

# Retrospective summary of consumer/citizen opinions about addiction issues in North Carolina

North Carolina  
Institute of Medicine  
Substance Abuse Task Force  
Meeting  
December 10, 2007

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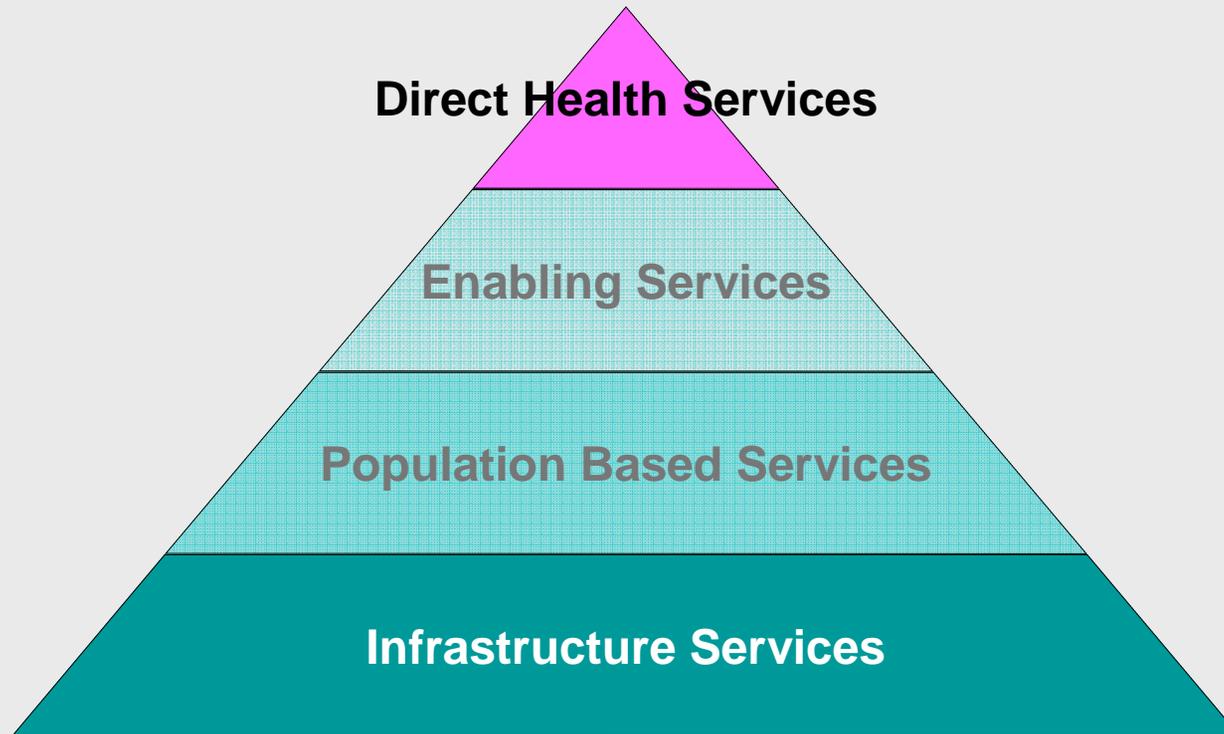
“Community involvement and collaborations are cornerstones of public health action.”

