



COMPARISON OF TIME FROM INITIAL CONTACT TO ASSESSMENT AND TREATMENT ENTRY; 2000-2003

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Purpose

To study the possible effects of the budget reduction of the Department of Alcohol & Drug Services (DADS) on the timeliness of providing needed treatment to clients.

Historical Background

At the end of the calendar year 1997, DADS established GATEWAY, a central call-in program for the purpose of screening and referring clients to assessment and appropriate treatment in the managed care system. One of the primary goals of GATEWAY was to refer clients to a provider for an assessment or intake within 72 hours (3 days). During the calendar year 2001, another change was beginning to take place in the managed care system. The assessment of clients that was traditionally done by treatment providers was slowly being transferred to GATEWAY. Effective April 2002, GATEWAY staff performed most of the client assessments in the adult managed care system. At that time the expectation of 72-hour face-to-face contact shifted from assessment contact to treatment intake.

In addition to the changes within the managed care system, socio-political factors also have had an effect on the system. Beginning in July 2001, the Substance Abuse & Crime Prevention Act of 2000 (SACPA) was put into effect. This act has had a large effect on the managed care system. A new Assessment Center was opened to handle the influx of clients referred from the criminal justice system. A major difference between GATEWAY and the Assessment Center is that the client physically comes into the center to receive assessment and referral.

There are many factors that influence the trends of clients calling and coming into the system. When reading and interpreting this report, it is important to keep these factors in mind, especially the two historical events mentioned above.

Method

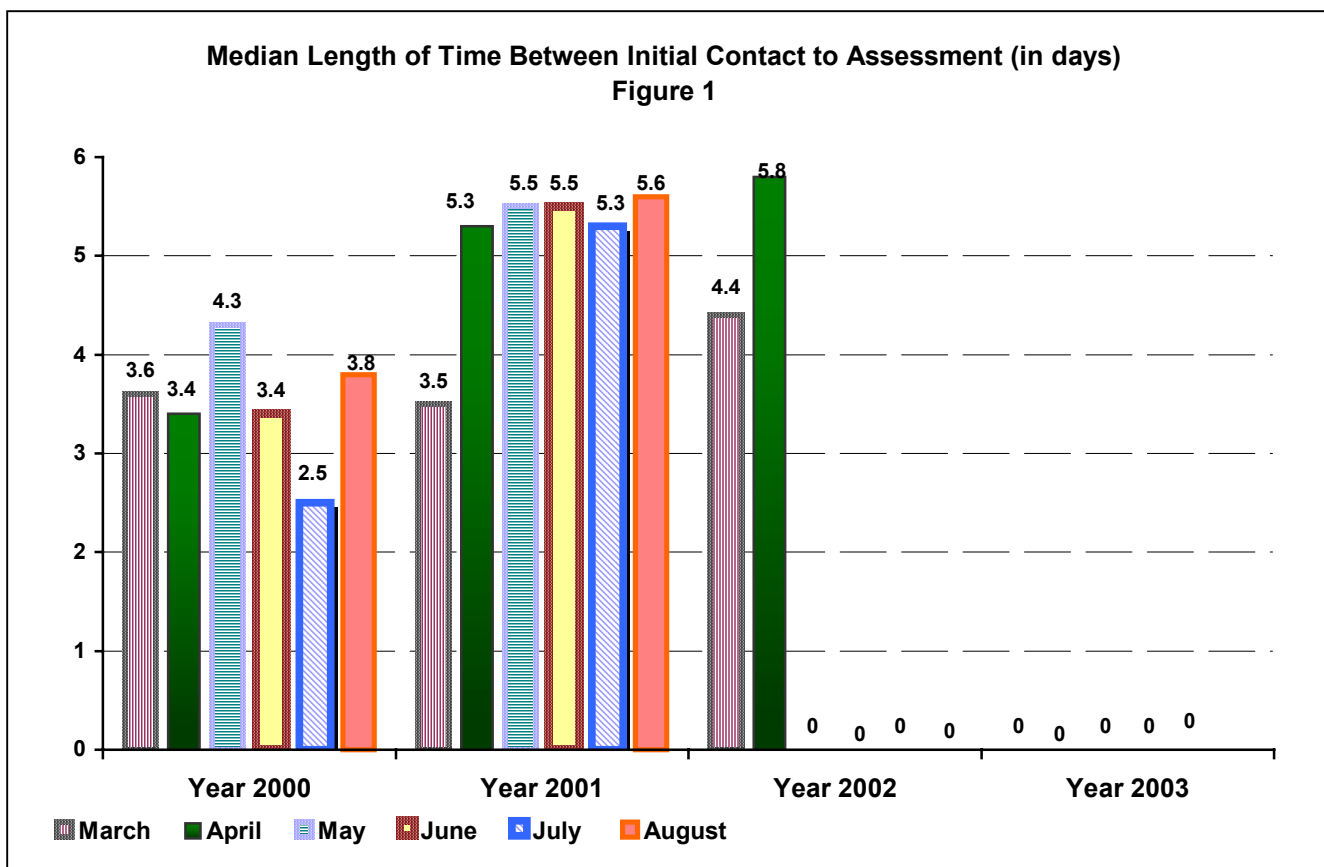
For comparison purposes, the months of March through August were selected for calendar year 2000, 2001, 2002, and 2003. The GATEWAY and Assessment Center data were gathered and merged into one file for the clients that had contacted either center for referral. This data set was merged with OSCAR episode data for analysis.

