



Behavioral Health

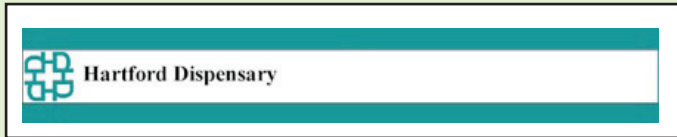
Pacesetter Award

in Support of Direct Care Workers

BETTER JOBS
BETTER SERVICES
BETTER BUSINESS

***Pacesetter Case Study:
Hartford Dispensary
Hartford/Manchester, Connecticut
2011 Pacesetter Award Winner***

To learn more about the Behavioral Health Pacesetter Award, please see a description of the process on the last page of this report.



Hartford Dispensary is the largest nonprofit provider of outpatient methadone treatment for people with chronic opiate dependence in Connecticut, and one of the largest in New England. With its complement of nine licensed facilities, 146 employees¹ and a \$14 million annual operating budget, the agency serves about 3,700 patients each day, who come for their daily methadone dose and a range of other services.

Today, Hartford Dispensary is a financially stable organization that has established a strong professional development program (PDP) that is helping to enhance the quality of its services while promoting career and educational advancement among its direct care workers. But why and how did this happen?

Serving the Community for 140 Years—Established in 1871, Hartford Dispensary became one of the first outpatient medical facilities in Connecticut to provide services for poor people living in and around the state’s capital. Throughout its first century of operations, the agency established a solid reputation and attracted many prominent community and business leaders to serve on its board of directors. During both World Wars, Hartford Dispensary conducted physicals for the armed forces but never lost sight of its commitment to the medically indigent. Since most of its clientele lacked resources to pay for services, the agency had scant patient revenue and little competition for its business. Instead, charitable donations from Hartford’s social elite, a modest endowment, and the devoted efforts of the agency’s management and caregivers (including many volunteer physicians), kept the organization on steady footing.

For decades, little was known about substance abuse or its treatment, and, with the exception of alcohol dependence, there were few patients with addiction disorders. Consequently, Hartford Dispensary focused on other medical problems. But things were about to change.

Crisis/Opportunity—In 1965, the creation of Medicaid established a funding stream supporting medical treatment for low-income, medically needy and disabled people. General hospitals soon expanded outpatient care for newly entitled patients. Since these hospitals had much more to offer, as their outpatient services continued to grow, Hartford Dispensary began losing its traditional patients. It had no choice but to change its service portfolio or discontinue operations.

Meanwhile, heroin addiction was rapidly becoming a problem in the U.S. By the mid-1960s, a heroin epidemic had erupted along the northeastern corridor, from New York City to Boston. At the time, no methadone treatment was available in Connecticut.

¹ Like many other methadone programs, Hartford Dispensary employs a sizable number of per-diem licensed practical nurses and registered nurses (N=57) who dispense methadone on a daily basis.

On the national stage, early in his presidency, Richard M. Nixon became alarmed by the high rate of heroin addiction among soldiers returning from duty in the Vietnam War. Nixon officials also learned of pioneering methadone treatment being provided by Washington, D.C.-based psychiatrist Robert DuPont. Despite intense stigma associated with drug dependence, hints of racial prejudice (many heroin users were black) and controversy that methadone merely substituted one addiction for another, Nixon decided to fund methadone treatment. In June 1971, the President declared drug abuse “public enemy number one in the United States” and launched the vaunted “war on drugs.”

Back in Connecticut, two prominent community leaders² proposed to Hartford Dispensary that it become a treatment facility for heroin users. The decision to change its operational focus was not an easy one. The agency’s “blue chip” board, comprised of leading physicians, executives from Hartford’s insurance industry and the scions of well-heeled Hartford area families, was deeply divided over the proposal. While the tradition of serving poor people suited them, some found the idea of treating “drug addicts” distasteful. Yet a majority recognized the proposal’s wisdom and approved the change. Hartford Dispensary was on its way to becoming a methadone clinic.

The troubles were not over yet. Over the next nine years, Hartford Dispensary struggled to achieve stability. From 1971 to 1980, the agency churned through six executive directors and ran deficits that required a drawdown of endowment funds to cover operating costs. By 1979, the board was again considering closure. While they pondered the agency’s fate, a prominent member suggested that they make one last attempt to select a manager who had both financial and clinical expertise. Around that same time, in yet another ominous development, Medicaid initiated an audit of the agency’s billing practices.

New Leadership and Damage Control—Paul McLaughlin, then associate director of the Drug Dependency Unit at Yale University’s Department of Psychiatry, was recruited and started work as CEO in January 1981.

“My background was both clinical and financial,” he recalls. “From the very start, the board made it clear that I’d need to achieve balance between the agency’s caring mission and business requirements.”

² The proposal was made by Brian Hollander, director, Hartford Institute for Criminal and Social Justice, and Dr. Benjamin Wiesel, chairman, Department of Psychiatry, University of Connecticut.

On his first day as CEO, the agency was served with an eviction notice at one of its three clinics. The clinic site was leased from a rapidly growing general hospital that had need for the space. Soon afterward, a representative from Hartford Police Department's narcotics division informed McLaughlin that methadone, presumably from take-home medications given to patients at Hartford Dispensary, was being diverted for illegal sale on the city's streets. McLaughlin had major problems to resolve, and he knew it. He ordered an immediate review of all take-home medications and cancelled most of these privileges. While this was an important stop-gap measure, he recognized that the agency's troubles would need to be solved at a more fundamental level. He began meeting with agency staff, talking with patients, inspecting clinic and administrative work space and observing clinical and business practices. He concluded that the agency's staff was not properly trained, and many were not well suited for work in addictions treatment.

