

Review of CSB Substance Abuse Outpatient Services for Adults

Office of the Inspector General
Mental Health, Mental Retardation & Substance
Abuse Services

1

Selection of SA Outpatient

- Substance abuse/addiction among nation's most serious public health problems
- DMHMRSAS estimates over 335,000 Virginian's aged 12 and older are substance dependent
- 70 % jail/prison population has abused drugs
- Substance abuse services are critical to work of state/local criminal justice agencies
- Research demonstrates that treatment can have a positive effect on future drug use, criminal behavior and social functioning
- Concern that CSB services have lost capacity

2

Goals of the Review

- Conduct a review of SA outpatient services for adults – the service provided in most communities
- Determine the range and capacity of SA services currently available through CSBs

3

Broad Input to Project Design

- Consumers
- Phone conference with over 30 CSB personnel
- DMHMRSAS leadership
- Parole & Probation
- Literature search
- Attended training on co-occurring disorders

4

Nine Quality Statements

- Wide range of SA services available
- Services readily available and affordable
- Services support consumer's role in managing own recovery
- Welcoming, supportive environment in which consumers feel supported and valued
- Consumers/staff share helping connection that fosters trust/support & has continuity

5

Nine Quality Statements (con't)

- Substance abuse and mental health needs met in integrated fashion
- Those in recovery receive case management
- Staff has appropriate education, training and supervision
- Consumers show progress in recovery due to services that are objectively measured

6

Methodology and Scope

- Surveyed 40 CSBs for basic information
- On-site visit to a sample of 25 CSBs in August 2006:
 - Interviewed 195 consumers of service
 - Interviewed 166 SA outpatient clinicians
 - Interviewed 73 directors/supervisors
 - Reviewed 239 consumers records
- Surveyed 43 Probation & Parole Offices

7

Summary of Findings/Recommendations

	Findings	Recommendations
Access	3	5
Quality of Care	9	11

8

Comprehensive Services Finding

Range, variety & capacity of substance abuse services are not adequate to meet the needs of consumers in the majority of Virginia communities

Office of the Inspector General Review of Adult Outpatient Substance Abuse Services		
Substance Abuse Services Continuum (Shaded area represent services for which 70% or more of CSBs report inadequate or no capacity)	# of CSBs With Service	# with Inadequate Capacity
Detoxification Services		
Medical Detox - withdrawal from drugs in an inpatient, residential or outpatient setting under medical supervision with the use of medications	31	25
Social Detox - withdrawal from drugs in a residential or outpatient setting without the use of medications	21	14
Medically Assisted Outpatient Treatment		
Agonist Treatment - Outpatient treatment of opiate addicts using synthetic opiate such as Methadone	20	12
Partial Agonist - Outpatient treatment of opiate addicts using Buprenorphine	16	13
Medically Assisted Outpatient Treatment , medications that reduce cravings or produce negative symptoms related to use	18	15
Outpatient Treatment- Drug Free		
Day Treatment - Intensive, 5-7 days a week, over 2 hours per day	10	4
Intensive Outpatient - Intensive, 3-4 days a week, 1-2 hours per day	25	14
Group - 1-2 times a week, 1-2 hours a day	40	19
Individual - 1-2 times a week	40	27
Psycho-Educational Group - Such as ASAP Level I	36	13
Family Support Therapy - Support and educational services	33	19
Aftercare and Follow-up - Ongoing, recurring support	34	20
Case Management - Ongoing outreach assistance	38	27
Services to Persons in Criminal Justice System		
Jail or prison based services - Intensive services for incarcerated persons	25	20
Community based treatment - outpatient treatment contracted by PJP at the CSB or Probation Office	35	20
Drug Court - Diversion and treatment for convicted persons	21	13
Residential Services		
Long Term -24 hours, 6-12 months		
Men	10	9
Women	10	10
Women and Children	12	8
Short Term -24 hours, 1-6 months		
Men	27	19
Women	26	20
Women and Children	16	10
Halfway House - partially supervised and transitional		
Men	19	14
Women	14	11
Women and Children	7	5
Oxford House - Resident supported, unsupervised group living		
Men	19	15
Women	14	10
Women and Children	5	4
Subsidized Individual Apartment Living - may have staff supports or CM	15	11

