

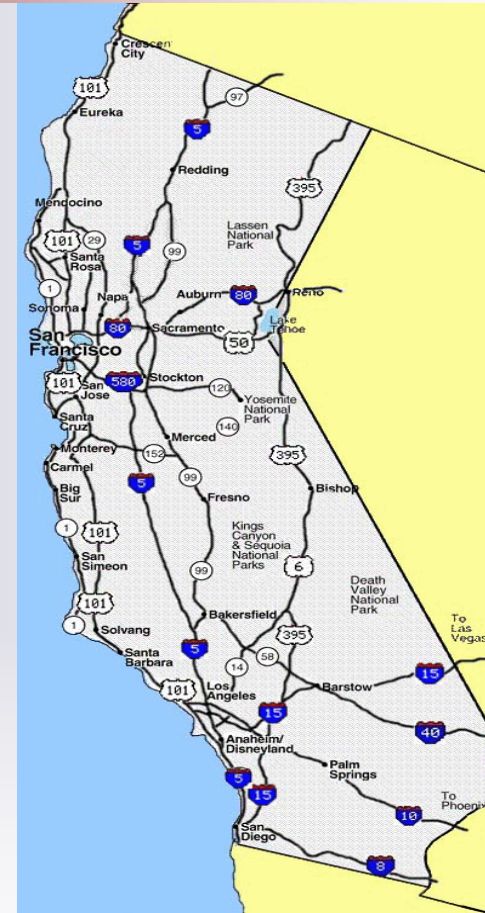
Department of Alcohol and Drug Programs

**CALDAR UCLA
Summer Institute on
Longitudinal Research**

**Re-engineering
California's System of
AOD Services:
Chronicity and Program
Effectiveness**

August 9, 2010

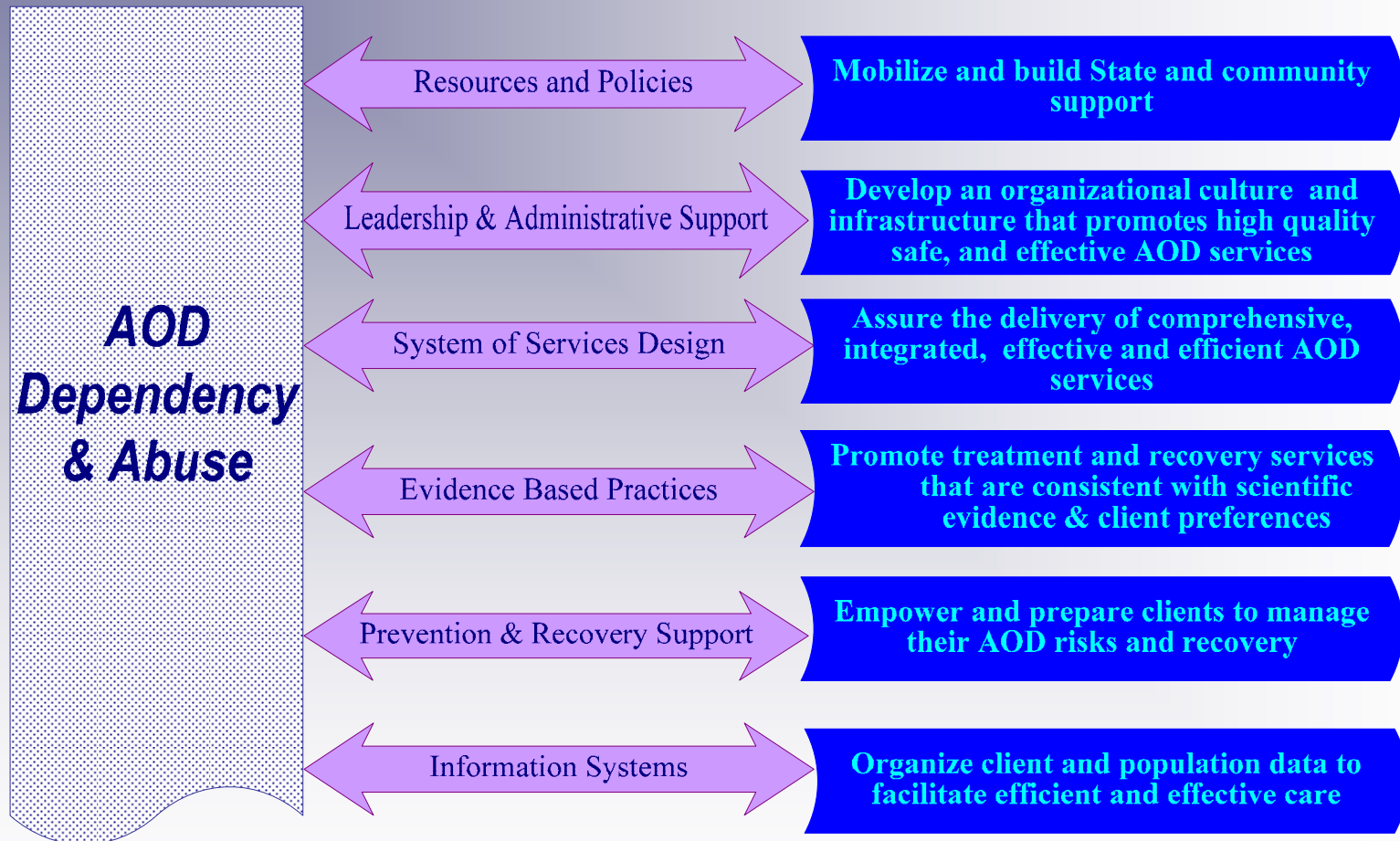
**Michael Cunningham
Chief Deputy Director**



IOM Quality Chasm Recommendation

“Substance use disorder treatment should move toward building its standards of care, performance measurement and quality, information and cost measures upon a chronic illness model rather than the current, acute illness-based, fragmented and deficient system of health care.”

