# STATE OF HAWAII
# DEPARTMENT OF HEALTH
# ALCOHOL AND DRUG ABUSE DIVISION

## A FRAMEWORK FOR A COMPREHENSIVE SUBSTANCE ABUSE SYSTEM FOR THE STATE OF HAWAII

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# COMPREHENSIVE SUBSTANCE ABUSE SYSTEM

# FOR THE STATE OF HAWAII

## INTRODUCTION

The problem of alcohol and substance abuse has emerged as a dominant public health and social concern. It is pervasive and diverse and has infiltrated all segments of our society. Resources have already been committed to containing the supply, reducing the demand, preventing the use, and treating the consequences of substance abuse. Despite the good intentions, the medical and social problems related to substance abuse continue to grow.

Some of the currently existing problems that prevent the agencies and programs from effectively addressing the needs in the State of Hawaii include:

(1) Lack of centralized planning, development of programs and evaluation. There is no one agency that has assumed the responsibility for assuring the administrative activities to coordinate the planning and program development.

(2) Services for individuals who are impacted by the consequences of substance abuse are not only limited, but they are also fragmented, have little or no continuity, and most often do not address the comprehensiveness required for meeting the complexity of needs.

(3) There is a serious limitation as well as a maldistribution of resources which create barriers to the availability and access to the continuum of services--from prevention, intervention, treatment and supportive services to aftercare.

(4) There is no data system that allows for the retrieval and analysis of data for the purpose of surveillance, monitoring utilization of services, analyzing cost, evaluating program effectiveness and determining outcomes.

It is now evident that in order to maximize the impact on the problems with the effective utilization of the available resources, there must be coordination and cooperation among the public, private and voluntary agencies.

The Alcohol and Drug Abuse Division (ADAD) of the Department of Health is an appropriate unit for assuming the responsibility for providing the leadership in the prevention and control of substance abuse in the State of Hawaii.

## PURPOSE OF THE DOCUMENT

The purpose of this document, A FRAMEWORK FOR A COMPREHENSIVE SUBSTANCE ABUSE SYSTEM FOR THE STATE OF HAWAII, is to assist the Alcohol and Drug Abuse Division in providing the leadership to develop strategies for implementing a system of services for the prevention and control of substance abuse. (Appendix A, Figure 1) This document will:

(1) Describe a comprehensive system to address the prevention and control of problems associated with substance abuse. This system will comprise four major sub-systems:

(a) the Administrative sub-system,

(b) the Service Delivery sub-system,

(c) the Data sub-system, and

(d) the Quality Assurance sub-system.

(2) Define the current concepts of substance abuse prevention and control that will be used in developing the system.

(3) Establish an infrastructure for the development of future plans to implement the individual components of the sub-systems.

(4) Provide a mechanism for creating a forum for continuing discussion leading to a common understanding among agencies, providers of services, legislators, consumers and the public. With this understanding, decisions can be made and action plans formulated for achieving common goals and objectives.

## PLANNING ASSUMPTIONS

In such an enormous endeavor, there must be some limits and boundaries placed in defining the universe of this system. These can be described as planning assumptions:

(1) Because of the complexity of the problem and its consequences, no one agency, public or private, in the State of Hawaii has the resources nor the expertise to be able to address the situation alone. Therefore, it will take the coordinated and cooperative efforts of many.

HOWEVER,

(2) <u>One agency</u> must be mandated with the responsibility for providing the leadership and coordination in guiding the efforts of problem solving, decision making and overall planning.

# THE ADMINISTRATIVE SUBSYSTEM

The Administrative sub-system is the central focus of the overall system. The Alcohol and Drug Abuse Division will be responsible for accomplishing the administrative activities in the implementation of all the elements of this sub-system. Some of the activities and responsibilities include the development and implementation of the following:

## 1. POLICY FORMULATION

In response to the devastation caused by substance abuse to individual citizens and their families, a set of policy statements should be formulated and promulgated as a commitment by the State of Hawaii to its citizens. This set of policy statements should recommend the principles, priorities and initiatives to be used by our public officials, the Departments and the Legislature in addressing the problems associated with substance abuse.

