

Demand Treatment!

A national initiative to increase the number of people getting quality treatment for substance use disorders

In 2000, Join Together, a project of the Boston University School of Public Health, started a national initiative to expand the demand for and access to quality drug and alcohol treatment. A majority of the 28 Demand Treatment! communities succeeded in developing and implementing strategies to drive up the demand for treatment even as the availability of treatment for substance use disorders continued to decline nationwide.

Join Together, with funding from The Robert Wood Johnson Foundation, administered small monetary awards and provided focused attention to leadership groups in fourteen communities starting in 2000, and another fourteen in 2002. Each community was required to work with partners that included public relations firms, media, and local business leaders to meet these goals.

Demand Treatment! Goals

- Work at the local level to increase access and improve the quality of drug and alcohol treatment.
- Move drug and alcohol treatment closer to the healthcare system.
- Establish community teams, representing a variety of institutions, that take responsibility for increasing the demand for treatment.

A New Model

Demand Treatment! is a low cost, effective model that can be replicated to increase local leadership, establish new programs, and change local policies to improve alcohol and drug treatment. The award could not pay for staff devoted to this effort so partnerships were critical. The strategy to demand quality treatment had to be woven in throughout each community.

The State of Montana has adopted the Demand Treatment! funding model to establish screening and brief intervention as a standard of care. It has provided a grant to Gallatin County's Demand Treatment! leadership team to mentor two newly selected Montana community grantees in this effort. The state continues to work with the Gallatin County group to identify additional opportunities to help this effort grow throughout the state.

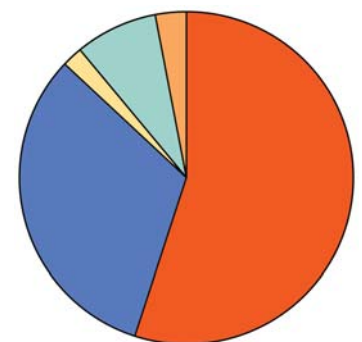
Evidence of Success

- Screenings and brief interventions for risky substance use have been incorporated into routine practice in 17 communities.
- Treatment increased. Treatment centers were developed or services expanded,

Each Demand Treatment! Partner team received:

- A \$60,000 award
- Ongoing peer and professional mentoring
- Four national training institutes with Join Together staff and national experts
- Media training
- Visits and training by staff and national experts
- Access to directors of national organizations and federal agencies

Demand Treatment! Partners Raised \$125 Million



- SBIRT Grant (\$69.3m)
- Access to Recovery Grant (\$39.9m)
- Drug-Free Communities (\$2.6m)
- Local Grants/In-Kind (\$10.1m)
- Other (\$4m)

The impact of media exposure can be of enormous value. It involves developing a strategic plan and nurturing relationships with both print media and radio broadcast.

- Southeast Pennsylvania Demand Treatment

While \$60,000 should have been easy to manage, we have needed to make substantial modifications in the budget on three occasions. It was not possible to have enough information about our future at the outset to do a rigid two-year budget.

- Lincoln Demand Treatment

jails instituted treatment programs, half-way and sober houses were opened, an ambulatory detoxification program was created, and pre-treatment protocols were implemented to serve those on waiting lists.

- Most Demand Treatment! community teams are still active in their mission to increase quality treatment, though funding for the initiative ended in 2004.
- Funding increased. Twenty-eight partners leveraged the \$1.7 million award total to bring over \$125 million in additional funds to these communities.

Lessons Learned

Lessons: What helped communities succeed?

Each community defined success for itself through its own goals and strategies. Those that succeeded had several things in common: strong, consistent individual and team leadership; administrative and strategic flexibility; patience that allowed change to happen; and outside assistance.

Lesson learned: Strong, Consistent Individual and Team Leadership

- ***New partners are essential to a successful community wide strategy.*** Communities that engaged individuals and groups not traditionally involved in drug or alcohol work were successful. Many people in Demand Treatment! communities such as volunteers, parents, family members, and people in recovery became leaders in the growing state and national recovery movement as a result of their participation.
- ***Personal Relationships Matter.*** Most communities had a connector, someone who knew people in all areas of the community – not just the addiction field – and could pull together diverse teams and coordinate efforts to increase treatment. Several communities found funding or a local organization that could provide part-time, in-kind staffing to keep efforts on track.