Soon afterward, the Medicaid audit disqualified \$190,000 in fees that had already been paid to the agency. At the time, this represented a significant portion of the operating budget. Medicaid ruled that the agency improperly billed for patients given take-home medications and stipulated that methadone patients needed to be seen face-to-face for billing to occur.³

In a series of negotiations, McLaughlin reached an agreement with Medicaid officials that gave Hartford Dispensary three years to pay back its debt. More importantly, McLaughlin negotiated a new payment method—a bundled weekly rate. The bundled rate covered all methadone administration and counseling services provided to a patient during the week.⁴ This greatly simplified billing, reduced the likelihood of errors and put the agency on steadier financial footing.



Paul McLaughlin, CEO, Hartford Dispensary

³ This federal rule would later be changed to again permit billing for take-home medications.

⁴ The patient had to be seen at least once per week for billing to occur.

Hartford Dispensary Services

Hartford Dispensary operates clinics in north-central and eastern Connecticut. Its facilities are licensed to offer methadone maintenance, methadone detoxification, buprenorphine⁵ treatment, ambulatory detoxification, adult psychiatric care and outpatient substance abuse treatment. The agency also offers specialty services for people with co-occurring psychiatric and substance use disorders, people with HIV/AIDS, older adults, and drug-involved pregnant and postpartum women. In addition to substance use treatment, the agency's Henderson-Johnson clinic in Hartford provides primary medical, dental and acupuncture services.

Methadone Maintenance Treatment (MMT)

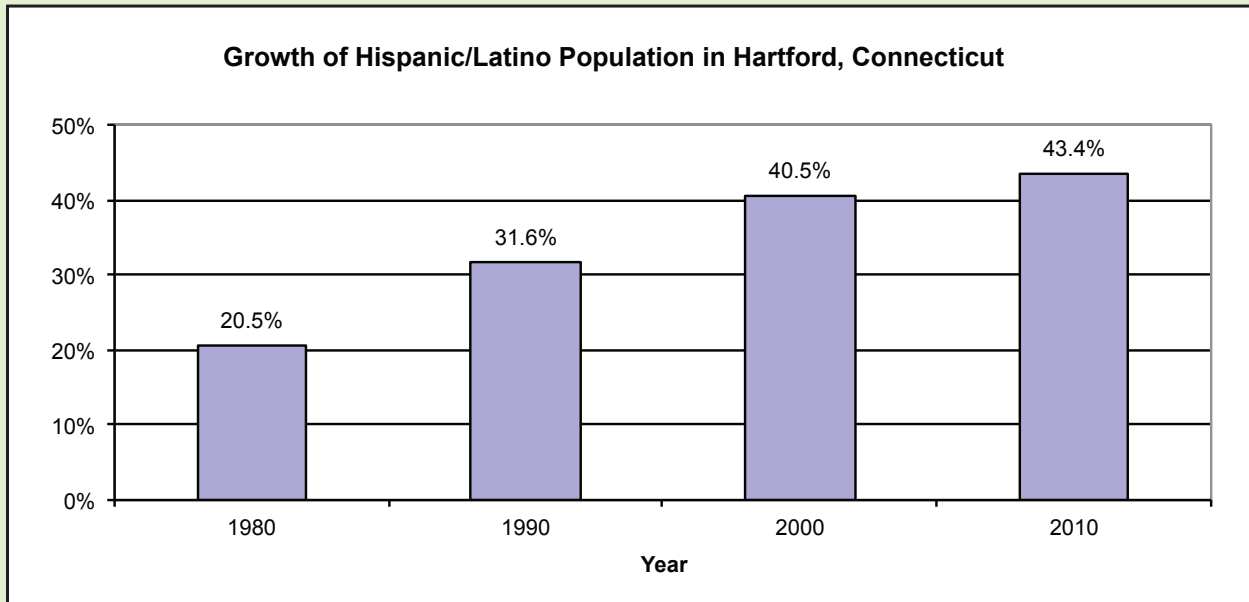
Methadone maintenance treatment (MMT) is a relatively low-cost, evidence-based pharmacological treatment for narcotics addiction that, when combined with psychosocial counseling and other supports, proves highly effective. MMT is among the most thoroughly researched substance abuse interventions known. Developed by German scientists in 1937, methadone was first introduced in the United States in 1947 as an analgesic. During the early 1970s, methadone rapidly gained popularity as a treatment for heroin addiction because (1) it became covered by Medicaid funding in many states, and, (2) when given in proper dosage, it blocks the “high,” reduces cravings and prevents distressing opioid-withdrawal symptoms. In typical operations, MMT involves a daily visit by the patient to a clinic so that a dispensing nurse can observe the dose being taken. Federal regulations allow “take homes” of up to 30 days for individuals who comply with clinic rules and screen negative for opioids on frequent urinalyses. A widely recognized cost-benefit study revealed that MMT was much less expensive (by 4:1) than the societal costs of untreated heroin addiction.⁶

⁵ Like methadone, buprenorphine is a medication used for the detoxification, or short- and long-term treatment of opioid dependence.

⁶ Harwood HJ, Hubbard RL, Collins JJ, Rachal JV. The costs of crime and the benefits of drug abuse treatment: a cost-benefit analysis using TOPS data. In: Leukefeld CG, Time FM (eds.). *Compulsory Treatment of Drug Abuse: Research and Clinical Practice*. National Institute on Drug Abuse Research Monograph Series 86. Rockville, MD: National Institute on Drug Abuse, 1988.

An Environment in Flux—As the 1980s and 1990s unfolded, several additional elements had significant influence on Hartford Dispensary’s operations: (1) rapid growth of the area’s Hispanic/Latino population; (2) widespread availability of inexpensive, high-purity heroin; (3) emergence of managed health care; and (4) changes in the monitoring of opiate treatment programs (OTPs).