Criteria were established for the purpose of this analysis:

- ◆ Clients have authorization to take up to 180 days between contacting GATEWAY or the Assessment Center for referral and intake at a treatment provider. It is very unlikely for a client to take the full amount of allotted time.

- ◆ Openings in THU were excluded from the data set because this modality is not considered to be a treatment modality.

For analysis and ease of understanding, GATEWAY and the Assessment Center will be referred as the initial contact.



The first figure compares the four calendar years for the six monthly periods. Remember that the goal of the treatment system was to refer clients for assessment within 72 hours (3 days). For the year 2000, GATEWAY nearly reached that goal. In the year 2000, actual time was only one day over the three-day target. In the year 2001, there is an increase in days between the initial contact and assessment. In the year 2002 and 2003, there was sharp decrease in the length of time between calling and assessment compared to the year 2000 and 2001. The decrease was due to the transfer of assessment responsibility from treatment providers to GATEWAY and the Assessment Center. Often, assessment is done on the same day the client initially calls.

Please note, even though there are decreases in time in year 2002 and 2003, the effect of SACPA must be explained and taken into account. With the introduction of SACPA, the Assessment Center was established. Because of operating procedures, the day that the client actually received an assessment is recorded as the first day the client was seen. This may not reflect the reality of the situation at the Assessment Center. There may be as long as a week between when the clients first visited the Assessment Center and when they were assessed. This delay is due in part to shortage of staff relative to the large number of clients referred to the Assessment Center.

