



the clarion group
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GEORGIA DBHDD OFFICE OF ADDICTIVE DISEASES

EXECUTIVE SUMMARY OF STAKEHOLDER INPUT

SEPTEMBER, 2016

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Georgia DBHDD Office of Addictive Diseases

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September, 2016

INTRODUCTION

Background

This *Executive Summary* provides The Clarion Group’s analysis of the results of a stakeholder engagement effort which took place in June and July of 2016. The purpose of the effort was to involve key partners in a strategic planning process for addiction treatment and recovery services in Georgia. The process included the following elements, facilitated by The Clarion Group except where noted:

- One focus group with 9 service providers
- 15 telephone interviews with 18 participants
- 8 community forums with 187 participants (facilitated by the Georgia Council on Substance Abuse)
- An online survey which received 535 responses
- The number of participants in the process totaled 749.

Survey Respondent Profile

The following outlines the profile of respondents to the online survey.

Answer Choices	Responses	
DBHDD BH provider	15.04%	80
DBHDD staff - state office	15.98%	85
DBHDD staff - field office	9.02%	48
DBHDD staff - state hospital	26.69%	142
Advocacy organization	5.26%	28
State agency other than DBHDD	5.08%	27
Private sector	6.02%	32
Other (please specify)	16.92%	90
Total		532

Questions Asked of Participants in the Process

Participants in the provider focus group, interviews and survey were asked to respond to the following questions:

- What do you see as the strengths of addiction treatment and recovery services for adults, children, young adults and families in Georgia?

- What do you see as areas in need of strengthening or improvement?
- What critical issues need to be addressed in Georgia as we implement a strategy for statewide addiction treatment and recovery services?
- What do you see as the key priorities Georgia should set for addiction treatment and recovery services over the next three years?
- What suggestions do you have for helping to ensure success with implementation of the strategy for addiction and treatment recovery services in Georgia?

Participants in the community forums were asked to respond to the following questions:

- In your area, what services and supports for treatment and recovery are working well? What worked for you in “getting recovery?”
- What treatment and recovery services and supports could be better?
- What’s the most pressing need in your community for recovery supports and services?
- What do we all need to do over the next three years to help people improve their lives?
- How can we improve our ability to follow on plans to improve treatment and recovery support services?
- What keeps you hopeful?

The following summarizes key themes from the stakeholder engagement process, which will be used as input to the strategic planning group charged with developing a strategy for addiction treatment and recovery services in Georgia. The summary should not be considered a comprehensive summary of all responses.

Key themes were consistent across stakeholder groups. To ensure fidelity to the input received from the community forums, those themes are reflected separately in the final section of this report, beginning on page 9.

STRENGTHS OF ADDICTION TREATMENT AND RECOVERY SERVICES FOR ADULTS, CHILDREN, YOUNG ADULTS AND FAMILIES IN GEORGIA

Recovery Communities

- Recovery is a component of the treatment programs across Georgia for adolescents and adults.
- There are step down services to help people maintain sobriety.
- AA and NA meetings are widely available, including on campuses.
- There is a big push for youth recovery clubhouses.
- There is new interest in Recovery Community Organizations.

Peers/Peer Support

- Discussions with peers, who also suffer through addiction, help a person feel centered and as though he/she is not alone.
- The CARES program from the Georgia Council on Substance Abuse is very valuable; it has a strong network and support.
- Certified peer specialists can be employed (and billed for) in treatment and recovery programs.

Existence of Services

- Services provide invaluable support and assistance in the recovery process for the lives of adults, children, young adults and their families.
- There are some services for all populations.
- Help is available 24/7.
- There are services available to those with limited means/the uninsured.
- There are more options today than there were 15 years ago.

Competent Service Delivery

- There is a comprehensive range of services to meet a variety of needs.
- Evidence-based practice and holistic/person-centered care are being employed.
- Clients can be seen for short-term inpatient services when in crisis, for both mental health and substance abuse.
- There is ongoing care outside of the hospital setting with additional family and peer supports.
- Women's treatment programs are strong.
- We provide tools and skills to help people and families survive and thrive.