## 2. LEGISLATIVE ACTION

A major responsibility of the agency will be to provide the leadership for legislative action. One of the first activities should be to establish legislation which will mandate the responsibility and authority in one agency for assuring an overall system and will provide the necessary resources to plan, develop, implement and evaluate such a system. Other legislative activities should be to seek additional resources for improving and expanding the full continuum of services.

## 3. COMMUNITY RELATIONS AND PARTICIPATION

The state agency must initiate and maintain contact with community groups that are interested in issues related to substance abuse and its consequences. The intent of community relations is to establish on-going and open communication and encourage participation in order to provide the opportunity for the state agency to work with the communities in being responsive to their needs. Some areas where collaborative efforts are necessary include: (1) establishing policy, (2) planning, (3) legislative activities, and (4) standard setting.

## 4. COORDINATION

A single state agency should be responsible for the overall coordination of activities related to substance abuse. This agency should have an overview of all programs, services, research, educational activities and promote the cooperative working relationships among these programs. Some of the major activities may include:

A. Networking-Facilitating interaction among programs with similar goals, services and target populations.

B. Clearinghouse-Act as a central point in the State of Hawaii for gathering, compiling and distributing current information pertinent to the prevention and control of substance abuse.

## 5. PLANNING

The planning process is a set of activities that identifies needs, problem solves, and makes decisions for action to be taken in order to make an impact in the future. Central to any plan is the need for consensus on common values, agreement upon planning assumptions and a commitment for follow-through. Some of the major activities in the planning process include:

a. Assess needs of the general population as well as specific target populations

b. Assess available resources

c. Identify problems

d. Formulate solutions and set priorities

e. Develop outcome goals and objectives

f. Develop implementation strategies

g. Develop evaluation strategies and models

h. Implement activities

i. Monitor service indicators

j. Evaluate outcome indicators

## 6. FINANCING

### A. BUDGETING

The resources required to implement a plan must be identified and requested. These resources will be necessary to maintain the administrative functions of the agency as well as to develop or expand the capabilities of the service providers and to promote joint ventures among the education, social, health, and criminal justice agencies.

### B. GRANTS/CONTRACT MANAGEMENT

Based on the philosophy that no one agency will be able to address all the needs, one of the mechanisms of assuring a flexible service delivery system is through grants and contracts to existing service delivery programs. The planning process will identify the specific problems and solutions which can be used as the basis for procuring funds to develop grants and contracts for expanding services to meet the needs.

### C. REIMBURSEMENT MECHANISMS

With increasing need and cost for services, coupled with improved methods of care, the burden of financing care for persons impacted by the consequences of substance abuse is becoming an important and critical issue. Some of the responsibilities of the agency will be to: (1) identify those programs that are responsible for paying for the services and assure that the responsibilities are being fulfilled; (2) improve the mechanisms and timing for reimbursement; (3) develop, assess, and implement alternative methods of reimbursement.

## 7. TECHNICAL ASSISTANCE

In accepting the leadership for addressing the problems of substance abuse, the Alcohol and Drug Abuse Division must assure the professional standards in this field and provide the technical assistance and guidance that will be required at the service delivery level. The ADAD must maintain expertise in the latest developments in the continuum of service delivery, the findings in current research, new models of service delivery, and current political trends. In addition, the staff will also need to maintain their expertise in process skills, teaching skills, clinical supervision, clinical consultation, and administrative consultation to assist in the development and maintenance of an effective system.

8. ACCREDITATION/CERTIFICATION

Because of the complexity of the service delivery system and the need for a number of programs to be operating on a statewide basis, the Alcohol and Drug Abuse Division must be responsible for the accreditation of programs and the certification of individuals and agencies to assure that the services that are being provided are not only appropriate, but of high quality as well.

## THE SERVICE DELIVERY SUB-SYSTEM

If we are to make an impact on the increasing incidence of substance abuse and its tragic consequences on individuals and families, then we must organize our resources into a coordinated program with common understandings, common goals, strategies and outcomes.

Current research is confirming the concept that alcohol and drug abuse is a complex "bio-psycho-social" phenomenon that will require multiple prevention and treatment approaches within the context of a coordinated and community-based network of services. Based on this concept, we must begin to address the problems of substance abuse by not only focusing on the acute intervention and treatment of the abusive behavior, but also by addressing all the physiological, psychological, social and environmental factors that contribute to the behavior and the consequences.