Growth of Hispanic Population—Despite Hartford’s declining population, the number of Hispanic/Latino residents has expanded by 94.2% (from 27,898 in 1980 to 54,185 in 2010). By 2000, there were 113,540 Hispanics living in the Hartford metropolitan statistical area.⁷ And, although only 7.9% of Connecticut residents were living in poverty, the poverty rate in Hartford was an alarming 30.6%.⁸



Heroin Availability⁹—According to the U.S Department of Justice, heroin is widely available throughout the United States. Hartford Connecticut sits astride a known drug trafficking route for the northeastern states. Law enforcement authorities have reported heroin remains widely available and that availability is increasing in some areas, as evidenced by high wholesale purity, low prices, increased levels of abuse and elevated numbers of heroin-related overdoses and overdose deaths. In 2009, state and local law enforcement officials rated the heroin threat in New England higher than in any other part of the U.S.

Heroin in New England is primarily distributed by criminal gangs, including Bloods, Crips, Latin Kings and Mara Salvatrucha (also called MS-13). In Connecticut, increased availability of heroin has contributed to its spread beyond the cities into largely white, middle-class suburban towns.

⁷ The Hartford metropolitan statistical area includes Hartford County, Middlesex County and Tolland County. Its principal cities are Hartford, West Hartford, East Hartford and Middletown.

⁸ Based on 1999 U.S. Census data, which was the most recent information available for the time this report was written.

⁹ Data and quoted statement in this section from: U.S. Department of Justice. National Drug Threat Assessment 2010. Drug Availability in the United States. National Drug Intelligence Center. Feb 2010. http://www.justice.gov/dea/concern/18862/ndic_2010.pdf <http://www.justice.gov/ndic/pubs38/38661/heroin.htm>

Emergence of Managed Health Care—In the 1980s, managed care emerged as a significant factor in the delivery of behavioral health services. In the public sector, its goal was to control expenditures (primarily through reduction of costly inpatient admissions) and improve service quality without adversely affecting access to appropriate care. One of the ways managed care companies changed service delivery was to require better training and credentialing of substance abuse counselors and clinical supervisors. Prior to managed care, the vast majority of addictions treatment staff, including those at Hartford Dispensary, were “people in recovery”—those who had firsthand knowledge about addictions based on life experiences and understood the language and culture of addictions, but generally had little or no formal training in addiction disorders.

Monitoring of OTPs—In the mid-1990s, responsibility for the monitoring of OTPs was transferred from the U.S. Food and Drug Administration to the Center for Substance Abuse Treatment (CSAT) within the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration. CSAT decided not to conduct direct, on-site inspections of OPTs, but rather to use accreditation organizations, such as the Commission on the Accreditation of Rehabilitation Facilities, the Joint Commission on Accreditation of Healthcare Organizations (now called The Joint Commission) and the Council on Accreditation, to ensure compliance with national standards.

The implications of these changes for Hartford Dispensary were clear—the agency needed to increase its cadre of bilingual and bicultural staff, increase access to its services in high-need areas, and prepare existing and future clinicians to meet managed care and accreditation requirements. Agency staffing was an immediate problem. Throughout its history, the majority of substance abuse counseling had been provided by people whose principal qualification was their own recovery experience. Most staff members lacked sufficient academic preparation needed to meet emerging professional requirements.

Responding to the Challenge—Based on his review of agency operations, McLaughlin asked his board to support reforms in several areas. First, he recommended purchasing buildings to house agency clinics. Over a period of several years, in addition to purchasing and renovating facilities in Hartford, the agency acquired and opened several new clinic locations in suburban towns (Manchester, Willimantic, New London, Norwich, New Britain and Bristol).

Second, McLaughlin initiated a review of staff salaries and benefits. He concluded that, in order to attract and retain the best staff, including bilingual/bicultural workers, Hartford Dispensary would need to enhance employee compensation and establish a pension plan. As a result, the agency awarded 5% annual merit bonuses from 2000 to 2009 (In 2010 and 2011, bonuses declined to 4%, but they are expected to return to 5% in 2012.).

Third, McLaughlin proposed the creation of a Professional Development Plan to improve staff training and qualifications. Finally, Hartford Dispensary agreed to participate in a CSAT-supported accreditation demonstration project.¹⁰ In 2000, one of the agency’s Hartford clinics became among the first CARF-accredited OTPs in the nation. Today, all Hartford Dispensary clinics are fully accredited.

¹⁰ The demonstration was successful and led to a change in federal law requiring all OTPs to become accredited.

Better Jobs

Hartford Dispensary's board and senior management understand that agency employees are its most important asset. They also recognize that the morale of front-line clinical staff (40% of whom have a bachelor's degree or less) influences the quality and effectiveness of patient care. To sustain a high level of staff morale, the agency offers supportive supervision, competitive salaries and benefits, promotional opportunities, extensive training and participation in applied research.

The PDP is the centerpiece of Hartford Dispensary's workforce initiative. Created in 1985 through extensive discussions between McLaughlin (assisted by his senior managers) and board members, it has been shaped by the continually evolving service environment. The PDP encourages staff to participate in academic programs and specialty educational events. With prior approval, PDP funds (\$1,000 per employee each year)¹¹ can be used to cover the cost of:

Tuition and fees for courses relevant to employment or needed for initial or renewed certification and licensure (reimbursement requires a course grade of "C" or better);

- Application fees for new and renewed certification and licensure;
- Text books, manuals and related materials; and
- Mileage reimbursement for education-related travel.

