CITY AND COUNTY OF SAN FRANCISCO
BOARD of SUPERVISORS

OFFICE OF THE LEGISLATIVE ANALYST

OLA # 039-99

MEMORANDUM

TO: HONORABLE BOARD OF SUPERVISORS

FROM: PAULA VLAMINGS, Legislative Analyst

DATE: February 25, 2000

RE: **Substance Abuse Services; File # 992098**

SUMMARY OF REQUESTED ACTION

The Honorable Board of Supervisors has requested that the Office of Legislative Analyst evaluate the availability and quality of substance abuse services, including quantifying the waiting list by type of modality. Additionally, the Board has requested our office to look at best practices from other counties and examine the City and County's sources of money for substance abuse services.

EXECUTIVE SUMMARY

In November of 1996, the Board of Supervisors passed the Treatment on Demand Initiative and resolved to provide treatment to all active drug users upon request by essentially expanding treatment capacity. There are currently 13,700 slots for substance abuse treatment services. There are additional outpatient treatment services not included in that number, as well as a host of prevention and other services. The Community on Substance Abuse Services (CSAS), under the Department of Public Health, is the administrator of all Treatment on Demand funding and planning.

The data needed to evaluate the *availability* of substance abuse services, specifically identifying waiting lists by type of modality, is difficult for two reasons. One problem is the inconsistency of the collecting and reporting of the data by the treatment programs, which can lead to inaccurate conclusions based on waiting list data. Currently, a separate assessment of methadone waiting lists, conducted by CSAS, has been completed for treatment programs and that data is summarized in this report. Information for residential treatment program waiting lists is currently being collected. The above problems, as well as others detailed below, suggest that better measures other than waiting lists may exist for evaluating the availability of substance abuse services.

The ability to evaluate the *quality* of substance abuse services is also a difficult task. There is no program evaluation that has been completed to evaluate the quality of the substance abuse services in San Francisco. The CSAS does monitor the contracts for compliance as well as consumer response and satisfaction. Additionally, in 1999 the University of California at San Francisco (UCSF) in a collaborative research effort with CSAS, completed an initial evaluation of the Treatment on Demand Initiative. The evaluation plan was designed to assess the Treatment on Demand Initiative in three areas: access to treatment, process evaluation, and capacity analysis. The UCSF Report described the progress of the Treatment on Demand evaluation as of December 31, 1999, and its findings are detailed in this report.

The total budget for CSAS for fiscal year 1999-2000 is expected to be approximately $48 million, and the UCSF Report examined the flow of Treatment on Demand dollars from their revenue sources (federal, state and local) into treatment slots and enhancements. They collected budget, contractual and planning documents from the CSAS and were able to provide information as to how the influx in money for Treatment on Demand has affected the entire treatment system. While they were unable to provide a direct link from persons treated to growth in funding due to data constraints, an analysis of the data in phases did show a decrease in some programs' waiting lists that received Treatment on Demand Funding.

The staff at CSAS were aware of only one other city, Baltimore, Maryland, with a Treatment on Demand policy. CSAS staff did not believe that this program would yield best practices for Treatment on Demand policies in San Francisco. However, the Substance Abuse and Mental Health Services Agency (SAMHSA) is a federal agency which manages information for local governments on best practices nationwide. This report summarizes best practices collected by SAMHSA with regard to substance abuse services.

ANALYSIS

Availability of Substance Abuse Services

Access Evaluation and Waiting Lists Generally:

The access evaluation of the UCSF Report attempted to review changes in access to treatment through an analysis of the available waiting list data. Several factors exist with regard to waiting list data which make it a less than accurate measure of the Treatment on Demand Initiative. One factor is the problem with data reporting. Substance abuse treatment providers report the number of persons awaiting treatment in their agency on a monthly basis through the federal Drug and Alcohol Treatment Access Reporting (DATAR) system. The Treatment on Demand Evaluation Report done by UCSF, found that the DATAR data did not suggest an overall decrease in the number of persons awaiting treatment. However, not all of the programs reported consistently and not all of the programs received Treatment on Demand funding. Therefore, the UC Report looked at the data in phases, and found only 14 of the 47 treatment programs had received Treatment on Demand funding **and** had reported DATAR information consistently (90% of the time). Moreover, those 14 programs did experience a decrease in waiting lists. So while the data is not an accurate measure system-wide, it is the only waiting list data available throughout the course of the Treatment on Demand Initiative, and is worth examining at the program level.