Increased Awareness/Action

- The State is better recognizing the growing problem.
- Georgia is reforming the criminal justice system to provide more opportunities for treatment.
- There is a growing awareness of the need to treat co-occurring disorders.
- Addiction treatment is more accepted now than it has been in the past.
- The recovery culture has moved in recent years from an "addiction is a choice" mindset to "addiction is a brain disease and must be treated as such."

DBHDD Leadership

- Frank Berry is a great commissioner.
- Cassandra Price is a progressive advocate.
- Training for staff has increased.
- The Governor is engaged with DBHDD efforts.
- Many state agencies are in a cooperative place.

Dedicated Workforce

- There is a network of quality providers.
- DBHDD staff members are dedicated and compassionate.
- Staff has lived experience.

Accountability/Drug Courts

- Accountability Courts offer a longer exposure to treatment.
- They provide an alternative to incarceration.

AREAS IN NEED OF STRENGTHENING OR IMPROVEMENT

Access to Care

CRISIS SERVICES

- Lack timely crisis/detox services
- Emergency room services not equipped to handle addiction
 - Culture of shaming
 - Trouble transitioning people to the appropriate facility
 - Long wait times for the uninsured
- Cumbersome authorizations
- Testing requirements/delays (e.g., TB skin tests)

TRANSITIONAL SERVICES

- Gaps in moving from crisis to semi-residential services
- “Portal to portal”/lack of transportation to/from care
- Poor coordination between inpatient and outpatient
- Difficult to navigate the phases of the system
 - What is the right “front door?”
 - Transitioning across the phases

OTHER

- Need more timely access for the homeless, uninsured, and underinsured
- Shortage of providers in rural areas, which are often hard-hit by addiction

Capacity/Service Gaps

- Existing programs not meeting the volume of need
- Not enough beds in:
 - Crisis/detox
 - Treatment
 - Recovery centers/residential treatment
- Insufficient covered services for youth and adolescents including high-end, evidence-based treatments
- Insufficient family-centered treatment/services
- Duration of treatment often insufficient for recovery
- Insufficient numbers of qualified providers/staff in the workforce
- Need more peer specialists/CARES certified professionals
- Lack of availability and acceptance of medication-assisted treatment
- Lack of a comprehensive statewide children’s mental health plan
- Almost no services for the deaf/those with hearing loss

Continuum of Care

- Better coordination of care from most intensive (inpatient/28 day inpatient) to sober living to outpatient, etc.
- Better transitions, including the need for “warm hand-offs” across the continuum
- Coordination of care between physicians and treatment centers

- Continuity of care in rural areas
- Treatment components need to be unified to make sure the milestones are met.

Support Services/Housing

- Insufficient sober housing opportunities
- High cost of sober-living/permanent housing
- Lack transitional supports
- Housing tends not to last.
 - Neighborhoods object.
 - Funding is limited.
 - Facilities move.
- Better involve and support families:
 - While an individual is in treatment
 - As they are transitioning from a treatment program

Awareness/Education/Training

- Insufficient awareness of existing services
- Continued discrimination and stigma
- Lack of widespread understanding of addiction as a brain disease
- Need for more training across sectors, including:
 - First responders
 - Clinicians
 - Legislators
 - Judges
 - Criminal justice
 - In schools – including prevention

Criminal Justice System

RELATIONSHIP WITH PROVIDERS

- Lack of knowledge/training among providers about how to work with the criminal justice system
- Delays in evaluation and placement for offenders who've just left prison – particularly those with co-occurring disorders
- Need better referrals from corrections to addiction treatment and recovery services
- Lack of education about accountability courts in educational programs (social work, criminal justice, etc.)

BURDEN ON SHERIFFS

- Sheriffs deal extensively with mental illness and substance abuse.
- Sheriffs lack the resources to do all they are mandated to.
- Most jails don't have a medical unit, and there is no real treatment in this setting.
- When offenders leave jail, there's nobody really watching whether they get treatment.
- Sheriffs are frustrated.

Misalignment of Provider Philosophies

- Range of possible treatment and recovery philosophies
- Providers impacted by personal experience
- Treatment approaches aligned with only one philosophy impact who will get served by whom.
- No “one size fits all” approach to treatment; need individualized treatment plans

Co-occurring Disorders

- Need better treatment of co-occurring disorders
- Need a better way to track the portion that is addiction vs. mental health
- Need better integration at DBHDD between addiction and mental health services
- Cooperate better with mental health providers - stop being in our silos.