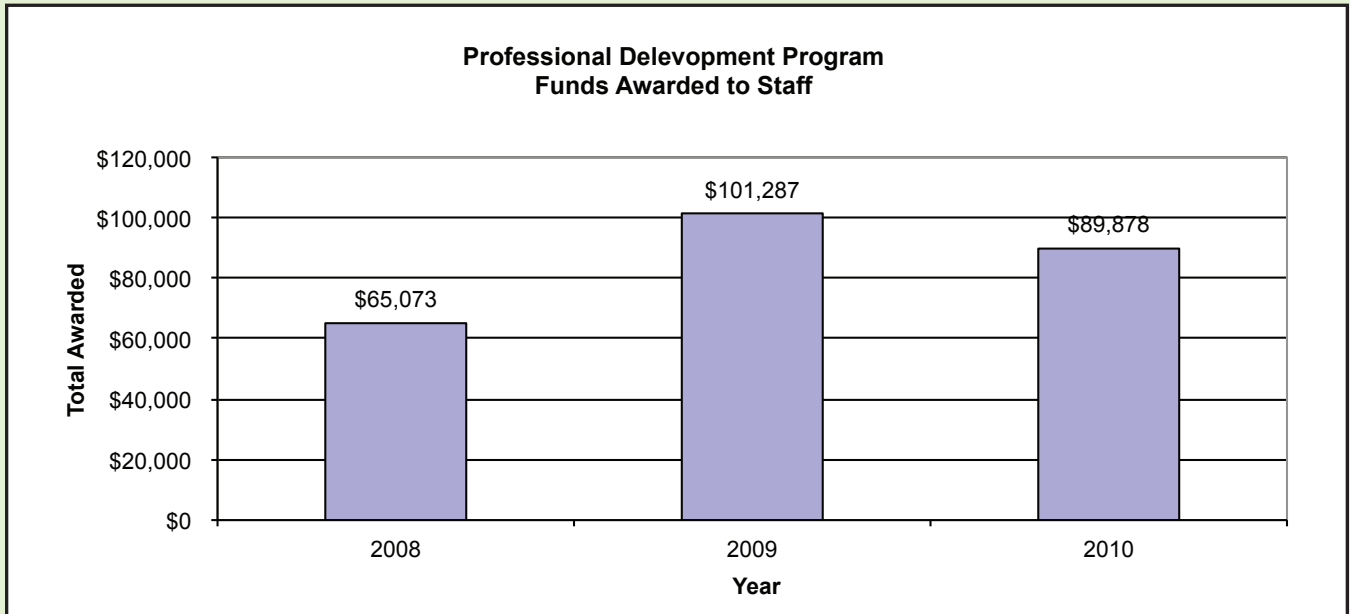
In addition, the agency approves up to three paid days each year for educational leave, and the employee may use accumulated (non-sick) leave days or request leave without pay for the purpose of study.

An Atmosphere of Learning—People at Hartford Dispensary (and throughout the behavioral health field) are aware that treatment technologies are rapidly evolving. The agency recognizes that keeping abreast of changes requires continuous dedication to learning. Carolyn Delgado, Hartford Dispensary's employee orientation coordinator, puts it this way: "We've created an atmosphere of learning—it's our culture."

Delgado reported that when interviews are held with job candidates, and again during new employee orientation, it is explicitly stated that all staff are expected to continue their education and commit to learning the latest evidence-based practices throughout their term of employment. If someone is hired without a bachelor's degree or addiction counselor certification, they are expected to complete this work (or at least make substantial progress) within the next two to three years. It is also made clear that the agency will provide financial support, paid training days and ample encouragement.

¹¹ For many years, the annual employee allowance for professional development was \$2,000. Due to budgetary pressures, this amount was reduced to \$1,000 in 2009. The annual support level is expected to return to \$2,000 on July, 1, 2011.

As evidence of its support for employee training and education, from 2008 to 2010, Hartford Dispensary awarded \$256,238 to cover tuition and other professional development expenses incurred by its staff. In each year, approximately 100 staff received this type of support.



Formal Supervision—Hartford Dispensary monitors service quality and ensures continuous staff development through high-quality supervision. Agency policy requires formal supervision of each direct care clinical staff member on a weekly basis. A typical supervision agenda includes review of several patient charts and discussions regarding:

- Patients having difficulty with health or medical issues (including HIV/AIDS or hepatitis C), housing or other barriers to care;
- Patients at risk of relapse and case-specific strategies to prevent relapse;
- Pregnant patients;
- Ethical issues;
- Therapy groups;
- Documentation requirements;
- Findings of chart audits and review of treatment plans;
- New or revised agency policies; and
- Employee “certification grid” and educational goals, including items required for initial certification or recertification, and an education action plan.

Perhaps the best way to illustrate the impact of Hartford Dispensary’s workforce initiatives is through the stories of its employees.

Cassie Santana's Story—With her high school diploma in hand, Cassie Santana started as a secretary at Hartford Dispensary in 1999. Initially, she liked the job; but as time passed, she yearned for something better. She had come to admire coworkers who provided counseling services, and she wanted to do the same. The PDP offered this opportunity, and the agency needed more bilingual staff. Six years as a secretary was long enough—she decided to pursue a college education.

Her request for tuition support was soon granted. McLaughlin had noticed the ease with which Santana assisted people and calmed the occasional impatient person in her secretarial role. He saw she had natural skills that could be developed through training. Santana continued to work full time while she completed her bachelor's degree in human services, taking evening and summer classes at Springfield College.

But she was not finished yet. Hartford Dispensary had made arrangements with nearby Manchester Community College to have Drug and Alcohol Rehabilitation Counselor (DARC) courses taught at one of the agency's Hartford clinic locations. Santana's supervisor encouraged her to attend. As she worked to complete all four DARC courses, she realized, "This is it. This is what I want to do with my life." She is currently working on her next career step: becoming a certified addiction counselor, which she expects to complete in late 2011. Since 2008, Hartford Dispensary has provided Santana \$3,375 to cover her college tuition and other professional development expenses.

"I really like working here," she says. "It's a great place for someone to learn and to open your eyes about the possibilities." She becomes tearful as she describes how proud her family is of her and how she has pushed her two siblings to continue their education. "I'm the first one to finish college in my family, and I've become a role model. I tell them, 'If I can do it, you can do it.' I'm an example for my community—the Latino community."

Carmen Nunez's Story – When you meet Carmen Nunez, it's hard not to notice her optimism, which beams through to people in her presence. Now in her ninth year of employment at Hartford Dispensary, Nunez is a senior counselor with a master's degree and is a licensed drug and alcohol counselor. She obtained her master's and license with financial support and strong encouragement from Hartford Dispensary.



