Rehab and Recovery in Allegheny County

Allegheny HealthChoices, Inc. (AHCI) is an innovative non-profit agency dedicated to supporting the provision of high-quality mental health and substance abuse treatment.

Our mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery, and resiliency.

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Introduction

As part of its role to build system capacity and encourage data-driven decision making, Allegheny HealthChoices, Inc. (AHCI) developed this report to help treatment system stakeholders gain a better understanding of the utilization of short-term residential rehabilitation treatment services (often called "rehab") and addiction recovery. The report also offers examples of effective strategies to help people remain in treatment long enough to maximize their chances of long term recovery. The hope is that stakeholders will take this information and use it to plan for how to best support people to achieve wellness and recovery.

Information in this report comes from the treatment services that are reimbursed through the HealthChoices program (the Pennsylvania Medicaid behavioral health managed care program) or from state and local funds managed by the Allegheny County Department of Human Services.

Why Focus on Rehab?

There are several residential and outpatient levels of care that people can access for substance use disorder (SUD) treatment, but this report highlights rehab (Non-Hospital Residential Rehabilitation (3B)). The report focuses on rehab because:

- It is where a large number of people start or re-start their recovery journey
- It is a critical health service for many
- It can be an important part of managing SUDs as chronic conditions
- Its effectiveness often depends on how long a person stays involved in treatment (both rehab and outpatient services)

Looking at rehab service utilization provides an opportunity to learn about how people use SUD treatment services and explore ways to help them remain in treatment long enough to maximize their chances of long term recovery.

What We Know About Substance Use Disorders, Rehab and Recovery

We know more now about substance use disorders (SUD) and treatment than ever before, and we can use this to inform how we deliver care. There is a large and growing body of science about SUDs, including information on:

- Changes that occur in the brain
- How people experience symptoms of these disorders
- Patterns in how people use treatment services
- Treatments that are effective

The National Institute of Drug Abuse (NIDA) has recently updated its *Principles of Drug Addiction Treatment: A Research-Based Guide,*[1] which presents research-based principles of addiction treatment that can inform SUD treatment programs and services. One of these principles is directly relevant to understanding what happens when people leave residential rehabilitation programs: *Remaining in treatment for an adequate period of time is critical.*

Treatment is very effective at reducing substance use and stabilizing a person enough to begin to improve health and focus on other aspects of life, such as improving family relationships or getting back to work or school. But,

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What we know about substance use disorders, rehab and recovery (*continued*)

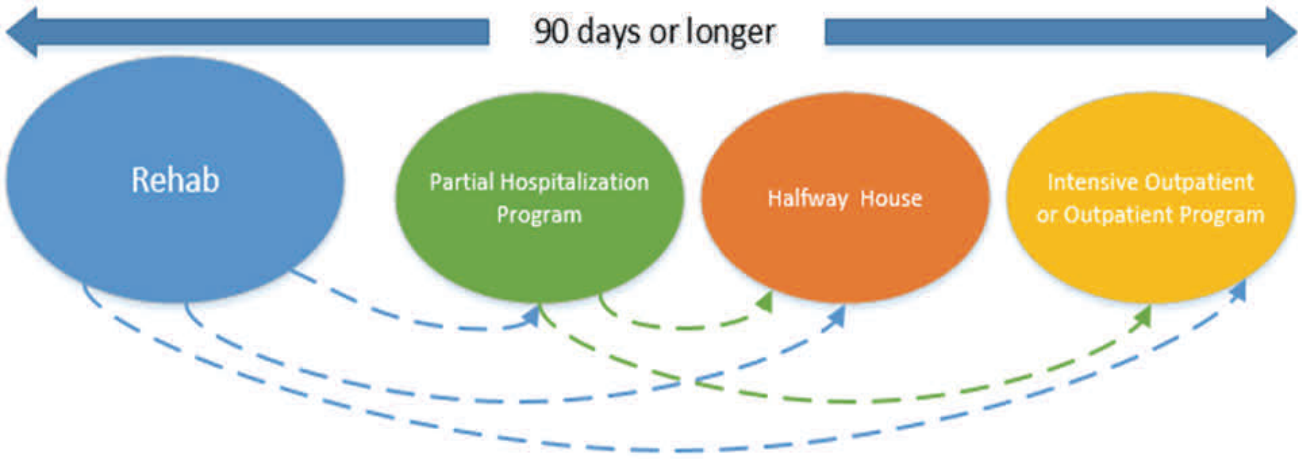
when a person stops participating in treatment and does not make the lifestyle changes necessary to maintain his/her recovery:

- Symptoms such as drug use are more likely to return
- The risk of overdose increases
- The person is likely to readmit to treatment sooner

It is not advisable to stop medication and treatment for other chronic illnesses[2] like diabetes or hypertension because it is generally understood that once treatment stops, symptoms like high blood sugar or high blood pressure would very soon reappear. In this way, receiving an inadequate dosage of treatment for SUDs can result in a recurrence of symptoms, like drug use and the behaviors that come with it, much sooner than they might appear otherwise.

NIDA states that an episode of care less than 90 days does little to significantly reduce or stop drug use. For those who enter treatment, recovery becomes more likely when a person remains engaged with the treatment system long enough for it to be effective in helping a person to achieve sobriety and stabilize medical, psychological, social, vocational, and legal problems. It is critical after a stay in rehab for people to transition to other medically-appropriate levels of care (such as partial hospitalization, outpatient or halfway house) over a 90-day span of time or longer throughout the continuum of care (see figure below).

Rehab treatment providers try to connect all people who are being discharged with the next level of care. Some examples of best practices in how this is accomplished are discussed on the following pages.



Who Uses Rehab?

A wide range of people benefit from Allegheny County's investment in SUD services, and many of those individuals used rehab. There are approximately 13,000 people who use any SUD service annually. In 2012:

- 2,263 people used rehab services
- Total cost for rehab services was $8.3 million. The average cost per person was $3,676
- 70% of those who used rehab were 21-44 years of age, 25% were 45-64, and 5% were under 21 years of age
- 62.6% were males and 37.4% females
- 73% identified as white, 25.3% as black, and about 1.8% as 'other'[5]

Other information, such as primary diagnoses, helps us understand the types of substance use problems experienced by people who entered rehab. People may have received more than one diagnosis (and may have been using more than one substance), but the primary diagnosis often reflects the type of substance for which the person reports needing the most help. In 2012, as in the past five years, most (57%) people who entered rehab did so primarily due to opiate use such as heroin or prescription painkillers. Others were primarily using alcohol (18%) or other drugs.

What is rehab?

The Pennsylvania Department of Public Welfare (DPW)[3] describes Non-Hospital Residential Rehabilitation (3B) as "a type of service that includes 24-hour professionally directed evaluation, care, and treatment for addicted clients in acute distress……Clients' addiction symptomatology is demonstrated by moderate impairment of social, occupational, or school functioning. Rehabilitation is a key treatment goal". It also defines programs at this level of care as usually 3-6 weeks in length[4].

After Rehab

Learning about how people use rehab and what services they use after they are discharged helps us understand how we can better serve those receiving care through the County treatment system. One measure related to this is the receipt of a follow-up service within seven days of discharge. The seven-day timeframe for accessing follow-up service is important for two reasons:

- The days and weeks after being discharged from rehab is a fragile period in a person's recovery when outpatient treatment and additional supports are critical in maintaining the progress begun in rehab
- The Pennsylvania Department of Public Welfare (DPW), Office of Mental Health and Substance Abuse Services (OMHSAS) recognizes this timeframe as a performance standard

The table on the right describes the service(s) people accessed in the week following discharge from rehab. In 2012, there were 2,802 discharges from rehab.

- Of the 2,263 unique people who used rehab, about 80% were admitted and discharged from rehab once and about 20% two or more times, suggesting the chronicity of SUDs for some
- Almost half (48.7%) of the people who left rehab received no follow-up services within seven days
- 7.2% of people were readmitted to rehab within 30 days
    - Another 9.5% were readmitted between 31 and 90 days
- Most common follow-up treatment services used were partial hospitalization (14.4%), outpatient treatment (8.9%) and halfway house (7.3%)

