Publicly-Funded Substance Abuse Services Managed By The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Chapter 3

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, within the NC Department of Health and Human Services, is the lead agency charged with coordinating prevention, treatment, and recovery supports.

Many public agencies provide services aimed at preventing, reducing, or treating people with substance abuse problems. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS), within the NC Department of Health and Human Services, is the lead agency charged with coordinating prevention, treatment, and recovery supports. Services are also offered through or in collaboration with the Division of Social Services and Division of Public Health within the NC Department of Health and Human Services, the Department of Juvenile Justice and Delinquency Prevention, Administrative Office of the Courts, Division of Motor Vehicles, Department of Correction, Department of Public Instruction, North Carolina Community College System, and the University of North Carolina System.

The federal and state governments help subsidize the costs of prevention and treatment services to certain target populations who do not have another source of coverage. Medicaid pays for substance abuse services for some low-income people who otherwise meet the Medicaid eligibility rules. However, many people with substance abuse disorders are not eligible for Medicaid. These individuals often rely on the publicly-funded system of care or pay for services out of pocket, as historically most third-party insurers offer limited coverage of substance abuse services.[a,1]

This chapter provides an overview of the structure of the publicly-funded substance abuse system offered to the general public with substance abuse disorders. The chapter focuses on services offered through DMHDDSAS, Local Management Entities (LMEs), and contracted providers. In addition to the services offered to the general public with substance abuse problems, state and local agencies also provide services to targeted groups of individuals (such as families on welfare or people in the prison system). Chapter 5 describes targeted substance abuse prevention and treatment programs offered or funded through other agencies, often under contract with or in collaboration with DMHDDSAS.

Federal Funding for a Single State Agency

The primary source of federal funding for substance abuse services comes from the Substance Abuse Prevention and Treatment (SAPT) block grant provided by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). North Carolina received approximately $46.2 million in SAPT funds in SFY 2008. In addition, the North Carolina General Assembly appropriated $26.1 million in state funds for the three Alcohol and Drug Abuse Treatment Centers (ADATCs) and $28.1 million to DMHDDSAS to provide substance abuse services across the state.

a Nationally, most insured employees (88%) had some coverage for substance abuse treatment services in 2006. However, coverage of substance abuse treatment services is typically much more limited than for other medical-surgical benefits, and cost sharing is much higher.

In order to get federal SAPT funds, states must designate a "single state authority." The single state authority is responsible for planning, administering, and overseeing the SAPT funds, under guidelines established by SAMHSA. The North Carolina General Assembly designated the North Carolina Department of Health and Human Services as the single state authority. Day-to-day management of substance abuse services was placed in the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS). As its name suggests, DMHDDSAS oversees publicly-funded care provided to people with mental health, developmental disabilities, and substance abuse problems. The North Carolina General Assembly established the structure of DMHDDSAS, along with the target populations and services offered. In the past, DMHDDSAS employees focused on one of these three disability areas. With mental health system reform in 2001, employees were reorganized into sections that cut across all three disability areas.[b] The Community Policy Management (CPM) section of DMHDDSAS is charged with overseeing substance abuse services as well as mental health and developmental disability services.[c] DMHDDSAS now has very few employees that focus exclusively on any of the three specific areas.

DMHDDSAS establishes policies regarding the target populations to be served, structure of the delivery system, covered services, and data collection. These policies are in compliance with broad guidelines established by SAMHSA, the Centers for Medicare and Medicaid Services (CMS), and the North Carolina General Assembly.