It will require a full continuum of services from prevention, intervention, treatment and aftercare. Some important issues that will need to be addressed as the service delivery system is being designed include:

1. The recognition that the "use" of substances and "recovery" falls within the following continuum:

Initial use
Regular use
Use associated with problems
Attempts to control use because of problems
Continued use in spite of problems with development of tolerance and withdrawal signs and symptoms
Use in spite of tolerance and withdrawal signs and symptoms and in the face of knowledge of problems
Begins to look at self and problems without drug use
Begins to gain control of life without drugs
Begins to work on problems of life/self via a recovery program
Becomes at peace with self

Services, from prevention to intervention and treatment, must be designed to meet the needs of individuals no matter where they fall on the continuum.

2. The recognition of special populations that may require special services such as:

Children and Youth
College/University students
Students alienated from the educational system
Families and children of alcoholics/substance abusers
Adult children of alcoholics
Unemployed
Gay/Bisexual
Physically and developmentally handicapped and disabled
Elderly
Certain ethnic groups
Women
Dual-diagnosed persons
Victims of emotional, physical, or sexual abuse
Employees

3. The recognition that treatment services may be provided in a variety of settings:

Hospital (In-patient)
Free standing facility (In-patient)
Out-patient, low intensity
Out-patient, high intensity
Residential
Transitional
Independent living
Recovery homes
Sanctuary homes
Employee assistance programs in the workplace
Criminal justice and other institutions
Schools
Mental health centers

**PRIMARY PREVENTION**

The National Prevention Network, an affiliate of the National Association of State Alcohol and Drug Abuse Directors, presented their philosophy of prevention in the draft document, Prevention in Perspective. They stated that the concepts of primary prevention should be based on a public health model that addresses the agent, the host and the environment. Because these three elements are interactive and interdependent, successful prevention efforts must address all the elements in a comprehensive and coordinated fashion.

*STRATEGIES FOR PREVENTION AIMED AT THE AGENT*

Prevention strategies which focus on the agent can primarily be addressed by reducing the supply of substances through the following activities:

1. Limiting availability and access
2. Pricing and taxation
3. Law enforcement
4. Deterrence
5. Labeling of contents and safety warnings

*STRATEGIES FOR PREVENTION AIMED AT THE HOST*

Individuals use substances (alcohol or other drugs) for a variety of complex biological, environmental or psychological reasons. When the use of these substances interferes with individual development of constructive and meaningful benefits of life, then problems exist. Prevention strategies aimed at the host should be designed to help individuals develop and maintain healthy lifestyles, attitudes and behaviors which will result in the reduction of the individual's desire for these substances.

The outcomes of efforts aimed at the host should be geared for the development of personal resources and life skills and ultimately the assumption of individual and social responsibility. In assisting individuals to improve their personal resources, we must address the issues of self-perception, self- control, personal competence, consumer competence, self-responsibility, judgment, coping strategies, assertiveness, communication skills, problem solving and decision making.

*STRATEGIES FOR PREVENTION AIMED AT THE ENVIRONMENT*

Because individuals live and function within the context of an environment, preventive efforts must be integrated into an environment that is supportive of a healthy lifestyle. The intent of prevention efforts focused on the environment is to improve and enhance the capacity of communities to mobilize organizational and legislative actions to make changes in the environment. Some of these factors that influence the environment are:

1. Legal
2. Economic
3. Social-cultural, family, ethnic, and religious
4. Political
5. Educational

Through advocating for rational and appropriate legal and legislative action, support for families, and an improved educational system, we can shape the norms of society to be conducive to healthier lifestyles.

## *PRINCIPLES OF DEVELOPING AND IMPLEMENTING PREVENTION PROGRAMS*

The National Prevention Network's public health model of prevention recognizes the following principles:

1. Prevention is an ongoing process, not a single activity or event.

2. Prevention promotes strategies which attempt to reduce both the supply of and the demand for substances.

3. Prevention programming should be comprehensive in its approach and should recognize the interrelatedness of the use, misuse and abuse of all substances.

