

MONROE COUNTY OFFICE OF MENTAL HEALTH, DEPARTMENT OF HUMAN SERVICES

RECOVERY CONNECTION PROJECT

PROGRAM EVALUATION

DECEMBER 2010



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BACKGROUND

The Recovery Connection program was developed to address the needs of individuals who frequently receive inpatient detoxification or rehabilitation services and who have had difficulty successfully engaging in sustained Chemical Dependency treatment. The need for this program was identified through feedback from provider agencies and supported through the analysis of Medicaid claims and other data sources. In late 2004, a Request for Proposals was distributed to Chemical Dependency providers interested in participating in the development and implementation of this pilot program. Through this competitive process, Catholic Family Center / Restart Outpatient (CFC) and Rochester General Health System-Rochester Mental Health Center (RGH) were selected to provide these specialized case management services. The first staff member was in place by the end of March, 2005 and enrollment began in April, 2005. The final case manager was hired and in place by October 1, 2005. The program has been operating for approximately five years.

Program Approach

The Recovery Connection program was designed to encourage retention in chemical dependency treatment and to help break the cycle of frequent inpatient encounters and short-lived outpatient episodes. Evidence suggests that treatment retention is associated with better outcomes (National Institute on Drug Abuse, 2005; Hser, Evans, Huang, & Anglin, 2004). As such, the Recovery Connection program is aimed at providing clients with the necessary case management support to successfully engage in an appropriate outpatient treatment regimen. Other supports are offered as necessary—including assistance with housing, transportation, benefits advocacy, legal assistance, motivational coaching, and support in linking to primary health care, mental health, and vocational services—to help ensure that clients have the greatest chance of success. The case manager is central to this approach, developing a plan of care specific to the unique needs of each client and taking into consideration issues of cultural competence to maximize the likelihood that the mix of services and the manner in which support is provided will lead to consistent program participation.

It is noteworthy that the implementation of the CD-SPOA Program in Monroe County in 2007 has resulted in a close linkage between these two programs. Feedback from Recovery Connection case managers and the CD-SPOA Program Manager indicate a consistent working partnership in coordinating services and advocating for program enrollees.

Eligible Population

Eligibility criteria for the program are as follows:

- An alcohol or drug dependence diagnosis of at least two years' duration
- Three or more admissions to detoxification or inpatient treatment in the past 12 months, or four or more admissions in the past 24 months
- Adults 18 years of age or older
- Resident of Monroe County
- Meets eligibility criteria for Medicaid insurance

The Recovery Connection program has two separate tracks geared to the needs of the intended population. The program managed by CFC is focused on clients demonstrating a consistent pattern of acute chemical dependency service use and inability to engage in outpatient treatment. The program managed by RGH focuses on clients that demonstrate a similar level of prior acute CD service use and

challenges associated with treatment engagement, but that also have a significant mental health diagnosis.

Purpose of This Report

While previous reports summarized evaluation results by year, this report reviews results over the course of the project. This report is meant to provide a “big picture” summary of the program over the last five years.

EVALUATION METHODS

Over the years this evaluation has been based on several sources of information:

Baseline Enrollment Form

Case Managers completed a baseline form for each client enrolled in the Recovery Connection Program to establish background information on a number of characteristics, including: demographics, current living situation, substance use history, involvement with the criminal justice system, risk behaviors, and participation in community supports. Please note that this form was simplified at the end of June 2010 to include only the most necessary data. A copy of this form is provided in Appendix A.¹

Monthly Follow-up Form

Follow-up data were collected every month following enrollment. The follow-up forms were designed to help the Case Managers track changes in areas such as living situation, substance use, and risk behaviors. Please note that this form was also simplified at the end of June 2010 to include only the most necessary data. A copy of this form is provided in Appendix B.