-Centers for Disease Control & Prevention, 1997

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# Public Health Pyramid

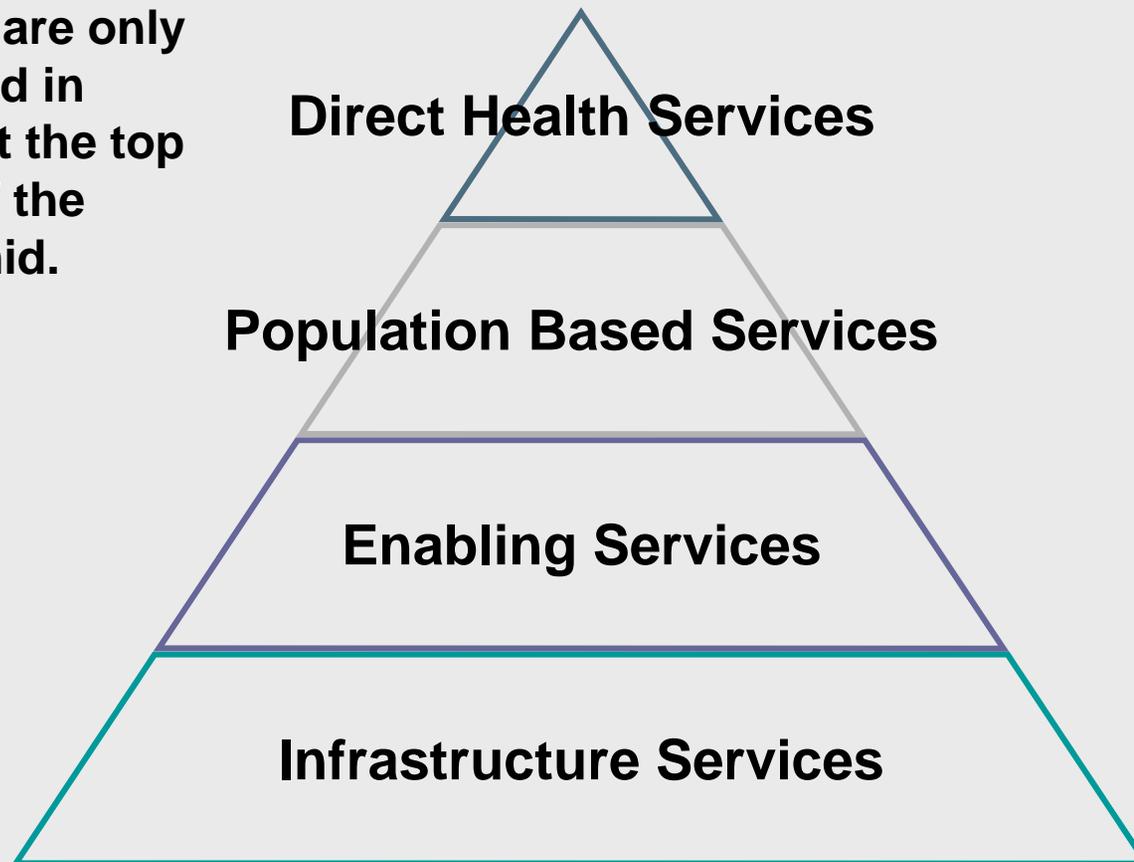


**An overarching framework for the planning, delivery, and evaluation  
of health programs**

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# Substance Abuse Services

Traditionally, consumers are only involved in decisions at the top level of the pyramid.