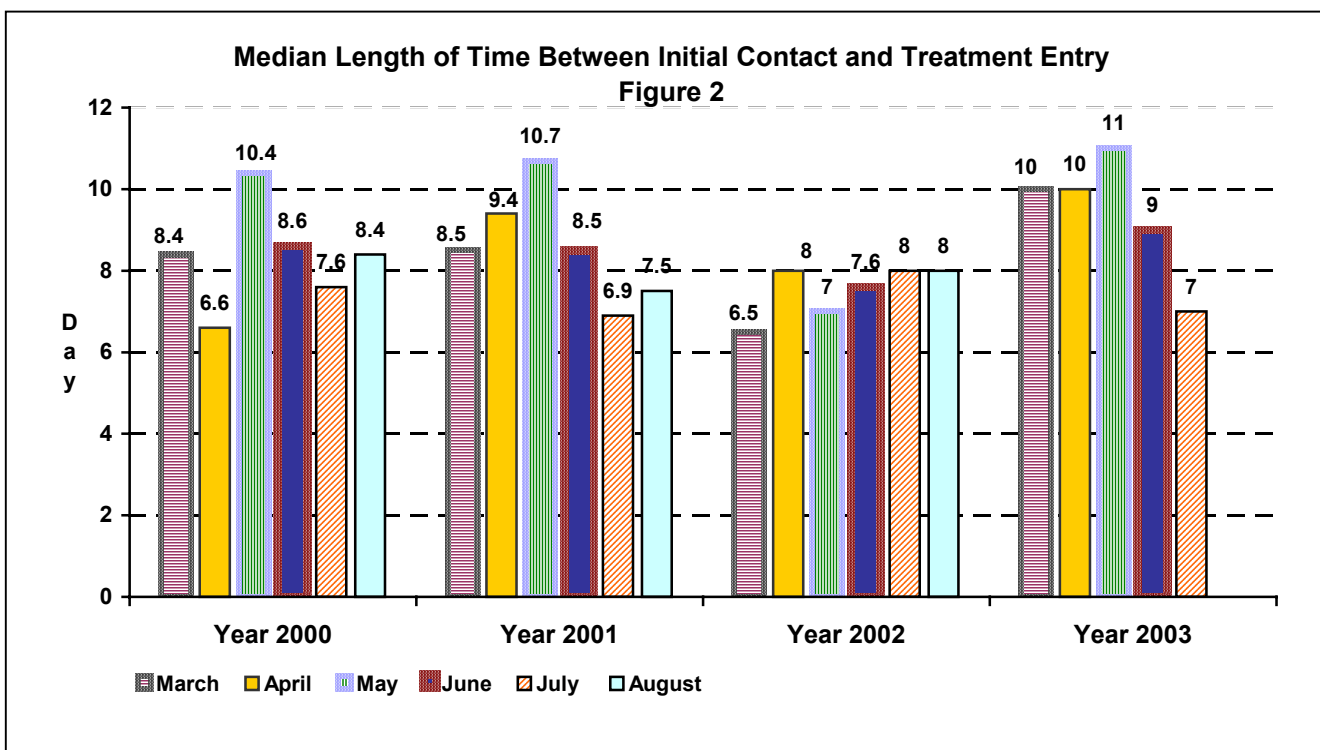


Table 2a

% Of Client Receiving Intake After Calling Gateway

	MONTH											
	MARCH		APRIL		MAY		JUNE		JULY		AUGUST	
	%	Total Client	%	Total Client	%	Total Client	%	Total Client	%	Total Client	%	Total Client
Year 2000	64%	701	60%	651	58%	733	61%	648	63%	656	65%	744
Year 2001	61%	766	60%	792	62%	717	51%	840	55%	804	49%	980
Year 2002	41%	1019	38%	1212	36%	1418	36%	1241	38%	2395	36%	2601
Year 2003	38%	1998	39%	2096	56%	1018	52%	963	45%	1126		

The table above is numbered to correspond to the supporting figure. In figure 2, the median number of days between initial contact to treatment entry is grouped by month within years. In table 2, the percentage represents the percent of clients that actually enter treatment. Starting in the year 2001, there was a general decreasing trend in days until treatment entry until the year 2003. In the year 2003, the length of wait increased dramatically. It is noteworthy that the number of clients having initial contacts has increased dramatically, while the percentage of clients entering treatment decreased, also dramatically, with the implementation of SACPA.. The latter trend seems to be reversing in 2003.

Note that the last month of this report, July 2003, is particularly affected by the short time before this analysis being performed. The length of time for this month in all the figures is still low at this point due to the fact that there are clients that have made an initial contact and have not received an intake at the treatment provider yet. As these clients enter treatment and the data are recalculated, we expect the length of time will increase but the percentage entering treatment will increase as well.

Table 2b

Client Treatment Entry: % increase from Year 2000	MONTH											
	MARCH		APRIL		MAY		JUNE		JULY		AUGUST	
	%	Total Client	%	Total Client	%	Total Client	%	Total Client	%	Total Client	%	Total Client
Year 2000	0	452	0	392	0	422	0	396	0	411	0	486
Year 2001	+ 3%	464	+ 22%	477	+ 8%	445	+ 8%	426	+ 7%	440	0	485
Year 2002	- 8 %	415	+ 17%	459	+ 20%	505	+ 16%	457	+ 122%	914	+ 94%	944
Year 2003	+ 66%	752	+ 111%	827	+ 36%	572	+ 27%	502	+ 15%	474		

The dramatic decline in percentage entering treatment after initial contact prompted us to examine the number of clients entering treatment. Table 2b documents the increase in number of clients entering treatment each month, and calculates a percentage increase based on the initial calendar year 2000. With the exception of March 2000, the number of clients entering treatment increase over the base year, sometimes dramatically. The months of July 2002 and April 2003 had the percentage increased over 100%. The July 2002 increase can be explained by the fact that SACPA had been fully implemented by July of 2002 so that capacity gains were apparent.

