we doing?



Number of STR Calls documented by the LMEs



Specifics regarding the staffing issues of the STR service in the sample group

- 4 of the 5 LMEs operate their own STR lines
 - 2 of the 4 do not staff the line 24/7 but have a contractor staff the line in the evenings and weekend
 - 2 LME staffs the STR Crisis line 24/7 with LME staff only. One accounted for 16,516 crisis calls in a 12 month period compared to the average of 6219 calls from the aggregate (range 922 -16, 516 calls)
 - 1 did not report the STR Crisis line staffing pattern

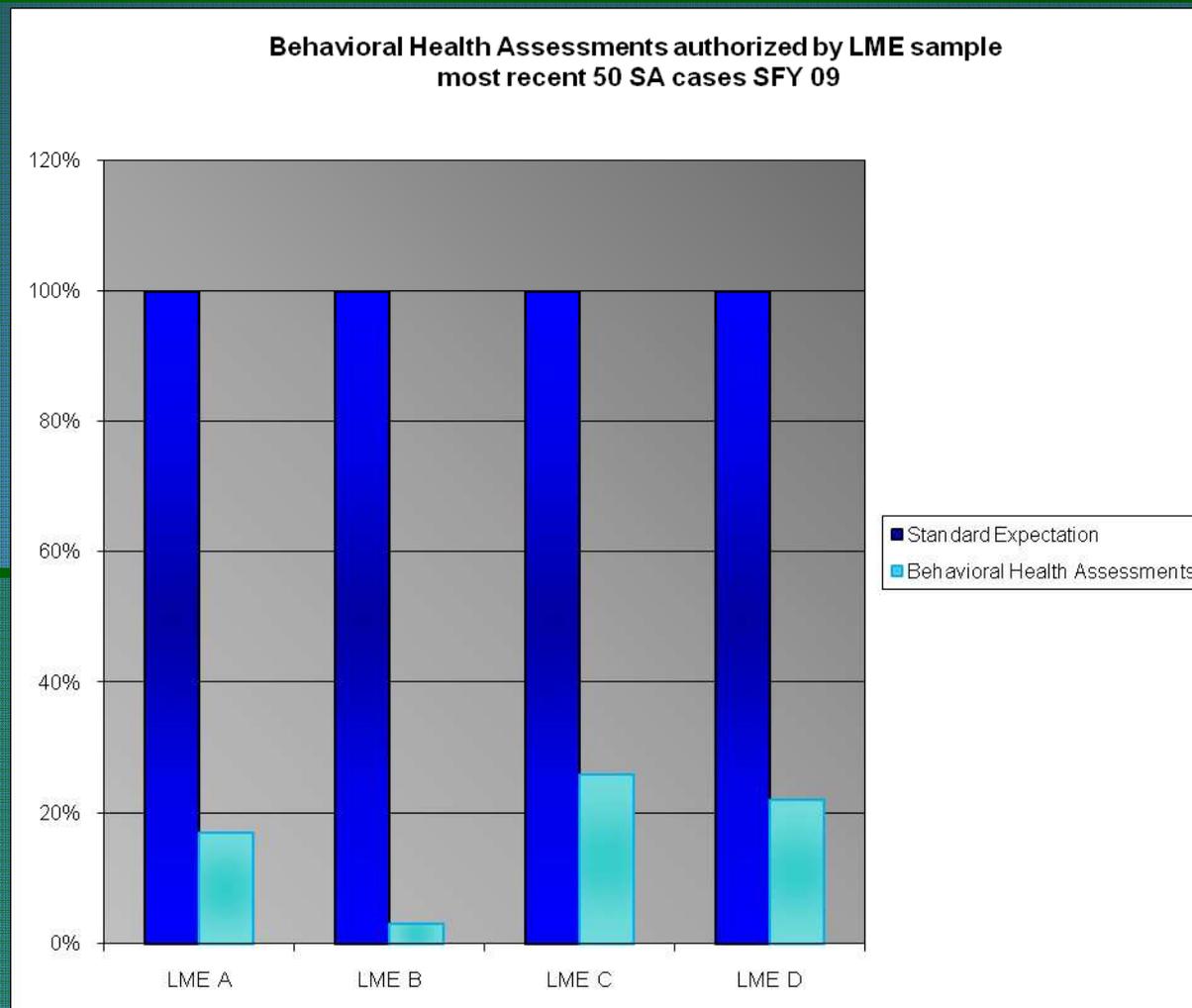
STR –Second issue

- How many of the STR SA clients were admitted into an SA treatment service?
- LMEs are having difficulty analyzing the existing data sources related to their STR activities.

