

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Mental Health and Substance Abuse Services Administration
Section 463, P.A. 154 of 2005 – Revised August 1, 2006

The Michigan Department of Community Health, Office of Drug Control Policy (MDCH/ODCP) prepared this report to meet the requirements of P.A. 154 of 2005, Section 463, which states:

The department shall establish standard program evaluation measures to assess the overall effectiveness of programs provided through coordinating agencies and service providers in reducing and preventing the incidence of substance abuse. The measures established by the department shall be modeled after the program outcome measures and best practice guidelines for the treatment of substance abuse as proposed by the federal Substance Abuse and Mental Health Services Administration. By March 1, 2006, the department shall report to the House of Representatives and Senate appropriations subcommittees of community health, the house and senate fiscal agencies, and the State Budget Office on the department's progress in designing and implementing a program effectiveness evaluation system for coordinating agencies and service providers.

Federal Requirements

The Substance Abuse and Mental Health Services Administration (SAMHSA) has adopted National Outcome Measures (NOMS) for substance abuse treatment and prevention services. SAMHSA currently requires that states develop the ability to collect and report the NOMS by the end of FY07 as a condition for receiving federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. Even so, SAMHSA is still developing and clarifying the prevention related requirements.

Michigan's SAPT Block Grant award for FY06 is \$57.7 million. The award requires that a minimum of 20% of these funds be expended for substance abuse prevention services.

Progress Summary

In 2005, MDCH achieved the ability to collect and report on the SAMHSA developed substance abuse treatment measures. Correspondingly, this outcome data is being submitted for FY06 over one year in advance of federal requirements. We are also working on developing the ability to collect and report on the SAMHSA prevention measures.

In addition, we are working with Regional Substance Abuse Coordinating Agency (CA) representatives on a state effectiveness evaluation system that incorporates and expands on the SAMHSA requirements. Michigan's target implementation date for all SAMHSA required NOMS and a state effectiveness evaluation system is October 1, 2007 although it is expected that refinement of the state's system will continue after that date.

Achieving full federal compliance requires the availability of a system to collect prevention-related data on a consistent statewide basis. In that regard, MDCH is the current recipient of a SAMHSA competitive grant for Prevention Infra-Structure Development; some of these funds may be used to support some of the costs associated with prevention reporting. ODCP has also requested federal approval for a revision in the planned use of federal funds awarded under a second grant to support CA and program level prevention reporting and state-level access to the CA data.

On January 31, 2006 the department received notice of an award of \$150,000 in special SAMHSA funding support (available only to selected states able to demonstrate reporting capability) for continued implementation of the treatment NOMS. These funds are intended to support any added costs for the

treatment data system, system enhancements as necessary to improve reporting and data analysis as well as any revisions needed to implement state level requirements.

Progress in developing a program effectiveness evaluation system

The SAMHSA treatment and prevention outcome measures will be useful in assessing outcomes in the identified domains. Nonetheless, the department intends to expand the effectiveness evaluation system beyond these measures. ODCP has been working with two committees of CA representatives to design a data system that is responsive to the federal requirements and also serves state and local information needs. Since 2004 ODCP has been working with the CAs' Treatment Outcomes/Performance Indicator Workgroup and beginning in 2005 began working with the Prevention Performance Indicator Workgroup to cooperatively build an information system capable of reporting on the performance of both types of services. Later in 2006 it is intended that these groups will be merged into a single body and provide opportunities for broader input on requirements before these are finalized and implemented.

Treatment. Final decisions on additional effectiveness measures have not been reached. The department and CAs are in agreement that more work should be done to support the continued recovery of people who have completed formal treatment, on a post-discharge basis. There is an emerging national base of information on best practice that is available to guide development of recovery support services. Along with this expansion of the array of services, ODCP expects to collect data on the treatment NOMS (abstinence, etc.) at follow up-that is, post discharge from treatment. Some CAs currently collect follow-up outcome data. Decisions are expected to be made on Michigan-specific measures by the end of this calendar year.

In addition, the department and CAs intend to adopt some performance measures that national research shows to be associated with positive outcomes and/or with operational efficiency. These include engagement with the treatment process and retention in treatment. Subsequent workgroup meetings will focus on selecting and then operationalizing a set of performance measures for treatment.

Prevention. A similar developmental process is planned for prevention outcomes and system performance. This is a difficult process since there is no statewide requirements or data collection system currently in place and the diverse nature of 'prevention' activities--ranging from the provision of public information, one-time speaking engagements to the 'delivery' of various evidence based practices--makes developing a single reporting system more difficult.

Additionally, "Outcome" measurement is not as well developed and there are conceptual and practical issues with regard to 'how' and 'when' and 'what' constitute appropriate outcome or program performance measures for various types of prevention activities. Additionally, federal perspectives and requirements with regard to substance abuse prevention programming are in the midst of a major change shifting from a philosophical approach based on reducing individual risk factors and improving an individual's protective factors (which are intended to reduce the individual's likelihood of developing a substance use disorder) to a community-level, consequence based model directed towards addressing local substance abuse related problems using a public health prevention model. This change in thinking affects what would be considered to be appropriate performance measures and the data that would be required to be collected.