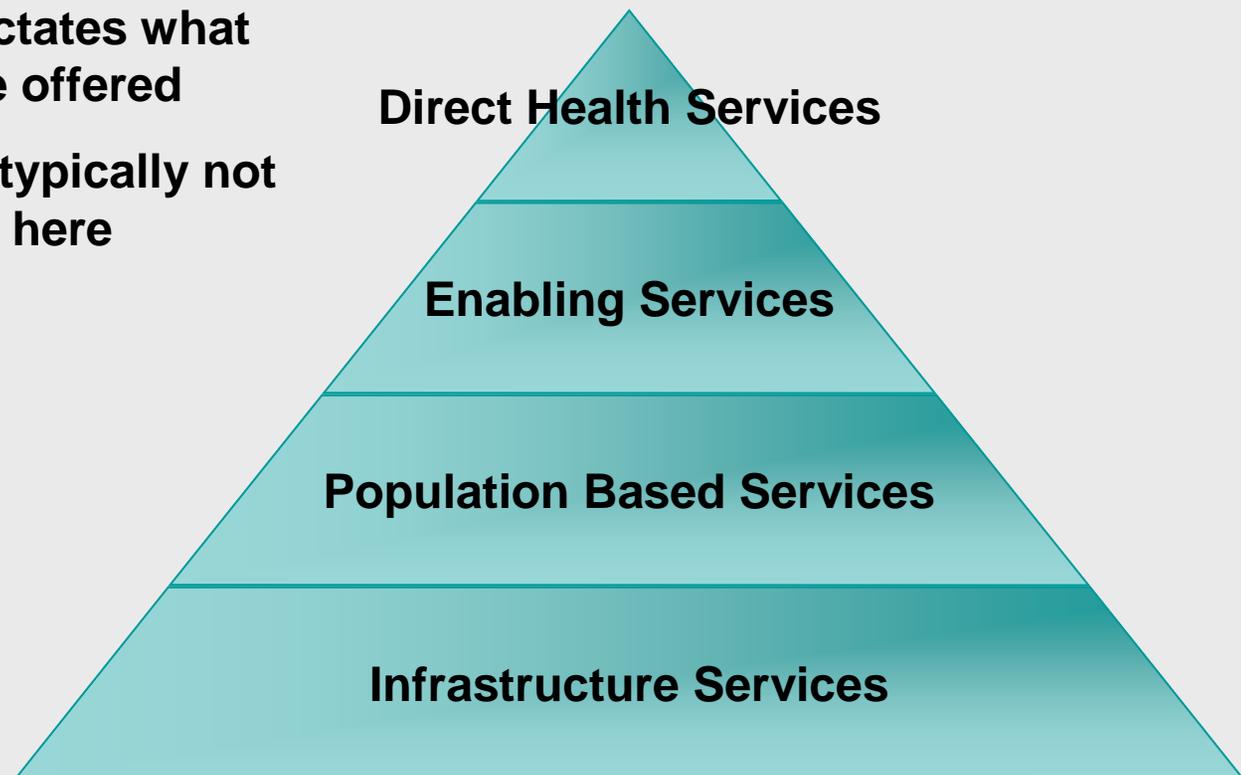


# Substance Abuse Services

## **HOWEVER**

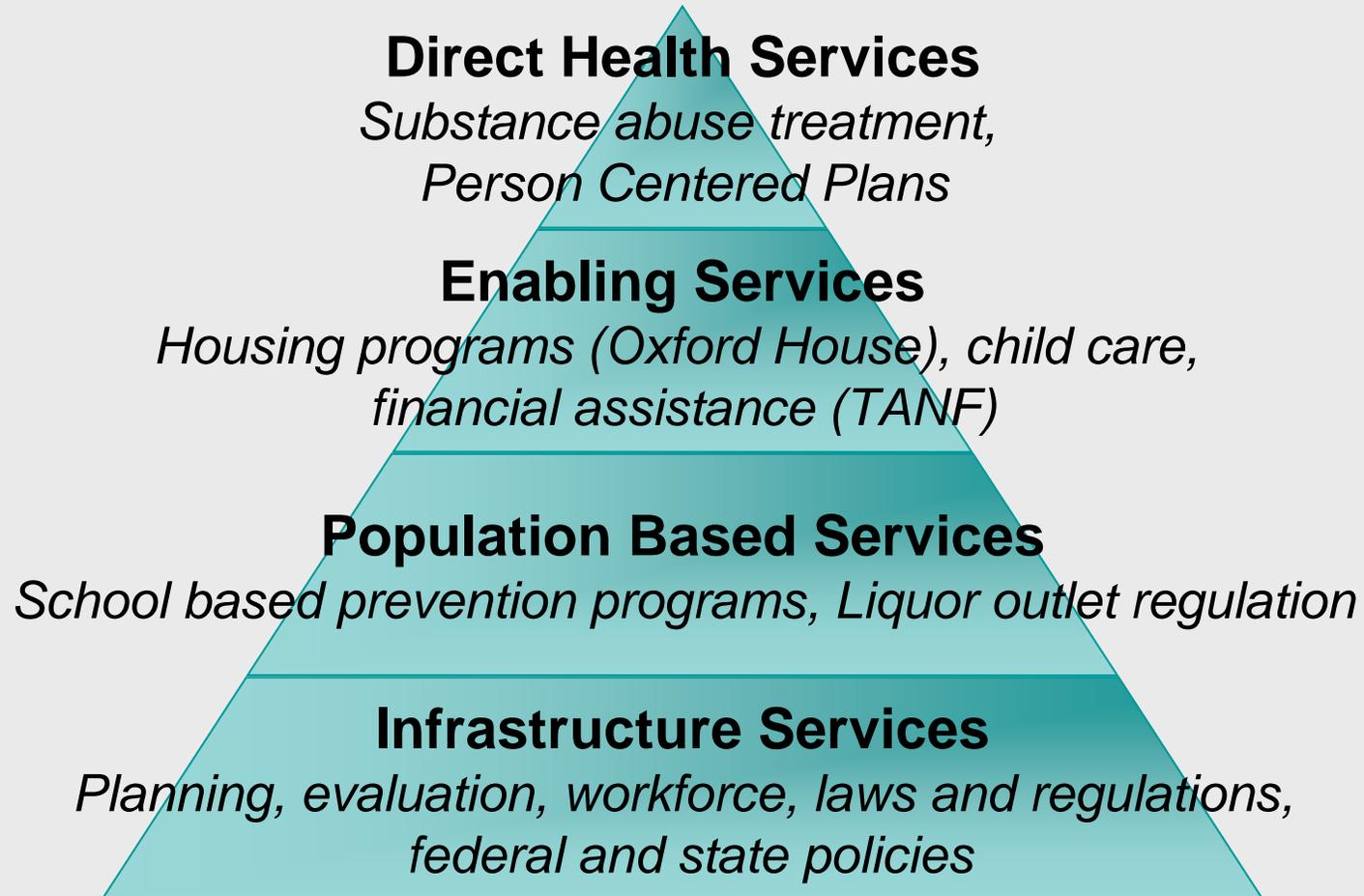
The base of the pyramid is integral and dictates what services are offered