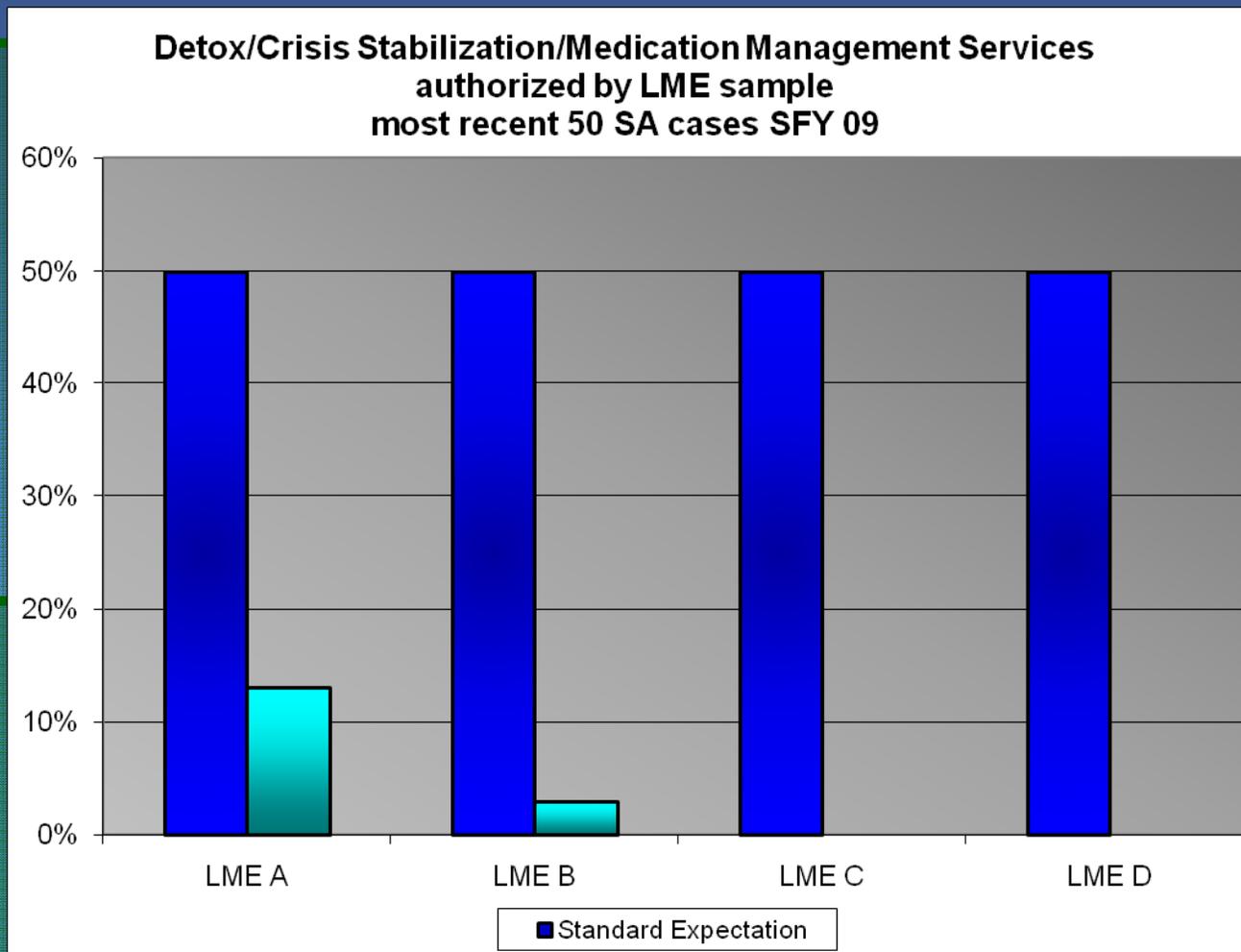
Noteworthy tweaks to the standardized STR process

- One LME had recognized they were not getting any SA identified issues using the standardized form. They added 1 question to the standardized STR documentation sheet
- “Do you have a desire to stop drinking or using?”
 - Regardless of caller identified issue, if the caller answer yes, then the STR service performs a warm line transfer to a community volunteer who talks with the caller about their willingness to attend a self-help group and arrangements are made for that to occur