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Target Populations

According to SAMHSA estimates, there were approximately 709,000 North Carolinians (8.5% of the population age 12 and older) who had illicit drug or alcohol dependence or abuse or both in 2005-2006.[d,2] Of these, 250,000 (3.0% of the population age 12 and older) were estimated to have illicit drug dependence or abuse, and 551,000 (6.6%) were estimated to have alcohol dependence or abuse. However, SAMHSA data show that 10% or fewer of North Carolinians with alcohol or substance abuse addictions received treatment. According to SAMHSA, approximately 225,000 people with illicit drug dependence or abuse (90%) needed but did not receive treatment for illicit drug use, and 526,000 people with alcohol dependence or abuse (95%) needed but did not receive treatment for their alcohol problems.[e]

b The five cross-disability sections include State Operated Services (SOS), Community Policy Management (CPM), Resource Regulatory Management (RRM), Advocacy and Customer Services (ACS), and Operations Support (OS).

c CPM staff members work in one of five cross-disability teams, including: Best Practice and Community Innovations, Local Management Entities (LMEs) Systems, Justice Systems Innovations, Quality Management, and Early Intervention and Prevention.

d Illicit drugs include marijuana, hashish, cocaine, heroin, hallucinogens, inhalants, and prescription drugs that are used non-medically.

e SAMHSA defines needing but not receiving treatment as people who were classified as needing treatment for either illegal drugs or alcohol but who did not receive treatment from a specialty facility (including drug or alcohol rehabilitation facility, hospital, or mental health center).

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Under state law, DMHDDSAS is required to target services to those most in need.[f,3] The targeted adult population includes individuals who have a primary diagnosis of a substance abuse disorder who are or have been:

- Injecting drug users or individuals with communicable diseases
- Pregnant women or women with dependent children under age 18
- Criminal justice offenders
- Parents of children in the Division of Social Services (DSS) Child Protective Services System or parents who are receiving Work First payments
- All other adults with an abuse or dependence diagnosis

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Individuals who are part of a target population can receive publicly-funded substance abuse services that are appropriate to their level of severity.

Children and adolescents who are in the targeted population include youth (under age 18) with a primary diagnosis of a substance-abuse related disorder who are or have been:

- Adjudicated as delinquent and enrolled in the MAJORS Substance Abuse/Juvenile Justice Program
- All other children with an abuse or dependence diagnosis

In addition, other groups of youth are eligible for preventive services. These include adolescents who are at-risk of substance abuse or who are currently using alcohol or other drugs at a level that does not meet the definition of substance abuse or dependence.

Structure of the Delivery System

With certain limited exceptions, DMHDDSAS does not provide services directly to individuals. Substance abuse services are generally provided through private providers under contract with Local Management Entities (LMEs). The only substance abuse services provided directly through DMHDDSAS include services offered through the four state psychiatric hospitals or the three Alcohol and Drug Treatment Centers (ADATCs).[g,h] The state psychiatric hospitals provide inpatient mental health services

f DMHDDSAS has further defined priority populations within these broad categories of targeted adult and child populations based on federally-established priorities. These include adult and adolescent pregnant injecting drug users, adult and adolescent pregnant substance abusers, and adult and adolescent injecting drug users.

g The four state psychiatric hospitals are Broughton Hospital (Morganton), Cherry Hospital (Goldsboro), Dorothea Dix Hospital (Raleigh), and John Umstead Hospital (Butner).

h The ADATCs are Julian F. Keith ADATC (Black Mountain), Walter B. Jones ADATC (Greenville), and R. J. Blackley ADATC (Butner).

for people with mental illness, and include services for individuals dually-diagnosed with mental health and substance abuse problems. The ADATCs provide a comprehensive array of detoxification services, including but not limited to: behavioral health crisis stabilization and acute and intensive inpatient treatment.

Most of the direct provision of publicly-funded substance abuse services is managed by the LMEs. There are 24 LMEs that oversee and manage care provided to individuals at the community level. LMEs must cover a population of at least 200,000 residents or a 5-county area. Most LMEs cover multiple counties, but some of the larger counties have single-county LMEs.

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LMEs are responsible for providing or assuring 24-hour, 7-day a week access to the DMHDDSAS system. LMEs have qualified substance abuse professionals who, either through telephone or in-person contact, screen individuals to determine eligibility and need for services. Individuals who have an emergency are referred immediately into crisis services. Others are screened further to determine if they are a member of a target population or whether they are Medicaid-eligible. The LMEs authorize state-funded services for non-Medicaid-eligible individuals, and Value Options authorizes services for Medicaid-eligible individuals.[i] In addition to the initial screening, LMEs must recruit providers, establish contracts with local or regional substance abuse providers, approve the Person-Centered Plans for individual clients, and establish local Consumer and Family Advisory Committees.