System Improvement Model



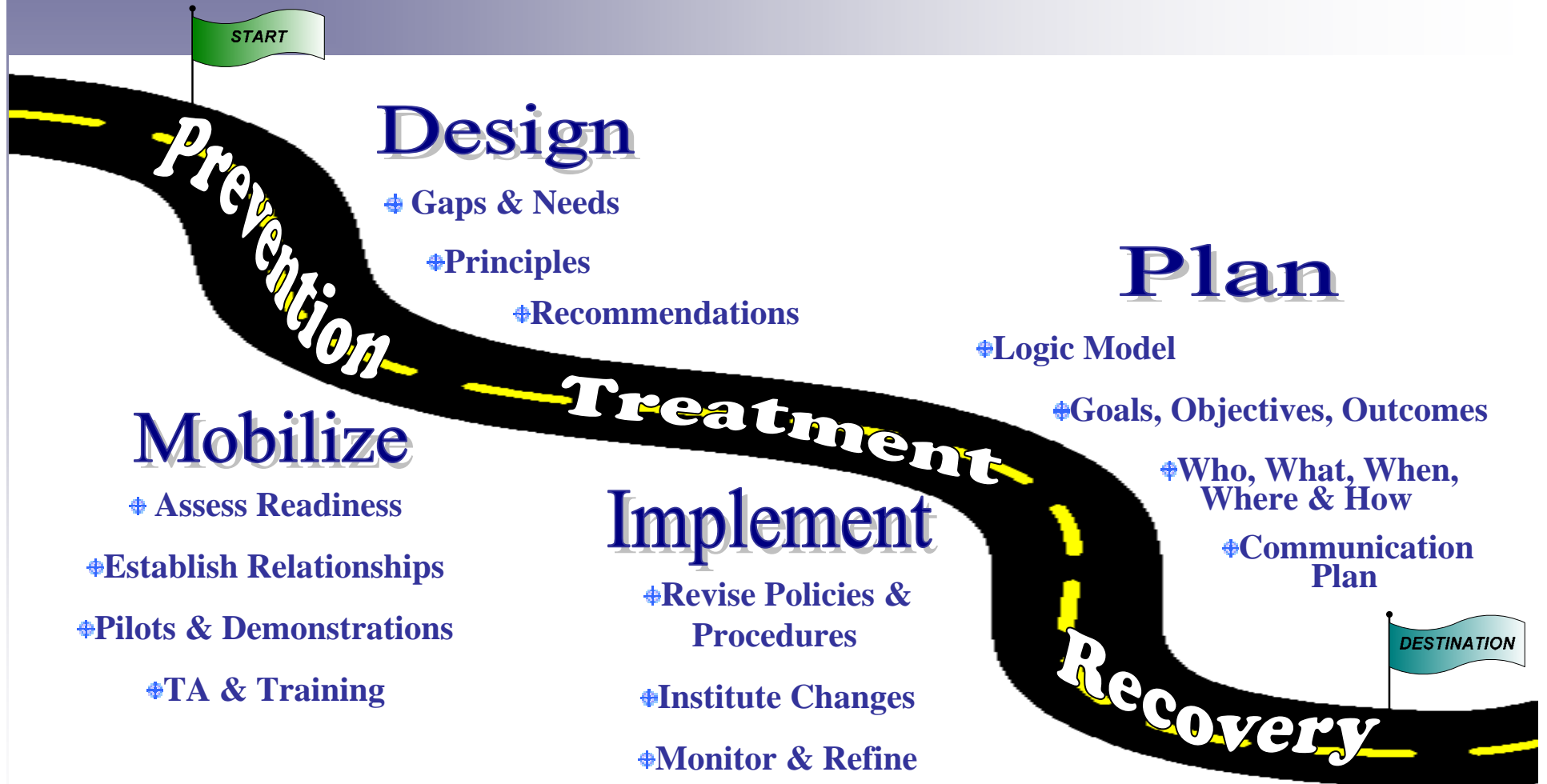
* [Adapted from the Chronic Care Model, Improving Chronic Illness Care Program](#) State of California
Department of Alcohol and Drug Programs

Re-Engineering Our System of Services

“Dramatic or radical transformation of processes to achieve significant levels of improvement in one or more performance measures through examination, rethinking, redesigning, and implementation

- ❖ Customer focused
- ❖ Rethinking assumptions
- ❖ Systematic and disciplined
- ❖ Utilizes information technology”

AOD Services Re-Engineering



GOAL

Guide the development and implementation of a comprehensive and integrated continuum of alcohol and other drug services.

- ❖ **Is dynamic and responsive to changes;**
- ❖ **Considers the needs of all people and communities served by the system and addresses their multiple needs;**
- ❖ **Anticipates new groups and new issues;**
- ❖ **Is data driven and outcome oriented; and,**
- ❖ **Provides for continuous quality improvement.**

Systems Outcome

A comprehensive and integrated continuum of alcohol and other drug services. The services are effective, high quality, client and community centered, sustainable and culturally competent. They have the capacity and resources to facilitate holistic health and promote wellness.

