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General Accounting Office
Washington, D.C. 20548

Health, Education and Human Services Division

B-260591

June 2, 1995

Senator John D. Rockefeller IV
Ranking Minority Member
Committee on Veterans' Affairs
United States Senate

Dear Senator Rockefeller:

More than 240,000 veterans receive inpatient and/or outpatient substance abuse services at 165 Department of Veterans Affairs' medical centers (VAMC) and freestanding clinics at an annual cost to the government of over \$500 million. The high incidence of substance abuse in the veteran population and the significant cost to VA of treating this problem led your staff to ask us to obtain information on (1) the types of services that are being provided to veterans and (2) how the veterans are utilizing these services. We began our review by examining the Brockton VAMC located in Brockton, Massachusetts. We did not select the center because of any preconceptions about the services being provided. Instead, our plan was to review a city-based program, discuss with your staff what we learned from this review, and determine whether further work at other locations was warranted.

Brockton has an extensive substance abuse program that consists of inpatient and outpatient detoxification and rehabilitation services; counseling; training for psychiatrists, psychologists, and social workers; and research activities. In fiscal year 1994, the Brockton VAMC spent approximately \$4.5 million on its substance abuse program. The program, which was revised and expanded in 1994, served over 1,200 veterans in the inpatient and outpatient settings in the first half of fiscal year 1994.

This letter focuses on (1) the center's detoxification and rehabilitation services, (2) the need for better utilization data at this facility, and (3) efforts made by Brockton personnel since June 1994 to restructure its substance abuse program. To develop this information, we interviewed program officials; examined program documentation, including policies, procedures, goals and objectives; reviewed randomly selected medical files of 30 veterans enrolled in the inpatient and 30 enrolled in the outpatient programs between October 1, 1993, and March 31, 1994; and developed and analyzed utilization information on inpatient program participants who received

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services during the period October 1, 1991, through June 30, 1994. As agreed with your staff, we will begin a follow-on assignment later this summer to explore these and other issues VA-wide.

SUBSTANCE ABUSE SERVICES PROVIDED
BY THE BROCKTON MEDICAL CENTER

Brockton's substance abuse program offers a full range of services, including detoxification and rehabilitation, that are designed to deal with the biological, psychological, and social causes of substance abuse. For example, the rehabilitation program generally consists of individual and group counseling and education and is designed to meet the needs of veterans with substance abuse problems at whatever stage of addiction they may seek help. In the rehabilitation program, veterans are assigned to an individual therapist who works as part of an interdisciplinary team consisting of psychiatrists, psychologists, nurses, social workers, and addictions therapists. Brockton's substance abuse program has 40 beds and has the capacity to detoxify up to 10 patients. Veterans needing detoxification who are not in the substance abuse program can receive it through Brockton's medical or psychiatric services. They can also be referred to other non-VA detoxification services in the community.

Brockton's therapeutic community program, called Project Rise, maintains 12 inpatient beds for long-term rehabilitation stays for veterans, including those with chronic substance abuse problems and post-traumatic stress disorder. In addition, the Brockton VAMC contracts with non-VA providers for services in residential programs that provide transitional living arrangements for veterans who need a safe and structured environment to complete their rehabilitation.

The center's substance abuse outpatient clinic provides continuity of care for patients who have been hospitalized as well as treatment for those who do not require hospitalization. Additional outpatient treatment services are provided to veterans through a clinic affiliated with the Brockton VAMC located in Worcester, Massachusetts. Both programs provide services for alcohol and drug users who live in the community, in halfway houses, or in similar group residential facilities. Services include individual and group therapy, crisis intervention, medication, and, when needed, short-term readmission to the Brockton or West Roxbury VAMC. Couples and family therapy is also offered through programs such as the "Counseling for Alcoholics' Marriages" Project, which provides behavioral marital therapy for veterans and

their spouses, and project AWARE, which provides alcohol education to veterans and their families.

In addition to drug and alcohol treatment, the Brockton VAMC provides extensive psychiatric services to veterans. Further, because Brockton is also associated with the West Roxbury VAMC, all veterans have access to a full range of medical and surgical services at that nearby facility. Brockton also has a Compensated Work Therapy program, which emphasizes vocational assessment, rehabilitation, and improved work skills and habits through workshops and employment.