In general, LMEs do not provide direct services (aside from the initial screening and some crisis services). However, if private providers are not adequately available in the community, the LME can receive approval from DMHDDSAS to provide one or more of the following core services: community support, social setting and non-hospital medical detoxification, residential day treatment, and day treatment in homeless shelters.[4]

Services

DMHDDSAS has established policies for what substance abuse services can be covered and reimbursed. DMHDDSAS, in collaboration with the Division of Medical Assistance, authorizes a comprehensive array of services needed for people with or at risk of addiction disorders.[j] The DMHDDSAS allowable services include a range of services to meet all the levels of need, as recommended by the American Society of Addiction Medicine (ASAM).[k]

i Menon N. Quality Management Team, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. Written communication regarding LME services. April 22, 2008.

j These service definitions were developed in collaboration with the Division of Medical Assistance to ensure that Medicaid will also pay for the same services to the maximum extent possible under federal Medicaid laws.

k The American Society of Addiction Medicine (ASAM) is an international organization of physicians with a mission to increase access and improve the quality of addition treatment. ASAM developed widely recognized guidelines for placement, continued stay, and discharge of patients with alcohol and other drug problems. ASAM also developed a continuum of services for adults and children.

DMHDDSAS and the LMEs are required to provide preventive services aimed at youth and adolescents in order to prevent or reduce the use of tobacco, alcohol, and other drugs. Prevention activities are designed to prevent or reduce the use of tobacco, alcohol, and other drugs. They may be targeted to the whole community ("universal"), to people who have risk factors that make them more likely to engage in these unhealthy behaviors ("selective"), or to individuals who have started using these substances but who have not yet become dependent or addicted ("indicated"). Evidence-based prevention programs are discussed more fully in Chapter 4. In addition, the Division of Public Health is actively involved in prevention activities to reduce tobacco use and exposure to secondhand smoke.[l]

An individual in a target population who seeks treatment will be assessed to develop a Person-Centered Plan. The Plan is based on the person's general health, behavioral health history, and presenting problems, and the individual's strengths and weaknesses across a variety of biological, psychological, familial, social, developmental, and environmental dimensions. The type of services authorized for individuals as part of their Person-Centered Plan varies, depending on a person's level of need and individual preferences for treatment choices. Some of the specific services that can be provided as part of the Person-Centered Plan include outpatient services, medication assisted treatment, intensive outpatient and partial hospitalization, clinically managed low-intensity residential services, clinically managed medium- and high-intensity residential treatment, medically monitored high-intensity inpatient treatment, detox, crisis services, and recovery supports:

The types of substance abuse services that an individual may receive may vary, depending on a person's level of need and individual preferences for treatment choices.

- ***Outpatient treatment:*** Includes therapy, medication management, and supportive services needed to help consumers manage their substance abuse problems. Outpatient treatment is limited to people who do not need more intensive levels of care (such as residential or detoxification services). Some outpatient services include evaluation, community support services, methadone administration, psychosocial rehabilitation, supported employment, and in-home services (for children and adolescents).
- ***Medication assisted treatment:*** Includes the use of a wide variety of medications for treating people diagnosed with substance use disorders.[m] Appropriately prescribed medications can improve treatment outcomes

l *Tobacco Control Branch:* The Tobacco Prevention and Control Branch works to improve the health of North Carolina residents by reducing tobacco use and exposure to secondhand smoke. The Branch helps prevent tobacco use initiation and promotes quitting among young people; assists adult tobacco users in quitting when they seek help; works to eliminate exposure to secondhand smoke by building support to make all NC schools, workplaces, and public places smoke free; and works to eliminate tobacco-related health disparities. The Branch contracts to offer a statewide tobacco quitline, 1-800-Quit-Now, and works collaboratively with worksites, schools, community groups, and healthcare systems to carry out effective policy, media, and program services.

m Currently, there are several medications that are approved by the Food and Drug Administration (FDA) for treatment of addictive disorders. For example, methadone and buprenorphine have been shown to be effective in reducing illicit opiod use. Naltrexone and acamprosate can improve rates of abstinence and reduce the risk of relapse for heavy drinking. Varenicline, bupropion and nicotine replacement therapies have helped improve quit rates and abstinence for nicotine addictions.

as well as the patient's quality of life. Medications may be used in detoxification, the treatment of co-morbid medical conditions, co-occurring psychiatric conditions, opiod addiction, alcohol or nicotine dependence, pain management, and management of sleep disorders.