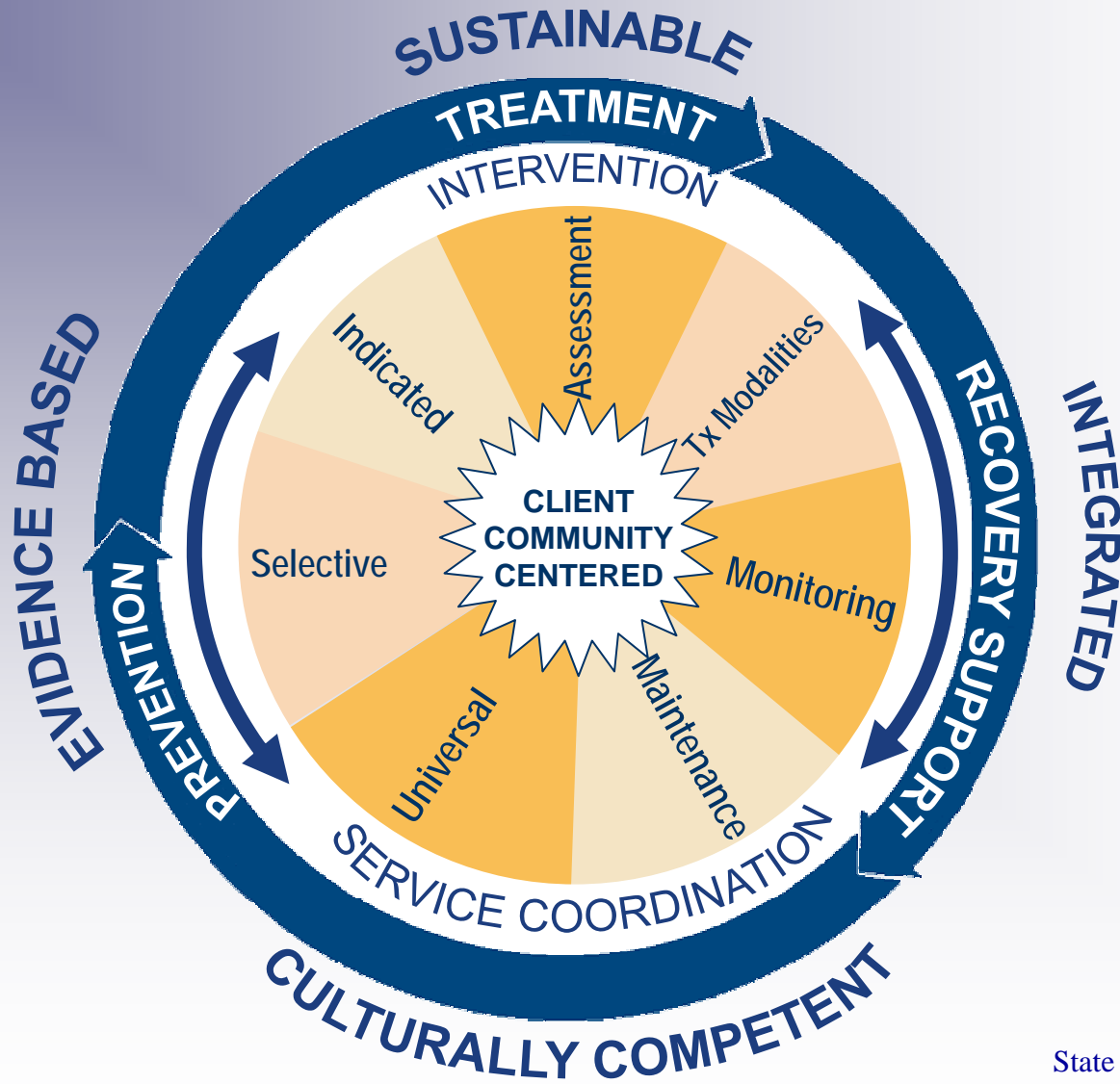
Core Principles

- ❖ **Services must be comprehensive, integrated, and high quality, with demonstrated effectiveness.**
- ❖ **Services must be accessible, affordable, individual and community-centered, and responsive to individual and family needs and differences.**
- ❖ **Delivering quality and effective care requires outcome and data-based planning for the entire system.**

Core Principles (continued)

- ❖ Potential problems can be prevented by reducing risk factors and increasing protective factors in both communities and individuals.
- ❖ Transient or non-dependent alcohol or other drug problems can be resolved through acute care, including brief intervention and brief treatment services.
- ❖ Recovery from severe and persistent (chronic) problems can be achieved through continuing and comprehensive alcohol and other drug treatment and recovery services.