4. Prevention programming should include the following:

   a. Multiple strategies which include consumer information, education, developing personal resources, law enforcement, community development and social policy.

   b. Multiple target populations ranging from the general population to specific high-risk, cultural, ethnic, and gender related groups.

   c. Multiple systems which include the family, religious institutions, schools, government programs, community groups, service organizations and providers, legal and judicial system, business and industry, media, and others within the community.

5. Prevention programming should be integrated into an overall health promotion and disease prevention system and should include broad-based wellness strategies as well as specific substance related strategies.

6. Prevention programming must reflect the understanding that prevention is a shared responsibility at all levels but that specific strategies are best accomplished at the community level. Therefore, community involvement in planning and implementation is imperative.

7. Prevention programming recognizes that solutions to problems of such magnitude require a long-term commitment that is flexible and adaptable to an ever-changing environment.

## INTERVENTION

Reducing the incidence and magnitude of the problems associated with substance abuse requires strategies for both prevention and early intervention. Prevention strategies focus on those individuals who may not yet manifest problems associated with the abuse of substances. Intervention strategies are aimed at confronting the individual who may be using a substance under conditions that endanger health or life as to the need for treatment, then encouraging and facilitating services to eliminate or minimize the risks.

Multiple activities must be developed if we are to identify and assist individuals in need of treatment through early intervention:

1. *HEALTH PROFESSIONAL EDUCATION.*

   A. The recognition of problems associated with substance abuse needs to receive increased emphasis in the training curricula of all health related professionals.

   B. Health professional organizations and associations need to actively promote continuing education for awareness of substance consumption, early recognition of problems associated with substance abuse, early intervention techniques, and available resources in the community for treatment and support services.

2. *EMPLOYEE ASSISTANCE PROGRAMS (EAP).*

   Development and implementation of employee assistance programs should be collaborative efforts between management, labor unions, and public health programs. From a management perspective, the focus of the program is to assist employees through early identification on the basis of job impairment. The goals are to reduce absenteeism, tardiness, accidents, replacement costs and inefficient performance.

3. *SUPPORTIVE CONFRONTATION.*

   *This is a* structured method of confronting and referring an individual in an environment that provides family and social support for the individual to acknowledge his or her addiction, its implications, and impact. This confrontation and acknowledgment in conjunction with the decision to obtain treatment is the first step to recovery.

## INTAKE, ASSESSMENT AND INDIVIDUAL PLANNING

Intake is the process of determining eligibility for admission into the program, assessing the need for emergency services and initiating data collection. Some of the specific procedures that will need to be established during the intake process include written criteria for voluntary and involuntary admissions, priority for admission, identification of financial requirements and resources, and identification of referral sources for ineligible clients or for services not provided by the program.

In order to develop an appropriate treatment plan, there must be a systematic determination of need. This may be accomplished by performing a comprehensive assessment of the client's history using interviews, screening and diagnostic tools. When appropriate, involvement of the entire family or other collaterals may be necessary.

It is important that an individual plan be developed for each individual based on the assessment of his or her needs and resources. This plan should identify specific problems to be resolved during treatment, specific outcomes, treatment methods, and procedures for review and updating. Involvement of the client, and when appropriate family and friends, is imperative.

## TREATMENT

There is increasing recognition that substance abuse is a multifaceted syndrome rather than a single medical problem requiring traditional medical treatment. There is also evidence of the wide differences among individuals who abuse substances in demographics, patterns and types of drug use, employment skills, crime background, and family support. Because of the variabilities in these individual factors and the multidimensional nature of the problem, treatment methods also have to be varied to meet the variety of needs.

Treatment services are diverse and can be categorized into one of three major classes of treatment models--physiological, psychological and sociocultural. Because substance abusers suffer from complex medical, psychological and social problems, there is a need to develop a comprehensive array of treatment modalities which may be used singly or as combined adjunctive therapy programs. Treatment programs should be developed not only to include a combination of approaches in a variety of settings, but also to develop procedures for clients to receive services in a succession of settings--moving from detoxification to residential care to outpatient services. Some of the treatment modalities in each of the classes include:

*PHYSIOLOGICAL--Treatment strategies which focus on the individual as the unit of treatment and use pharmacotherapy to produce change in the individual.*

DETOXIFICATION

Detoxification means withdrawing the drug or drugs upon which the person is physiologically dependent. Detoxification is generally seen only as the beginning step in a long-term treatment program. Detoxification programs should be developed on the philosophy of providing the individual a safe means of reducing physiological dependency, an opportunity to break the cycle of addiction, and a chance to enter treatment.