Another factor with regard to the waiting list data, is the fact that different treatment programs have different rules and policies with regard to the collection of data. Some programs may remove a name after one month, while other programs will keep a name on a list until that person receives a slot. Some programs require a person to call back over and over in order to get their name on a waiting list, while

other programs may maintain a continuous list of names as soon as the request is made. Additionally, a person may put their name on several lists and not remove it once they receive a slot. Therefore, a name could be on the waiting list even though that person is not waiting for treatment. This could result in an overestimate of the number of people waiting for treatment.

Another important factor to consider with regard to substance abuse waiting lists is the "pent-up demand" factor. When a system is known to have a waiting list, many potential patients may not bother to apply for treatment. Staff at CSAS have indicated that even if all the necessary funding were provided for treatment, increased availability may encourage individuals to apply for treatment who had not attempted access during periods of lengthy waiting lists. In other words, if all the people on the waiting list were treated, an additional population would likely take their place.

Waiting List Data:

Current and accurate waiting list data is available for the seven methadone treatment programs in San Francisco, including two programs which do not receive CSAS funds: the VA Hospital and Fort Help. This is because staff at CSAS conducted a methadone clinic telephone survey in November of 1998 and 1999, and determined the patient capacity, funding sources and waiting list information for all seven clinics. Generally, there is no waiting list for those persons who are able to self pay. The results of that survey are attached as Attachment A. It should be noted on the attached chart that CSAS matches 50% of MediCal funds, so CSAS dollars are included when MediCal is listed as the funding source. As of November 1999, 2,627 patients were enrolled in methadone maintenence or detox treatment, an increase of 222 patients from November 1998.

CSAS is in the process of conducting a similar survey to collect the same data on other modalities, such as residential treatment programs. That information will be supplemented to this report when it becomes available.

Quality of Substance Abuse Services

While no specific program evaluation has been done to evaluate the quality of substance abuse services system-wide in San Francisco, the UCSF Report does provide an analysis of the process and capacity of the Treatment on Demand Initiative.

Process Evaluation:

The UCSF Report's process evaluation, which relied on information from the community and public documents, highlighted the complexity of implementing Treatment on Demand in San Francisco. The report identified the Planning Council and explained its charge as one of expanding treatment and creating a continuum of services to address the needs identified with the diverse communities of San Francisco. The Planning Council found itself grappling with issues of increasing capacity and in redefining what kind of services are culturally appropriate. Additionally, the report also identified the goal of providing service enhancements and prioritizing service needs on an annual basis, so that area of greatest need could be met as soon as possible. The process evaluation suggested support of city governments, working in concert with DPH, to overcome some of the difficulties in opening new programs.

Capacity Evaluation and Funding Sources:

The main objective of the UCSF Report's capacity evaluation was to produce an independent assessment of Treatment On Demand funding and how the funds translate into treatment capacity. This simple objective involves complex considerations and the UCSF Report looked at the flow of Treatment on Demand dollars in relation to treatment slots and enhancements. The capacity evaluation determined that local funding allocations increased by 42 percent, from $32 million to $45.2 million with the initiation of Treatment on Demand. A separate analysis of billing data for the CSAS direct services system showed that the number of persons entering the system in any single year increased by 10 percent, and the number of admissions in any single year increased by 19 percent (See Attachment B)[1]. The allocation and service data estimates can not be directly related, as the first reflects total budget projections, while the second provides information on only a portion of the total population served by CSAS contractors.

In addition, there are several other reasons why the number of persons receiving treatment does not correlate with the amount of Treatment on Demand dollars allocated. One reason is that increased funds may result in increased service intensity, and the development of treatment enhancements. Enhancements and intensification of services may consume resources while not increasing capacity. Additionally, there is a lag time between the time the funds are allocated and the time they can be translated into slots or services. And in cases where the outcome of funds allocated was the creation of new programs, implementation problems delayed new slots from being readily available. Also, while the CSAS budget reflects treatment as well as prevention funding, the CSAS billing and information system reflects treatment services only. Therefore, the percentage growth in number of persons treated and number of admissions provided do not reflect total services funded by CSAS.