BROCKTON VAMC STAFF DO NOT ANALYZE
PROGRAM PERFORMANCE DATA

Brockton VAMC staff believe that their inpatient programs help veterans address their substance abuse problems. However, at the time of our review, the staff had not sufficiently developed and analyzed program performance information that could verify this assumption. As a result, the Brockton VAMC staff could not provide us with program performance data on (1) the extent to which patients complete detoxification episodes and (2) the extent to which veterans enter and complete inpatient rehabilitation programs.¹ These data are critical to effective analysis of program results.

Detoxification is the first step in reducing an individual's dependence on substances. Its purpose is to help the individual stabilize physically and psychologically until the body becomes free of drugs or alcohol. It also provides clinicians an opportunity to recruit and prepare individuals for longer term substance abuse programs. Studies have shown that rapid relapse is likely to follow detoxification unless patients participate in rehabilitative services. Individuals completing a detoxification program without continuing their rehabilitative services are no more likely to succeed in reducing substance abuse than persons achieving unassisted

¹In order to determine how veterans were utilizing detoxification and rehabilitation services at the Brockton VAMC, we worked with the Brockton staff to develop a system to analyze inpatient information through VA's inpatient Patient Movement Statistics File. From this file, we developed utilization information for the period October 1, 1991, through June 30, 1994.

withdrawal.² Given the importance of rehabilitation after detoxification, program managers should know the extent to which veterans enter and complete rehabilitation programs. But at the Brockton VAMC, this information was not available.

Our analysis of VA data showed that 1,964 veterans used Brockton's substance abuse inpatient services from October 1, 1991, through June 30, 1994. Of these veterans, 1,706 had a total of 4,097 inpatient detoxification admissions. In approximately 71 percent of the detoxification admissions, the veteran completed the detoxification regimen established by the medical center. We also determined that 992 of the 1,964 veterans had a total of 1,131 inpatient rehabilitation admissions. In approximately 89 percent of the rehabilitation admissions, the veteran completed the rehabilitation regimen established by the medical center.

We also reviewed a random sample of patients' records from VA's Patient Treatment File from October 1, 1993, through March 31, 1994, to obtain a profile of individuals who utilize the Brockton VAMC program. Of the 30 veterans reviewed, 15 received detoxification services during our analysis period but did not participate in either of Brockton's inpatient or outpatient rehabilitation programs. Of the remaining 15 veterans, 7 were admitted to the medical center's inpatient rehabilitation program, 4 participated in the outpatient program, and 4 participated in both.

The 15 veterans who did not participate in rehabilitation programs were all males and had an average age of 48. Their primary substance abuse problem was alcoholism, although several had related drug or psychiatric problems. Most had been unemployed for a considerable time and had intermittent work histories. Five of these veterans left the detoxification program before they completed it, usually against medical advice. Further, several of the veterans immediately resumed drinking after completing detoxification, including one who completed three detoxification admissions during our sample period and resumed using alcohol and heroin shortly after each discharge from the program. The following is a more detailed example of one of these cases.

²Treatment for Alcohol and Other Drug Abuses, Opportunities for Coordination, The Center for Substance Abuse Treatment Technical Assistance Publication Series 11, U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, 1994, p. 33.

- One 43-year-old veteran had a 29-year history of alcohol problems and drank a half-gallon of vodka every day. The veteran participated in two detoxifications between September 1992 and May 1993, but did not enter inpatient rehabilitation after either detoxification because he was not interested. In June 1993, he requested detoxification but was not admitted at that time because no beds were available. In October 1993, he was again admitted for detoxification. The veteran told VA admissions personnel that he had at least 30 prior VA and non-VA detoxifications (one discharge summary indicated 100 previous detoxifications) and had attended two inpatient programs. The veteran left his October 1993 detoxification program after 3 days, against medical advice, which he had done before. A Brockton VAMC physician stated that the veteran had no insight into his substance abuse problems or motivation to enter rehabilitation.

Because some veterans make extensive use of Brockton's substance abuse programs but often do not complete the prescribed program regimens, we identified 30 patients who repeatedly used Brockton's detoxification services from October 1, 1991, through June 30, 1994. We found that these 30 veterans accounted for 373 separate inpatient detoxification admissions, of which 114, or 31 percent, were successfully completed. The following is an example of an extensive user of Brockton's substance abuse services.