Medicaid Claims Data

Adjudicated Medicaid claims data were used to profile the service utilization patterns among Recovery Connection clients in the 12-months prior to enrollment and, where appropriate, the 12- and 24-months after enrollment. These data were used to provide baseline and follow-up information so that the County can evaluate potential reductions in the use of acute services and their associated costs following program engagement.²

HIGHLIGHTS OF KEY FINDINGS FROM 2005 THROUGH THE END OF 2010

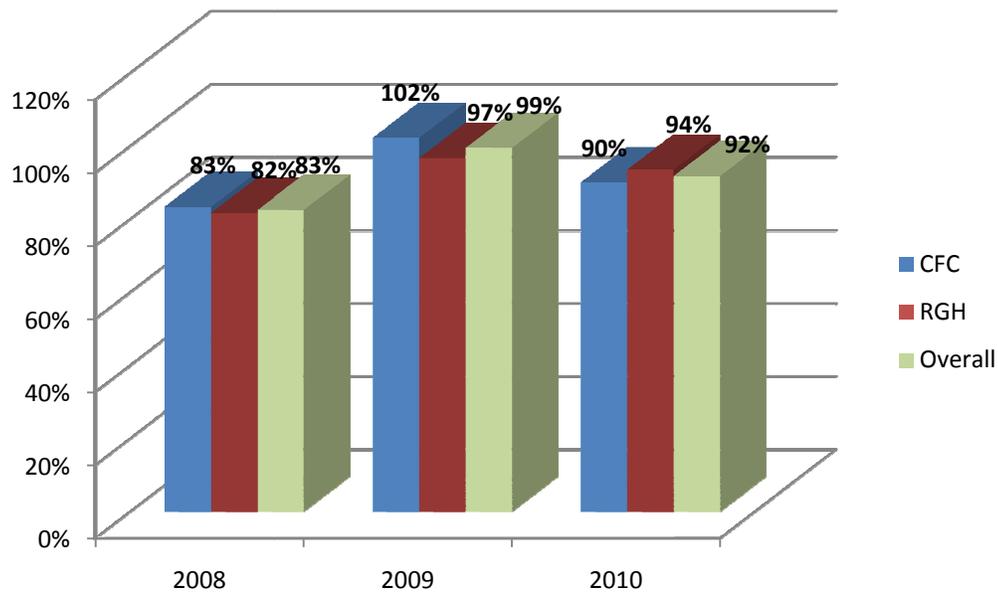
PROGRAM SLOTS FILLED from 2008-2010

Figure 1 below shows the extent to which the Recovery Connection program was operating at full capacity in terms of the slots filled. Findings indicate that during 2008 the program was not operating at full capacity, consistent with discussions held during monthly Recovery Connection leadership team meetings. The program capacity increased in 2009, and both agencies have met the 90% program capacity for 2010. Please note that data for 2010 goes through October.

¹ Both the baseline enrollment form and monthly follow-up form were collected via the Addiction Recovery Employability System (ARES), a secure, web-based application designed to link chemical dependency treatment providers to the County Department of Social Services to improve communication about individuals on public assistance receiving chemical dependency treatment.

² Data source: Monroe County Adjudicated Medicaid Claims, New York State Department of Health, Office of Health Insurance Programs. All conclusions derived in the evaluation of this program are those of the Monroe County Office of Mental Health - Department of Human Services.

Figure 1. Recovery Connection Program - Average Slots Filled 2008-2010



CLIENT CHARACTERISTICS ON ENROLLMENT

A total of 373 clients for whom we have at least two months follow-up data were enrolled once into the program between April 1, 2005 and September 13, 2010. One-hundred eighty-five (185) clients were enrolled at the CFC program and 188 were enrolled in the RGH program. As shown in Table 1 below, Recovery Connection enrollees are predominantly male. In terms of ethnicity, the population continues to be evenly split between clients of color (“Black” plus “other” = 49%) and Caucasian clients (51%). The average age was between 42 and 43 years.

Table 1. Demographic Characteristics (N = 373)

	CFC		RGH		Total	
	#	%	#	%	#	%
Gender						
Male	131	71%	124	66%	255	68%
Female	54	29%	64	34%	118	32%
Race						
Black	81	44%	76	40%	157	42%
White	91	49%	98	52%	189	51%
Other	13	7%	14	7%	27	7%
Hispanic Origin						
Yes	14	8%	22	12%	36	10%
Age						
Mean Age	42.85		42.38		42.61	

RESULTS FROM PRE- AND POST-ENROLLMENT MEDICAID CLAIMS ANALYSIS

We were interested in determining whether the Recovery Connection program is making progress in reducing the costs associated with treatment for this population, while simultaneously achieving the treatment outcomes described earlier. More specifically, what, if any, total Medicaid cost savings or cost containment can be identified for clients 12- and 24- months after enrollment?