Continuum of Services



COSSR Goals

- 1. Establish a performance management infrastructure to identify and support effective programs.**
- 2. Develop and implement a secure and stable information technology infrastructure.**
- 3. Continue AOD workforce development.**
- 4. Develop and implement and treatment standards.**

COSSR Goals (continued)

- 5. Assist counties to implement the Strategic Planning Framework.**
- 6. Strengthen local capacity to develop and implement effective strategies.**
- 7. Develop and implement a recovery support services system.**

COSSR Objectives Related To Performance Management

- ❖ **Establish the framework for performance improvement for the COS in ADP publicly funded licensed and/or certified programs; incorporate data and outcome driven continuous quality improvement (CQI) activities in all ADP licensed and certified programs.**
- ❖ **Develop useful data information systems and standards for prevention, treatment, and recovery support services.**

COSSR Objectives Related To Performance Management (continued)

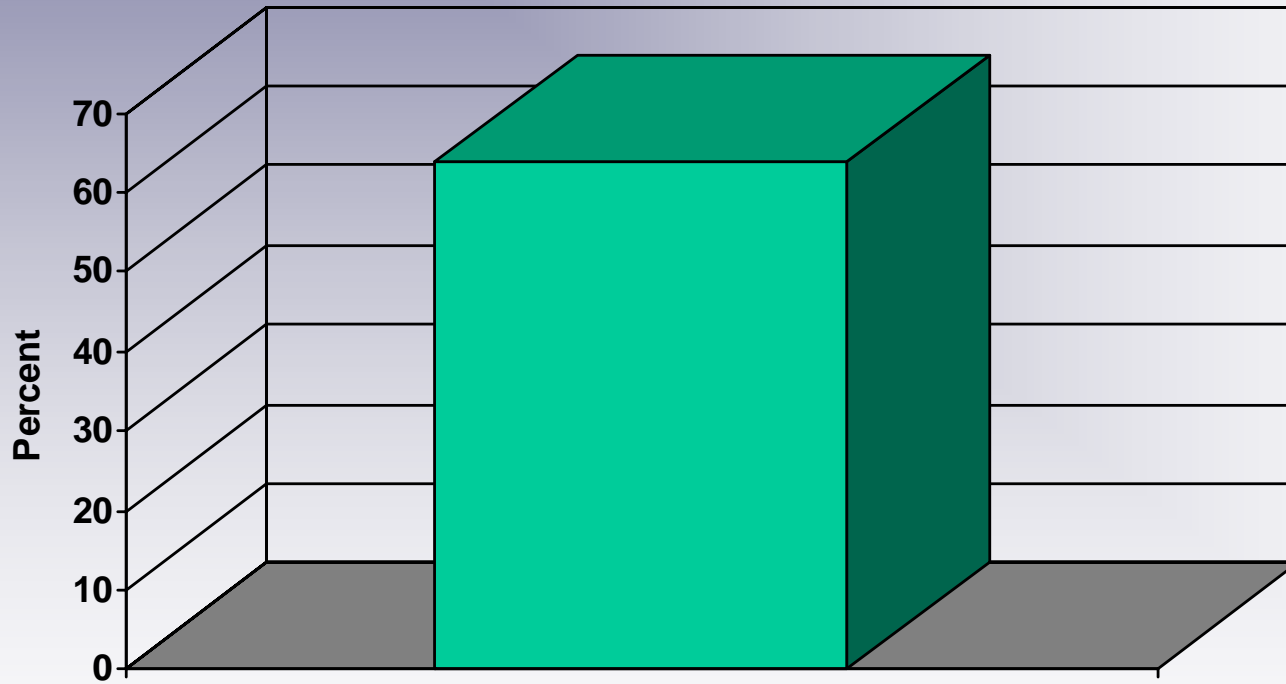
- ❖ **Create a process for identifying, selecting and implementing effective approaches for preventing and treating AOD problems in a variety of populations, communities and settings.**
- ❖ **Implement on-going, comprehensive community and client data driven, outcome-based State and local planning across the COS, which includes prevention, treatment and recovery support that incorporates evaluation for continuous quality enhancement.**

California Outcomes Measurement System

- ❖ Since July 1991, approximately 1,590,000 unique treatment clients have been served by California's publicly-monitored treatment programs.
- ❖ Since 1991 there have been almost 5 million individual treatment stays.
- ❖ Since 1991 10% of Treatment clients have only received detoxification services.