According to CSAS staff there have been 200 new residential treatment slots created. And, according to the UCSF Report, each year the overall number of admissions and the admissions of women and homeless persons has steadily increased. This is significant because this population is typically more expensive to treat, and it reflects the changing population substance abuse services have needed to adjust to in order to provide treatment.

The greatest increase in the contribution of funds to substance abuse services has been through local funding established by the Treatment on Demand Initiative. The plan was to increase the treatment budget annually, and incrementally, so that the fiscal year 2000-2001 allocation would be $20 million higher than the pre-Treatment on Demand budget. The sources of funding for substance abuse services also include grant funds from federal and state sources. As seen in Chart 1 of Attachment B, revenue from federal and state grant sources has remained fairly constant over the five year period with federal funds remaining right around $5 million per year, and state funds remaining steady at approximately $11 million per year. These funds have also not declined with the increased contribution of local funding.

Additional sources of funding have been secured by staff at CSAS, including a substantial amount of grant funds for research, such as the evaluation referenced in this report done by UCSF. CSAS made a commitment that local funds would not be used for non-service related activities and they have been

[1] The number of admissions reflects a different but related measure of capacity than persons because a single person may have multiple admissions. Unduplicated clients are reflected in the 10% "persons" figure and count persons .

successful in leveraging the local dollars for research while keeping administration costs fairly flat. These research dollars are also being used to improve the problems of data collection, and provide improved estimates of capacity and system change as a result of Treatment on Demand. Funding for several additional service programs has also been received, and these additional funds are listed in Attachment C.

Best Practices

The results of several national and state research studies on the impact of substance abuse services treatment concluded that treatment is effective in producing improvements in a wide range of outcomes. Regardless of the specific type of treatment program, the studies concluded treatment proved effective in reducing drug and alcohol use, decreasing criminal activities, improving emotional and social functioning, reducing health care costs, decreasing homelessness and HIV related behavior.

One of the studies, a 1998 Urban Coalition of County Drug and Alcohol Administrators in California issued a report which reviewed the most commonly used substance abuse treatments. Information provided by the CSAS summarized the findings supporting the benefits of each service. This information is presented both as a stand-alone strategy and as one of the elements of a comprehensive treatment program. Services available within programs which are part of the San Francisco public treatment system are *italicized* and marked with an asterisk in the table in Attachment D. These include Acupuncture, Confrontational Interventions, Counseling, Couples Counseling, Education, Group Psychotherapy, Methadone Treatment, Sober Living, Social Skills Training, Stress Management Training, and Supportive Intervention. A few of the strategies are not conclusively supported (identified in the chart as "unclear" or "more research needed") as stand alone strategies because innovations in substance abuse treatments often follow the pattern where programs adopt a new treatment technique and evaluations follow over time.

An additional report from the Physicians Leadership on Drug Policy (Dr. David C. Lewis), analyzed over 600 studies and found that, while there are some differences in outcomes between one type of treatment and another, the greatest difference in outcomes is between **any** type of treatment and **no** treatment at all.

CONCLUSION

The UCSF Report, produced in collaboration with CSAS, provided an evaluation of the Treatment on Demand Initiative's progress. This appears to be the only current analysis of waiting list data, treatment services and funding issues. It determined that while the available waiting list data may not provide an accurate picture of the level of treatment provided system-wide, it does provide reliable data at the program level if that program has received Treatment on Demand Funding. Additionally, many resources that have gone into the Treatment on Demand Initiative were not all for increases in treatment, but also for prevention, new programs, and enhancement and expansion of programs. Many of these programs needed to be redefined as the needs of the community changed.

It appears better indicators are necessary to evaluate the availability and quality of substance abuse services. The CSAS has begun to address this issue by securing grant funds for research to institute better measures. As stated in the UCSF Report, these indicators would include measures of direct services and cost report summaries, which would improve their ability to accurately represent growth in treatment

services. To address the lag time between funds and services, a model is being worked on that would better reflect growth in services as a function of growth in funding. These types of measures and analyzing capacity will more accurately reflect availability than waiting lists, which have too many variables to be reliable.

With regard to access availability of modalities other than methadone, the CSAS is in the process of collecting data on the residential treatment programs. That information will be supplemented to this report as it becomes available.

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