Cassie Santana, Counselor

Nunez understands heroin addiction firsthand. She has been in recovery for more than 11 years; however, in the decade preceding her abstinence, she was in the grip of heroin dependency. Among the many negative consequences of her addiction, she contracted HIV. “I don’t mind talking about it,” she says. “Sometimes I’ll bring it up in counseling with patients who need an extra push”—some of whom she knows from her former “user days.”

“I feel blessed. I love my job here, and I feel honored to have been picked to be interviewed for the Behavioral Health Pacesetter Award. When people see how I’ve changed, it helps them realize that they can change. I started here as a counselor, and they [her supervisors] helped me to become a senior counselor. They helped me, and now I’m helping others.”

Her personal life has also undergone a complete transformation. After becoming abstinent, she was able to resume raising her two children, who had been living with her sister. And following years of family scorn while going through addiction, her home is now the hub of family social events and holiday meals.

“I never thought I could get this far, but now people look up to me because of what I’ve done. It’s kind of nice,” she says, with a glowing grin. Since 2008, the agency has provided Nunez \$6,676 to cover her college tuition, licensing fees and other professional development expenses.



Speaking of her HIV diagnosis, Senior Counselor, Carmen Nunez stated, “Just because you’re positive, doesn’t mean you have to be negative.”

*—Carmen Nunez, Senior Counselor,
speaking of her HIV diagnosis*

Employee Compensation, Career Ladder and Incentive Pay—Hartford Dispensary periodically conducts salary surveys to check on the competitiveness of its wages and benefits and to make adjustments as necessary. Salary ranges, entry-level wages and 2010 year-end incentive pay are shown below, along with 2010 year-end incentive pay. Counselor wages at the agency compare favorably with May 2009 Occupational and Employment Statistics compiled by the U.S. Department of Labor, in which the following wage estimates were reported for “Substance Abuse and Behavioral Disorders Counselors”¹² in Connecticut:¹³

Median Hourly—\$18.98

Mean Hourly—\$20.73

Mean Annual—\$43,120

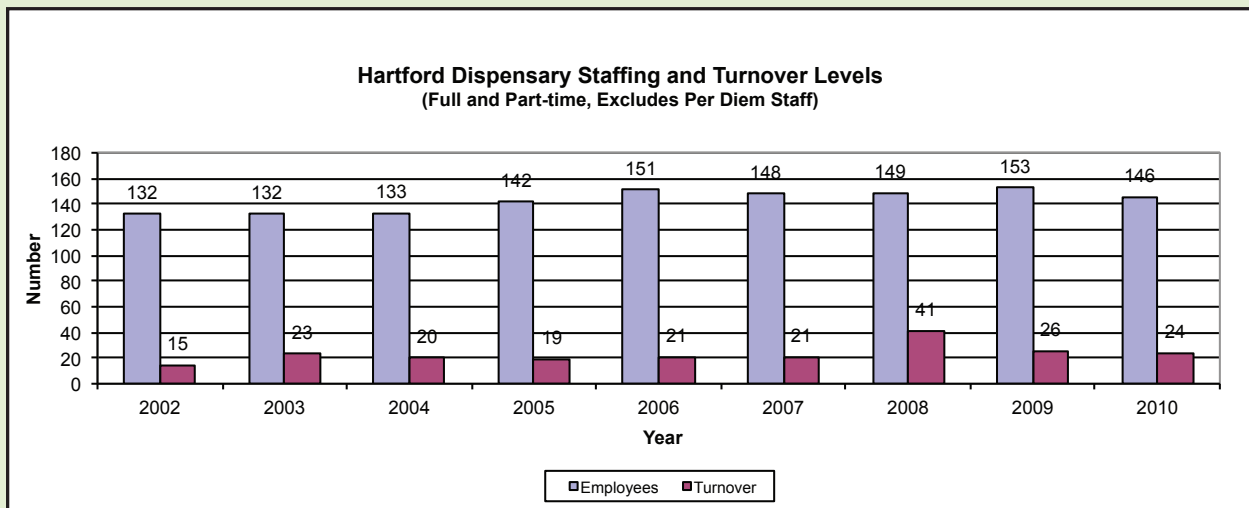
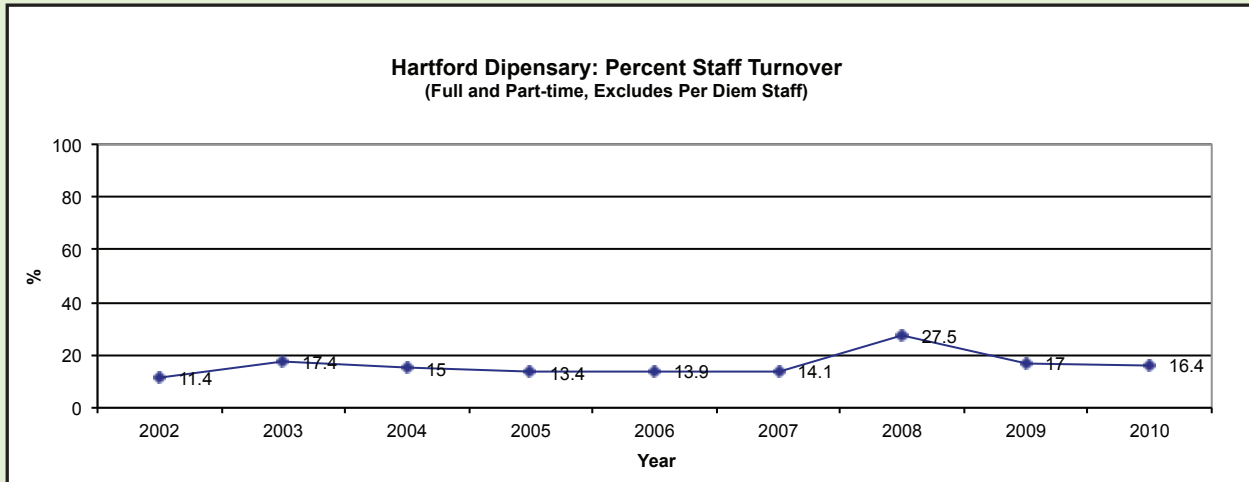
Counselor Career Ladder and Compensation			
Position	Salary Range (Based on 1,820 hrs/yr)	Entry-Level Hourly Wage	Number of Employees
Clinic Supervisor	\$58,000–\$87,000	\$31.87	8
Counselor (PhD)	\$48,000–\$72,000	\$26.37	1
Senior Counselor	\$45,000–\$67,000	\$24.73	9
Counselor (MA)	\$40,000–\$60,000	\$21.98	20
Counselor (BA)	\$38,000–\$57,000	\$20.87	36
Counselor Trainee	\$30,000–\$45,000	\$16.68	12

