Kentucky Substance Use Disorder (SUD) Program Performance Indicators and Client Barriers to SUD Program Engagement: A Multi-Perspective Study

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Background

- Substance use disorders (SUD) have increased over time nationally, and in Kentucky, with significant consequences.

- SUD program exposure can and does make a significant difference in helping people with recovery.[1]

- Staying in a SUD program for at least three months is associated with better recovery outcomes.[2,3]
  - About 80% of individuals drop out of SUD programs between the first call and 30 days completion of the program.

- Addressing the full scope and nature of barriers and facilitators to service access and utilization is crucial.[4]
  - However, most studies focus only on individual-level barriers rather than systemic or program-level barriers.

[1]Jones, Noonan, & Compton, 2020; [2]Nsimba, 2007; [3]Loveland & Driscoll, 2014; [4]Brorson et al., 2013

Goals

- The overarching goal of these studies was to examine performance indicators for SUD treatment and identify barriers, particularly **plausibly addressable barriers**, to SUD program engagement in Kentucky.

- Specific objectives:

  1. Identify key <u>SUD performance indicators</u>
     a. Examine SUD performance indicators recommended in the literature.
     b. Identify SUD performance indicators collected and shared by CMHCs in Kentucky.
     c. Compare client-level performance indicators by specific program/region and statewide across outcome datasets for three Kentucky SUD programs.

  2. Describe SUD providers' barriers to serving SUD clients.

  3. Explore unmet treatment needs as well as personal, program, and systemic barriers to SUD treatment in Kentucky among adults who need, but who do not engage, with SUD treatment.

Project details

- January 1, 2023-June 30, 2023

- Results
  - Four projects
  - Five reports

- $297,492.00

Project 1: Performance Indicators Project

Results: (1) literature review on SUD program indicators; (2) client-level outcome performance indicators from KTOS, RCOS, and CJKTOS; (3) longitudinal trends in client outcomes; and (4) client overlap across datasets.

Report: *State of performance indicators in SUD treatment: How does Kentucky measure up?*

Check Out: Client SUD program feedback, recovery c____ profiles for performance indicators overall for Recov____ CMHCs, and DOC Prison SAP and individual profiles ____ indicators for each CMHC region (Appendix C of the ____

Project 2: Provider Survey Project

Results: Data from surveys with providers (n = 833) about their perceptions of performance indicators and client barriers to SUD program engagement in CMHCs (n = 615), Recovery Kentucky (n = 130), prenatal programs (n = 53), and DOC-related programs (n = 35). Results provided by program and overall are divided into five main sections including: (1) client barriers to SUD program engagement; (2) challenges to working with SUD clients; (3) organizational challenges and rewards experienced by program staff; (4) key ____tors; and (5) service provided for clients.

____ *Say about Client Barriers to SUD Program*

____s of barriers for SUD clients in their own words.

Overall Project Conclusions and Recommendations

Results: (1) summary of four projects and (2) integrated conclusions and recommendations.

Report: *Kentucky Substance Use Disorder (SUD) Program Performance Indicators and Client Barriers to SUD Program Engagement: A Multi-Perspective Study.*

Project 3: Consumer Survey Project

Results: Data from interviews with 62 diverse consu____ but did not enter treatment in the past year (41.9%) or who dropped out of treatment in the past year (66.1%) about barriers to SUD program engagement. Results are divided into four main sections including: (1) Substance use history; (2) SUD treatment utilization and entry barriers; (3) SUD treatment retention and
barriers; and (4) SUD treatment-related needs.

Report: *Understanding Barriers to SUD Treatment in Kentucky from the Consumer Perspective.*

Check Out: Consumer thoughts about SUD barriers in their own words.

____ Project

____hoppers' 101 attempts to make a first appointment (3 or more attempts during business hours and 2 or more attempts after business hours) with CMHCs (n = 14 regions) and prenatal programs (n = 4 programs) as well as to get referrals for SUD programs from referral lines (n = 2). Individual reports for CMHC regions, prenatal programs, and referral lines are presented.

Report: *Hello, Is Anyone There? Results of A Secret Shopper Project to Make a First Appointment for SUD Treatment in Kentucky.*

Check Out: Individual secret shopper results for each CMHC region, prenatal program and referral line included in the study (Appendix A, B, and C).

Integrated conclusions and recommendations

- Results and Recommendations are organized in response to **5 main questions**:

  1. Why does the first phone call for an appointment at a SUD program matter and what are recommendations for increasing consumer engagement?

  2. How can SUD programs make the recovery journey more successful for clients?

  3. Who is at risk of having unmet SUD treatment needs?

  4. What is the current state of measuring SUD program quality in Kentucky and why does it matter?

  5. Where can program policy or targeted funding changes make the most difference in clients' barriers to SUD programs?

1. Why does the first phone call for an appointment for a SUD program matter?

It is estimated that 45% of individuals do not show up for their first SUD appointment.