Lesson learned: Administrative and Operational Flexibility

- ***The lead agency should be flexible.*** Awards were made to a range of organizations including local governments, regional alcohol and drug treatment providers, and parents groups. Lead agencies in successful communities understood that the Demand Treatment! award was seed money and were better able to pool resources with partners. Organizations with rigid budget processes found it more difficult to build partnerships.
- ***A community-wide strategy is important and needs to be adaptable.*** Each leadership team was asked to develop a community-wide strategy to increase

When developing strategies, communities were encouraged to think about the following:

- What harms from substance use are we trying to reduce in our community?
- How are we doing this?
- What other groups in our community are already involved or could we get involved?
- How can we work collaboratively with others?
- How will we know we are making a difference?

treatment capacity. Strategies helped communities develop sustained responses to problems caused by substance use. Partners had to focus on community-wide impact, so had to think more broadly than starting one project in only one place. It was important, too, that strategies were regularly revisited and adapted to changes in the community's substance use problem.

- **Communities must collect, analyze and use local data.** Local data may uncover problems that don't fit with national trend data. Methamphetamine, heroin and other opioids were significant problems in specific regions of the country long before they were noticed nationally. Local data often showed that hazardous alcohol use was the biggest local problem. Partners learned to gather what is already collected, and to collect what would be persuasive.

Indianapolis Demand Treatment leaders in collaboration with the Hudson Institute and the local prosecutor's office publish a yearly community report on drug and alcohol problems. This has helped them when approaching local funders about expanding their work on screenings and brief interventions.

"Have someone who can present the plan in a way that doesn't offend or create turf wars. Allow each individual to work in his or her area of expertise, and at the same time allow for each person's opinion or thoughts to be important to the process."

- Carroll County Demand Treatment

"There is no simple and speedy process to translate the goal into reality. Constant passionate advocacy is exhausting, but necessary."

- San Diego Demand Treatment

Lesson Learned: Patience Changes Take Time

- **Focus on achievable and reasonable goals.** Some communities started quickly and faded or had to re-group and establish new goals. Others were slow to establish partnerships and develop a strategic plan, though they eventually caught fire and are still active today.
- **Strict timetables can hamper results.** Flexibility to spend the award money when appropriate allowed groups to respond to changes and opportunities. Gauging true success may require staying in touch and looking at outcomes long after official funding periods end.
- **Sustain the momentum.** Successful communities learned how to sustain the momentum they were building by finding additional funding or institutionalizing new programs and policies created with Demand Treatment! funding.

“We were challenged by Join Together leadership to reach beyond the original proposal, a move that was important to our success.”

- Rochester Demand Treatment

One decision made by the Commission was to develop public policy panels to solicit input from the community to help in the decision-making process for important issues. As a result of this decision, public policy panels will be used by the Commission to determine the feasibility of increasing alcohol taxes locally.

- Tucson Demand Treatment

Lesson Learned: Outside Assistance

- ***Communities learned from each other.*** Weekly e-newsletters, listservs and regular Institute training meetings helped create a national learning community where lessons were shared, direct consultation was encouraged and successes cheered. This initiative’s unique funding model allowed more communities to participate, and provided new insights on ways to help communities address this important national public health problem.
- ***Being part of a larger national effort helped move local agendas forward.*** Affiliation with a project administered through a nationally known university and funded by a highly regarded health care philanthropy lent credibility to the efforts of communities participating in Demand Treatment! In addition, being part of a select group engaged in a national initiative inspired community members and leaders to get involved in the efforts to increase treatment.
- ***Technical assistance helped some reach for higher goals.*** The more successful communities made full use of the technical assistance and other, non-monetary provisions of this initiative to achieve positive outcomes. Community teams learned from national leaders at training institutes or through conference calls. Some of these teams consulted with those leaders about their unique situations or invited them to visit. Communities that were ready to engage local health care providers in screenings and brief interventions were provided expert trainers.

Demand Treatment! National Policy Panels

Some issues cannot be addressed entirely at the local level. Both discrimination against people with alcohol and drug problems, and improving the quality of treatment are critical national issues that have an impact on local efforts. To address these issues the Demand Treatment! initiative formed two national policy panels that provided recommendations on these important issues. Each panel of political and community leaders and other experts was briefed, heard testimony, and produced recommendations on policy changes to reduce discrimination and on reimbursement reforms to improve treatment quality. Local Demand Treatment! partners and many other groups used these recommendations as tools to create change in their communities.

