

Appendix H:

Resource Development Activities for Prevention and Treatment Highlights from States and the District of Columbia

Planning and Needs Assessment

Conducting Needs Assessments

Examples of States' activities related to ATOD prevention and treatment needs assessment include the following:

- Using the **Illinois** Household Study, the Department of Human Services Automated Reporting and Training System (DARTS, the State's primary client data system), and other sources, DHS evaluates regional trends, census data, economic data, admissions, and other information to assess treatment needs and to plan and budget treatment services. Each year, the State also compiles a comprehensive data book evaluating alcohol and drug trends and variables affecting usage and treatment needs and outcomes. DASA recently completed a 3-year Treatment Needs Assessment Project. One project component was a Social Indicator Study, through which all needs assessment data dating from 1996 were converted into a client-centered database.
- **Indiana** uses PREV-STAT™, a tool developed and maintained at Indiana University-Bloomington, to assess prevention needs throughout the State. Using social, demographic, and geographic data, PREV-STAT™ creates a statistical picture that can be as broad as the entire State or as specific as a particular neighborhood. Indiana's use of this tool allows for precision planning of prevention programs by matching population needs with appropriate prevention services, promoting more effective allocation of limited resources.
- Round II of **Maine's** State Treatment Needs Assessment Project and the final Integration Study have provided very useful data and reports. In particular, a series of maps representing Maine's treatment system, overlaid with the need by ASAM level, has proved to be particularly effective and useful.
- **Massachusetts** obtains needs assessment data from a variety of sources. These studies include the MassCaLL team, which looks at social indicator measures of substance abuse; the Criminal Justice Needs Assessment study; the Treatment Needs Among the Elderly in Primary Care Settings; the Substance Abuse Surveillance Network Study; the Treatment Needs Among IDUs Study; Triennial School Survey; the Youth Health Survey; and BRFSS Telephone Survey.
- **Tennessee** is engaged in "community diagnosis," a planning process across Tennessee's 95 counties. Through this process, community-based agencies assess local healthcare needs, including substance abuse prevention and treatment needs, as well as the social, economic, and political realities affecting the local delivery of services.

In addition, the Tennessee SSA contracted with the Department of Health to develop the Tennessee Social Indicator Study, which is an ongoing effort to collect and analyze county-level risk and protective factors for adolescent substance abuse. From these data, the SSA is able to identify county- and regional-level risk factors and incorporate them into needs assessment and prevention planning. Tennessee also completed the Tennessee Prevention Needs Assessment in FY 2003.

- **Utah** conducted a Prison Inmate study, as well as the Arrestee Drug Abuse Monitoring study as part of its comprehensive needs assessment.

Developing ATOD Prevention and Treatment Plans

Examples of States with a legislative mandate for planning include the following:

- The **Connecticut** Alcohol and Drug Policy Council, a legislatively mandated public/private stakeholder body, developed the Statewide Interagency Substance Abuse Plan (SISAP) to guide Connecticut's prevention and treatment service delivery system. The SISAP identifies strategies for developing and implementing a comprehensive, statewide multiagency blueprint for substance abuse prevention, treatment, and enforcement.
- The **Florida** Legislature recently created the Florida Substance Abuse and Mental Health Corporation, Inc., a nonprofit entity comprising professionals and consumers appointed by the Governor, Senate, and House of Representatives. The State planning process will integrally involve the corporation in identifying service needs, framing strategic directions, and developing recommendations to the legislature regarding staffing and funding resource needs.

Examples of States that have planning processes developed by the Governor's office or with active involvement of that office include the following:

- The **Maryland** Governor's Cabinet Council on Crime Control and Juvenile Justice prepares an annual crime control and prevention plan. The council's framework is an extensive committee and task force structure with membership that ensures the input and involvement of citizens, providers, human service professionals, business leaders, local government representatives, and legislators.
- The **Ohio** SSA prepared a comprehensive 5-year statewide alcohol and drug addiction services plan that provides the State and its system of boards and local providers with strategic direction. A wide variety of constituents representing multiple service systems (e.g., education, health, child welfare, housing) as well as departments and agencies assisted in developing the plan. The Governor's Advisory Council on Alcohol and Drug Addiction Services, comprising State departments, local boards, providers, families, and the judiciary, reviewed and approved the plan.
- In **Oregon**, under the guidance of the Governor's Council on Alcohol and Drug Abuse Programs, the SSA initiates and facilitates State- and local-level planning for substance abuse prevention and treatment services. Planning begins with county profiles that identify specific needs for alcohol and drug prevention and treatment services and describes prevention and treatment strategies. The planning process involves meetings with various State agencies, local committees, councils, contractors, and advocates. Participants in the meetings develop strategies, set priorities, and establish criteria for delivering services.