The first phone call may be one of the most important steps in engaging clients in SUD programs.

Comprehend, Inc. (n = 5)

BUSINESS HOURS SCENARIOS n = 3

3 — Spoke with a staff person

3 — Scenarios where an appointment was made

13.0 — Average minutes spent on phone *(Range 8-20 minutes)*

13.7 — Average days to first appointment *(Range 5-19 days)*

1 — Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use

1 — Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

CALLS STAFF PERSON ASKED ABOUT:	SCENARIOS
Pregnancy	3
Incarceration	1
Opioid or injecting drug use	3
Type of program or treatment preference	0
Scheduling preferences	1
Travel distance or transportation	0
Resource needs other than payment or transportation (e.g., housing, cell phones)	0
Screening (other than pregnancy, incarceration, or opioid/injection drug use)	3

INFORMATION OFFERED

0 — Information or services to support recovery while waiting for an appointment

0 — Alternate treatment provider

AFTER BUSINESS HOURS SCENARIOS n = 2

0 — Spoke with a staff person

0 — Scenarios where an appointment was made

2 — Consumer was told to call back for an appointment

0 — Consumer had an option to leave a message on voicemail

AVERAGE OVERALL RATING

7.0 — *1 = Worst to 10 = Best (friendliness, professionalism, and caring)*

- Secret Shopper Profiles for each CMHC region, 4 prenatal programs, 2 referral lines

- Overall ratings (friendliness, caring, professionalism) with 10 being the most positive rating:
  - 7.6 CMHCs,
  - 8.7 prenatal programs,
  - 9.6 Hope and Help Referral line

1. What are the recommendations for increasing consumer engagement during that first phone call?

a) **Standardizing the script** for that first phone call and ensuring a warm and friendly tone is crucial.
- Among those who do not show up, the goal is to encourage consumers to re-engage with SUD programs and to re-engage more quickly.

b) Ask about **scheduling preferences and provide information** such as where to find the program, what to bring, and what to expect.

c) **Educate** consumers about SUD program approaches.

1. What are recommendations for increasing consumer engagement during that first phone call?

d) The first phone call could be used to assess risks and provide information for those who have a gap before the first appointment and for those who do not show up.

➤ **Assess risks**:
   - o individuals with recent incarceration,
   - o overdose risk,
   - o suicidality risk,
   - o personal safety risk, and
   - o pregnancy

➤ **Provide information and referrals** based on those risks
   - overdose risks, where to obtain Narcan,
   - detox, AA/NA,
   - prenatal services,
   - domestic violence services
   - suicide hotline

2. How can SUD programs make the recovery journey more successful for clients?

Three main themes emerged:

1. **Facilitating social support for recovery** can help clients with their resource needs, care for children, and with their sense of belonging.
   - Importance of **peer support workers**

2. Allowing **opportunities for client choices** may help increase personal motivation and engagement.
   - E.g., type of SUD program, harm reduction strategies, MOUD, flexibility in scheduling and services.

3. Identifying, addressing, and monitoring **staff barriers** is crucial to maximizing staff tools, support, and time to support their clients.

3. Who is at risk of having unmet SUD treatment needs?

The most frequently mentioned individuals with unmet treatment needs include (not necessarily in this order):

Youth including adolescents (11-17 years old) and young adults (18-24 years old)

Individuals with co-occurring vulnerabilities *(e.g., mental health, physical, intellectual, developmental, or learning disabilities, chronic pain)*

Seniors/older adults (55+)

Veterans, persons on active duty in the military, and their families

Women and particularly pregnant and post-partum women

Marginalized individuals *(e.g., racial/ethnic minorities, LGBTQ+, non-English speaking)*

Individuals with limited personal resources *(e.g., individuals who are homeless)*

Individuals involved with the criminal justice system

Persons involved in the criminal justice system have unique risks

- Many individuals in SUD programs have criminal justice system involvement and increased barriers.
  - Consumer survey:
    - 89% had ever been incarcerated
    - 37% were incarcerated in the past year

- Additional requirements can impact SUD program engagement.
  - For example
    - Maintaining employment, reporting to supervision regularly
    - Punishments for relapse

- Increased stigma
  - Staff training, support, and supervision

- Relapse and overdose risk may be increased.

- SUD program engagement is associated with reductions in criminal justice involvement which can save the state $$$.

4. What is the current state of measuring SUD program quality in Kentucky and why does it matter?

- Performance indicators must be
    - Feasible,
    - Reliably and systematically collected, and
    - Collected in a way that can be reported without too much burden on staff.

