

Process of Delivery

Recommended Time Frame and Procedures for an Intensive Assessment

The PSAS recommends that assessment occur at “opportunity moments.” NIDA principles support the need to have services available at moments when people become ready to address addiction by stating that, “Treatment needs to be readily available.”

- There is a need for assessors to be available during evening, overnight and weekend hours. Focus group participants report inability to access assessment during times of crisis therefore, clients lose interest in getting treatment when there is an extended delay between the pre-screening and assessment processes. Individuals in some of the focus groups reported long waiting periods for an assessment (i.e. one to three weeks) while others reported assessments happening in a timely fashion.
- There is also a need for transportation to be addressed. Data from the focus groups reports people being instructed to drive long distances to get assessments and many of these people have restricted driver’s licenses due to DUI’s.

The PSAS recommends increasing visibility of recovery resources and a centralized method of accessing a substance abuse screener/assessor. This could be accomplished by:

- Implementing and advertising a 24-hour, state wide 1-800 number (or regionalized numbers). Participants in the focus groups reported that being able to call one number to get an assessment done was very helpful.
- Creating billboards, PSA’s, or various wide spread marketing strategies instructing people how to access entry into the recovery process. Identified in the focus groups was the need to increase education to the public, and increase visibility of available services that promote recovery from addiction. Support for this recommendation also comes from the national treatment plan initiative, which has identified the need to reduce stigma as a means of increasing recovery from addiction. Some focus group participants stated, “addicts don’t know where to go to get help – there are no billboards out there telling you where to get help.”

The PSAS recommends assessment is an ongoing process that occurs throughout an entire treatment episode and should better recognize the need for dual diagnosis services. NIDA principles state “An individual’s treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person’s changing needs.”

- Several focus groups reported that dual diagnosis is not addressed effectively in the assessment process. Surveys also identified the need to “incorporate mental health assessment into screening/assessment process” as the number two best potential improvement to the screening/assessment process; the number one was cost free assessments. Perhaps those with potential dual diagnosis could be identified and referred on for further assessment before placement decisions are made.

- A staggered assessment process could include a care coordinator who follows the client, more effectively addressing dual diagnosis issues. A staggered assessment process may also address the issue of fully assessing people while they are intoxicated.
- In order for assessment to be an ongoing part of the treatment episode, the payment process (for assessment) would need to be re-evaluated and perhaps changed to support this recommendation.

The PSAS recommends that a group look at how to use the stages of change model in assessment for substance abusers.

- A formal research based assessment needs to be done to identify which instruments will work best to identify “stage of change” for substance abusers and how to best use these tools in the assessment process.
- It is recommended that a reliable way of determining what stage of change an individual is at could help direct placement decisions and even drive treatment decisions for the individual.
- Meeting the client where they are and targeting interventions based on this can increase the effectiveness of treatment. This process should include a pilot project (at more than one location and modality) to help determine the best tools for this process.

Additionally, it appears it may be time to reconvene a group that explores the KCPC tool itself perhaps in conjunction with the above group to see if changes are needed on this tool to better address issues such as gender, culture, age and dually diagnosed clients etc. It is worth noting that respondents in the focus groups and the surveys reported contradictory information on the topic of satisfaction with the current screening/assessment process. Some focus groups reported that the assessment process itself was too long (taking 3+ hours) while others reported it was done quickly (“consumer experience with assessment is positive. Assessments are done quickly”). Also important to note was that the most prevalent answers to questions in the survey asking people to rate their satisfaction level with the assessment process were, out of a choice of 5 ranging from completely satisfied to not satisfied at all, the majority of respondents on the survey (30+%) reported being “mostly satisfied.” However, the survey data espouses one of the four top answers to potential improvements to the screening/assessment process is to reduce redundancy in the screening/assessment process. This is a difficult situation with polarized views therefore it is recommended for a group to explore a solution.

Process of Delivery (cont.)

Recommended Qualifications and Competencies Needed for Staff Completing Screening and Assessments

The PSAS recommends the exploration of the qualifications and competencies of individuals completing screening and assessments. Individuals performing screening and assessment should meet certain criteria before conducting services.