7-Day Follow-up Rates from Rehab
1/1/12 - 12/31/12

	# of Discharges	% Accessing Services
- No Services -	1,365	48.7%
Partial Hosp D&A	404	14.4%
Outpatient D&A	249	8.9%
Halfway House	204	7.3%
NH-Rehab 3C	180	6.4%
D&A Case Management	159	5.7%
NH-Rehab 3B	151	5.4%
Outpatient MH	81	2.9%
Intensive OP D&A	69	2.5%
Administrative Management	65	2.3%
Crisis	60	2.1%
Methadone Maintenance	45	1.6%
HC Supplemental Serv - MH	38	1.4%
Med Check	37	1.3%
Inpatient MH	34	1.2%
Other Services	158	5.6%

* The counts in the above table represents non-duplicated discharges. A person could access more than one service during the 7-day period following a discharge and could have been discharged more than once between 1/1/12 and 12/31/12.
** All HC Supplemental Serv– MH represent Forensic Support Specialist services.

There are many reasons why a person might not connect with another level of care after being discharged from rehab. Some of these challenges are described below:

- **Perceptions about the treatment experience.** Perceptions about treatment suggest that, for many, treatment is not organized in a way that promotes their participation. One study of people who dropped out of treatment found that about one-third reported that they would have stayed longer in treatment if there was better/more caring staff (26%), greater flexibility in scheduling (23%), better individualized services (23%), help with other areas of functioning (17%), and practical assistance (11%)[6].
- **Misperceptions about the treatment and recovery process, including among people receiving treatment in rehab.** A few weeks in rehab alone are not likely to 'fix' or 'cure' years of alcohol and substance use. For many people, recovery requires an adequate dose of treatment (90 days or longer), plus lifestyle changes and ongoing recovery support (like NA or AA) to maintain recovery. Educating people in rehab and their families about what recovery often requires can challenge misperceptions or an incomplete understanding about the treatment and recovery process.

> *"We need to communicate to our patients that, from now on, not a day in your life will go by that you don't need to do something for your recovery."*
> — Former Clinical Director of SUD Treatment Facility

- **Practical barriers.** Sometimes there are practical barriers to continuing in treatment after rehab. An outpatient program might be full or have a waiting list. Additionally, referrals to a new organization or clinic location and coordinating a smooth and timely transfer can also present challenges because of relationships, transportation, and scheduling or other factors.
- **The current SUD treatment system is not fully prepared to treat SUD as a chronic illness.** Some of the challenges in supporting people to transition to follow-up care relate to how the treatment system is designed. Rehab providers often work with the person to develop a discharge plan and some have also found success in assertively contacting the person by phone within a week after discharge to support him to follow through with discharge recommendations. While sustaining this might be a challenge due to the lack of direct reimbursement for this kind of effort, it may also reflect a philosophy that the burden is on the person to seek out additional treatment if s/he is serious about recovery.

Strategies and Opportunities to Increase Rates of Follow-up Care

To address some of the barriers described above, there are several strategies that can be used in Allegheny County to increase rates of follow-up care after discharge from rehab. Some of these strategies are discussed in this section.

Educating People in Treatment and their Families about the Recovery Process

A recovery-community organization (i.e. made up entirely of staff and volunteers who are recovering people, their families, close friends and other loved ones) based in Lancaster, PA called the RASE Project helps educate and orient people to the process of recovery through *Recovery 101 Groups*. RASE accomplishes this by offering interactive groups that are facilitated in a supportive environment. They are designed for individuals new to the recovery process and provide the fundamental tools to enter and maintain recovery. Topic areas include; What is Recovery, Sponsorship, Meeting Etiquette, Boundaries, Service, Maintaining Focus, and others.

Learn more: *http://www.raseproject.org/*

> "*What was helpful was having someone come into the rehab from outside* [from an outside Narcotics Anonymous group]….*then contact you a few days before discharge to be your sponsor.*" He said that this was helpful because, in treatment, "*it's how addiction causes changes in the brain and all that… treatment programs aren't talking recovery."*
>
> — Person in recovery

Clinical Strategies to Engage and Retain People in Treatment

A treatment system that would like to see more people continuing in care after rehab must first ensure that people are engaged in treatment and retained in treatment until they successfully complete rehab . Motivational Interviewing (MI) is often the 'go-to' approach for increasing retention in substance use disorder treatment. It is one of the most researched and well-recognized evidence-based practices used to treat SUDs. Multiple studies have demonstrated increases in treatment retention among those exposed to MI delivered in the way it was designed. MI helps to build therapeutic alliance between the person and his/her clinical team, especially the collaborative aspect, and the comfort and trust the individual feels with his/her therapist.