- The majority of providers indicated their organizations are **tracking a lot of information** about program performance; however,
    - Information is <u>not</u> shared widely in a way that staff or consumers can access and use.

Some recommended performance indicators for SUD programs in Kentucky are:

Structure indicators

e.g., staffing, number of peer support specialists, process for tracking referrals from the criminal justice system, limits on SUD services imposed by Medicaid MCOs and insurance carriers.
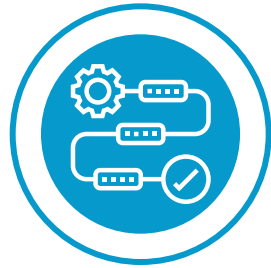
Process indicators

e.g., proportion of potential clients who show up to first appointment, wait times, proportion of clients who receive transportation vouchers/assistance, proportion of clients who end treatment by completion or transfer.

Access indicators

e.g., number of individuals who received SUD treatment services by key demographic information including age, race/ethnicity, pregnant, non-English-speaking, veterans.

**Client perceptions of care indicators

e.g., in addition to client perceptions collected in outcome evaluations, collecting client feedback in a systematic and anonymous manner during treatment and at program exit.

**Outcomes collected by SUD programs

e.g., in addition to client outcomes collected in evaluations, clients with no arrests since admission, percent of clients who are abstinent at program exit, percent of clients who have stable housing at program exit, percent of clients who are employed at program exit.
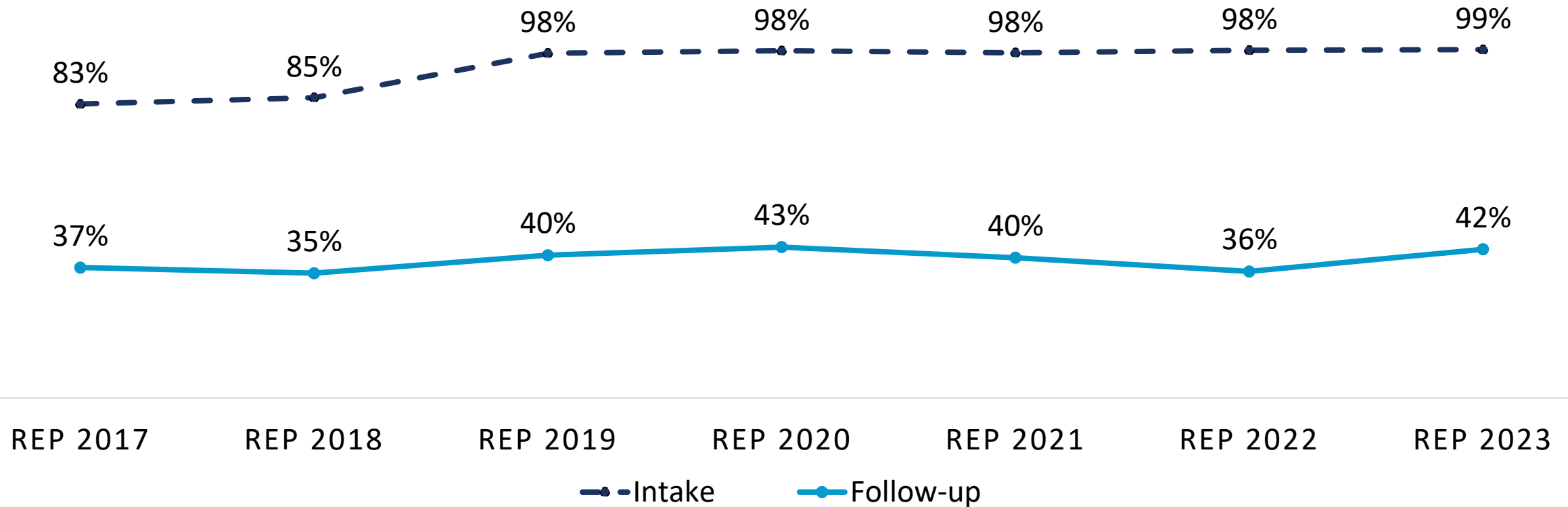
4. What is the current state of measuring SUD program quality in Kentucky and why does it matter?