Consumers are typically not included here



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# Community and consumer participation is needed at all levels of the pyramid



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# Benefits of consumer & community involvement

- Involving consumers results in changes in the way services are delivered across a range of settings. (Crawford et al., 2002)
  - Involving patients in planning, implementation, and evaluation of hospital policies results in higher satisfaction ratings, reduction of medical errors, and length of stay. (Sodomka, 2005)
  - Expanding community involvement in a child mental health project resulted in decreased costs of care. (Williams et al., 1999)
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# Patient and Family Centered Care

- **Principles of Patient- and Family-Centered Care**
  - **Dignity and Respect.**
  - **Information Sharing. Participation..**
  - **Collaboration.** Patients and families are also included on an institution-wide basis.
    - **families in policy and program development,**
    - **implementation, and evaluation;**
    - **in health care facility design;**
    - **and in professional education, as well as in the delivery of care.**

## Overview of SA consumer input since the Initiation of the MH reform effort

2001

SA Consumer focus  
groups pre-reform

2006

Dare County  
Substance Abuse  
Needs Assessment

2006

Rockingham County  
SA Needs  
Assessment

2006

NC Commission on MHDDSAS  
Workforce Development  
Consumer focus Groups and Surveys

**In 2001, Secretary of NC DHHS, Carmen Hooker-Odom requested that a state wide effort be made to gain input from the North Carolina citizens who had experience with the NC Division MHDDSAS system services**

**SA efforts included the following activities:**

- 14 Community Meetings were held throughout the state to gain SA specific feedback from consumers, citizens and family members who had experienced SA Services in the NC MHDDSAS system

Total Attendance: 392 individuals

# Summary of input from the Pre-reform SA focus groups

- **Access to addiction services**
  - Services hard to get into and qualify for
  - No basic SA services available in every county
  - Waiting lists require long waits for access to residential treatment
  - Only place long terms services are available is in the criminal justice system
  - General public does not know where to turn for help for Addiction issues
- **Timeliness of services offered**
  - Waiting lists between services is unacceptable
  - No supports like Vocational Rehabilitation exists for people in Addiction Recovery
  - Impossible to be seen the same day
- **Appropriate care is missing**
  - Many reports of missing the Addiction issue upon presentation in the Area Program system
  - Each AP system is different with different resources and different treatment services available
- **Client Resources**
  - Don't qualify for "free" services
  - Medical and Dental needs are not addressed
- **Workforce Issues for MH/SA Professionals in the public system**
  - Not a lot of skills at the front door of the system to recognize when a problem is an addiction and when it is a MH disorder
  - Cultural Competency and Spanish Speaking Services are inadequate
- **Stigma of addiction**
- **Consumer involvement**
- **Advocacy for Addiction issues**