Medicaid claims data were used to address the issue of costs and to further quantify health care services used by this sample of clients. At the time of this evaluation, 175 of the 373 clients had 24 months of follow-up Medicaid claims data. We were therefore able to determine the amount paid for services used during the 12-months prior to Recovery Connection enrollment, compared to the amount paid for services for the 12- and 24- months following enrollment. Highlights are summarized below.

12-Months Pre- vs. 12- and 24- Months Post-Enrollment Cost Analysis (N=175)

Due to the amount of time that has passed since the implementation of the Recovery Connection program, 24 months post-enrollment Medicaid data is now available for a subset of enrollees.

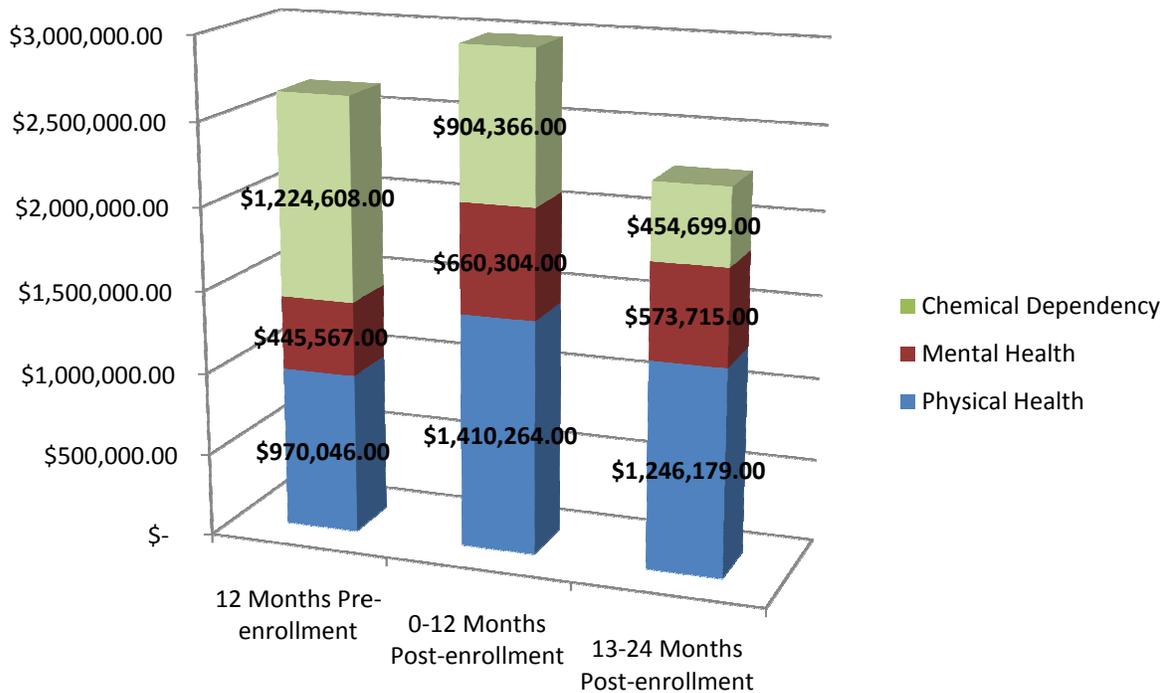
- **In the 12 months prior to enrollment in Recovery Connection, a total of \$2,640,220 was paid in Medicaid services for the 175 clients.** The breakout by type of service is as follows:
 - Physical Health Care – \$970,046
 - Mental Health – \$445,567
 - Chemical Dependency – \$1,224,608

- **In the 0-12 months after enrollment in Recovery Connection, a total of \$2,974,934 was paid in Medicaid services for the 175 clients.** The breakout by type of service is as follows:
 - Physical Health Care – \$1,410,264
 - Mental Health – \$660,304
 - Chemical Dependency – \$904,366

- **In the 13-24 months after enrollment in Recovery Connection, a total of \$2,274,594 was paid in Medicaid services for the 175 clients.** The breakout by type of service is as follows:
 - Physical Health Care – \$1,246,179
 - Mental Health – \$573,715
 - Chemical Dependency – \$454,699

Figure 2 below illustrates the cost comparisons outlined above. While there was an increase in overall costs for the 12 months following enrollment (presumably as clients are appropriately connected to a range of treatment services), total costs decreased 13-24 months after enrollment. Overall, these data suggest a Medicaid cost savings of \$365,626 for the 24 month follow-up period that may be attributed to Recovery Connection involvement. Chemical Dependency costs had a steady and considerable \$769,909 annual decrease by the 13-24 month period of time.