Detoxification can be accomplished in a variety of ways and settings. Depending on the severity of the symptoms during withdrawal, the course may be managed either in a social or medical environment. Those individuals experiencing severe withdrawal symptoms, suffering from coexisting physical illnesses, or with overt psychotic reactions will require medical management in an inpatient or outpatient medical setting. For individuals experiencing mild to moderate symptoms without coexisting medical problems, detoxification may be accomplished safely in a non-medical setting and without medication.

PHARMACOTHERAPIES

Pharmacological treatment is not only used for cessation therapy, but can also be used in maintenance treatment. Administration of opiate partial agonist (methadone), antagonists (naltrexone, Antabuse), craving blockers (Amantadine) or drugs intended for treatment of psychopathology such as depression and anxiety all have potential benefit. However, it must be emphasized that these drugs are rarely of utility alone and should be viewed as adjuncts to other treatments.

*PSYCHOLOGICAL--Treatment strategies which focus on the person and use psychotherapy or behavior therapy to help the individual change behaviors.*

Examples may include individual or group therapy, behavior therapy (contingency contracting, contingency management), counseling and psychotherapy.

Because of the multidimensional aspects of the problems, the uncertainty of cause and effect, and the diversification of treatment strategies, modes and settings for treatment, it is often very difficult to determine which treatment may be the most effective.

Despite this uncertainty, there are some principles that most experts agree upon:

1. As with other chronic diseases, it is best to speak in terms of remission and improvement rather than "cure" in treating individuals who are substance abusers. Relapses are to be expected given the chronic nature of this disorder.

2. Different types of patients require different types of treatment.

3. Differences in outcomes to treatment are more readily attributable to the characteristics of clients rather than to differences in program content, setting or length. Therefore, effectiveness of treatment can be improved by matching clients to the most appropriate treatments.

4. A comprehensive system of services which utilizes single as well as combinations of adjunctive therapies is required to meet the multidimensional needs of clients.

*SOCIOCULTURAL--Treatment strategies which focus on both the person and his/her social and physical environment as the units of treatment and use a variety of techniques, including environmental structuring, to provide new social relationships for the individual.*

MARITAL AND FAMILY THERAPY

Substance abuse problems affect and are affected by the client's family and social situation. Marital and family therapy include a variety of therapeutic techniques based on the philosophy that a disturbed family environment plays a significant role in individual pathology and that treating the family will produce positive change.

ENVIRONMENTAL STRUCTURING

Some examples of environmental structuring include therapeutic communities, changing residence, changing occupation, and vocational rehabilitation.

## AFTERCARE

Recovery is not just the cessation of drug use; it also demands adjustment to a new way of life within the culture of the larger community. Addicts need hope and determination in the face of change. But, to make a truly new way of life and not just relocate the old one, people need much more than grit. People must have guidance, acquire new skills, and make new contacts...
(Zackon, 1985).

Aftercare services are a critical component of a comprehensive substance abuse treatment program and should be planned towards the end of the treatment phase. A continuum of care that includes aftercare is considered essential because of the relatively long period of recovery and the high rate of relapse of individuals treated for substance abuse.

While more needs to be known about addiction, treatment and recovery, much is already known about some of the issues that face an individual about to undergo the challenges of recovery. Zackon summarizes the core issues that are central to anyone in recovery. These core issues should be addressed as a related set of problems on a continuum when developing any aftercare program:

1. There is drug craving which can remain strong for many months following physiological withdrawal and which may seem to renew itself upon one's discharge from a drug-free environment. Craving appears to be largely the result of drug conditioning and is stimulated by a host of settings and events that a recovering person must gradually learn to handle or avoid altogether.

2. There is a need for a new social network. This challenge usually demands significant social risks and socializing in unfamiliar ways.

3. There is a need to recognize that there is a learning process in adjusting to drug-free activities and satisfaction.

4. There is a need to learn how to respond safely to physical pain and stress. Lacking substantial experiences, modeling, and reassurance related to normal discomforts, a newly drug-free person could easily interpret the pain as abnormal, become discouraged and resort to drugs.