Only those clients whose initial admission was into OP or RSD, the two major referral destinations in the adult system of care for the first destination following the initial contact are discussed below. Clients whose first destination after Gateway or the Assessment Center was detoxification, methadone, case management, psychoeducation, Motivational Enhancement Track, aftercare, or THU are not included. Residential and outpatient settings account for 88% of the initial destinations.

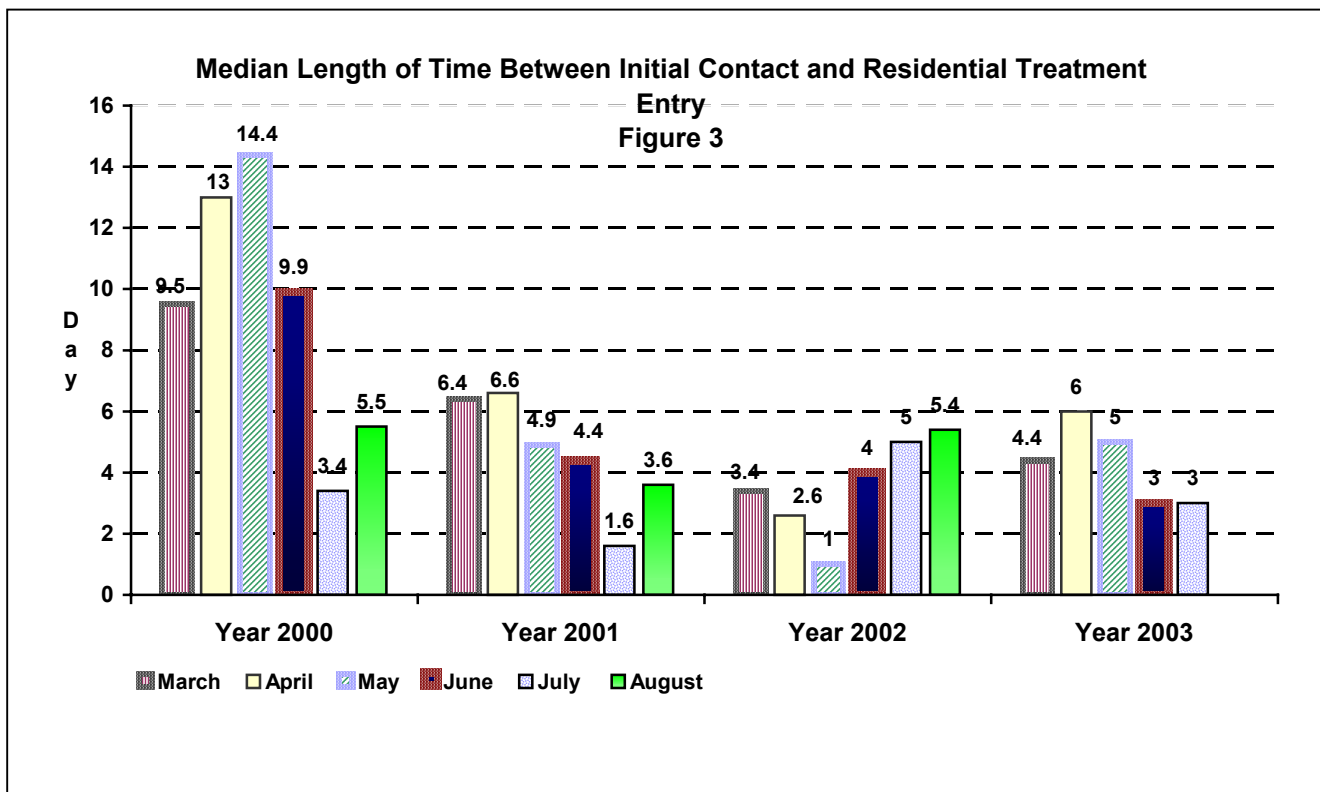


Table 3
% Of Client Receiving Intake @ RSD After Calling Gateway

	MONTH											
	MARCH		APRIL		MAY		JUNE		JULY		AUGUST	
	%	Total Client	%	Total Client	%	Total Client	%	Total Client	%	Total Client	%	Total Client
Year 2000	8%	701	7%	651	6%	733	8%	648	9%	656	9%	744
Year 2001	8%	766	7%	792	7%	717	8%	840	16%	804	12%	980
Year 2002	10%	1019	10%	1212	11%	1418	11%	1241	11%	2395	10%	2601
Year 2003	12%	1998	12%	2096	16%	1018	17%	963	16%	1126		

Table 3 and figure 3 provide information on the rate and time between clients' initial contact and first entry to a residential treatment. As the graph indicates, the length of time continues to decrease over the years even as the rate of clients accepted into residential treatment continues to rise. It may be that residential treatment providers have adjusted their programming to handle the large influx of clients since capacity has increased by only 21 beds. This capability will also help to reduce the length of time the client has to wait for a bed to become available.