The recommendations of each policy panel have been published and disseminated extensively. They are titled:

- *Ending Discrimination Against People With Alcohol and Drug Problems: Recommendations from a National Policy Panel*
- *Rewarding Results -- Improving the Quality of Treatment for People with Alcohol and Drug Problems*

To download and print copies of the policy panel reports, or to order print copies, visit: www.jointogether.org/publications

Screening and Brief Intervention, Referral and Treatment:

- Screening involves asking set questions to assess each person's risk for health problems due to harmful alcohol use.
- If a person appears to be at risk (about 20% of the population) a 5 to 15 minute conversation is held about options, such as cutting down or stopping.
- If it appears the person may be dependent (about 5% of the population), he or she is referred to an addiction professional for an assessment and, possibly, for treatment.

Stories of Success

Screening and Brief Interventions became a mobilizing tool for communities.

Demand Treatment! communities provide real world evidence that, by working with the healthcare community, screening for risky substance use behaviors and brief interventions can be incorporated into routine practice.

Screenings and brief interventions (SBI) are new services instituted by health care providers and others at the community level. Join Together suggested SBI as one of several strategies communities could pursue. As a result of Demand Treatment! community efforts, screenings and brief interventions for risky substance use have been incorporated into routine practice in 17 communities.

In six communities SBI protocols have been incorporated into one or more hospital emergency rooms; in one community two large trauma centers now routinely screen for risky alcohol use. Primary health care practices now do routine screenings in five communities. SBI was also incorporated in pre-natal clinics and an STD clinic.

Four of the seven SAMHSA Screening Brief Intervention Referral and Treatment state grantees are centered in Demand Treatment communities and headed by Demand Treatment! team leaders.

Trained lay people in community-based settings can also do actual screenings, brief interventions and referrals.

- Trained lay people provide SBI services for San Diego County health care facilities and thousands are screened each year. These screeners are viewed as "physician extenders" by health care professionals.
- Clergy in Gallatin County now incorporate questions about alcohol into pre-marital counseling.

Through listening to the projects and ideas of other Demand Treatment!

Partners, we realized that we could still bring services into the city by bringing substance abuse into the health care system through brief interventions and screenings.

- San Francisco Demand Treatment

Prior to Demand Treatment! pregnant women were denied treatment. Now, not only are pregnant women from Trenton able to better access these services, but the state is beginning to keep data regarding the availability and access of services to pregnant women. This could result in progress for the entire state.

- Trenton Demand Treatment

We quickly found that all of our knowledge and good intentions could do some good but would take a long time to do the best good.

- Manchester Demand Treatment



AlcoholScreening.org

- Alcohol screening questions have been incorporated into all 2-1-1 (city-wide social services hotline) calls for housing at IMPACT in Milwaukee. They have seen a correlation between these calls and risky substance use. Those needing further attention get a conversational intervention and/or referral for an assessment.

Join Together's online screening tool – www.alcoholscreening.org – has been promoted by several communities to enhance their screening efforts.

- The Everett team used a colorful billboard advertisement at a busy intersection to draw community members to the website. Ads in three local papers and promotion by the local cable station highlighted the billboard and the screening tool. The City enclosed postcards replicating the billboard ad in employee pay envelopes. In the month the billboard ad was up, 194 people were screened. Over the next fourteen months, 1,300 more Everett community members were screened.

Treatment capacity increased in many communities.

In September 2001, the city of Boise, Idaho, received a three-year, \$1.47 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop an intensive outpatient methamphetamine treatment program for men and women. The treatment center is currently serving 117 clients and services are expanding to serve adolescents. Its unique location in a business district has minimized the typical NIMBY (Not in My Back Yard) responses from the larger community.

The state of Maryland donated land for a new residential treatment center and Carroll County is providing capitol to build and manage it for this rural area which has faced serious heroin problems.

In Des Moines, Iowa, a pre-treatment protocol has been established to reduce the drop out rate of those referred to treatment and put on waiting lists. This program coordinates with local treatment providers to keep people engaged through the wait time. After almost one year of the program, 73% of those engaged in pre-treatment made it to treatment, and through the full treatment process.