Learn More: *www.motivationalinterview.org, www.motivationalinterviewing.org, or contact Allegheny HealthChoices, Inc.*

Assertive Approaches to Care Coordination

Much recent research suggests that assertive rather than passive approaches to care coordination are effective in increasing follow-up rates. This means that, rather than giving a person a discharge plan and information upon discharge, a concerted effort is made to ensure that the person is actively on the track towards wellness and recovery. Sometimes this can mean ensuring a person has made it to the next level of recommended care. These approaches are part of what is called a recovery management approach for SUDs and recovering peers often play a core role. One woman currently in recovery described how in a past treatment experience she had felt as though she had given up on the program when she did not follow through with its recommendations, but that this time around her outpatient counselor, *"calls me once in a while….it feels like she cares how I'm doing."* She explained that this is part of what keeps her motivated in her recovery and, "*now, when I'm in the 'danger zone' I will call for help."*

- *Recovery Management Checkups.* This involves proactively tracking people discharged from rehab and providing regular "checkups," screening people for early evidence of problems, motivating people to maintain or make changes – including the return to more aggressive treatment when necessary—negotiating access to additional formal care and potential barriers to it, and emphasizing early formal re-intervention when problems do arise[7].
  Learn more: *Contact Allegheny HealthChoices, Inc.*
- *Telephone Continuing Care*. A more clinical approach involves a master's level clinician trained to call from the treatment provider at scheduled intervals to deliver a brief-counseling intervention to help the person maintain the gains made during treatment. A non-clinical, but also effective, approach involves recovery community organizations that deliver telephone recovery support, which sometimes involves helping people connect or reconnect with treatment.
  Learn more : *www.hazelden.org/HAZ_MEDIA/2837_telephone_therapy.pdf , www.onala.org or www.ccar.us/telephone_support.htm*

Extended Recovery Support

The Consumer Council at the Northeast Treatment Center (NET) in Philadelphia supports the inclusion of people in recovery in the provision and direction of services at NET. The Consumer Council has been a critical leader in the transformation to a recovery management model at NET. The Council is now composed of multiple sub-committees:

- The Recovery Support Committee focuses on the re-integration of people in recovery into their community. Committee members coordinate programming and events, outreach efforts, and the establishment of collaborative partnerships with community organizations.
- The Treatment Committee focuses on assisting people in recovery with completing therapeutic goals, especially through participating in the consumer retention and re-engagement program.

Learn more: *netcenters.org*

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Strategies and Opportunities to Increase Rates of Follow-up Care (*continued*)

Case Management to Help with Other Needs

People arrive to rehab needing rehabilitation, that is, "to restore or bring to a condition of health or useful and constructive activity." Of course, a single rehab program alone cannot address every need. Treatment is often designed to focus on clinical issues surrounding a person's substance use, while other life issues such as difficulty in securing or maintaining employment, affordable or safe housing, non-substance using peers, and other challenges are often addressed through other human services. The idea that one can put housing or employment challenges or a child's illness aside to concentrate exclusively on SUD treatment and recovery may be unrealistic. However, during treatment, a case manager can work with a person to develop a service plan that identifies and prioritizes strategies to meet a person's short- and longer-term needs. The service plan can be structured to enable a person to focus on addressing these problems while participating in treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) states that a case manager's role can be to continue to motivate the person to remain engaged in treatment, organize the timing and application of health and other services to facilitate success, provide support during transitions, intervene to avoid or respond to crises, promote independence and develop external support structures to facilitate sustained community integration. Encouraging a person to participate in case management can be an important resource to keeping him involved in treatment.

