

Designing the Substance Abuse Treatment System for Piedmont Behavioral Healthcare

Executive Summary

One of the challenges for Piedmont Behavioral Healthcare identified within its Local Business Plan is to create a seamless continuum of addiction intervention and treatment for citizens living within the 5-county geographic service area. The goals of the new 5-county system need to reflect the vision of the North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services 2003 Plan reform of the state mental health/developmental disabilities/substance abuse system.

Parameters for reformation of the local care system

Tenants of the local reform effort need to reflect the goals of the North Carolina state plan including the following issues:

- No wrong door to treatment
- Commit to quality delivered by competent professionals
- Plan for and create a comprehensive community service system
- Foster the development of a network of contract providers and build partnerships with community agencies and organizations
- Invest for results
- Influence a Coordinated Care approach to service planning utilizing Person Centered Planning Processes
- Maximize available funding streams and reimbursement mechanisms to insure adequate capacity available at community level
- Meet Federal funding guidelines for services to targeted populations

Piedmont area projected substance abuse treatment system and target population needs

Estimates regarding unmet need for the system revealed the following:

- Enough treatment capacity currently exists within the adult SA system however it is apparent that the right services within the continuum do not exist and that the targeted populations are not currently being served by the Piedmont system
- Services for adolescents are woefully inadequate and capacity to serve adolescents within the 5-county Piedmont area does not currently exist.
- The 5-county area is not tracking the services to target population groups prioritized by the current state and federal funding streams utilized to support the substance abuse continuum of care. Consequently, it is imperative that the new services insure that those priority groups be targeted for inclusion in the new system and that clinical services utilize evidenced based best practices models for these populations to maximize the effectiveness of the services provided.

Summary of Recommendations

- Develop a seamless continuum of addiction treatment for the 5-county Piedmont Behavioral Healthcare service area with all services within the continuum located within the services areas' geographic boundaries
- The area wide system needs to:
 - Develop Comprehensive Outpatient Treatment Programs (equivalent to the ASAM Level II.5) in the counties demonstrating the highest incidence of hospital/state institution admissions for addiction diagnosis.
 - Support, enhance, and solicit new addiction treatment providers to enhance the gaps in the exiting service continuum for the service area.
 - Insure all existing crisis center/intake points have Certified Substance Abuse Professionals assigned to the crisis assessment service to insure accurate

- assessment, diagnosis, and appropriate placement of all substance related conditions.
 - Insure that clients admitted for services within the continuum of care meet the target population requirements outlined by the state and federal requirements for public funding.
 - Develop and enhance the relationship with the self-help community to insure effective peer and family support for it's recovering clients.
- At a minimum each county within the service area should have the following:
 - 24 crisis response for addiction issues
 - Addiction screening and assessment processes utilizing evidenced based tools and practices
 - Intensive Outpatient Programs addressing homogeneous populations and
 - Community Support Services for Adults and Adolescents.

Transition Steps

- Develop a plan to purchase from the ADATC's a realistic estimate of addiction inpatient treatment services to insure uninterrupted care within the continuum until a program within the area can be initiated.
- Evaluate the funding levels to create the continuum of care.
- Based upon available funding, issue an RFP for comprehensive community providers of substance abuse services only, and require each to provide at a minimum addiction assessments utilizing a mandated valid and reliable assessment tool, detox, non-medical community residential program, intensive outpatient services, and substance abuse community support services for the adult and adolescent populations.
 - Successful award of the RFP should be dependent upon an offer that substance abuse staff currently employed by either Piedmont Behavioral Healthcare or the Davidson Area Program be offered positions relative to the credentials/license/scope of professional practice the staff members hold.
 - Additionally, successful bidders of the SA RFP should employ recovering individuals as mentors and peer support specialist within the services to enhance the effectiveness as well as maximize the Medicaid billing potential of the services.
 - Consideration should be given to providers who require all clinicians to have a current SA Credential or license with a specialty certificate in addictions.
 - Contracts need to require that clients will be placed in ASAM levels of care that match the needs of their condition and will progress through the continuum without experiencing a gap in services due to waiting lists or unavailable treatment resources.

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