CRITICAL ISSUES TO BE ADDRESSED IN GEORGIA AS WE IMPLEMENT A STRATEGY FOR STATEWIDE ADDICTION TREATMENT AND RECOVERY SERVICES

Rampant Drug Abuse in the State

- The resurgence in opiate dependency including:
 - Resurgence of heroin
 - Increasing prescription drug misuse and abuse
 - Because of regulation on prescription drugs, there’s a shift to the black market.
 - A particular issue in those rural areas with limited access to services
- Meth
- Alcohol
- Synthetic marijuana
- A “moving target”

Prevention and Early Intervention

- Reductions in prevention dollars – and thus prevention in schools
- Greater threats to younger people
- Need proactive education and training on the front end, especially in schools
- Prevention segregated from treatment – including at DBHDD
- We should realize that within most families there will be a fork in the road leading to addiction, or not.
 - We must take a holistic approach.
 - We must accept that this is a part of life; people among us are going to struggle, and they need our support to “take the other fork.”

Funding

- Unable to fund the continuum of care at the volume needed
- Need to be able to pay people better to retain good staff; continuity of provider is very important
- Costs burdensome to many who need care
- Funding is sometimes easier to secure for a mental health diagnosis than an addiction diagnosis.

- Addiction diagnoses get evaluated as mental health issues.
- Treatment gets aligned with the mental health diagnosis.
- No third-party reimbursement for addiction counselors; certified, qualified individuals could help expand the provider pool if they could bill for their services
- Need to reevaluate reimbursement rates for both intensive and non-intensive treatment programs
- Need to advocate for parity with private/commercial payers and Medicaid Managed Care payers across GA

Facility Licensure Process

- Need to streamline the licensure process and evaluate the related policies for treatment programs
 - There’s a huge backlog to secure facility licenses.
 - We have programs that can’t serve people right now.
 - There should be a grandfather clause for previously approved providers.
- Once licensed, there is little to no oversight from the state.

KEY PRIORITIES GEORGIA SHOULD SET FOR THESE SERVICES OVER THE NEXT THREE YEARS

Improve Access to Care

- Increase the number of treatment programs, starting with access to detox.
- Reduce wait times and waiting lists.
- Improve rural access.
 - Rural populations tend to have more addiction.
 - Rural areas have less access to providers; this has always been an issue.
 - We need funding to provide sustainable treatment services in those areas.
- Improve access and affordability for low income, underinsured, and the homeless.

Enhance Capacity/Service Programs

- Increase the number of beds across the continuum of care (inpatient detox/treatment capacity).
- Improve long-term care/transitions of care.
 - Better fill the gap between crisis and other services.
 - Help people function in the follow-up period after the approved 17 weeks.
 - Reduce waiting lists for longer-term care.
- Recruit, develop and maintain a competent workforce with adequate capacity to meet the growing need.
- Provide more jobs for CARES/peer specialists in state programs.
- Better serve those with dual diagnoses.
- Address cultural competence/language barriers.
- Enhance monitoring and continual improvement efforts.

Better Serve Children, Youth, Transitioning Adults and Families

- Offer more family preservation programs.
- Expand services to mothers with children, including those with newborns.

- Better coordinate with DFCS across the state.
- Provide services for youth in schools.

Ensure Adequate Support Services/Housing

- Increase sober residential options.
- Provide more job training and supportive employment opportunities.
- Improve transportation options.
- Engage the community (faith-based supports, etc.).

Continue to Elevate Treatment Models

- Provide more trauma-informed care.
- Establish standards for addressing levels of care (as mental health does).
- Further explore medication-assisted treatment as part of a broader treatment model.
- Focus on wellness along with recovery and move to a more holistic/strength-based model.
- Integrate the discussion of addiction/substance abuse with mental health.