Figure 2: Medicaid Cost Comparison: 12-Months Pre-enrollment, 12- & 24- Months Post-enrollment



Although not presented in detail for the purposes of this report, when we “drilled down” into Medicaid costs by service, there is a shift in pattern of costs away from acute services as clients are connected with outpatient services. Specifically, inpatient and emergency costs for both mental health and chemical dependency decreased, while costs for outpatient services and case management increased. A goal of the Recovery Connection program is to link clients to outpatient treatment and help them to stay engaged, and this appears to be reflected in the increase in outpatient costs.

RESULTS ON CHEMICAL DEPENDENCY ACUTE SERVICES UTILIZATION OUTCOMES

Reduction in the Use of Acute Services

We examined whether clients who are enrolled in the program are “getting better” in terms of clinical and treatment outcomes. Specifically, is the program helping clients achieve a number of clinical and recovery-oriented goals, including the extent to which clients are reducing their use of acute chemical dependency services such as the Emergency Room, CD inpatient treatment, and CD detoxification?

As can be seen below in Table 2, findings from monthly forms completed by Case Managers indicated that reported use of acute chemical dependency services appears to have decreased substantially from the first status check to the most recent available follow-up. This decrease was evident for every CD acute service measure. As noted below, results for Mental Health and General Medical acute services were mixed.

Table 2. Degree of Change Between the First Status Report and Most Recent Follow-up*

	2007	2008	2009	2010
CD Detox (admissions)	-67%	-85%	-89 %	-95%
CD Inpatient Rehab (admissions)	-57%	-93%	-80 %	-94%
CD General Inpatient (days)	-72%	-93%	-76 %	-89%
CD ED (visits)	-76%	-86%	-70 %	-79%
Mental Health Inpatient (admissions)	-75%	-94%	-57 %	-42%
Mental Health Inpatient (days)	-64%	-96%	-17 %	7%
Mental Health ED (visits)	-38%	-88%	-70 %	-55%
General Medical Inpatient (admissions)	0%	-80%	250 %	13%
General Medical Inpatient (days)	missing	-57%	45 %	30%
General Medical ED (visits)	-50%	-94%	43 %	-70%

*At the time when evaluations were conducted. Please note that some of the percentages calculated in the table are based on small numbers, which may overstate or understate the actual findings.

HOMELESSNESS KEY FINDINGS

As with the previous section, efforts to assess any change in selected outcomes of interest are focused on the 373 individuals with one program enrollment for whom we have at least 2 months of follow-up data. We examined whether the lives of clients who are enrolled in the program are improving in terms of additional clinical and treatment outcomes, including the extent to which clients are: experiencing fewer days of homelessness and more successfully engaging with treatment providers. Table 3 (below) shows baseline and follow-up data (i.e., data from the most recent monthly report) for homelessness. The number of people enrolled through CFC reporting that they were homeless or in a shelter during the past 30 days decreased by 40%, indicating a reduced rate of homelessness at the time of the most recent monthly report. Similarly, the proportion decreased by 46% among RGH enrollees.

Table 3. Monthly Report Baseline and Follow-up Data for Homelessness

	CFC (N=185)			RGH (N=188)			Total (N=373)		
	baseline	follow-up	% change	baseline	follow-up	% change	baseline	follow-up	% change
# Reporting that they were homeless or in homeless shelter	25	15*	-40%	54	29**	-46%	79	44	-44%

* 104 blanks reported compared to 3 in baseline

** 35 blanks reported compared to 2 in baseline

LINKAGES TO OTHER SERVICES

Data on linkages to other services were assembled by reviewing the status of the client as described in the monthly progress report. Results show that clients reportedly participated most often in Chemical Dependency treatment. Clients also took part in a range of non-treatment services while enrolled in the Recovery Connection program. As shown in Table 4 below, the most commonly accessed non-treatment services were Alcoholics Anonymous (57% reportedly participated while enrolled) and Narcotics Anonymous (40% reportedly participated while enrolled). Given the chronic nature of the target population, and the prior difficulties experienced in engaging this population in treatment, challenges related to treatment participation in some portion of the enrollees is to be expected.