Lack of Comprehensive Service

- Detoxification
 - 25% lack medical detox
 - 50% lack social detox
- Medically Assisted Outpatient
 - 50% lack any opiate maintenance treatment
- Outpatient
 - 75% lack day treatment
 - 38% lack intensive outpatient

11

Lack of Comprehensive Services

- Case Management
 - 66% report inadequate capacity
- Jail Based Services
 - 38% lack service
- Residential Services
 - 75% lack long-term
 - 33% lack short-term
 - Over 50% lack halfway house & Oxford House

12

Recommendations

- DMHMRSAS with CSB & consumers conduct study to:
 - Identify community SA services for which expansion is most needed to improve accessibility to services
 - Quantify the cost for each type of services
- DMHMRSAS request funding to enable development of most needed services

13

Recommendation

- DMAS investigate the cost and feasibility of expanding coverage of substance abuse treatment services for Medicaid recipients

14

Timely Access Finding

It takes an average of 25.4 days after their first call for persons to enter active treatment at Virginia's CSB substance abuse outpatient programs

15

Average Response Time From Call to Active Treatment

CSB Consumers	25.2 days
CSB Staff	25.8 days
CSB Supervisors	23.6 days
Probation & Parole	28.8 days
Overall Average	25.4 days

16

Recommendations

- Each CSB review access procedures to identify ways to shorten the wait time from initial call or referral to start of active treatment
- CSBs share innovative access technologies across the state
- CSBs develop and offer temporary supports and engagement opportunities to consumers who must wait for access to ongoing treatment

17

Timely Access Finding

Many consumers report that their out-of-pocket expenses for treatment are too costly

18

Affordability

- Weekly fees at some CSBs for intensive services range from \$30 to \$60 (\$120 to \$240 per month)
- Few consumers have health insurance
- Virtually no third party payers cover SA treatment, including Medicaid
- Consumers gave affordability the second highest unsatisfactory rating on service satisfaction scale

19

Recommendation

- Each CSB review its fee structure, with involvement of consumers, to assure that current policies do not serve as a barrier to access to services.

20

Consumer-Centered Services Findings

Service users and staff agree that consumers play a key role in developing their own service plans, however, clinical records do not fully reflect this

Gaps and limited capacity in the array of substance abuse services available in most VA communities restrict consumer choice and do not allow sufficient individualization of treatment programs

21

Consumer Involvement in Development of Plan/Goals

Degrees of Involvement	Consumer Responses	Staff Responses
Staff develop plan & consumer signs	21%	11%
Staff/consumer develop plan together	44%	75%
Consumer leads the development in own words	35%	14%

22

Recommendations

- DMHMRSAS and CSBs, with clinicians and consumers, develop a model service planning system and format that is person-centered, reflects the principles of recovery, and meets all regulatory requirements
- DMHMRSAS initiate effort to develop training program on person-centered planning for substance abuse services

23

Treatment Environment Finding

CSBs provide a welcoming and supportive service environment to consumers and the principal referral source, Probation and Parole

No recommendations

24

Satisfaction with Environment

Variable	Satisfied	Somewhat	Not
Welcoming/Support	83%	16%	1%
Dignity/Respect	83%	14%	3%
Hopeful Staff	87%	10%	3%
Culture Sensitivity	89%	8%	3%
Fair Rules/Policies	69%	27%	4%
Rights Explained	85%	13%	2%
Clean & Safe	91%	91%	0%

25

Helping Relationship Finding

CSB substance abuse service providers and the persons they serve experience reliable, trusted and caring relationships

No recommendations

26

Helping Relationship Finding

Staff are employed in their current positions long enough to form trusted, continuing relationships with the consumers they serve

- Average length of staff service is 5.6 years
- Average length of service for consumers is 1.7 years
- Most consumers experience a continuing relationship with their clinician

No recommendations

27

Co-Occurring Disorders Finding

The mental health needs of persons receiving CSB substance abuse outpatient treatment for adults appear to be under assessed and under treated.