Learn more: *Comprehensive Case Management for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 27. HHS Publication No. (SMA) 12-4215. Rockville, MD: SAMHSA, 2012. Available at www.samhsa.gov*

Menu of Treatment Options, Including Medications

Although there is not a single treatment that will work for everyone, there are a growing number of medications that are very effective for certain people. While it is not an exact science to determine which medications will work for which person, a person-centered and recovery-oriented approach is to offer a range of options for people who present in treatment, including educating people in treatment about medications that might assist their recovery process. Medications that treat SUDs are underutilized in SUD treatment. A recent study of over 800 treatment providers around the U.S. conducted by the State Associations of Addictions Services[8] found that 53% of providers offered no medication assisted treatment. About one third of the respondents indicated that this was due to the agency's treatment philosophy and another third indicated lack of staff training as the primary cause. The most common medications used were buprenorphine (34.2%), naltrexone (Vivitrol; 17.6%) and methadone (17.6%) used to treat opiate dependence, although there are also a range of medications that are used to treat alcohol dependence. The right medication could support a person's desire to transition to or remain engaged with an outpatient modality of treatment.

> *"...I'm saying we have a lot of tools, and we need a comprehensive approach by educated people [treatment staff educated about the variety of treatment medications used in addictions treatment] so that a patient could actually get access to some of this treatment..."*
> —A. Thomas McLellan, CEO of Treatment Research Institute (TRI), quoted in the May 27, 2013 issue of Alcohol and Drug Abuse

Learn more: *Contact Allegheny HealthChoices, Inc. or Supporting Recovery from Opioid Addiction: Community Care Best Practice Guidelines for Buprenorphine and Suboxone*

Conclusion

With the upcoming implementation of the Affordable Care Act in 2014, providers will want to pay attention to things like the number of people they discharge that continue on to outpatient care. Accountable care organizations (ACO) will be required to ensure quality care, which is partly measured by treatment system performance. ACOs and primary care providers will likely be looking to their specialty treatment provider network (like those providing SUD treatment services) to provide this information. A provider organization delivering rehab services will want to demonstrate how well it performs with regard to how long people stay in care, how many people complete rehab treatment, and the length of time it takes between discharge and follow-up outpatient care. Beyond that, ACOs will be required to demonstrate outcomes (health/recovery status) as well. While there are different strategies being used to increase rates of follow-up care in Allegheny County, many of the strategies and opportunities discussed in this report are not yet being implemented. There are more strategies that are available for each provider's unique situation and AHCI can coordinate assistance to providers that are interested in learning more.

Additionally, some next steps from this report include:

- Share and engage in discussion about this data with treatment providers during scheduled monthly provider meetings
- Compare service utilization among people who entered rehab and left treatment early to those who received an adequate dose of treatment (90 days)
- Collaborate with Allegheny County and Community Care Behavioral Health to:
    - Explore the implementation of innovative continuing care strategies as discussed above
    - Develop quality improvement interventions for targeted stakeholders (persons in recovery, family members, treatment providers)

References

1. NIDA's Principles of Drug Addiction Treatment: A Research-Based Guide (3rd Edition). Available at: http://www.drugabuse.gov/publications/principles-drug-addiction-treatment.
2. NIDA defines addiction as a chronic, relapsing disease characterized by compulsive drug seeking and use despite harmful consequences.
3. Commonwealth of Pennsylvania, Department of Public Welfare. HealthChoices Behavioral Health Program, Program Standards and Requirements, January 1, 2012. Available at: http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/manual/p_003130.pdf
4. There is another non-hospital residential rehabilitation level of care (3C) that is much longer in length (about six months) and serves people with different clinical needs (often special populations such as women with children or people referred by the courts) but this report is currently focused on the short-term residential rehabilitation level of care.
5. The collection and reporting of race is different between County-funded treatment services and the HealthChoices program. This results in differences between reporting categories that cannot easily be combined as can be done for other information in this report. Therefore, the HealthChoices program data was used to describe the utilization of rehab services by race. HealthChoices pays for nearly 80% (1,761 of 2,263) of those receiving treatment services. It is expected to be representative of the population.
6. Laudet, Stanick, Sands (2009). What could the program have done differently? A qualitative examination of reasons for leaving outpatient treatment. *Journal of Substance Abuse Treatment, 37*(2), *182-90.*
7. Scott, C. and Dennis, M. (2003). Recovery Management Check-ups: An early re-intervention model. Chestnut Health Systems.
8. SAAS (2012). SAAS provider readiness and capabilities assessment results: What does the data tell us? Available at: *www.saasnet.org/PDF/RCA_National_Summary_Report.pdf*