- Kentucky's **multi-year client-level outcome evaluations are a valuable resource** for understanding and informing publicly-funded SUD treatment in the state.
    - Map well onto the outcomes considered important in the performance measurement literature.
    - Also provide feedback regarding specific aspects of the SUD program that worked or did not work well for clients.
    - The findings are shared with the provider organizations and DBHDID, as well as posted on UKCDAR's website, which can be accessed by the public at cdar.uky.edu/bhos/

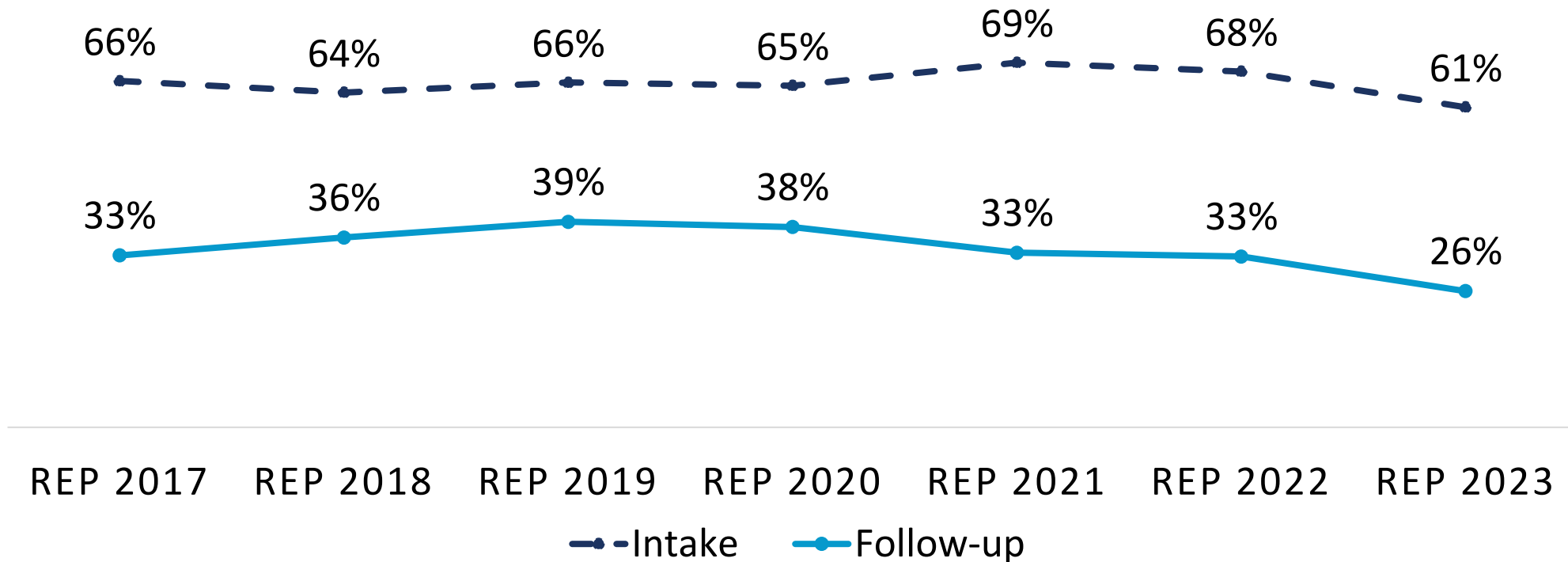# Trends: Illicit Drug Use and/or Problem Alcohol Use at Intake and Follow-up

CMHC Clients in Kentucky

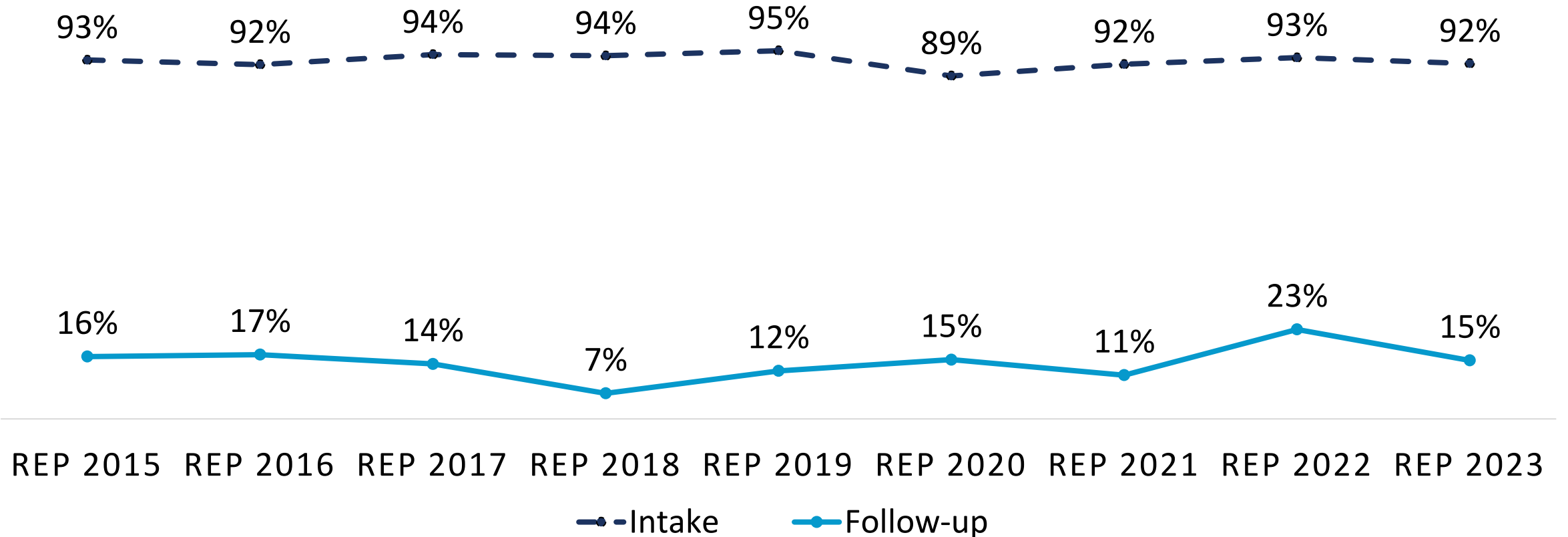|	REP 2017	REP 2018	REP 2019	REP 2020	REP 2021	REP 2022	REP 2023
Intake	83%	85%	98%	98%	98%	98%	99%
Follow-up	37%	35%	40%	43%	40%	36%	42%