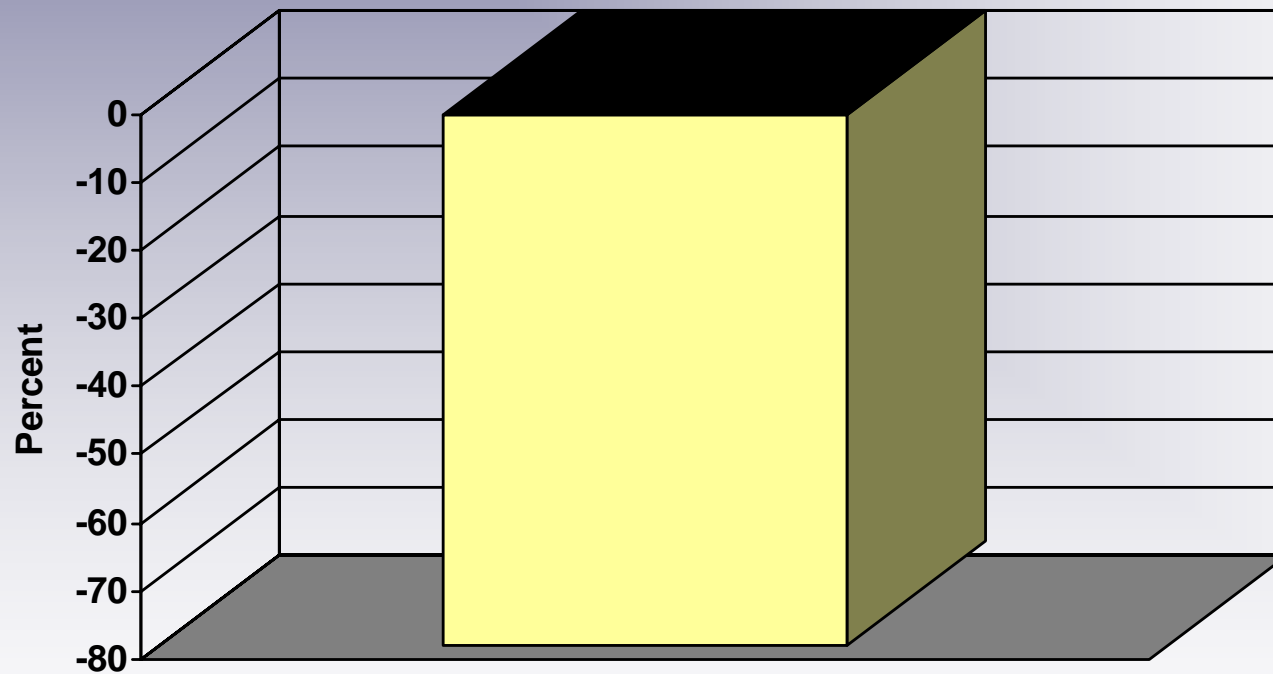
Outcomes for California Treatment Clients SFY 2008-09

Abstinence, Primary Drug of Abuse



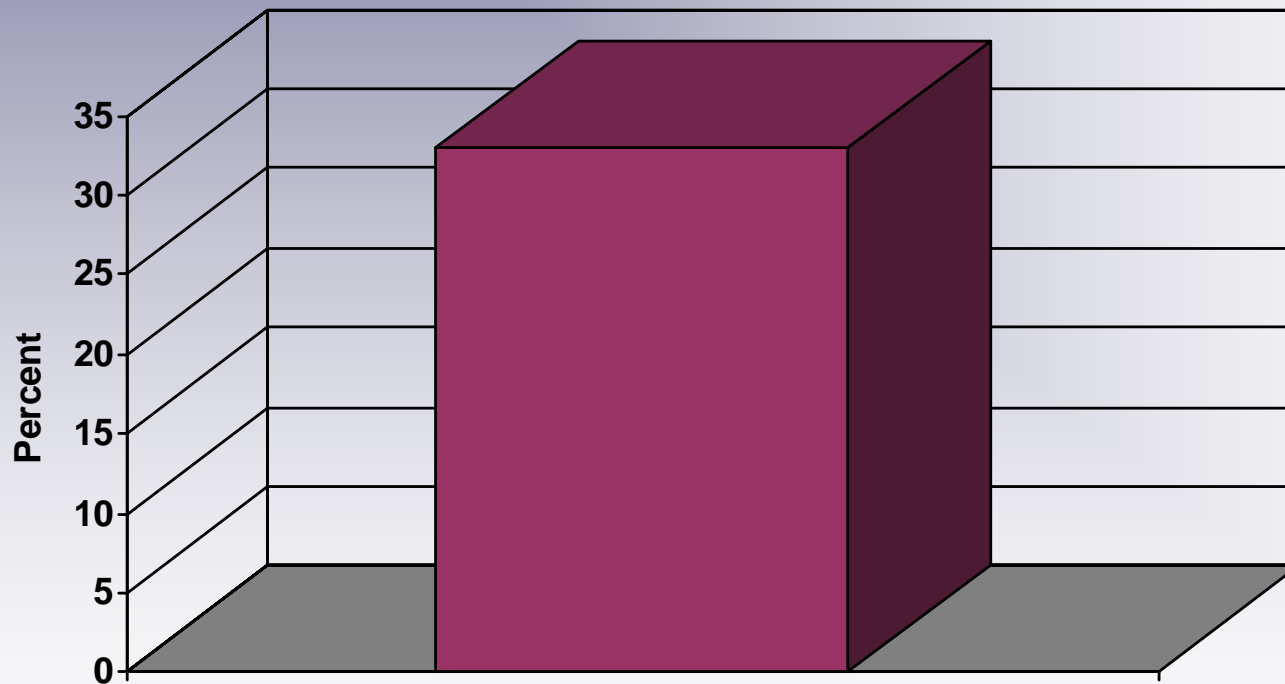
Outcomes for California Treatment Clients SFY 2008-09

Decrease in Incarcerations (Jail)