2010 Year-End Incentive Pay		
Duration of Employment	Incentive Amount	Number of Employees
One or more years	\$500	111
More than six months but less than one year	\$250	22
Fewer than six months	\$150	11

¹² U.S. Department of Labor occupation code 21-1011.

¹³ Source: http://www.bls.gov/oes/current/oes_ct.htm#21-0000

As the result of its efforts, Hartford Dispensary has had fairly low employee turnover. During the past nine years, turnover has averaged 16.3%. The end of a grant-funded program and a spike in the number of employees who took jobs in other agencies caused a slightly elevated turnover rate in 2008.



Employee Benefits

- Health, Life, Dental and Short-Term Disability Insurance
 - For employee: 100% premium paid by agency
 - For dependents: 50% paid by agency (excludes disability insurance)
- 403 (b) Retirement and Thrift Plan
 - Agency match for first 5%. After two years, agency pension contribution of 5% of salary to maximum of 10% above salary
- Discounted Services—Smoking cessation, health club membership, etc.
- Vacation—Based on years of employment, up to 20 days per year
- Leave for Regular Staff
 - Holidays—12 per year
 - Personal days—two per year
 - Sick days—one day earned per month
 - Bereavement leave—three days
- Family and Medical Leave
- Jury Duty—agency pays regular wages for the first five days
- Merit and Cost of Living Increments
- Professional Growth Benefits¹⁴

¹⁴ See PDP portion of Better Jobs section.

Better Services

Educational Partnership—To improve the quality of its services and help prepare employees for certification, licensure and college degrees, in the early 2000s, Hartford Dispensary established an agreement with Manchester Community College (MCC) in which the college agreed to hold its Drug and Alcohol Rehab Counselor (DARC) training program on site at the agency. Nearly 30% of the agency’s counselors participated in the DARC program. Hartford Dispensary’s Medical Director, Peter Strong, MD, reports, “The day before a test, you’d see staff in the hallways quizzing each other about material that might appear on the exam. You could tell it energized people in a big way.” Eventually, the need for the program disappeared due to the relative stability of the agency’s workforce, and because so many staff members had taken the courses. However, recently, at the agency’s request, MCC agreed to bring DARC back to Hartford Dispensary in July 2011.

Research Partnerships—McLaughlin has worked hard to invigorate the agency’s direct care workforce through involvement in applied research. During the past 30 years, Hartford Dispensary has participated in more than 20 studies and is an active member in the New England “node” of the National Drug Abuse Treatment Clinical Trials Network, an effort established by the National Institute on Drug Abuse (NIDA).

Hartford Dispensary has completed or is currently participating in the following research protocols:

- **START—Starting Treatment with Antagonist Therapies:** An initial study compared the effects of buprenorphine and methadone on liver functioning as part of FDA’s continued evaluation of buprenorphine safety for marketing in the U.S. In a follow-up study, researchers from the University of California, Los Angeles worked on site with agency staff at Hartford Dispensary’s Henderson-Johnson Clinic to examine reasons for variances in retention rates of patients treated with buprenorphine versus methadone.
- **Comparative Effectiveness Research:** This study examined the effectiveness of on-site dual-diagnosis treatment versus referral for psychiatric treatment.
- **Translation of the Risk Avoidance Partnership for Drug Treatment Clinic Implementation**
- **Tailoring the “Real Men are Safe” Intervention for African American and Hispanic Men**
- **Integrating Combined Therapies vs. Standard Dual Diagnosis Treatment in Methadone Maintenance**

Mark McGovern, PhD, from the Dartmouth Psychiatric Research Center in New Hampshire, has done extensive work at Hartford Dispensary. He is currently piloting a broad-spectrum intervention for the treatment of co-occurring psychiatric and substance use disorders that integrates several evidenced-based practices, including motivational enhancement therapy/motivational interviewing, cognitive behavioral therapy and 12-step facilitation groups. As part of this 18-month research project, McGovern has provided extensive training to six counselors and to Aliza Castro, one of the organization's most talented clinical supervisors. Castro has been trained on:

- How to supervise implementation and ongoing operations of evidence-based practices;
- How to assess adherence or fidelity to evidence-based models; and
- How to assess staff skills (competence ratings) in providing services recommended by the models.

McGovern's work should have broad applicability within the agency.

Hartford Dispensary's efforts to recruit employees who represent the racial and ethnic characteristics of communities served by the agency and to provide effective care appear to be paying off.