Trends: Reported Being Arrested and/or Incarcerated in the Past-12-months at Intake and Follow-up

CMHC Clients in Kentucky

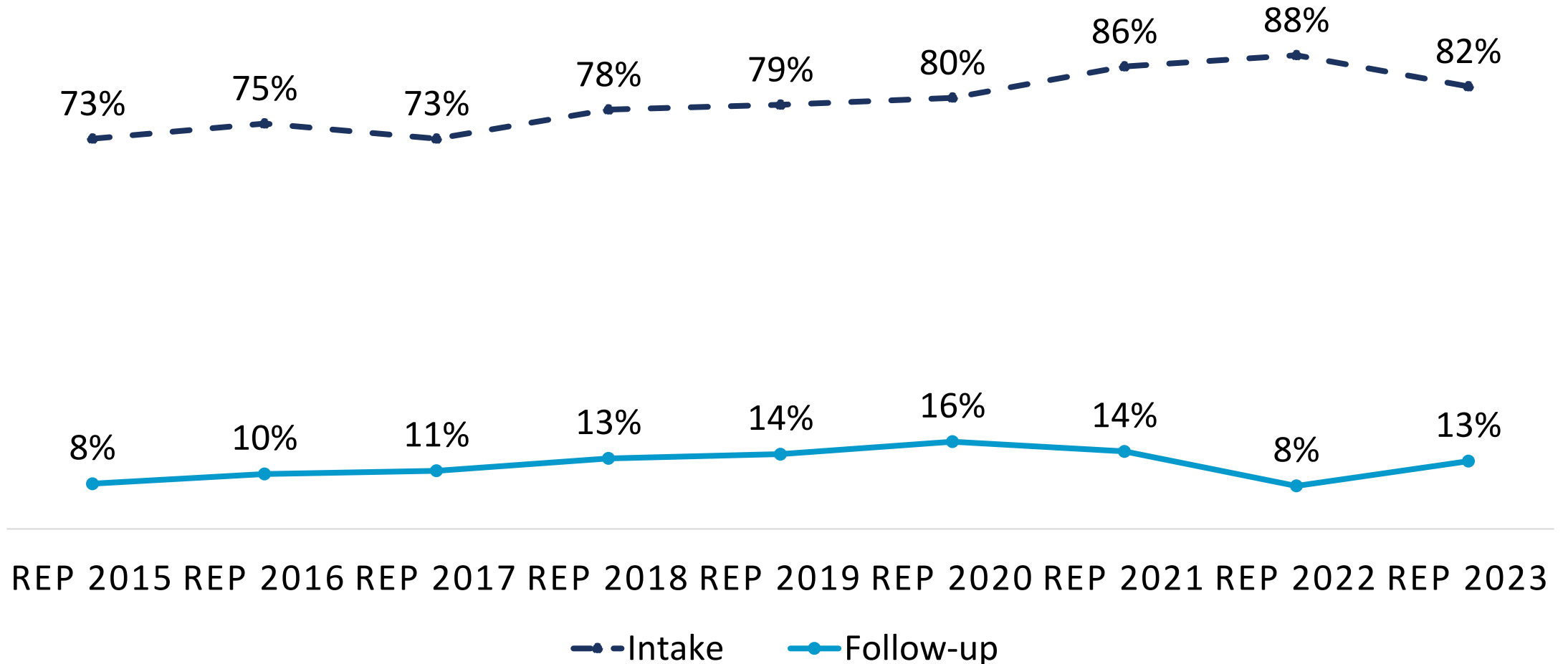|	REP 2017	REP 2018	REP 2019	REP 2020	REP 2021	REP 2022	REP 2023
Intake	66%	64%	66%	65%	69%	68%	61%
Follow-up	33%	36%	39%	38%	33%	33%	26%