Recommendations

Recommendations for Community Leaders

Use Local Data

- Collect data on local problems and existing treatment capacity, and identify what is missing. Use the data to develop alliances to increase treatment.

Focus on Discrimination

- Build community support with a focus on discrimination - rather than stigma - and how it affects community members. Tell people what you want them to do rather than just making them aware of the problem.

Develop Community Leadership

- Look beyond your organization or traditional coalition members, criminal justice experts and treatment providers when addressing substance use problems. Invite people who have been personally touched by addiction in some way.
- Projects are important but must be part of a larger, long-term strategy that looks beyond funding cycles.

Think Carefully About Funding

- Funding may be found in unexpected places. In-kind services or materials are one way partners can contribute to your efforts.
- When applying for grants or awards make sure that your funding agent will work with you and the needs of your community.

Engage the Healthcare Community - A Critical Partner

- Healthcare institutions should incorporate SBI into admission procedures and can often do so without extreme systemic changes. Some county medical societies have helped community teams engage local physicians.
- Treatment providers should partner with local physicians to develop referral networks and report back to referring physicians in the same manner as other professionals to whom patients have been referred.

Recommendations for Funders

Grantees Must Bring Local Resources

- Require hard local resources – both money and in-kind.

Community Knowledge Is Important

- Ask potential grantees to examine gaps in the local treatment continuum. Funding for wrap around services – child care, transportation, physician visits, and more – can have a positive impact on a community's ability to provide appropriate treatment and partner across disciplines.
- Require communities to submit one proposal. Two applications from one community may be a signal that community leaders aren't working together.
- The more the local funding conduit holds community groups to rigid plans made prior to implementation, the less chance for long term strategic success.
- Allow communities to hold the award money until they are ready to spend it.

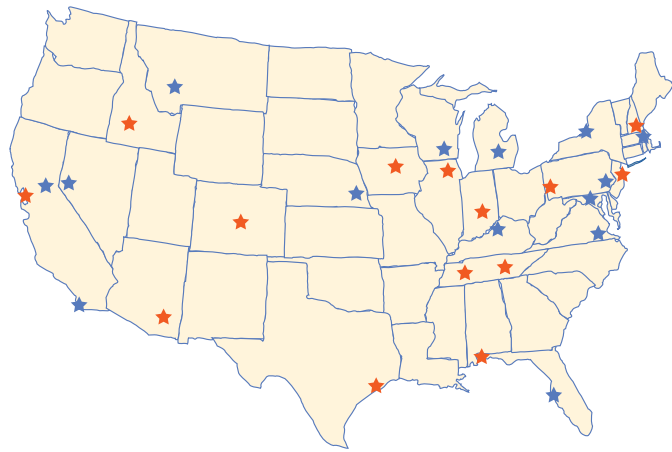
Go Beyond Dollars

- Fund media training activities to help grantees engage the community, institutions and policymakers.
- Technical assistance and a shared experience with others working on similar efforts can help communities use their funding strategically.
- Local and regional health-focused foundations should invest in community efforts to reduce risky use and increase treatment.

Partners May Provide In-Kind Support

- Health plans can influence their network physicians to implement SBI and refer their patients as appropriate. In Rochester, NY, Excellus Blue Cross-Blue Shield staff has worked closely with local DT! leaders to train primary care physician groups and learn best practices that will benefit patients in this large regional system.

Demand Treatment! Partners



2000 Partners

- Boise, ID
- Chicago, IL
- Denver, CO
- Des Moines, IA
- Houston, TX
- Indianapolis, IN
- Knoxville, TN
- Manchester, NH
- Mobile, AL
- Nashville, TN
- Pittsburgh, PA
- San Francisco, CA
- Tucson, AZ
- Trenton, NJ

2002 Partners

- Carroll County, MD
- Everett, MA
- Gallatin County, MT
- Genesee County, MI
- Lincoln, NE
- Louisville, KY
- Milwaukee, WI
- Rochester, NY
- Sacramento County, CA
- San Diego County, CA
- Sarasota County, FL
- South East Pennsylvania
- Washoe County, NV
- Williamsburg, VA



JOIN TOGETHER

1 Appleton Street, 4th Floor
Boston, MA 02116
www.jointogether.org

NON-PROFIT ORG.
U.S. POSTAGE PAID
BOSTON, MA
PERMIT NO. 50850