- Individuals must have received AAPS certification
- Achieved a minimum of two years, full-time employment in the field prior to receiving certification from AAPS

In addition, the PSAS believes that pre-screening, screening, assessment, and treatment for each client should be individualized and that each client, although similar in many areas, have different needs that must be addressed. To fully comprehend and meet these needs, the following supplementary knowledge is recommended.

Key Core Competencies should be acknowledged in the following areas:

- Cultural awareness, age, disabilities (i.e. hearing, visually impaired, etc.), confidentiality, ethics, gender, mental health/dual-diagnosis, etc.

Treatment Professionals should also have a working knowledge of the following:

- DSM IV, Crisis Intervention, Stages of Change, NIDA Principles, homeless populations, and additional working knowledge of other referral systems (i.e. criminal justice field, child welfare field, etc.)

Furthermore, support for the need of improved competency of staff completing screening and assessments comes from the information gathered at the various focus groups, as well as the surveys. Clients, treatment providers, and other professionals identified that more knowledge in the above mentioned areas are needed by those in the field in order to conduct effective and unbiased pre-screening, screening, assessment and treatment.

Process of Delivery (cont.)

Identify Roles of Care Coordination in the Screening and Assessment Process

The PSAS recommends individuals receive continuous assessment throughout their treatment stay. NIDA reports several principles that can be addressed in the screening and assessment process.

- Treatment needs to be readily available.
- An individual's treatment and services plan must be addressed continually and modified as necessary to ensure that the plan meets the person's changing needs.
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
- Possible drug use during treatment must be monitored continuously.
- Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

PSAS recommends these goals can be achieved by the development of care coordinators. Care coordinators will:

- Provide readily available assessments, possibly emergency screenings, followed up with a full assessment at a later time.
- Ensure services between assessment and treatment, between treatment providers, and between treatment and aftercare.
- Advocate for the client when difficulties arise between the client and the treatment provider.
- Supply a centralized access point for monitoring drug use.
- Provide continuity of service for individuals receiving multiple treatment episodes.

PSAS recommends the SB67 care coordination positions as models. Service components of the care coordination would include:

- Centralized or regional contact through an 800 number.
- Prompt screening and assessment.
- Case management at "hotspots" where the client is most likely to "fall through the cracks."

- Emphasis on the client’s needs, including coordinating transportation.
- Multi-disciplinary meetings to coordinate treatment with interested parties, including the client.
- Follow-up with clients after the treatment episode to ensure aftercare.
- Frequent contact with the providers and clients during treatment.

Respondents of the PSAS survey reported that 48% of individuals “fall through the cracks” when accessing services and 69.9% reported the length of wait between assessment and treatment as the most common barrier individuals face when being referred for screening/assessment to treatment. Care coordinators could meet these needs and many others.

Process of Delivery (cont.)

Recommended Implementation Plan for Screening & Assessment Process Including Who, What, When, Where, and How

PSAS recommends the utilization of existing resources to provide an implementation plan for the screening and assessment process. The existing resources include SB-67, case management, and stages of change as models to enhance the assessment process.

- The SB-67 model employs a comprehensive care coordination and accountability procedure that involves the client, treatment, case management, and the sanctioning agency (probation/parole). This represents a seamless approach to accountability that insures compliance, monitoring and flexibility in addressing the client's treatment needs.
- Care Coordination is provided and continues throughout the treatment episode. The SB-67 and person centered case management models deserve a review and consideration to be incorporated in the assessment process.
- A client motivation measure suggested is the stages of change model. A formal, research-based assessment could identify which instrument, if any, would best identify "stages of change" where the client is. An individual's identified stage of change would assist in placement, treatment planning and in treatment decisions made by the provider for the client. Thus the client is met where they are at and targeted interventions could occur based on the client's motivation.
- Additionally, it is recommended a review of the KCPC be done, as it would apply to the above-recommended changes. A review and additions may be in order to better address issues such as; culture, gender, age, and dually diagnosed clients, etc.