Expand Peer Recovery Efforts

- Continue continuity of care for those in recovery.
- Expand Recovery Community Organizations.
- Increase the number of CARES certified peer specialists.
- Provide access to peer support:
 - In emergency departments
 - In jails

Increase Awareness/Education/Training

- Educate those who interact with substance use disorders, as well as the public, on:
 - What addiction is
 - The power of the language in talking about addiction
- Increase education and cooperation among primary care physicians, emergency departments and other service provider agencies to help them (compassionately) understand when someone is an addict.
- Provide training for providers/staff that includes:
 - Evidence-based practice
 - Trauma-informed care (e.g., Seven Challenges for adolescents)
 - Emerging trends such as medication-assisted treatment
- Increase peer training.
- Support and train providers on hiring and promoting peer specialists.

Improve Response in Emergency Departments

- Help emergency rooms/hospitals get people evaluated and assigned appropriately and quickly.
- Provide peer support in emergency rooms, potentially via telehealth.
- Partner to reduce delays for people without coverage.

Strengthen Partnerships with Law Enforcement and Corrections

- Provide funding for specialized training in the field, including helping them to:
 - Better understanding how medications work and interact with each other
 - How to intervene (especially when there are treatment service gaps)
 - What to look for before a major crime is committed
- Continue to build accountability courts throughout the state.
- Integrate the services of the Department of Community Supervision with the addiction treatment and recovery system.
- Consider peer support on site within jails.

Strengthen Inter-Agency Collaboration

- Act as a “nexus” that brings all plans together across agencies.
- Ensure that key leaders across state government and others are involved in the evaluation of this work.
- Eliminate competition to better use existing resources.
- Help providers better understand and partner with each other.

SUGGESTIONS FOR ENSURING SUCCESSFUL IMPLEMENTATION OF THE STRATEGY FOR ADDICTION TREATMENT AND RECOVERY SERVICES IN GEORGIA

- The Department should create a structure so providers can systematically come together to discuss issues/policy and understand what’s happening on the ground.
- Reinstate regional provider meetings in those regions where they no longer take place.
- Buy-in to the strategy must include the Commissioner and the Governor.
- When contracts are siloed, inefficient funding issues arise (for example, how you handle a co-occurring issue vs. a mental health issue vs. a substance abuse issue).
- Ensure systematic, efficient use of the statewide system.
 - Approach from a collaborative point of view.
 - Key partner agencies should be part of the implementation and evaluation process from the beginning.
 - Continually exchange data to stay on top of trends.
- Conduct an environmental scan to identify what resources are available across the state for family services.
- Secure more funding for human resources.
 - All state agencies are overtaxed.
 - We start initiatives without a QI component that ensures fidelity/sustainability.
- Partner with the Georgia Council on Substance Abuse in getting the word out that recovery is real.
- Include judges in joint planning.
- Include a diverse group of people who can influence their own communities.
- It’s all dependent on leadership.
- Help health professionals believe they really can help these people.
- Follow other models in other states – we don’t need to reinvent the wheel.

COMMUNITY FORUMS

The following summarizes key themes from each question asked of recovery community participants. The document below includes additional detail (double click to open):



GCSA Community
Forum Responses-16.:

In Your Area, What Services and Supports for Treatment and Recovery Are Working Well? What Worked for You in Getting Recovery?

- Mutual self-help groups
- Faith-based supports
- Legal interventions/criminal justice
- Peer supports
- General programs
- Specific treatment and residential programs
- Community recovery supports
- Specific characteristics of programs

What Treatment and Recovery Services and Supports Could Be Better?

- Access
 - Detox
 - Treatment
 - General
- Education and training
 - Medical professionals
 - Treatment staff
 - General
- Transitions/continuum of care
- Collaboration across systems
- Youth and transitioning adults
- Families
- Peer support
- Community-based supports
- Information about available resources
- Criminal justice system
- Needs of people in recovery

What's the Most Pressing Need in Your Community for Recovery Support and Services?

- Treatment
- Access
- Peer services
- Education

- Community-based supports
- Long-term recovery supports
- Services and supports for young people/emerging adults

What Do We All Need to Do over the Next Three Years to Help People Improve Their Lives?

- Voice
- Service to others
- Work together
- Public education
- Family supports

How Can We Improve our Ability to Follow Through on Plans to Improve Treatment and Recovery Support Services?

- Plan.
- Meet regularly, work together.
- Service to others
- Establish accountability.
- Recovery Community Organizations

What Keeps You Hopeful?

- Recovery – community
- Talking – sharing stories
- Modeling
- Family
- Connections
- Being asked