Table 4. Percentage of people who participated in other services while enrolled in Recovery Connection program

Service type	% of enrollees who participated
Chemical Dependency treatment	89%
Alcoholics Anonymous	57%
Narcotics Anonymous	40%
Other Recovery Program	30%
Vocational	16%
Other	15%

ENGAGEMENT

Successfully engaging clients in the Recovery Connection program is a critical indicator of the success of the program, and monthly numbers reported by each program indicate that a large proportion of referrals to Recovery Connection result in face-to-face or telephone contacts with clients. Table 5 below shows that the percentage of referrals with successful contacts increased from 76% in 2009 to 80% in 2010. Please note that the data for 2010 goes through the end of October.

Table 5. Program Referrals With First Contact Dates

	Catholic Family Center			Rochester General Health Systems			Total		
	# of referrals	# with a 1st contact date	%	# of referrals	# with a 1st contact date	%	# of referrals	# with a 1st contact date	%
2009	146	113	77%	110	81	74%	256	194	76%
2010	112	95	85%	70	51	73%	182	146	80%

Status at Program Completion

Between April 1, 2005 and September 13, 2010, 332 clients were reportedly discharged from the Recovery Connection program. Among this group, we see mixed results as indicated by the discharge dispositions noted in Table 6 below:

Table 6. Discharge Disposition of Recovery Connection Clients who were Discharged Between 4/1/05 and 9/13/10

Discharge Disposition	# of clients	% of clients
Successfully met program goals	138	42%
Lost to Contact	124	37%
Discharges for other reasons	30	9%
Referred to another service	20	6%
Did not meet program goals	20	6%

It appears that approximately one-half of clients (48%; 158 out of 332) had positive outcomes in that they were either referred to another appropriate service or successfully met program goals. However, despite the many successes, these data also underscore the ongoing challenges associated with working with this chronic and difficult-to-engage population. It may be helpful to continue to review cases that were “lost to contact” (124 discharged clients, or 37%) to determine whether there are strategies that could be introduced to help strengthen client engagement and retention. The number of clients lost to contact was down from 47% in the last report, showing that review of these cases may have been helpful in lowering this number of clients lost to contact.

STAFFING

Recovery Connection began with Catholic Family Center originally having three full-time employee positions and Rochester General Health Systems having four full-time employee positions. When the Rapid Engagement Demonstration (RED) Project was created, funding and associated staffing allocations shifted, so that each Recovery Connection agencies’ staffing numbers decreased by one FTE (decreases were experienced by CFC in June 2009 and RGH in January 2010). As of the writing of this report, CFC has two full-time employee positions, and RGH has three.

DISCUSSION AND RECOMMENDATIONS

The data included in this report suggest that the Recovery Connection program continues to serve the intended target population of high-need clients. Outcomes after over five years of operation show consistent signs of progress in nearly every key outcome area that we examined:

- The program continues to help clients engage in outpatient treatment as evidenced by data from the Medicaid Adjudicated Claims data.
- Results continue to show there is a marked reduction in clients’ utilization of acute CD services, and individuals appear to be linking to appropriate treatment and other supports.
- Although there is an initial increase in overall Medicaid costs when comparing 12 months pre- and post-enrollment Medicaid costs, 13-24 months post-enrollment Medicaid data showed considerable cost savings. This may suggest that fiscal savings begin to arise approximately 1-year following program enrollment.
- Fewer clients are reporting periods of homelessness after enrolling in Recovery Connection—an area that is particularly important in attaining the level of stability necessary to make progress in recovering from chemical dependency and mental illness.

In terms of recommendations going forward, based on the data assembled in this evaluation, we would suggest the following next steps:

- The Recovery Connection program should continue in operation as results over the last five years have demonstrated that it serves the intended target population of high-need clients and has shown consistent, positive outcomes in the areas discussed in evaluation reports.
- Explore different ways to reach people in need who have not previously met eligibility criteria.
 - As an alternative to the inpatient admissions criteria, the present criteria could be expanded to include an “or” option. For example, this could include three or more unsuccessful residential attempts over the last 12 months, as opposed to only inpatient attempts.
 - An adjustment in time period for those incarcerated could be considered. This group of individuals typically will not meet criteria for Recovery Connection because they were in jail and therefore did not use acute services.
- Continue to collaborate with both provider agencies on a monthly basis using tools to track client referrals, engagement, and discharge dispositions.
- Continue completion of baseline and monthly follow-up reports by case managers. Reports have been simplified to include only the most necessary data.
- The numbers of cases “lost to contact” has decreased, possibly due to review of those cases to determine whether there are strategies that could be introduced to help strengthen client engagement. It may therefore be helpful to continue review of those cases to further decrease numbers of clients in that group.
- Due to the Recovery Connection program’s demonstration of consistent outcomes over the last five years, we recommend that this report serve as the final, large-scale evaluation report. However, we recommend that continued attention be paid to monitoring key outcomes and performance indicators on a periodic basis, and our evaluation team would be pleased to support such activities.