28

Estimates of Presence of Co-Occurring Mental Health Problems

- National studies of co-morbidity estimate 50 to 70% of those with long-term SA disorders have mental health problems
- Average estimates provided to OIG by:
 - Staff 70.6%
 - Supervisors 75.2%
 - Consumer self reports 41%

29

Integration of SA & MH Services

Degrees of Integration	Staff Estimate
SA & MH needs are met by the same team in a fully coordinated fashion	26%
Most SA & MH services are organized or even located separately but there is good coordination & access	47%
Most SA & MH services are organized separately and there is poor coordination & poor access	28%

30

Structure of Services

- All 40 CSBs provide some form of integrated SA/MH initial assessment
- 33 CSBs operate combined SA/MH divisions with one manager overseeing both
- 25 of these boards operate SA and MH services as separate units or teams

31

Recommendations

- DMHMRSAS provide leadership, guidance and training to CSBs for the development of integrated treatment models for co-occurring MH and SA disorders
- CSBs study their systems of care to assure maximum integrated response to co-occurring disorders

32

Recommendations

- DMHMRSAS study the extent to which the administrative separation at the state level creates barriers to an integrated response to co-occurring disorders at the provider level

33

Co-Occurring Disorders Findings

Access to psychiatric services and medications for adults receiving substance abuse outpatient treatment services is severely limited at CSBs

- Average wait for 1st appointment is 34.2 days

34

Recommendation

- DMHMRSAS lead initiative to enable a sharing of psychiatric resources between state facilities and CSBs. This will:
 - maximize the effectiveness of providers who are already in the public provider system
 - enhance the continuity and quality of care in facilities and the community.

35

Recommendation

- DMHMRSAS establish guidelines to enable substance abuse consumers who have been identified as indigent to access free or reduced cost medications through the DMHMRSAS Community Pharmacy

36

Case Management Findings

Consumers of SA face severe shortages of core services needed for successful recovery in the community – affordable housing, transportation, employment assistance

Very few CSB SA outpatient consumers receive adequate case management services

37

Case Management

- 150 comments by 195 consumers related to unmet community support needs
- Only 11 (27.5%) of CSBs report adequate case management capacity
- Only 39% of records documented case management needs over past 90 days
- 48% of consumers rated assistance by CSB with community needs poorly

38

Recommendations

- DMAS investigate cost/feasibility of covering case management for SA consumers who are Medicaid recipients - focus primarily on women with children
- DMHMRSAS, with CSBs, develop a model training curriculum on SA case management and provide training to CSB staff and supervisors

39

Staff Qualifications Findings

CSB substance abuse staff has appropriate education and training for their positions

40

Staff Education

	High School	Bachelor	Masters	Doctoral
Direct Service Staff	12%	21%	61%	2%
Supervisors	0%	7%	83%	10%

41

Clinicians In Recovery

- 27% of staff identified themselves as in recovery
- 64% of staff responded that their family has been significantly affected by substance abuse
- Consumers often mentioned that they value working with staff who are in recovery

42

Need For Training

- 85% - work with Axis II diagnoses
- 82% - work with serious mental illness
- 80% - work with mental retardation
- 80% - understanding pharmacological interventions
- 77% - providing family support and involvement

43

Recommendations

- DMHMRSAS initiate collaborative effort with CSBs and consumers to develop training curricula in the following areas:
 - Person-centered service planning
 - Provision of integrated treatment for co-occurring MH and SA disorders
 - Case management for persons with substance abuse

44

Recommendations

- Each CSB evaluate the training needs of substance abuse treatment staff and take steps to assure that adequate training is made available

45

Service Effectiveness

National Outcome Measures	Yes	No
Has your D/A use decreased?	91%	9%
Have you been arrested for D/A offense?	19%	81%
Has your employment improved or have you stayed employed?	64%	36%
Has your housing become/stayed stable and safe?	86%	14%

46

**Review of CSB Substance Abuse
Outpatient Services for Adults
OIG Report #129-06**

www.oig.virginia.gov

804-692-0276