5. There is a need for interpersonal intimacy--rather than dependence; but initiating and learning to sustain such relationships becomes the challenge. Many relationships from the past are damaged, others may be available but hard to approach. Intimacy can be vital but especially problematic for a person whose self-esteem is fragile.

6. The risks of relapse are great because various social pressures to indulge are so pervasive in our society. Drugs for use and abuse are widely available. In addition to dealing with all the other issues, the recovering addict must learn to resist. And if a relapse does occur, how one responds, and with what help and resources, critically affects what happens in the future.

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# APPENDIX A

# APPENDIX B

# THE PROPOSED DATA SUB-SYSTEM

High quality data and information are essential for the planning, development and evaluation efforts in any human service program. In order for statewide data to be available, the Alcohol and Drug Abuse Division will be responsible for developing a data system that will accomplish the following:

1. Serve as a centralized data base for the purposes of identifying clients and for demographic surveillance.

2. Serve as an interactive system that will allow the tracking of service provision.

3. Serve as a mechanism for evaluation of service utilization, client outcomes, and system functions.

## 1. CENTRAL STATEWIDE DATA BASE

The development and implementation of a centralized and integrated data base begins with a health record for each client. This data is generated at the program level and is conveyed to a central data entry point. This statewide data base should serve as the central registration system what will be able to provide demographic information related to all individuals receiving services in the system.

There are many issues that will need to be examined, assessed and decided upon. Some of the issues are:

A. CONFIDENTIALITY MUST BE ABSOLUTELY ASSURED. As with any patient/client specific identification system, confidentiality at all levels must be maintained to comply with applicable federal and state requirements. Some methods of assuring confidentiality are: (1) modifications in software that allow limited access to certain portions of the data base; (2) establish a numeric coding system for identification of and access to patient files together with a physically separate master listing of names and numeric codes.

B. Referrals and transmittal of data to the central data base. With the Alcohol and Drug Abuse Division responsible for establishing, implementing and maintaining the central data base, the main issue becomes the development of mechanisms for data transmittal from a variety of community based programs which are the primary sources of data. Some of the other issues are: (1) incentives that can be offered to providers of services to make the initial referrals and updating the data for the central data base; (2) types of training and education that will be required for personnel submitting data; (3) definitions, procedures and forms for submitting data.

C. Feedback of information to programs/agencies submitting data. Mechanisms and formats for reporting of information retrieved from the central data base will need to be developed.

D. Data base management. Procedures will need to be developed for the management of the daily operations of the data base as well as procedures for the periodic updating and maintenance.

## 2. SERVICE TRACKING

Tracking is a process of continuous monitoring and assessment of the services received by an individual and/or family to meet their identified needs. The tracking system should be designed for the following outcomes: (1) Clients are not "lost" in the system of service delivery; (2) timely provision of services is assured; (3) needed services are identified based on a comprehensive evaluation; and (4) the provision of the services is appropriately monitored.

There are many issues that will need to be assessed as the tracking system is designed, developed and implemented. Some of these issues are:

A. Comprehensive assessment and individual plans. Mechanisms, policies and procedures will need to be developed for conducting comprehensive assessments for the identification of needs and methods of documenting those needs into an individual plan.

B. Data generation and submission. With the service delivery system designed as a community based system, service provision is accomplished by a variety of programs, agencies, facilities and individual providers. Policies, procedures, methods of data collection and transmittal, forms for collecting data, among others will have to be developed and implemented.

C. Daily operations and maintenance of the tracking system. Procedures will need to be developed for the compiling of data, the editing and validating of data and data entry.

## 3. EVALUATION

Evaluation is an inherent part of everyday living as well as part of all program activities. Evaluation is part of the cyclical process of planning and assesses the effectiveness and the degree of success in achieving predetermined objectives. Therefore, one of the important and early steps in the development of an evaluation process is the establishment of indicators:

A. System indicators-measure the effectiveness of the system by being able to identify individuals in need of service, to assure that the service delivery system is responsive to the needs of the individual.

B. Service indicators-measure the utilization of services and reflect the degree to which services are available and accessible to the population.

C. Outcome (status) indicators-measure the health (outcome) status of individuals within the service delivery system. The health status is the accumulative interaction of lifestyle, health practices, attitudes and availability and accessibility to services.