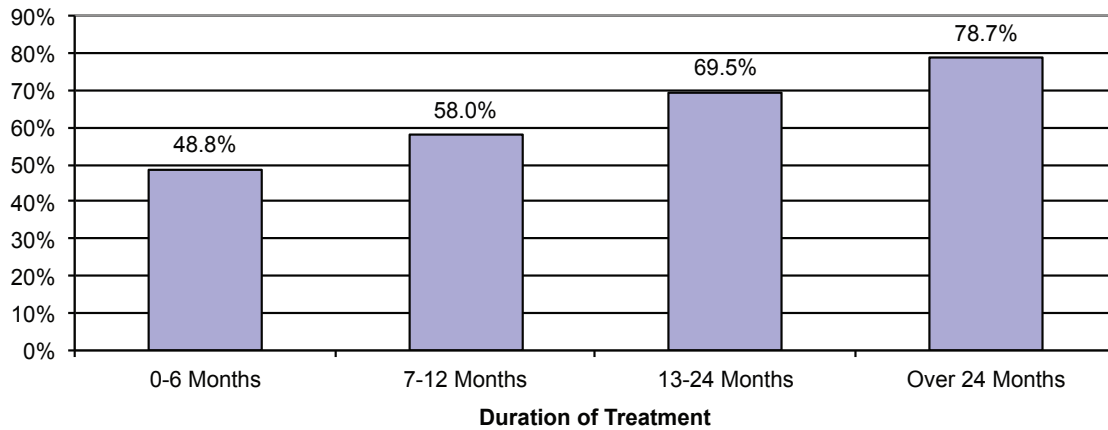
“Because of my research, I’ve had the opportunity to work with some very talented people. Based on what I’ve seen, I can say that, at Hartford Dispensary, there are some excellent leaders.”

—Mark McGovern, PhD, Dartmouth Psychiatric Research Center

Comparison of Racial and Ethnic Composition				
Race/Ethnicity	Connecticut 2009 U.S. Census Population Estimate	Hartford County 2009 U.S. Census Population Estimate	Hartford Dispensary Staff 3/23/11 (Includes Per-Diem Staff)	Hartford Dispensary Patients 3/23/11
Total (N)	3,518,288	879,835	203	3,727
White	84.0%	80.5%	77.8%	87.5%
Black	10.4%	13.8%	19.7%	9.3%
Asian/Pacific Islander	4.1%	3.8%	2.5%	-
Mixed or other race/ethnicity	1.5%	1.9%	0	3.2%
Hispanic/Latino (of any race)	12.3%	14.3%	18.7	25.5

Patient Outcomes and Patient Satisfaction—For many years, scientists have known that people who stay in behavioral health treatment tend to have better outcomes. Positive outcomes are also closely tied to the strength of the therapeutic relationship between counselor and client. This is why low staff turnover, which helps sustain the relationship, is very important to better outcomes. Hartford Dispensary’s urinalysis data indicate steady improvement in treatment outcomes for patients who remained in MMT. Additionally, during the past few years, the agency’s patient satisfaction data revealed a pattern of improved results. Finally, a comparison of 2010 general satisfaction ratings showed that Hartford Dispensary fared better than four of its five competitors in Connecticut.

Urinalysis Negative for Opioids
June 2009



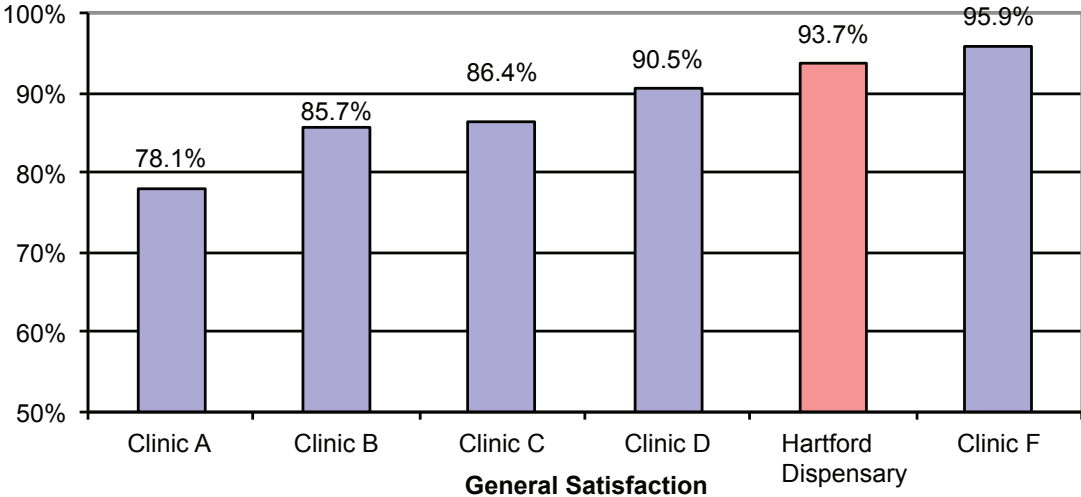
Patient Satisfaction Survey Results: 2008–2010

Year	Domain						
	Quality and Appropriateness	Outcomes	General Satisfaction	Participation	Respect	Recovery	Access
2008	88.4%	86.6%	86.9%	89.7%	87.6%	80.8%	75.8%
2009	90.8%	87.4%	88.6%	91.3%	89.8%	84.2%	82.3%
2010	95.4%	92.7%	93.7%	94.9%	95.4%	88.9%	88.8%

Change in Patient Satisfaction: 2008 to 2010

Domain	2010 Satisfaction Level	Percent Improvement
Access	88.8%	13.0%
Respect	95.4%	7.8%
Recovery	88.9%	7.2%
Quality and Appropriateness	95.4%	7.0%
Participation	94.9%	6.8%
General Satisfaction	93.7%	6.3%
Outcomes	92.7%	6.1%