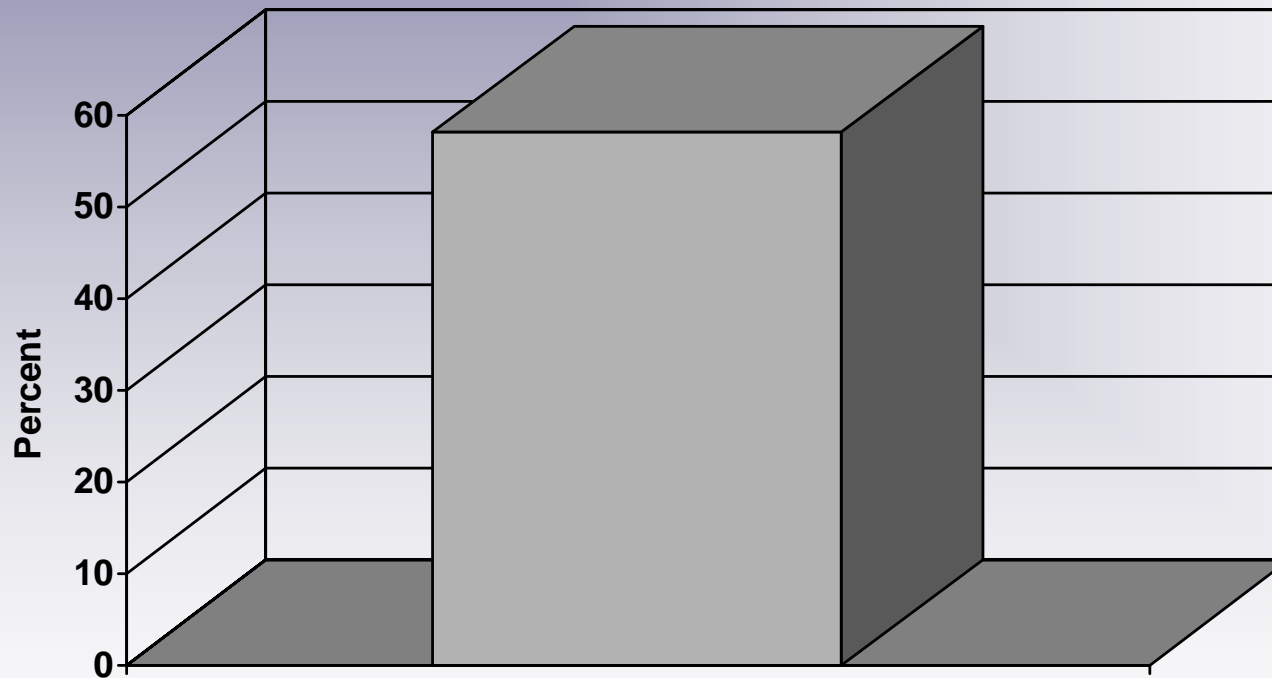
Outcomes for California Treatment Clients SFY 2008-09