Many States require substate entities to develop plans, generally at a regional or local level. States with a formal regional planning system include the following:

- In **Georgia**, regional boards are responsible for assessing local needs, planning services, and providing a consumer and family voice in decisions about priorities. Regional coordinators and boards work together to develop a formal plan that conveys the region's needs and expectations for improving services. These plans are completed in time to influence State-level budget priorities and other planning efforts and provide a foundation for development of an overall State plan for service that synthesizes and integrates the plans of all regional offices.
- The **Idaho** SSA contracts with consultants and the University of Idaho to collect and analyze needs assessment data for the seven regions. Regional committees meet regularly to review

the needs assessment results along with data from other State agencies and conduct local planning relevant to local needs.

- **Oklahoma** is divided into eight substate planning regions. Regional advisory boards are encouraged to merge with community coalitions to involve local persons in departmental planning. Coalitions develop needs assessments in their communities to identify resources and gaps in services. They prioritize the needs and develop plans on how best to fill those gaps.

Some States have special planning processes established to address particular emerging needs or issues. Examples of such processes include the following:

- **Montana's** Governor's Drug Policy Task Force, a 22-member group of legislators, providers, community advocates, law enforcement, and other community members, was convened in 2002 and ended its work with a comprehensive report and related recommendations to the Governor and attorney general. The Governor reconvened the task force in June 2004 to address the methamphetamine issue Montana faces.
- **Wyoming** developed a DUI strategic plan to address priorities for building statewide DUI infrastructure following the passage of the first DUI felony law in Wyoming, requiring third-time DUI offenders to receive substance abuse assessment.

Evaluation Activities

Evaluating Outcomes

States evaluate treatment and rehabilitation programs to determine which types of treatment are effective for various populations with various addictions. Examples of States' treatment evaluation activities include the following:

- **Arizona** took part in the national Treatment Outcomes and Performance Pilot Study (TOPPS I), completed in 1999, and has been selected to participate in the TOPPS II study. This prospective study tracks outcomes among adults participating in substance abuse treatment. The SSA also recently conducted an evaluation on the effects of a Social Model Detoxification in two successful pilot programs funded by the State tobacco tax. Findings from these initiatives will be incorporated into future evaluations of Arizona services.
- **Kentucky's** SSA contracts to conduct a substance abuse treatment outcome study on an annual basis. Baseline data are collected by clinicians during intake, and clients who consent to followup interviews are contacted 12 months after treatment to assess change after treatment. Followup findings are published yearly using a sample of about 20 percent of consenting clients who are selected randomly within a sample frame stratified by region of the State. The State uses these data to evaluate the overall outcomes of treatment and to estimate cost offsets from treatment. These data are reported to the Governor and State legislature annually.
- In **Tennessee**, the Institute for Substance Abuse Treatment Evaluation (I-SATE) conducts outcome evaluation research to determine the efficacy of alcohol and drug treatment outcomes throughout Tennessee. A partnership between the SSA and the University of Memphis, I-SATE produces reports allowing practitioners and policymakers to evaluate treatment protocols and funding streams. The SSA also supports confidential databases that allow local treatment service providers to enter client treatment and outcome data for evaluation purposes.

Evaluating outcomes for prevention strategies and programs is challenging, and many States are in the early stages of monitoring such outcomes. Examples of State systems that monitor outcomes include the following:

- **Illinois** partners with the Center for Prevention Research and Development (CPRD) at the University of Illinois to evaluate the statewide substance abuse prevention system. Through a CSAP grant, CPRD is helping the SSA integrate a data-driven planning, implementation, and evaluation process into prevention initiatives. A Web-based management information system called OnTrack provides real-time reports on services delivered to local prevention managers as well as policymakers.
- **Indiana** requires all local prevention providers to measure participant-centered outcomes through pretest and posttest instruments and surveys.
- **South Carolina** monitors outcome measures for prevention services and is developing a statewide prevention outcome evaluation system, based on core measures from the *Governor's Comprehensive Strategy for Youth Substance Abuse Prevention*.
- The **Tennessee** Alcohol and Drug Prevention Outcome Longitudinal Evaluation (TADPOLE) is an evaluation system that measures the outcomes of State-funded alcohol and drug prevention programs for youth and adolescents between ages 8 and 19. TADPOLE uses two self-report survey instruments: (1) the Student Attitudinal Inventory for youth and adolescents in grades 6 to 12 and (2) the Children's Self-Concept Attitudinal Inventory for youth and adolescents in grades 3 to 6.