# Dare County Community Substance Abuse Needs Assessment-2006

- Dare County community coalition recognition of serious substance abuse and addiction issues in the County
  - 10 Focus Groups in Dare County to gauge the SA issues throughout the County and system responsiveness
    - Total Attendance of 127.
  - Key Interviews with County leaders.
    - Total Interviews = 12
  - Resident Adult Services Survey
    - 54 respondents
  - Resident Adolescent Services Survey
    - 50 respondents

## Dare County Substance Abuse Community Input Themes-2006

- **SA issues are pervasive throughout Dare County and affect the entire social strata**
- **Access to SA services**
  - Services are lacking, nonexistent or inadequate
  - A local continuum of services must be offered locally and continuously (24/7)
- **Appropriate Care is missing**
  - A complete community continuum must include recovery supports to the recovering individual, particularly adolescents and families to successfully integrate back into the community
  - Dare County population is quite diverse and the SA needs of the community vary depending upon the group and location
- **Adolescent Substance Abuse and Addiction is serious issue and there are no treatment options available to residents**
- **Client Resources**
  - Transportation presents a significant barrier for access to services
- **Multiple and stable funding streams are needed to support the provision of SA services**
- **Workforce Skill and Competency Issues**
  - Both the general population and professionals in Dare County need training in community SA issues
  - Recognition of a problem, Assessment, Intervention and Referral are serious gaps in the community's service system and professional skill bank
  - Stigma about addiction is a serious issue in the county and in the current service array

## Rockingham County Substance Abuse Needs Assessment- 2006

- Annie E. Penn Trust recognized need to conduct a County-wide substance abuse needs assessment process
  - Study Group of Stakeholders convened
  - Survey of Substance Abuse Needs and Community Indicators conducted
    - 22 Respondents

# Rockingham County

## Substance Abuse Needs Assessment Themes- 2006

- Alcohol and Drug Issues are pervasive throughout the County
  - 63% of stakeholder group rate Substance Abuse Problem in Rockingham County as a seriously significant issue
- SA Education and Prevention programs ranked as the most significant need
- SA Treatment and Intervention services ranked as the second most significant need in the County
- Treatment for Addicted adolescents is non-existent in the county
- Additional themes included the following:
  - **Funding** - More funding to assist clients without insurance or those who do not qualify for Medicaid
  - **Access to variety of levels of Care serious issue**
    - Inpatient and Residential SA Treatment Services
  - **Inadequate Services** - Serious gaps in the treatment continuum exist within the County from the beginning throughout they recovery experience
  - **Workforce**-Qualified, skilled SA professional workforce is not available in the County