Employed

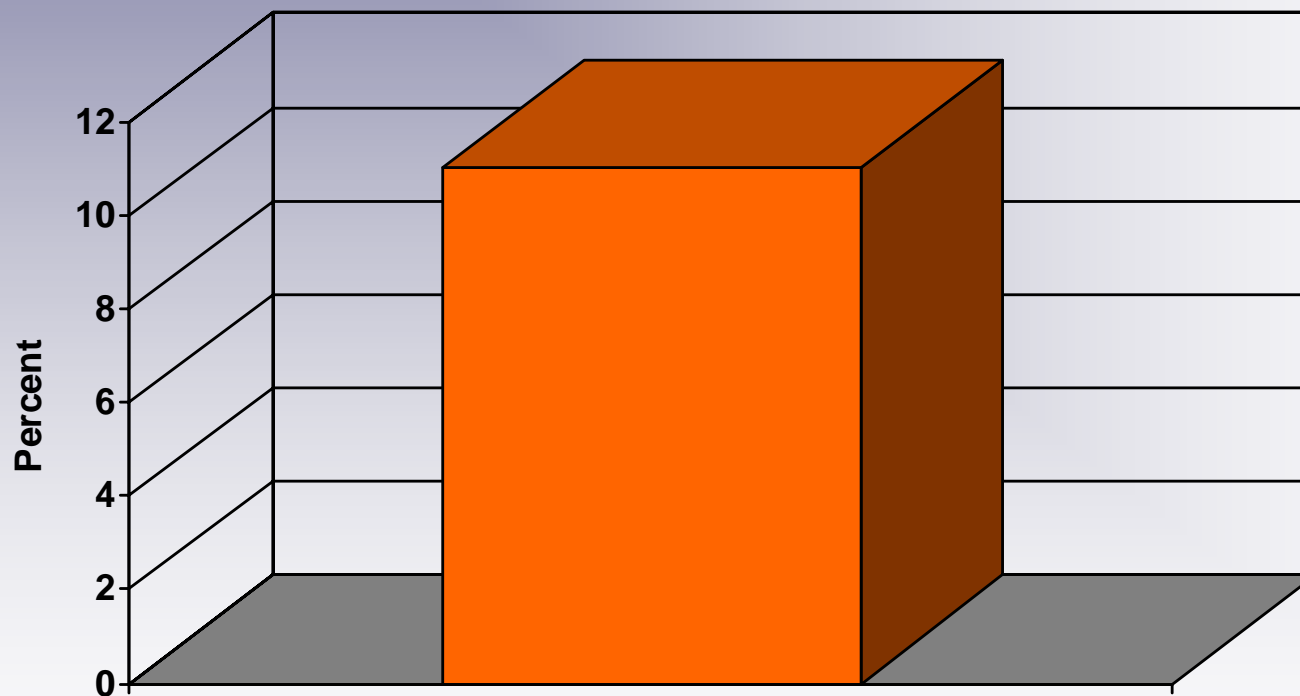


Outcomes for California Treatment Clients SFY 2008-09

Use of Social Support Services

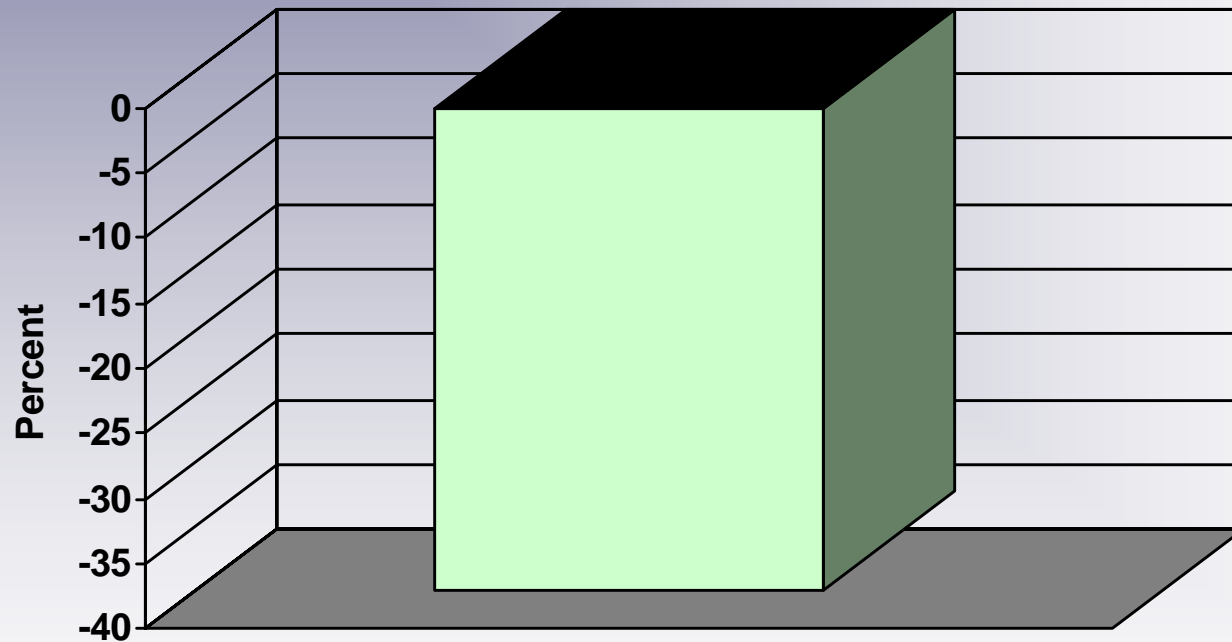


Outcomes for California Treatment Clients SFY 2008-09 Independent Housing Status



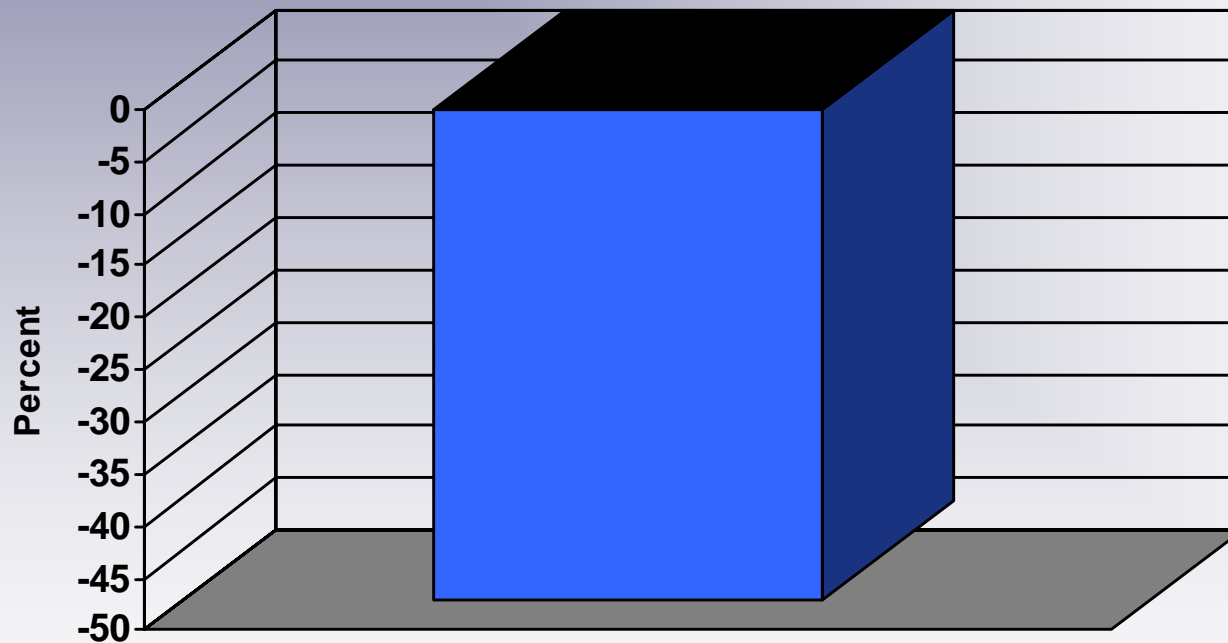
Outcomes for California Treatment Clients SFY 2008-09