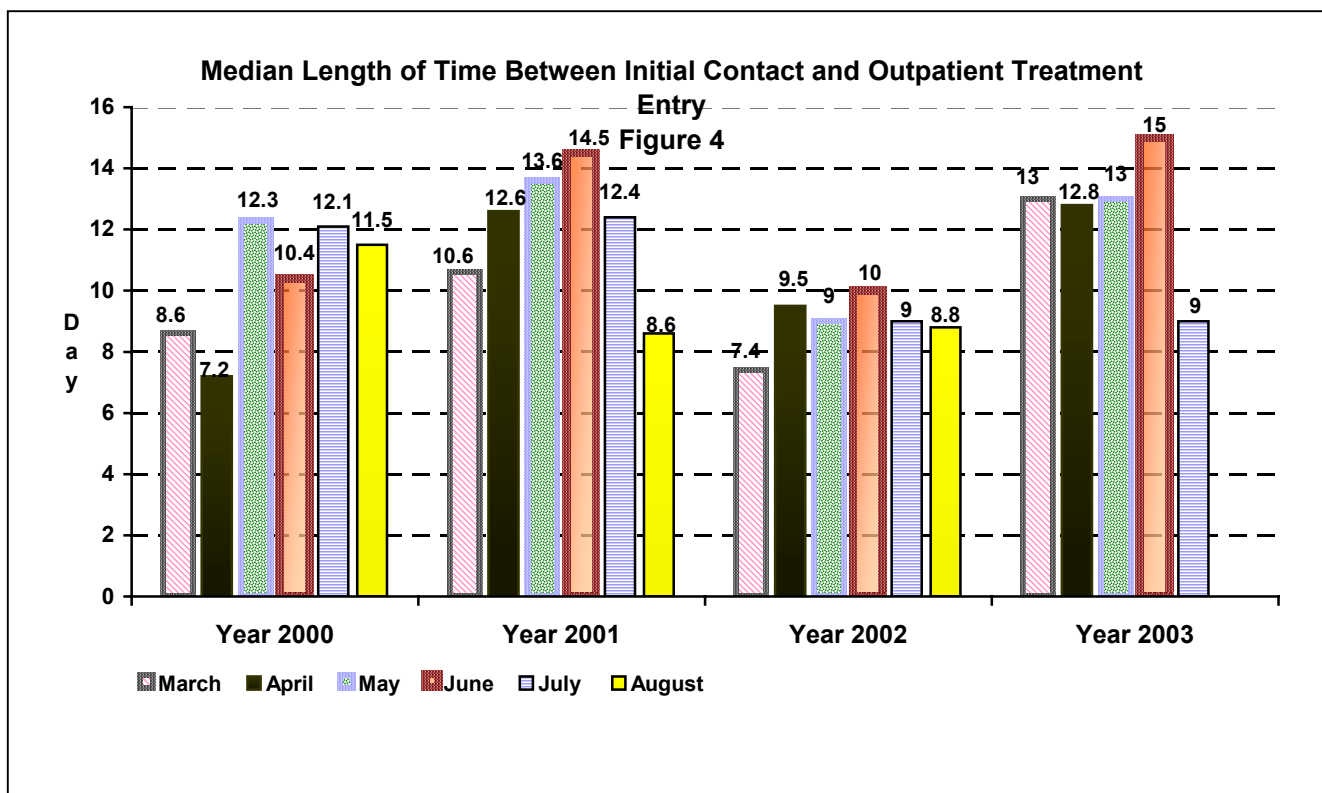


Table 4
% Of Client Receiving Intake @ OP After Calling Gateway

	MONTH											
	MARCH		APRIL		MAY		JUNE		JULY		AUGUST	
	%	Total Client	%	Total Client	%	Total Client	%	Total Client	%	Total Client	%	Total Client
Year 2000	44%	701	42%	651	40%	733	44%	648	39%	656	44%	744
Year 2001	41%	766	41%	792	44%	717	35%	840	33%	804	34%	980
Year 2002	30%	1019	26%	1212	22%	1418	24%	1241	23%	2395	22%	2601
Year 2003	23%	1998	25%	2096	35%	1018	32%	963	24%	1126		

When looking at the outpatient treatment modality (Table 4 and figure 4) a different picture is presented. In the managed care system, the out patient modality is the largest of all treatment modalities. In the pre-SACPA period, the length of time between clients' first initial contact and receiving treatment averaged 12 days. The amount decreased after SACPA was implemented and throughout the year 2002, perhaps due to the 38% increase in outpatient capacity. Year 2003 shows a dramatic increase in median length of time between initial contact and treatment entry. The proportion of clients having an initial contact who enter outpatient treatment decreases following SACPA implementation.

Conclusions

The initial purpose of this report was to examine very recent client activity to detect the effects of the recent budget reductions that went into effect in July. More time needs to elapse before this can be done. However important trends are apparent in the data presented that should be helpful in planning for future activity.

In general, the managed care system was heading toward its goal of 72 hour turn-around for clients to have face-to-face contact in the treatment system. The system was not adequately funded to prepare for the larger influx of clients needing treatment following SACPA implementation, and the initial result appears to be that fewer clients who contact our screening and referral services actually get into treatment. Pre-SACPA, nearly 2/3 of initial contacts resulted in treatment entry. Following SACPA that proportion dropped to a low of close to 1/3 (36%). It may be that waits were so long that clients simply stopped making attempts to enter treatment. This trend seems to be reversing in 2003, with percentage entry climbing to 56% in May 2003. This turnaround should be followed to ascertain if it is sustained.