## NC Commission on MHDDSAS Workforce Development Consumer Input Process- 2006

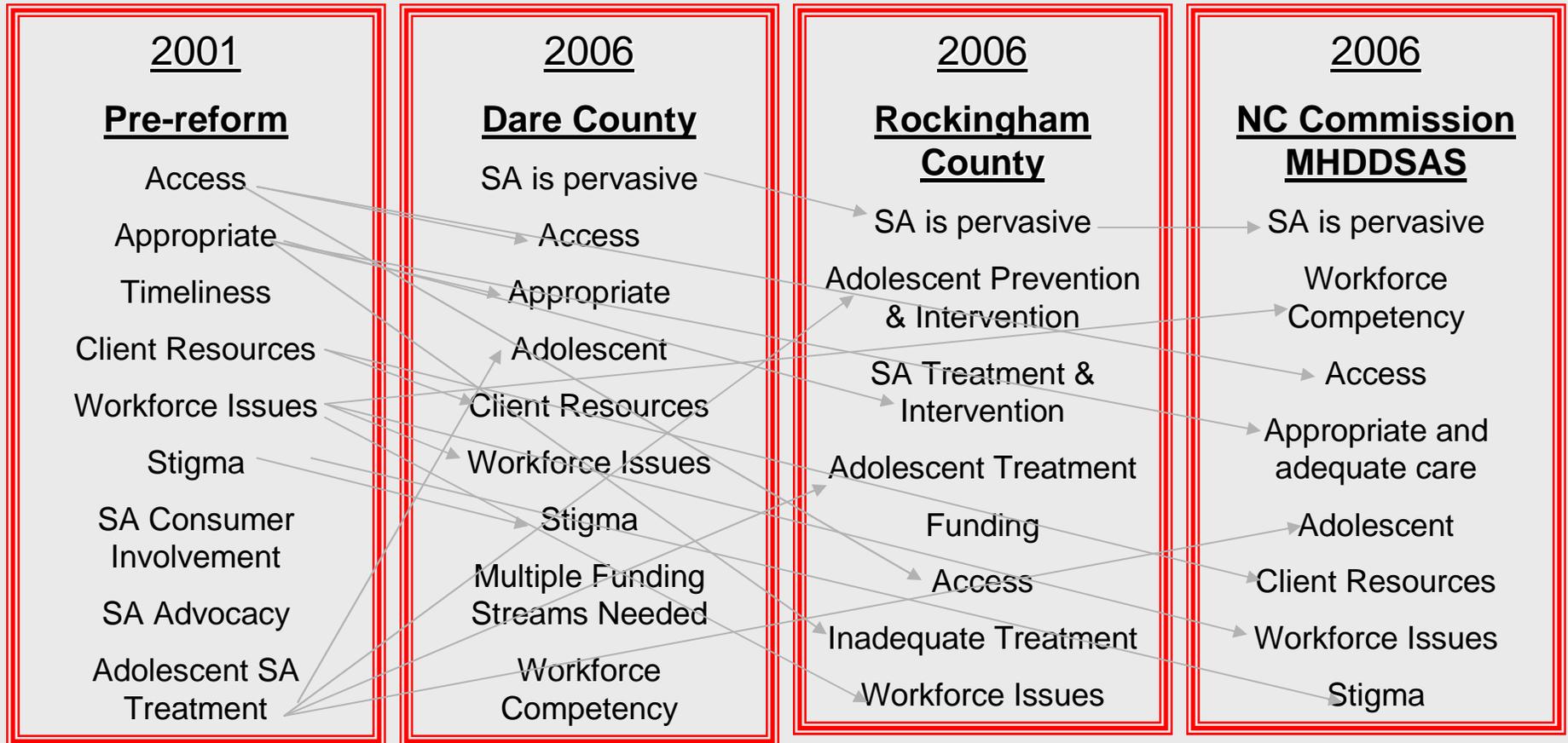
- Commission formed a workforce development committee to study the workforce needs in the MHDDSAS system
  - 6 focus groups held throughout the state with Providers/HR Managers
  - 6 focus groups held throughout the state with Consumers of services to comment on workforce and service issues
  - Online survey developed

# NC Commission on MHDDSAS

## Workforce Development Consumer Summary Themes

- **Stigma ranked as #1 issues from current clients**
    - Many reported stigma was the greatest barrier at the front door of the system or in the system who referred the client to treatment
    - Treatment program treat addicts with different addictions differently
  - **No specialization among clinicians except in SA services**
    - only generic providers and generic clinicians
  - **SA Services for adolescents are non-existent**
  - **DSS, Court system and SA treatment system do not work well together**
  - **Programs are not staffed to accommodate client needs**
    - staff to client ratio in programs is too low
  - **Services are too rushed to make a difference**
  - **Many addicts taking up space in treatment programs are court ordered but do not want to be there or to get well**
  - **No referrals out of Detox**
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## Comparison of consumer-citizen input before and after reform



## Another View

- 2001 consumer and citizen issues that are also issues in 2006
  - Access to SA Treatment
  - Appropriate Treatment
  - Stigma
  - Client Resources
  - Workforce Issues
  - Adolescent SA treatment non-existent

# Conclusions

- Have the opinions changed about addiction services in the past 5 years?
  - System remains in crisis.
    - Stigma
    - Access,
    - Local service design
    - Appropriate treatment,
    - Services for adolescents with AODA issues,
    - Workforce issues and
    - Funding are relevant issues today

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