**Patient Satisfaction Survey Results
Comparison of Opioid Treatment Providers, 2010**

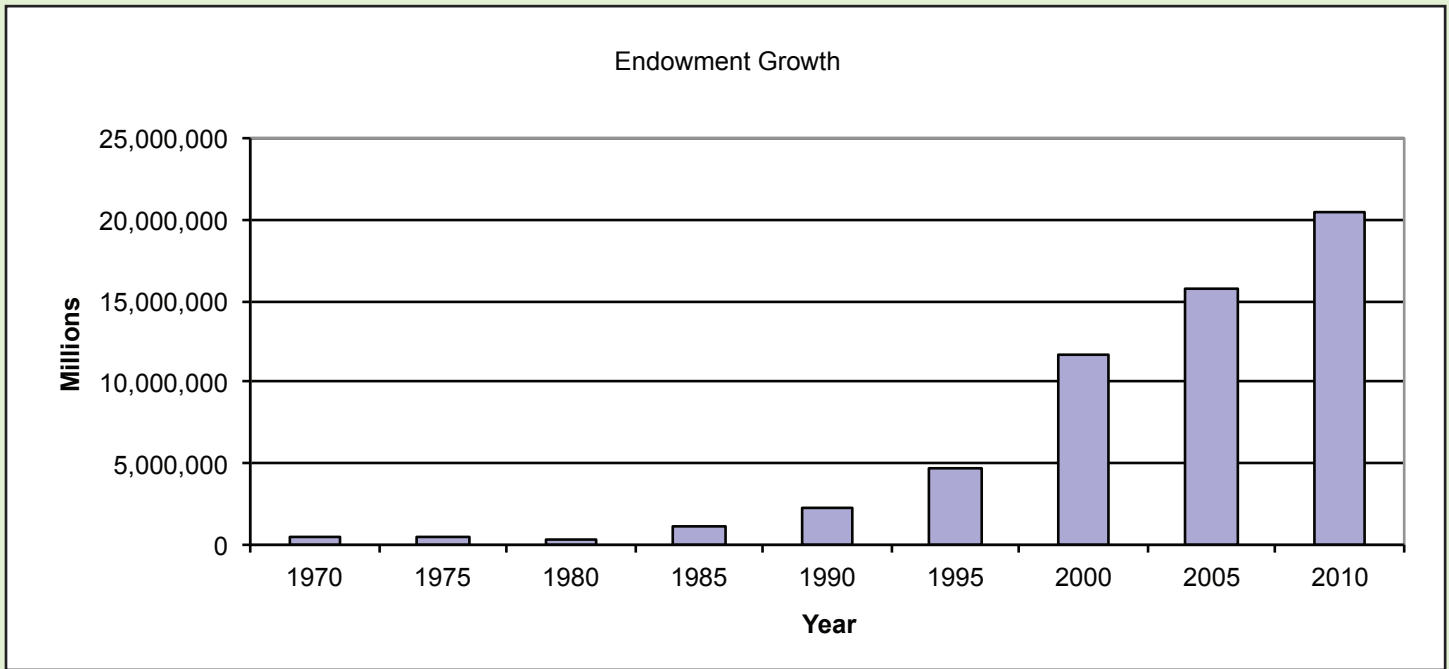


Better Business

Corporate Structure—In 1989, Hartford Dispensary decided to change its structure by adding four new corporate entities to the original Hartford Dispensary, Inc: a holding company, an endowment company, and two real estate companies. This allowed the agency to generate revenue by leasing real estate from its holding company without jeopardizing its federal tax exempt status as a 501(c)(3) charitable organization, negotiate inter-party leases and, although no lawsuits have occurred, protect endowment resources from litigation related to clinical operations. Corporate restructuring greatly improved Hartford Dispensary’s financial health. Immediately following the corporate changes, the agency’s endowment showed remarkable growth.

Competition from Buprenorphine Providers—Another factor affecting business conditions for OTPs is the use of buprenorphine as an alternative to methadone treatment. While buprenorphine (Suboxone) treatment has grown rapidly at for-profit OTPs, its use by private nonprofit providers such as Hartford Dispensary has been restricted due to low Medicaid rates. This issue will require continued advocacy by nonprofit OTPs as states like Connecticut make changes to their Medicaid programs.

Emergence of Prescription Medication Abuse—Nationally, opioid addiction has increasingly involved abuse of prescription medications like oxycodone. In 2010, more than 20% of Hartford Dispensary’s admissions at one clinic were people addicted to prescription medications. As the result of increased need for opioid treatment in suburban areas, Hartford Dispensary is assessing the feasibility of opening new clinics north and west of Hartford.



Conclusion

Hartford Dispensary is an excellent example of how providing fair compensation and supporting professional development for line staff can improve client outcomes and strengthen the business vitality of a behavioral health organization.

The agency recognized that fair wages and benefits would help with the recruitment and retention of staff, and that education and training, coupled with opportunities for participation in research, would inspire staff to provide better care. Additionally, a stable workforce of well-prepared, motivated clinicians would improve continuity of care and promote development of strong therapeutic relationships with patients. This, in turn, would help people achieve and sustain abstinence from heroin and other narcotics.

Hartford Dispensary is not a flashy organization, but it is methodical and consistent. In three decades, through the involvement of strong management and the dedicated efforts of a business-savvy board of directors, the agency has become a leader in workforce development.

About The Annapolis Coalition:

The Annapolis Coalition is a non-profit organization dedicated to improving the recruitment, retention, training and performance of the prevention and treatment workforce in the mental health and addictions sectors of the behavioral health field. As part of this effort, it seeks to strengthen the workforce role of persons in recovery and family members in caring for themselves and each other, as well as improving the capacity of all health and human service personnel to respond to the behavioral health needs of the individuals they serve. The Coalition is celebrating its 10th year as the nation's leader in strategic planning regarding the behavioral health workforce; advisor to federal agencies and commissions on workforce issues; and provider of technical assistance to states and non-profit organizations on practical workforce development quality improvement initiatives.

About The Hitachi Foundation:

Hitachi Foundation is an independent nonprofit philanthropic organization established by Hitachi, Ltd. in 1985. Its mission is to forge an authentic integration of business actions and societal well being in North America. The Foundation's strategic focus through 2013 is on discovering and expanding business practices that create tangible, enduring economic opportunities for low-wealth Americans, their families, and the communities in which they reside—while also enhancing business value. At its core, the Foundation is on a path toward discovery, committed to investments that enhance what society can learn about socially sustainable business practice and corporate citizenship.

This report was prepared by the Annapolis Coalition on the Behavioral Health Workforce. The report was authored by Wayne F. Dailey, PhD, project coordinator for the Behavioral Health Pacesetter Award, an initiative sponsored by the Annapolis Coalition in partnership with The Hitachi Foundation.
“Better Jobs, Better Services, Better Business”