Trends: Illicit Drug Use and/or Problem Alcohol Use at Intake and Follow-up

Recovery Kentucky Clients in RCOS

Intake: 93% | 92% | 94% | 94% | 95% | 89% | 92% | 93% | 92%

Follow-up: 16% | 17% | 14% | 7% | 12% | 15% | 11% | 23% | 15%

REP 2015 | REP 2016 | REP 2017 | REP 2018 | REP 2019 | REP 2020 | REP 2021 | REP 2022 | REP 2023
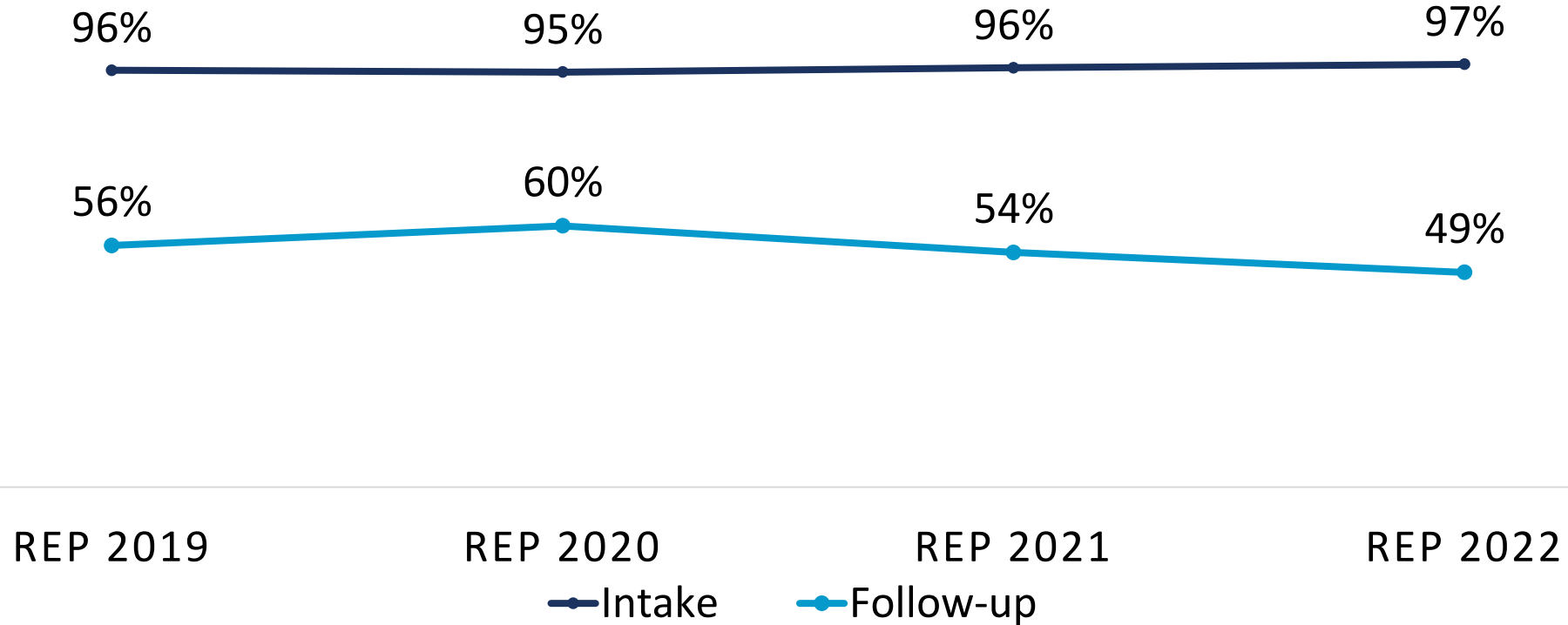
- - Intake — Follow-up