Decrease in Health Problems



Outcomes for California Treatment Clients SFY 2008-09

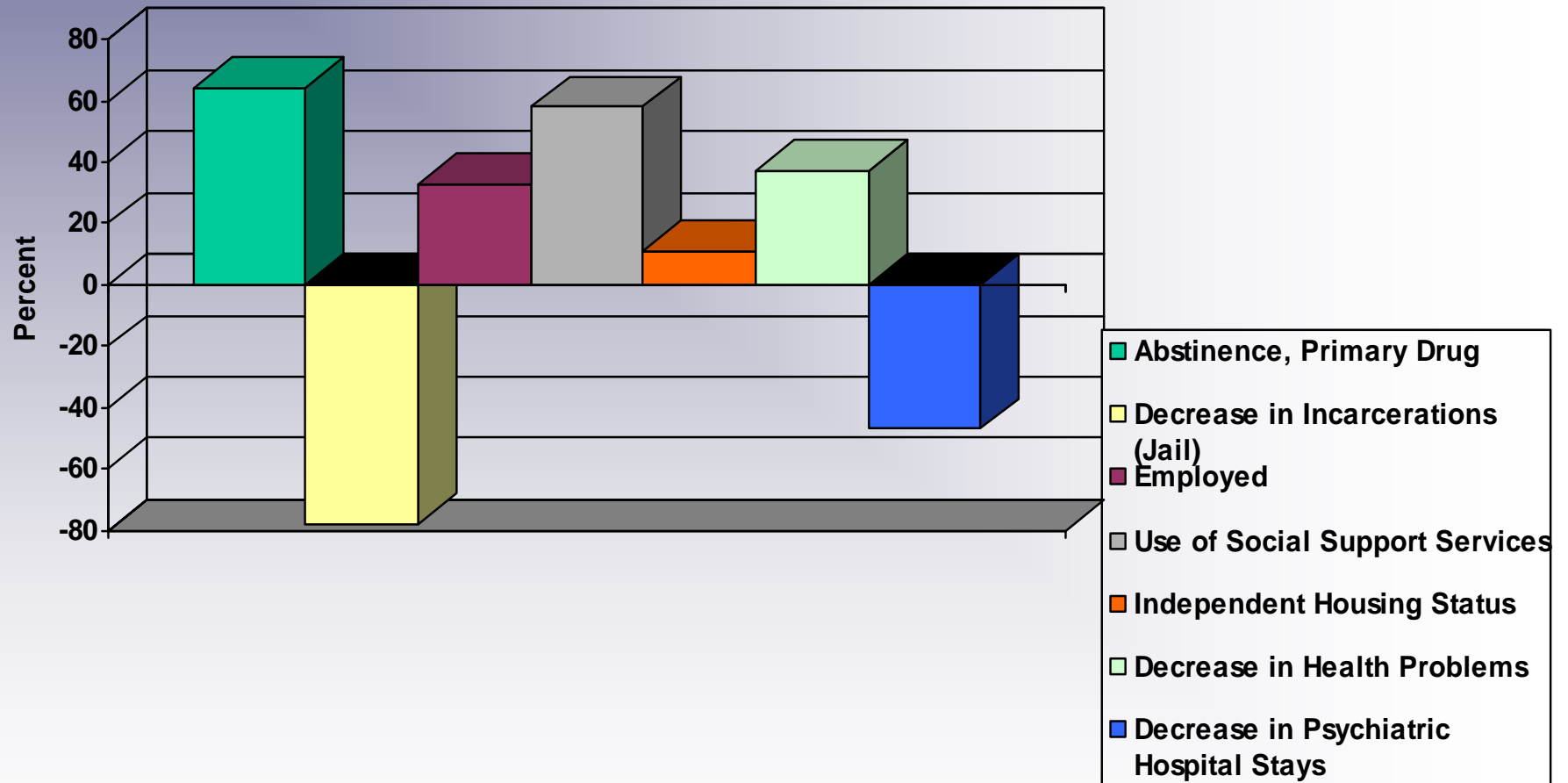
Decrease in Psychiatric Hospital Stays



Outcomes for California Treatment Clients

SFY 2008-09

Selected Performance Measures



Data Questions for Improving Program Quality

- ❖ What service “encounter” data is need to understand the relation between treatment received and outcomes?
- ❖ What performance measures are needed for chronic care client outcomes?
- ❖ What are the combined service modalities that make up the episodes of treatment?

Data Questions for Improving Program Quality (continued)

- ❖ **What are the longer term patterns of treatment episodes?**
- ❖ **What is the role that the type of referral plays in service and recovery patterns?**
- ❖ **What role does client choice and preference play?**
- ❖ **What are the performance measures and outcomes for a recovery oriented system of care?**

Data Questions for Improving Program Quality (continued)

- ❖ What is the relationship between addiction severity and service needs and outcomes within the longer term continuum of care?
- ❖ What performance measures are needed beyond National Quality Forum and NIATx?

Data Questions for System Performance and Effectiveness

- ❖ How do we assess performance and effectiveness at each level of the system?
- ❖ What data and questions need to be answered at the counselor, program, county and overall system level?
- ❖ What linkages are necessary between treatment encounter/outcome data and fiscal information?
- ❖ What are the performance measures and outcomes for a recovery oriented system of care?

Summary

- ❖ **The chronicity of AOD problems necessitates a comprehensive continuum of services.**
- ❖ **The continuous improvement of the AOD system of services is essential to achieving positive outcomes.**
- ❖ **Delivering quality and effective care requires performance and outcome and data.**
- ❖ **Performance measurement and management are critical elements of a high quality, effective system of services.**

Contact Information

THANK YOU!!!

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