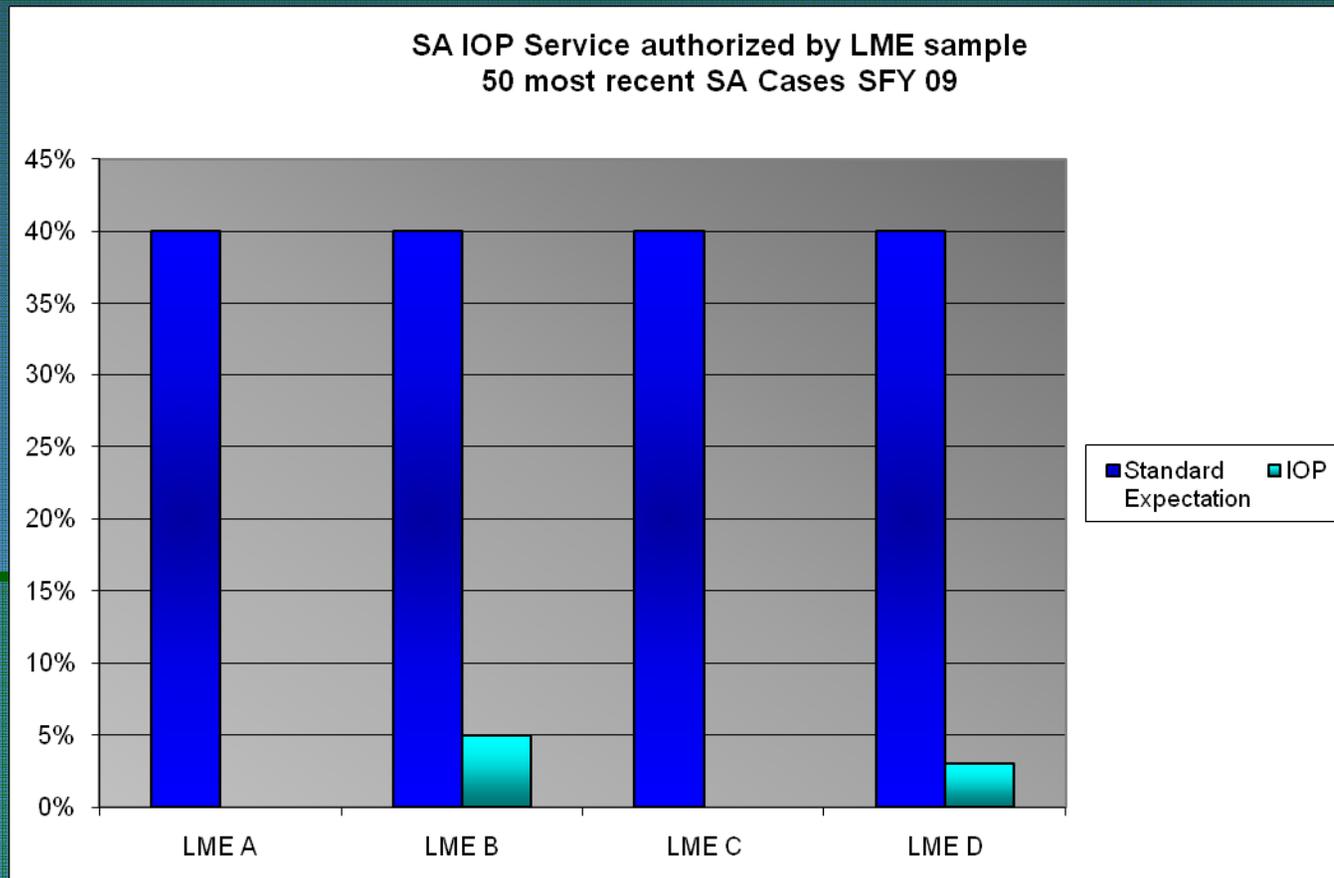
Snap shot of authorized SA Services



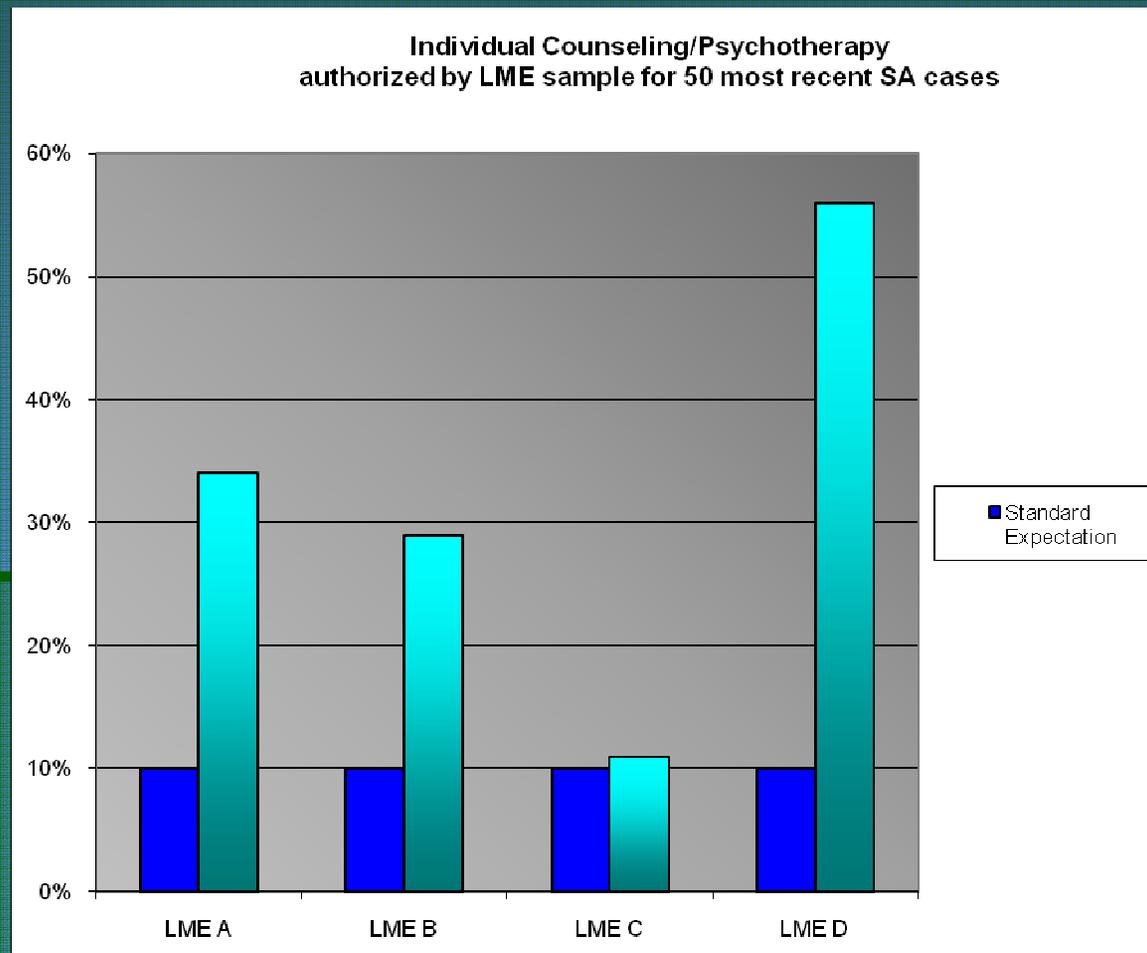
Authorized Detox Services



Authorized IOP Services

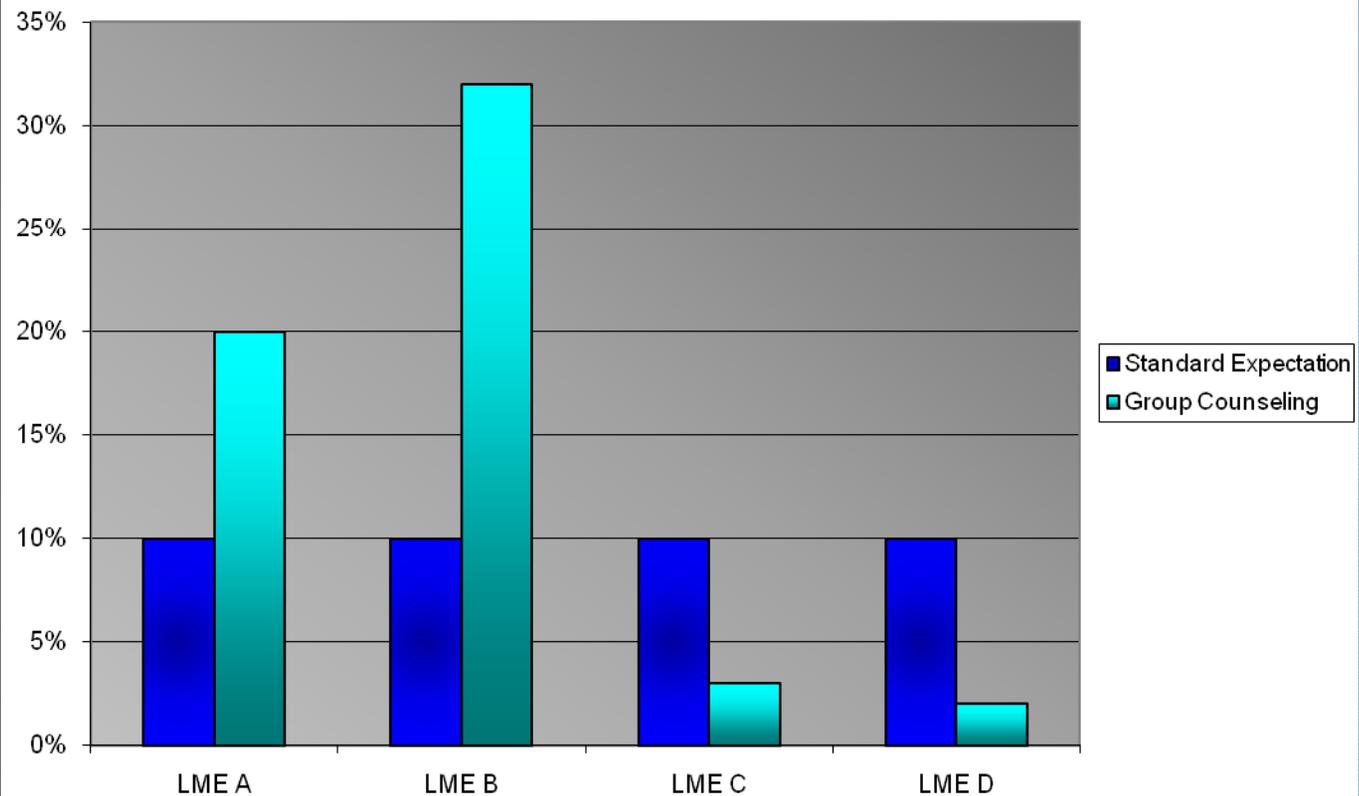


Individual Counseling/Psychotherapy



Authorized Group Counseling

Group Counseling authorized by LME sample for 50 most recent SA Cases SFY 09



Provider survey trends

- Service Gaps: ASAM Service Levels not used
- NO SAIOP levels
- Adolescent Services
- Credentialed Staff
- Challenges
- Public Transport
- IPRS Reimbursement Lag
- Access to care
- Authorization Process Inconsistent
- Difficult to manage client cases without some type of electronic client record
- STR
- Don't get referrals from STR – all referrals from ½ way houses or hospitals
- Hard to engage patients when they hear they have to be sent out of county to treatment

Conclusions