Computerized Management Information Systems

Examples of administrative databases, including Web-enabled databases, include the following:

- **Kentucky's** Regional Prevention Centers report their activities and outcomes into the SSA's Web-based data system. Staff then monitor the database entries and provide a monthly report to each center. Annually, Substance Abuse Prevention Program staff review the data and calculate performance measures regarding delivery of priority services and achievement of outcomes.
- The data in **Maryland's** Outlook and Outcomes reflect the status of substance abuse treatment, intervention, and prevention programs in Maryland; the services they deliver; and the populations they serve. Data collected through the tracking of patients who have entered the treatment system provide a rich repository of information on activity and treatment outcomes in the statewide treatment network. The identification of these trends and patterns leads to long-term planning to meet the population needs and to outcome measures that ensure high-quality treatment and fiscal accountability.
- **Minnesota** is a Federal pilot State for the Minimum Data Set Version 3—a Web-based data collection and report system that enables providers, substate entities, and State agencies to uniformly collect and analyze prevention services data.
- In **Oklahoma**, information on treatment clients and client services is maintained in the Integrated Client Information System (ICIS) database. Services are linked to client characteristics, and clients are tracked across agencies and over time. ICIS data provide facilities and program staff with up-to-date performance indicator information.
- **Pennsylvania** counties use the Performance Based Prevention System (PBPS) to track the provision of prevention services and connect them with identified goals and actual outcomes. PBPS has become a main tool in the SSA's efforts to provide performance-based substance abuse services. In addition, the SSA relies on the Client Information System, a statewide computer application that uses the Federal Minimum Data Sets, as part of the evaluation process.
- The **Texas** Behavioral Health Integrated Provider System (BHIPS) is a Web-based computer system for SSA-funded providers that support a case management service delivery system. The SSA developed this system that captures demographic, service, and clinical data about substance abuse treatment patients, tracking their utilization of services and progress as well

as providing information for State and Federal reporting requirements. In addition, it allows the sharing of valuable client data between providers and networks across the State. Prevention providers also use BHIPS to report the numbers of persons reached in their prevention strategies, the strategies used, and the number of students who completed the program successfully.

Other Methods for Monitoring Strategies and Programs

In addition to using administrative databases to monitor programs, States employ other strategies to determine whether their providers are delivering high-quality services. These mechanisms include contract and fiscal monitoring, regular onsite visits, review of treatment case record, certification and inspection, independent peer review, and compliance reviews. Examples of specific monitoring and evaluation activities undertaken by States include the following:

- **Alaska's** Safety and Quality Assurance Program provides clinical chart reviews to agencies and evaluates recipient records for standard adherence, service quality, and professional clinical practices.
- The **Hawaii** SSA conducts onsite program and fiscal monitoring annually of both treatment and prevention programs to ensure contract compliance and appropriate provision of services. The SSA's monitoring protocols include detailed sections on the administrative policies and procedures, service and client records, and other documentation that programs must maintain.
- **Nevada** employs several mechanisms to ensure that funded programs comply with the conditions of their award and negotiated scope of work. Each funded program must be certified by the State before receiving funding and must sign subgrant award documents specifying the type of services to be provided and specific requirements of the program. Program compliance monitoring takes place annually and focuses on administrative, programmatic, and fiscal activities to ensure that programs are meeting both State and Federal requirements.
- **New Jersey** supports a peer review process that uses credentialed professionals from the Addiction Treatment Providers of New Jersey organization to ensure the quality of care that is delivered to substance abuse patients and to improve the system of care. The peer review process includes a review of client record data to assess the process of screening, assessment, and treatment planning and allows the State to identify trends and issues related to quality, effectiveness, and appropriateness of treatment services. In addition, the staff's treatment knowledge, skill levels, and attitude are analyzed by a survey questionnaire.
- **Pennsylvania** program monitoring staff conduct week-long quality assurance assessments of each SCA every 18 months, as well as review each SCA's required documentation to ensure that SCA services are meeting client needs as well as BDAP requirements.
- The **Texas** SSA uses a performance-based risk assessment process to identify contractors at high risk of delivering poor-quality services and implements appropriate interventions to increase compliance and service quality.

Training and Technical Assistance Activities

Examples of State collaboration with regional CAPTs and ATTCs include the following:

- The **Idaho** Educators of Addiction Studies (IDEAS!) provides distance-learning opportunities in partnership with the Northwest Frontier ATTC and maintains a Web site.
- **Vermont's** SSA coordinates with the Northeast Center for the Application of Prevention Technology and the Vermont Consortium of Addiction Training to maximize training for prevention professionals on evidence-based prevention practices.