Trends: Reported Being Arrested and/or Incarcerated in the Past-12-months at Intake and Follow-up
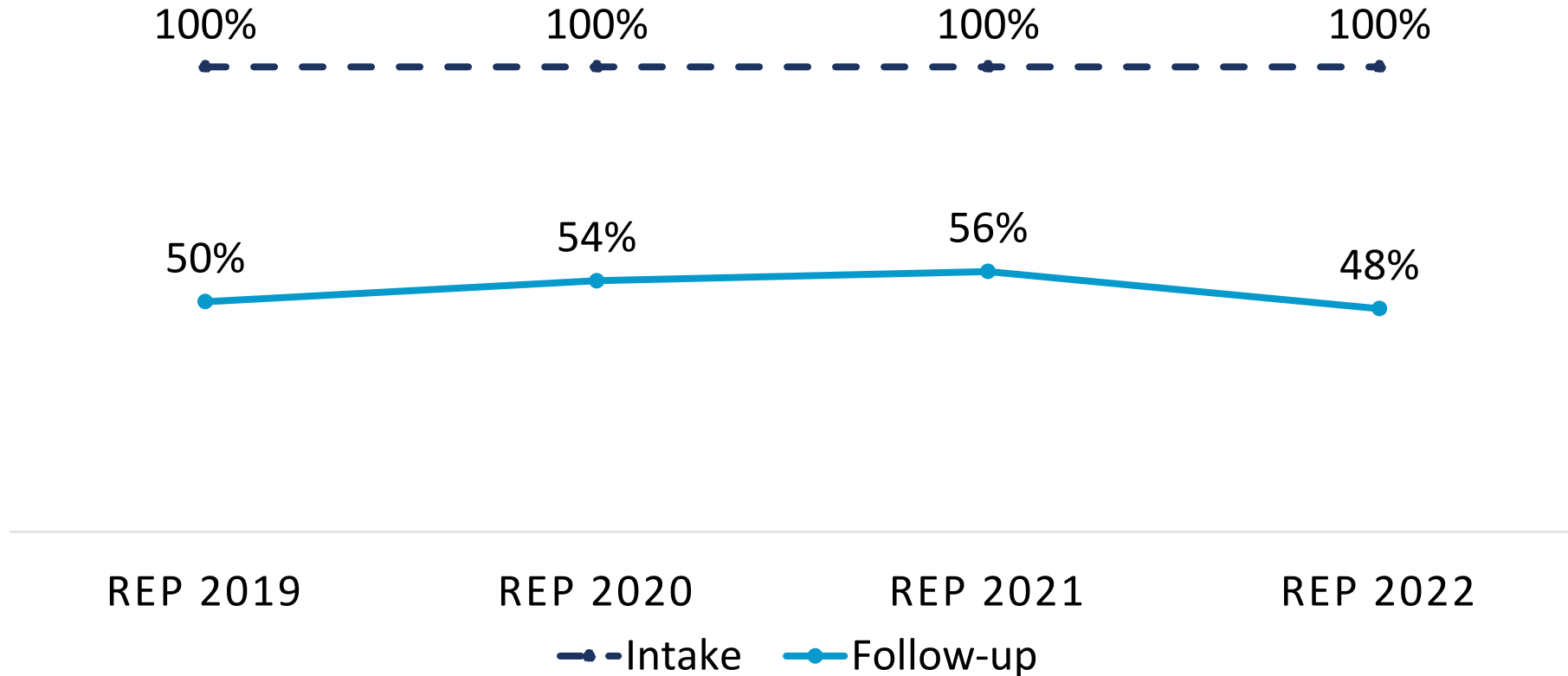
Recovery Kentucky Clients in RCOS

Intake: 73% 75% 73% 78% 79% 80% 86% 88% 82%

Follow-up: 8% 10% 11% 13% 14% 16% 14% 8% 13%

REP 2015 REP 2016 REP 2017 REP 2018 REP 2019 REP 2020 REP 2021 REP 2022 REP 2023

•–•- Intake   •—•— Follow-up

Trends: Illicit Drug Use and/or Problem Alcohol Use at Intake and Follow-up

SAP Clients in CJKTOS

	REP 2019	REP 2020	REP 2021	REP 2022
Intake	96%	95%	96%	97%
Follow-up	56%	60%	54%	49%

Trends: Reported Being Arrested and/or Incarcerated in the Past-12-months at Intake and Follow-up

SAP Clients in CJKTOS

	REP 2019	REP 2020	REP 2021	REP 2022
Intake	100%	100%	100%	100%
Follow-up	50%	54%	56%	48%

- - Intake —●— Follow-up

Profiles of Performance Indicators

Substance Use Disorder Treatment in Pathways, Inc.
Profile of Selected Key Performance Indicators

A brief profile of performance indicators for substance use disorder (SUD) treatment in Pathways, Inc. is presented in six main categories: (1) making a first appointment, (2) barriers to treatment engagement, (3) services provided, (4) clients' perceptions of treatment, (5) client-level outcomes, and (6) organizational factors. Information about making a first appointment for treatment at Pathways, Inc. is from a secret shopper study (n = 5).[1] Information about barriers to treatment, services provided, and organizational factors is from a survey with 150 providers who work with clients with SUD at Pathways, Inc.[2] Findings about clients' perceptions of treatment and client-level outcomes is from 774 clients at Pathways, Inc. who completed an intake and follow-up survey in a multi-year outcome evaluation, Kentucky Treatment Outcome Study (KTOS).[3]

Making a First Appointment

In a secret shopper study, the average wait time to the first appointment at Pathways, Inc. was 7.7 days (1 - 21 days. Two of the three (66.7%) callers were screened for incarceration and opioid/injection drug use, and none of the three callers were screened for pregnancy. One of the three staff persons who spoke to callers offered information/services (e.g. offer of information or referral) to them while waiting for the appointment. Callers gave an average rating of 7.7 (1 = worst and 10 = best) for the professionalism, friendliness, and caring of staff.