- One 57-year-old veteran had a 38-year history of alcohol abuse and had 13 separate inpatient detoxification admissions during the analysis period. He completed seven admissions, but insisted on leaving the medical center before he completed the other six. VA's medical files indicated that over the last 38 years this veteran had somewhere between 200 and 300 prior detoxifications and 15 inpatient rehabilitation episodes with VA and non-VA substance abuse programs. His file also indicated that the veteran had extensive medical, legal, and social problems, all due to alcohol.

PROGRAM CHANGES MADE WITHOUT
SUFFICIENT PERFORMANCE DATA

In June 1994, Brockton program management officials implemented several changes to its inpatient and outpatient programs, without the benefit of detailed program utilization data. The program changes were designed to curb the high readmission rates for veterans seeking detoxification services, increase program efficiency, and expand program access. Brockton personnel made these changes on the basis of

their observations and information generated by VA's central office, such as the Quality Improvement Checklist reports on readmission,³ inpatient length-of-stay reports, and a recognition of the changes that were occurring in non-VA substance abuse programs.

Changes to the inpatient program included (1) linking detoxification directly to the inpatient rehabilitation program, (2) generally limiting the number of detoxifications to two per year,⁴ and (3) revamping the inpatient program to improve the services provided to veterans in order to better meet their needs. Changes to the outpatient program included (1) establishing transitional living arrangements for veterans awaiting entry into a half-way house and (2) providing counseling for veterans and spouses/significant others who are affected by the veteran's substance abuse.

In February 1995, the Brockton outpatient substance abuse clinic further expanded its services to include an outpatient detoxification program and a partial hospitalization program. These programs will allow veterans to receive the same services offered to inpatients, but they will be able to go home every day. As of March 1995, the partial hospitalization program was serving approximately five homeless veterans who live in a VA domiciliary on the grounds of the medical center. Recently, three veterans completed the outpatient detoxification regimen established by the medical center.

Recognizing the need to measure the effects of the program changes they made, Brockton VAMC program officials established a Program Evaluation Committee. The Committee's primary focus is to determine whether the VAMC's substance abuse programs are effective and efficient, and whether the effects of the

³The Quality Improvement Checklist measures selected areas of quality performance across VA's medical center system so that facility managers can focus on those needing improvement. The checklist data indicated that, like the Brockton VAMC, many medical centers may have provided extensive repeat detoxifications to veterans.

⁴This policy is implemented on a case-by-case basis. Individuals who are enrolled in Brockton's substance abuse programs can be readmitted for detoxification more than twice if the medical team approves such action. Further, veterans who exceed the new limitation and are not readmitted through the substance abuse program can still receive detoxification services through the center's medical or psychiatric services.

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treatment last over time. The Program Evaluation Committee staff told us that they were reviewing the efficiency of the programs through factors such as average length of stay and readmission rates.

BROCKTON VAMC OFFICIALS RECOGNIZE
NEED FOR FURTHER ACTION

Brockton medical center officials told us that they were aware that a large number of veterans used the medical center simply for detoxification services before June 1994. They also stated that their substance abuse program policies before that time basically enabled veterans to continually use the services without sufficient emphasis on linking detoxification with rehabilitation. However, the officials noted that, because VAMCs are generally required to treat all eligible veterans, their options are limited in dealing with veterans who continually need detoxification services.

Brockton VAMC officials recognized that the program data they were collecting at the time of our review were limited and agreed that the information we developed during our review was helpful. They noted, however, that data collection and evaluation in substance abuse programs in both the public and private sectors has only recently been getting the attention it requires. These officials reiterated that they are in the early stages of evaluating their substance abuse program and stated that they were recently authorized to hire a program evaluator to assist in this process. Based on the medical center's anticipated evaluation approach, program officials stated that they will eventually develop more detailed information like the data we compiled during our review.

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We are sending copies of this letter to the Secretary of VA and other interested parties. We will also work with VA to distribute this letter to all VAMCs in order to help other centers benefit from the lessons learned by Brockton staff.

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If you have any questions about this letter, please contact James Carlan, Assistant Director, Federal Health Care Delivery Issues, on (202) 512-7112. Other staff contributing to this letter were Richard LaMore, Stuart Fleishman, and Arthur Merriam.

Sincerely yours,



David P. Baine
Director, Federal Health Care
Delivery Issues

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