Examples of annual conference or institutes supported by State agencies include the following:

- The Substance Abuse Directors Association of **Alaska** facilitates a 3-day Annual School on Addictions to provide training to addiction professionals, mental health counselors, social workers, rehabilitation counselors, treatment and prevention program directors, community leaders, students, and others.
- **Arizona's** SSA co-sponsors the Annual Summer School on Substance Abuse, which provides training on family-centered addictions treatment, adolescent substance abuse treatment, co-occurring disorders, drug courts, cultural competence, and other best-practice approaches.
- The **South Carolina** SSA recently facilitated the 30th South Carolina School of Alcohol and Other Drug Studies.
- **Tennessee's** SSA sponsors the statewide annual Tennessee Advanced School on Addictions, during which national experts provide training on the current trends in prevention, intervention, and treatment.
- The **Texas** annual institutes include tracks on successful engagement and retention strategies, cultural competence in healthcare settings, counseling essentials, administration, and drug courts.

In addition to annual conferences and institutes, States support regular training sessions and workshops in a variety of prevention- and treatment-related areas, including the following:

- **Alabama** trains its workforce on co-occurring disorders, infectious diseases, crisis intervention, case management, and community program standards, among other areas.
- The SSA of the **District of Columbia** provides training on confidentiality, case management skills, anger management, relapse trauma, patient rights, universal precautions, best practices, and co-occurring disorders. Specifically, Addiction Prevention and Recovery Administration (APRA) provides conferences and workshops for youth workers. In addition, APRA supports the training of drug counselors in preparation for Certified Addiction Counselor certification and provides training to the faith-based community.
- **Georgia** offers a range of training activities and educational services. The Prevention Credentialing Consortium Georgia, Inc., delivers prevention certification training to ensure standards of excellence in the field.
- In **Kentucky**, many training sessions are provided by the Prevention Academy and the Kentucky School of Alcohol and Other Drug Studies. Prevention Academy targets Regional Prevention Center staff, early intervention specialists, and others with 2 weeks of intensive training in basic prevention concepts. The Kentucky School offers a 1-week event each summer with workshops on prevention and treatment topics.
- **Wyoming** prevention providers are trained in the application of the risk and protective factors model of prevention, which includes training in community readiness, needs assessment, prioritizing goals, conducting resource assessments, and applying evidence-based practices followed by evaluation of prevention programs.

States strengthen the prevention and treatment workforces through other methods, in addition to the above. Examples of other strategies include maintaining a library, working with the college and university system to develop the workforce, and using designated RADAR Network Centers to disseminate information and provide assistance. Examples of these strategies include the following:

- Through the IDEAS! workgroup, **Idaho** is developing a minor degree curriculum for university students—and professionals—wishing to focus on substance abuse prevention. Significantly, the SSA recently implemented the Substance Abuse Prevention Program Standards, which

establish minimum requirements for staff qualifications, participant safety, program selection, and documentation.

- The **Indiana** Prevention Resource Center (IPRC) at Indiana University is a statewide clearinghouse for prevention technical assistance and information about alcohol, tobacco, and drugs for Indiana. It is Indiana's officially designated RADAR Center, and it maintains an online reference library and a lending library and provides technical assistance to communities on many topics, such as grant writing, program evaluation, and public health. Through the "Prevention Newslines," IPRC delivers information on the latest trends and issues related to substance abuse prevention.
- Recognizing a growing need, the **South Carolina** SSA sponsored a technical assistance conference for faith- and community-based organizations in 2004.
- Recognizing the unique treatment needs of individuals dealing with co-occurring substance/alcohol use and mental disorders, **Tennessee** developed the Co-Occurring Disorders Project. Through the project, the SSA trains program administrators, counselors, and healthcare providers about the unique needs of these clients.
- **Vermont's** SSA participates in the Substance Abuse Workforce Development Committee, which comprises professionals from higher education, prevention, treatment, and recovery organizations, in addition to State government representatives. Its mission is to improve Vermont's workforce capacity through recruitment, retention, education, training, and development in the areas of substance abuse prevention, intervention, treatment, continuing care/recovery, and enforcement. Accomplishments of this group include compiling data from Vermont and New Hampshire colleges on substance abuse- and prevention-related courses at the bachelor's and master's levels to promote careers in substance abuse, facilitate the certification process, and create a consortium of colleges to enhance and develop substance abuse courses that comply with certification requirements.