With regard to the time to face-to-face contact for those clients who do enter treatment, patterns differ depending on the referral destination. The amount of time between initial contact and treatment entry for those entering residential treatment was quite high in the year 2000, but reduced dramatically the following year and has sustained that low level. This may be due to the centralized monitoring by the Quality Improvement division of residential waiting lists, but may also be attributed to residential providers' adaptation to the larger influx of clients and the need to provide services to these more severe clients in a timely manner.

For clients who enter outpatient treatment, the wait until treatment was high in years 2000 and 2001, then dropped in year 2002 only to rise again in year 2003. In 2000 and 2001, clients needed to call their GATEWAY or Assessment Center until space was available, if providers had no space when the initial assessment was made. Now outpatient providers maintain their own waiting lists. Year 2002 saw strong emphasis on reducing the waiting time. During the period studied, March through August of 2002, it can be seen that there was an effect in that most months' waiting time had decreased at least 3 days from the previous year. In October 2002, "Welcome to Treatment" groups were introduced in order to bring this average waiting time until a face-to-face contact down to the 72-hour initial goal. Analysis of those effects is underway. It appears, however, that a side effect of the Welcome to Treatment groups is that clients are again waiting longer to begin their actual treatment. Year 2003 waiting times equal those in 2001, the highest previous year.

Both the amount of time until treatment entry and the proportion of clients with initial contacts who enter treatment will continue to be monitored. It is apparent that funding and policy decisions have an effect on these system operations. This leads us to believe that the effects of recent budget reductions will be displayed in these results over time.