- ***Intensive outpatient and partial hospitalization:*** Includes day treatment, intensive outpatient programs, and comprehensive outpatient programs.
- ***Clinically managed low-intensity residential treatment:*** Includes substance abuse services provided in a residential setting 24-hours a day, 7-days a week. Residential centers provide treatment for children, adolescents, and adults through a multi-disciplinary team of substance abuse professionals. These residential services are targeted to individuals with less severe addiction problems and may include halfway houses and supervised or group living arrangements.
- ***Clinically managed medium- and high-intensity residential treatment:*** Similar to clinically managed low-intensity residential treatment. However these services are geared to individuals with more severe addiction problems. These services include non-medical community residential treatment, medically monitored community residential treatment, and residential services for pregnant and parenting women and their children.[n]
- ***Inpatient, medically monitored high-intensity inpatient treatment:*** Includes care provided in a general hospital, psychiatric hospital, psychiatric residential treatment facility (adolescents), or intensive residential services for high-risk individuals provided in a hospital setting
- ***Crisis services (including detoxification):*** Crisis stabilization and support includes all supports, services, and treatment necessary to stabilize and manage the consumer's substance abuse problems. Crisis services are available on a 24-hour, 7-day a week basis and include immediate evaluation, triage, and access to acute and detoxification services, treatment, and other needed support services. Crisis services include mobile and facility-based crisis services, detoxification services offered in social settings, or non-hospital based.
- ***Recovery supports:*** Includes services that help people remain sober, such as telephone follow-up, sober housing, care management, employment coaching, and family services.

n The Perinatal and Maternal Substance Abuse Initiative is administered by the Division of DMHDDSAS and includes specialized residential programs for substance abusing pregnant and parenting women and their children. These programs provide comprehensive gender-specific substance abuse services that include, but are not limited to, the following: screening, assessment, case management, intensive out-patient substance abuse and mental health services, parenting skills, residential care, referrals for primary and preventative healthcare, and referrals for appropriate interventions for the children. The children in these families benefit from the services provided by the local health departments (pediatric care), early intervention programs, and child services coordination services.

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Data

DMHDDSAS collects a wide variety of data from different data sources to monitor the state's substance abuse system. These data include numbers of people who seek care and the timeliness of services provided; numbers of people served and services provided through DMHDDSAS payments or Medicaid funds; and visits to the community hospital emergency department due to mental illness, developmental disabilities, or substance abuse disorders. More information about the data collected, as well as gaps in the current data system, is described in Chapter 7.

References

1 Gabel JR, Whitmore H, Pickreign JD, Levit KR, Coffey RM, Vandivort-Warren R. Substance abuse benefits: still limited after all these years. *Health Aff.* 2007;26(4):474-482.

2 Hughes A, Sathe N, Spagnola K. State Estimates of Substance Use from the 2005-2006 *National Surveys on Drug Use and Health.* Rockville, MD: Office of Applied Studies, Substance Abuse and Mental Health Services Administration; 2008.

3 Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, North Carolina Department of Health and Human Services. Blueprint for change: North Carolina's plan for mental health, developmental disabilities, and substance abuse. http://www.dhhs.state.nc.us/MHDDSAS/stateplanimplementation/stateplan 05-06-30-05.pdf. Published 2005. Accessed January 16, 2009.

4 Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. *Technical Review Report: Performance Partnership Grant Core Technical Review of the Division of State and Community Assistance, Center for Substance Abuse Treatment.* Raleigh, NC: North Carolina Dept of Health and Human Services; 2006.