REFERENCES

Hser, Y., Evans, E., Huang, D. & Anglin, D. (2004). Relationship between drug treatment services, retention and outcomes. *Psychiatric Services*, 55, 767-774.

National Institute on Drug Abuse. (2005). What is the typical length of treatment in a therapeutic community? *Research Report Series*, February 2005.

Appendix A

CD Case Management Periodic Reporting – Baseline Enrollment Form

Demographics

Client Name:

DOB:

SSN:

Zip Code of Residence:

Gender:

Race:

Hispanic Origin:

Veteran Status:

Highest Grade Completed:

Current Criminal Justice Status:

Sanctions

Is the client currently under sanctions (DHS sanctioned for cash or rent assistance)?:

Were new cash or rent assistance sanctions imposed within the past 30 days?:

Living Situation

Current Living Situation:

How long has client been in current living situation?:

To the best of your knowledge, in how many different locations/residences has the client spent overnight/sleeping during the past month?:

How many days (if any) of homelessness occurred in the past month?:

Current Substance Use

Any substance use in the 30 days prior to today?:

If Yes, please specify:

Please indicate the number of days in the 30 days prior to today that a substance was used:

Risk Behaviors

During the past month, how frequently has client engaged in the following risk behaviors?:

Physical harm to self; suicide attempts; expressed suicidal threats?

Physical harm to others; made threats of physical violence to others?

Participation in Community Supports

Does client participate in any community groups? (religious, fraternal, civic, interest, recovery-oriented, etc.):

In how many different community groups has the client participated in over the past month?:

In the past 30 days, has client participated in any of the following? (check if "yes"):

- AA
- NA
- Other Recovery-Oriented Group
- Other (please specify):

Signature

Care Coordinator Name:

Enrollment Date:

Agency:

Notes

Appendix B

CD Case Management Periodic Reporting – Monthly Follow-up Form

Monthly Information

Reporting From Date:

Reporting To Date:

Case Manager Name:

Current Date:

Agency:

Number of phone contacts this month:

Number of face to face contacts this month:

Number of face to face contacts this month on-site (care coordinator's office):

Number of face to face contacts this month off-site (anywhere other than care coordinator's office):

Demographics

Client Name:

DOB:

SSN:

Zip Code of Residence:

Current Criminal Justice Status:

Sanctions

Is the client currently under sanctions (DHS sanctioned for cash or rent assistance)?:

Were new cash or rent assistance sanctions imposed within the past 30 days?:

Living Situation

Current Living Situation:

How long has client been in current living situation?:

To the best of your knowledge, in how many different locations/residences has the client spent overnight/sleeping during the past month?:

How many days (if any) of homelessness occurred in the past month?:

Current Substance Use

Any substance use in the 30 days prior to today?:

If Yes, please specify:

Please indicate the number of days in the 30 days prior to today that a substance was used:

Risk Behaviors

During the past month, how frequently has client engaged in the following risk behaviors?:

Physical harm to self; suicide attempts; expressed suicidal threats?

Physical harm to others; made threats of physical violence to others?

Discharge Information (complete only at discharge)

Date of Discharge:

Did client have primary care physician at discharge?:

Discharge Disposition:

Other Discharge Disposition:

Goal Attainment at Discharge:

As of the time of discharge, client has been connected with ["connected with" is defined as: 1) client has had at least one contact, of any kind, with the entity/personnel below, and 2) there is reason to believe the linkage between the client and the community resource will occur]:

- No connection has been made
- Mental Health OUTPATIENT program
- Mental Health RESIDENTIAL program
- Mental Health CASE MANAGEMENT program
- Mental Health OTHER type of program
- Substance Use OUTPATIENT program
- Substance Use RESIDENTIAL program

- Substance Use CASE MANAGEMENT program
- Substance Use OTHER type of program
- Mental Retardation/Developmental Disability program
- Other community resource (please specify below)

Notes



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