- SA Clients are not being identified at the front door of the system
- To manage SA Clients, effectively they must be seen within 48 hours of the STR call
- The system is not taking much ownership for the SA specialty at any community level..SA issues are different but not getting managed differently..no different investment
- Vast majority of SA Services authorized is for individual and group counseling and not the more intensive service levels like IOP
- In order to train, attract, retain SA Clinical expertise, system could provide incentives for staff, providers and service development
- In this sample of rural LMEs, local SA continuums of care are not apparent
- Standardization is a serious problem
 - Understanding of what the processes mean
 - Understanding how to utilize single stream funds to benefit SA not apparent
 - Provider feedback includes seeing authorization process as cumbersome and not standardized across LMEs as significant issue

- Engagement and retention rate is a serious challenge for the providers of SA services
 - Retention rates generally have to do with the following:
 - Services offered do not meet the clients needs
 - Wrong Service
 - Wrong Time of day
 - Duration is not right length of care
 - Linkage between Detox or ADATC levels of care is lacking in this sample-retention issue
 - Front door of the system, STR may not be used as the main door for SA admissions to the system. This issue needs further study

Recommendations

- Redesign the data collection system to insure standardization and transparency for the Division, LMEs and providers to allow for real time tracking of client demographics and service information
 - Data collection methods need to link from STR through all services authorized, admitted and delivered