

## SJR 77: What DMHMRSAS Can Contribute

Plans to Address Recommendations from Mitigating the Cost of Substance Abuse in Virginia

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#### DMHMRSAS Unique Role

- § 37.2-310 DMHMRSAS responsible for:
  - Planning
  - Evaluating
  - Providing technical assistance
  - Training
  - Applying research
- 40 community services boards
- 44,000 individuals receive substance abuse treatment services yearly



# DMHMRSAS Response to JLARC Report

- Provides an excellent foundation for improving accountability and access to quality substance abuse treatment and prevention services.
- Eight of the 16 formal recommendations involve DMHMRSAS as a critical player.

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- Needs Assessment of DMHMRSAS and CSBs to identify:
  - information technology and human resources necessary to obtain accurate client outcomes data from community services boards; and
  - number and expertise of staff required to analyze outcomes information.
- Identify specific steps that must be taken to produce ongoing evaluations, in accordance with Statute.
- DMHMRSAS has started working with CSB representatives to address this recommendation.



# National Outcome Measures (SAMHSA)

#### Clinical Outcomes

- Reduced use of drugs and alcohol
- Improved employment or education status
- Reduced involvement in CJS
- Improved stability in housing
- Improved social connectedness (under development)

#### System Outcomes

- Improved access or capacity
- Improved retention
- Improved client perceptions of care
- Improved costeffectiveness
- Use of evidence-based practices (under development)



- Evaluate whether CSBs have consistently developed appropriate income-based slidingscale fee structures that minimize the amount charged to lowest-income clients while maximizing overall fee revenues.
- DMHMRSAS has started collecting information and has established a workgroup of CSB and Central Office staff to review fee structures.



- Determine the level and nature of resources needed to help local SA providers identify evidence-based practices, train staff on their correct application, and provide follow-up training to ensure adherence to evidence-based programs.
- Encourage SA treatment providers to incorporate more evidence-based practices (EBPs) into their services by establishing a percentage of services for which EBPs should be incorporated, with an annual monetary incentive for those who meet or exceed that goal.
- DMHMRSAS has a training plan under development and will establish a workgroup with CSBs to review costs and resources needed.

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- DMHMRSAS, CSBs and CJS agencies should collaborate with criminal justice agencies to develop a training curriculum for judiciary to address:
  - the effects of substance abuse; and
  - the treatment options available.
- DMHMRSAS will form a workgroup with CSBs, DOC, DJJ, DCJS and Supreme Court.

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- DMHMRSAS and DOE should work with local offices to:
  - assess the level and type of resources needed:
    - to track outcomes; and
    - conduct evaluations effectively for local prevention programs.
  - assess the level and qualifications of additional resources needed in the State prevention offices to:
    - provide adequate training and technical assistance to local Prevention staff; and
    - review the results of these evaluations.
- DMHMRSAS will form a workgroup with DOE and staff from local prevention programs.



- DMHMRSAS and DOE should convene State and local stakeholders to develop statewide standard outcomes measures to capture the impact of prevention programs on Virginians.
  - Plan detailing the timeline for developing and implementing these measures across the State should be developed; and
  - Assessment should be conducted to identify the resources needed to implement a statewide system for tracking program outcomes, including the need for information technology.
- DMHMRSAS will form a workgroup with DOE and staff from local prevention programs.



- DMHMRSAS and DOE should determine:
  - How many staff and supporting resources necessary to provide adequate technical assistance to local offices on selecting and adhering to evidence-based programs; and
  - Necessary expertise of local staff.
- DMHMRSAS will form a workgroup with DOE and staff from local prevention programs.



#### DMHMRSAS Response

- DMHMRSAS values accountability, stewardship and quality services;
- SA treatment makes the community healthier and safer for everyone.