## THE PROPOSED QUALITY ASSURANCE SUB-SYSTEM

Quality assurance is an elusive and frequently misunderstood concept. Some of the reasons for the confusion are: (1) there is no one single operational definition; (2) the term "quality" is at best subjective and is determined by degrees of excellence and based on a value system; and (3) quality is difficult to quantify.

Further misconceptions are based on the political forces and the legislation that created the professional standards review organizations (PSRO) with the intent to curtail costs of health care as well as monitor quality. In other attempts at cost-containment, the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 and the Social Security Amendments of 1983 were enacted. This legislation provided for the concept of Diagnostic Related Groups (DRG). Over the years, the concept of quality assurance has been inextricably associated with cost-containment and carries with it the negative connotations of monitoring and compliance.

In reviewing the historical development of quality assurance efforts, professional accountability stands out as a predominant force in influencing and shaping the activities in quality assurance programs. In recent times the process of establishing professional standards has become institutionalized through professional organizations, accrediting bodies, and legislation; however, we must not lose sight of the fact that the health care provider must be a key participant in the evolution of standards.

Based on this concept of assuring professional accountability in providing quality services and being cognizant of the misconceptions of the past, it is proposed that the philosophy of education for and promotion of high quality services be the impetus in designing quality assurance programs. The implementation of this philosophy would include: (1) developing standards in a cooperative effort by the service providers and the Alcohol and Drug Abuse Division; (2) developing methods of monitoring and evaluation with the intent of identifying areas for professional education, training, and technical assistance; (3) developing mechanisms for requesting technical assistance, education and training in order to improve quality of services.

## 1. THE CYCLE OF QUALITY ASSURANCE

The quality assurance process is cyclical and consists of the following components:

A. Identifying values and standards.

B. Obtaining measurements through monitoring to determine the degree of attainment.

C. Analysis and interpretation by comparing standards with measurements.

D. Identifying courses of action to improve quality.

E. Identifying educational needs to improve quality.

F. Implementing actions and provision of education.

## 2. STANDARDS OF CARE

Standards may be defined as:

> The level of performance or the nature of a condition that is considered acceptable by one having expertise and the authority in the situation or by those instrumental in maintaining such performance levels or conditions.
>
> An agreed upon level of excellence; an established norm.
>
> Something set up and established by authority as a rule for the measure of quantity, weight, extent, value or quality.

These definitions contain common concepts that may be viewed as the distinguishing characteristics of standards. They are:

A. Standards are predetermined.

B. Standards are established by an authority.

C. Standards are communicated to and accepted by those individuals affected by the standards.

D. Standards must be measurable.

E. Standards must be achievable.

F. Standards should be continually modified by changes in values, advances in technology and alterations in policies.

## 3. MONITORING AND EVALUATION

Monitoring is the process of collecting data and information about the degree of achievement of the standard. One of the basic techniques of monitoring is the audit system which refers to a structured, formal evaluation study based on the client record. There are two basic dimensions of the audit: (1) the time frame--prospective, concurrent, or retrospective and (2) the focus of the evaluation--structure, process, or outcome.

An evaluation program uses the information ascertained by the monitoring and assesses the performance of health care professionals, the effectiveness and efficiency of administrators and outcomes for clients.

In the development and implementation of a monitoring and evaluation program, there are several decisions that must be made:

A. Methods and mechanisms of monitoring

B. Focus of evaluation

1. Structure--focuses on the facility or system aspects of care;, such as program/facility policies, staff qualifications, organizational framework.

2. Process--focuses on the procedures and actions carried out by the health care provider.

3. Outcome--focuses on the end result of care and services; a change in the client's short term and long term health status.

## 4. A PROFESSIONAL EDUCATION AND TRAINING PROGRAM

Based on the outcomes of the monitoring and evaluation process, a rational approach to professional education and training may be developed which will be based on objectively identified needs.

One of the critical factors that assures success is the understanding that one of the purposes of the Quality Assurance Program is to identify areas that need to be improved rather than areas that are deficient. Based on this philosophy, educational programs may take the form of technical assistance to address the needs elicited by the evaluation of the structure. Review and improvement of procedures may result from evaluating the process. A more effective program can be developed from assessing the outcomes.