Barriers to Treatment Engagement

The five most commonly staff-reported structural or organizational barriers to clients staying in SUD program (n = 150)

67.3% Concern about separation from children or other people

60.0% Some clients not taking recovery seriously which makes it difficult for other clients

59.3% Lack of family or social support for recovery

56.7% Limits imposed by insurance

54.7% Time conflicts (e.g. childcare, work schedule)

[1] A secret shopper study was conducted February 17, 2023- April 27, 2023. Five calls were made to Pathways, Inc.: 3 during normal business hours, and 2 after hours calls.

[2] Data from 150 staff members at Pathways, Inc. was collected in a larger study of providers in all CMHCs in Kentucky. Surveys were conducted between February 20, 2023 to April 11, 2023. The survey was completed online, with verification of eligibility, and took an average of 45 minutes.

[3] Data was collected from 774 clients who entered SUD treatment in Pathways, Inc. and completed an intake survey in Kentucky Treatment Outcome Study (KTOS) in FY 2015-2021 and then completed a follow-up survey with the research team about 12 months later. Details about KTOS are available at https://cdar.uky.edu/KTOS/

Excerpt from the Profile of Selected Key Performance Indicators for CMHCs from the *Performance Indicators Project Report*

Profiles of selected key performance indicators for
- CMHC regions overall and for each CMHC region
- Recovery Kentucky
- Department of Corrections Prison SAP

Profiles include:

Summary of secret shopper results for that region/program:
- The 5 most staff reported structural or organizational barriers to clients staying in a SUD program
- 5 most highly mentioned evidence-based practices
- Most and least commonly reported services provided to some or all clients
- Client perceptions of treatment
- Client-level outcomes
- Performance indicator/program information tracked and widely shared
- 5 most frequently mentioned organizational barriers
- Staff job satisfaction rating

5. Where can program policy or targeted funding changes make the most difference in clients' barriers to SUD programs?

Three factors were identified. However, first **client motivation** must be addressed.

- Clients' motivation to work toward recovery and participate in SUD programs can be undermined by program and systemic barriers as well as by resource needs.
  - When an individual is struggling to meet basic needs such as shelter, food, safety, and experiencing disconnection from friends and family, they may have greater difficulty with the tasks needed to address addiction.

5. Where can program policy or targeted funding changes make the most difference in clients' barriers to SUD programs?

(1) Addressing structural and program barriers could increase client engagement.
- At a minimum recognizing the potency of these barriers and the strengths clients are overcoming to show up every day is crucial.

(2) Program and staff quality
- Lack of choice in programming, not feeling valued and respected, and favoritism can undermine engagement.
  - Need confidential ways for clients to express feedback on program concerns during and right after the program.
- Clients who do not take the program seriously are a barrier for program engagement for other clients.

(3) Policies regarding sanctions and termination due to relapse
- Alternative responses to relapse should be explored particularly for criminal justice involved individuals.

Recommendations

1. Facilitate program engagement starting at the first call
   - Standardizing protocols and educating staff on the importance of that first phone call.

2. Map all barriers to client engagement
   - One option, to more fully document all barriers, might be to use key informants as mock consumers to "walk-through" and map entry into the program to identify barriers at each step in the process.

3. Capitalize on the science of engagement and motivation
   - Encourage client choices where possible (autonomy), increasing client feelings of competence (e.g., skills building, helping with basic resources), and help clients build community and supports.
   - Obtain feedback from clients about resource needs and program efforts to support those needs.

4. Provide opportunities for clients and consumers to provide timely, consistent, and anonymous feedback
   - regarding barriers to engagement,
   - acceptable ways to address needs, and
   - to ensure program approaches are working particularly for the most vulnerable clients.

Recommendations

5. Invest time and resources to provide peer support workers with needed training, education, supervision, and support.

6. Continue collecting client feedback and outcomes 6-12 months after intake separate from program using scientific procedures designed to encourage honest reporting.

7. Standardize and track key program performance indicators and make them more transparent to program staff and consumers.

8. Consider a variety of alternatives when clients relapse in order to support all clients.
   - Use of harm reduction options
   - Less punitive measures (e.g., termination)

Thank you

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