SAMHSA Outcome Measures-Details

The substance abuse treatment NOMS involve comparison of client's status at admission versus discharge on the following variables:

- Abstinence - Reduction/no change in frequency of substance use at date of last service compared to date of first service;
- Crime and Criminal Justice - Reduction/no change in the number of arrests during past thirty days from date of first service to date of last service;
- Stability in Housing - Increase/no change in the number of clients in stable housing situation from date of first service to date of last service;
- Access/Capacity - Unduplicated count of persons served; penetration rate- numbers served to those in need;
- Retention - Unduplicated count of persons served and lengths of stay from date of first service to date of last service; and
- Employment/Education - Increase/no change in the number of clients employed or in school at date of last service compared to date of first service.

The prevention NOMS include both annual measures and pre-post measures on the following variables:

- Use in the past 30 days
- Perceived risk of use
- Age at first use
- Perception of disapproval of use
- Substance abuse-related suspensions and expulsions from school
- Substance use in the workplace and perception of workplace policy
- Alcohol related car crashes and injuries
- Arrests related to illicit drugs

These NOMS also include a reporting requirement as to the number and type of evidence based prevention programs delivered

The SAMHSA prevention NOMS model incorporates three levels of reporting—state, community and program. The latter two categories are, however, ill-defined and how these will/can apply to state service delivery systems is as yet unclear. At the state level, SAMHSA intends to use existing national surveys for state-level data for the first four variables (above). With the exception of substance use in the workplace and perception of work place policy, there are other state reporting systems such as CEPI for suspensions and expulsions and uniform crime reports for some arrest and car crash data. What is problematic, however, is the workplace related information as well as how SAMHSA expects all of these to be available/collected at program and ‘community’ levels.

FY05 Preliminary Report on Treatment Outcomes

The following is a summary of treatment outcome data required by SAMHSA, as reported by providers to CAs for FY05. The data do not include residential detoxification services as part of the calculations. The Crime and Criminal Justice domain measure of the reduction in/no change in arrests in past 30 days from date of first service to date of last service has been omitted because recent arrest data were collected for a 6-month period in FY05. The 30-day time frame was adopted in FY 06. These data are presented to provide readers with an indication of the kind of data currently available. Any interpretations should be cautious and preliminary.

Abstinence Domain: Reduction in/no change in frequency of use at last date of service compared to date of first service. Of the 54,639 cases:

- 51,330 (93.9%) reported either no/change or a reduction in use

- 17,047 reported daily use at first date of service. Of these, 14,082 (82.6%) reported a reduction in their reported daily use (2,965 continued to report daily use)
- Excluding those who reported continued daily use at admission and discharge (as ODCP feels that this should not be considered a positive outcome) 48,365 (88.5%) clients reported a reduction in use /no change
- 69.6% of all clients reported zero use (full abstinence) at last date of service

Employment/Education Domain: Increase in/no change in the number of employed persons at date of last service compared to date of first service. Of the 54,639 cases:

- 14,105 persons were employed at the first date of admission
- 17,231 persons were employed at last date of service
- This results in 3,126 additional persons employed (22.2% increase)
- Of the 14,105 persons employed at first date of service, 11,211 (79.5%) remained employed during the duration of treatment
- Of the 40,534 persons not employed at first date of service, 6,020 (14.9%) reported gaining either full or part time employment status by the last date of service

Stability in Housing Domain: Increase in/no change in the number of persons in stable housing situation from date of first service to last date of service. Of the 54,639 cases:

- 50,337 reported a stable living situation (not homeless) at first date of service
- 51,782 reported a stable living situation at last date of service
- This is a nominal increase of 1,445 persons
- Of the 50,337 who reported a stable living situation at first date of service, 49,489 (98.3%) remained in a stable situation at the last date of service
- Of the 4,302 clients who reported homelessness at first date of service, 2,293 (53.3%) reported finding a more stable living condition at the last date of service

Access/Capacity Domain: Unduplicated count of persons served; penetration rate of number served to those in need.

- 64,697 unduplicated clients served (including detox)
- Adults in Need from Composite Prevalence Estimate Version 3.0 is 1,513,284
- The resulting penetration rate is 4.28%

Retention Domain: Length of stay from date of first service to date of last service

- All clients mean length of stay is 86.46 days, median is 47 days
- For methadone clients only, the mean is 535.92 days and the median is 318 days
- For clients who are not part of a methadone maintenance program, the mean length of stay is 68.73 days and the median is 44 days

Note: As used above, 54,569 represents the number of people receiving substance abuse treatment services during FY05 excluding those receiving sub-acute residential detoxification services. This number also excludes people who may have received services during FY05 but were not discharged by September 30, 2005. In comparison, 64,697 represents the number of people receiving any type of service during FY05 (including sub-acute residential detoxification and those not discharged in FY05).