Section I

Office of the Inspector General
Review of Community Services Board
Substance Abuse Outpatient Services for Adults

Executive Summary

The Office of the Inspector General for Mental Health, Mental Retardation & Substance Abuse Services (OIG) conducted a review of the statewide system of community services board (CSB) substance abuse services during August 2006. This service was selected for review because drug and alcohol abuse and addiction are among the Commonwealth's most serious and complex public health problems, with far reaching consequences for families, employers, social services systems, and the criminal justice system. Approximately 46,000 adults received substance abuse services from CSBs in FY 2005.

To assure that the review focused on current issues, the OIG invited the contribution of ideas from a wide range of stakeholders including consumers, advocates, community providers, and the staff of the Department of Mental Health, Mental Retardation & Substance Abuse Services (DMHMRSAS). The basis for the review was nine Quality Statements for Adult Substance Abuse Services Treatment that were developed by the OIG. The review included a survey to assess the range and capacity of all substance abuse services available in communities served by all 40 CSBs. OIG inspectors also inspected a sample of 25 CSBs, focusing on the one service that is provided in every community: adult outpatient services. During the site visits, interviews were conducted with 195 service recipients, 166 outpatient clinicians, and 73 division directors and supervisors. Approximately 240 service recipient case records were reviewed. A survey was also conducted with the Department of Corrections' 43 local Probation and Parole Offices across the state, as these agencies are the largest referral source for CSB substance abuse services.

Findings and Recommendations

Access to Appropriate Services

A. Comprehensive Services

Access Finding A.1: The range, variety, and capacity of substance abuse services are not adequate to meet the needs of consumers in the majority of Virginia communities.

Access Recommendation A.1.a: It is recommended that DMHMRSAS, with the involvement of CSBs and consumers, conduct a short-term study to:

- Identify the community substance abuse services for which expansion is most needed to improve accessibility to services.

- Quantify the cost for each type of service that is most needed.

It is further recommended that DMHMRSAS request funding to enable the development and expansion of the most needed services.

Access Recommendation A.1.b: It is recommended that DMAS investigate the cost and feasibility of expanding coverage of substance abuse treatment services for Medicaid recipients.

B. Timely Access

Access Finding B.1: 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.

Access Recommendations A.1.a and A.1.b are also in support of this finding.

Access Recommendation B.1.a: It is recommended that each CSB review its access procedures to identify ways in which the wait time from initial call or referral to initiation of active treatment can be shortened. It is further recommended that CSBs across the state share innovative access technologies.

Access Recommendation B.1.b: It is recommended that CSBs develop and offer temporary supports and engagement opportunities such as drop-in groups to consumers who must wait for access to ongoing treatment.

Access Finding B.2: Many consumers report that their out-of-pocket expenses for treatment are too costly.

Access Recommendation B.2: It is recommended that each CSB review its fee structure, with the involvement of consumers, to assure that current policies do not serve as a barrier to access to services.

Quality of Care

C. Consumer-Centered Services

Quality of Care Finding C.1: Substance abuse 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.

Quality of Care Recommendation C.1.a: It is recommended that DMHMRSAS and CSBs, including substance abuse clinician representatives and consumers, develop a model service planning system and format that is person-centered, reflects the principles of recovery, and meets all regulatory requirements.

Quality of Care Recommendation C.1.b: It is recommended that DMHMRSAS initiate a collaborative effort with CSBs and consumers to develop a training program

on person-centered planning in substance abuse services, using the model service system and format, and that this training be made available widely to CSBs and regional groups.

Quality of Care Finding C.2: Gaps and limited capacity in the array of substance abuse services available in most Virginia communities restrict consumer choice and do not allow sufficient individualization of treatment programs.

Access Recommendations A.1.a and A.1.b are also in support of this finding.

D. Treatment environment

Quality of Care Finding D.1: CSBs provide a welcoming and supportive service environment according to consumers and the principal referral source, the Probation and Parole offices.

No recommendation

E. Helping Relationship

Quality of Care Finding E.1: CSB substance abuse service providers and the persons they serve experience reliable, trusted, and caring relationships.

No recommendation

Quality of Care Finding E.2: Staff are employed in their current positions long enough to form trusted, continuing relationships with the consumers they serve.

No recommendation

F. Co-occurring Disorders

Quality of Care Finding F.1: The mental health needs of persons receiving CSB substance abuse outpatient treatment for adults appear to be under assessed and under treated.

Quality of Care Recommendation F.1.a: It is recommended that DMHMRSAS provide leadership, guidance, and training to CSBs for the development of integrated treatment models for co-occurring mental health and substance abuse disorders.

Quality of Care Recommendation F.1.b: It is recommended that CSBs study their systems of care to assure maximum integrated response to co-occurring disorders.

Quality of Care Recommendation F.1.c: It is recommended that 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.

Quality of Care Finding F.2: Access to psychiatric services and medications for adults receiving substance abuse outpatient treatment services is severely limited at CSBs.

Access Recommendations A.1.a and A.1.b are also in support of this finding.

Quality of Care Recommendation F.2.a: It is recommended that DMHMRSAS lead an initiative that will enable a sharing of psychiatric resources between state facilities and CSBs. This will result in maximizing the effectiveness of physicians who are already in the public provider system and will enhance the continuity and quality of care provided in facilities and in the community.

Quality of Care Recommendation F.2.b: It is recommended that DMHMRSAS establish guidelines to enable substance abuse consumers who have been identified by CSBs as indigent to access free or reduced cost medications through the DMHMRSAS Community Pharmacy.

G. Case management

Quality of Care Finding G.1: Consumers of substance abuse services face severe shortages of core services needed for successful recovery in the community – affordable housing, reliable transportation, employment assistance, etc. Very few CSB substance abuse outpatient consumers receive adequate case management assistance.

Access Recommendation A.1.a is also in support of this finding.

Quality of Care Recommendation G.1.a: It is recommended that DMAS investigate the cost and feasibility of covering case management for substance abuse consumers who are Medicaid recipients, focusing particularly on women with children

Quality of Care Recommendation G.1.b: It is recommended that DMHMRSAS, working with CSBs, develop a model training curriculum on substance abuse case management and provide training on this topic to CSB staff and supervisors.

H. Staff qualifications and support

Quality of Care Finding H.1: CSB substance abuse staff has appropriate education and training for their positions.

Quality of Care Recommendation H.1.a: It is recommended that DMHMRSAS initiate a collaborative effort with CSBs and consumers to develop training curricula in the following topics and make these programs available to all CSBs:

- Person-centered service planning (See Recommendation C.1.a and C.1.b)
- Provision of integrated treatment for those with co-occurring mental health and substance abuse disabilities. (See Recommendation F.1.a)

- Case management for persons with substance abuse (See Recommendation G.1.b)

Quality of Care Recommendation H.1.b: It is recommended that each CSB evaluate the training needs of substance abuse treatment staff and take steps to assure that adequate training is made available.

I. Services effectiveness

This OIG review did not attempt to evaluate the service effectiveness indicator of quality. However, data were collected that show that CSB substance abuse outpatient programs for adults receive positive evaluations from consumers and P&P offices.

Survey of Probation and Parole Offices

The majority of persons served at CSB substance abuse programs have violated the law. Crime and substance abuse are paired. Research has shown that combining criminal justice sanctions with drug treatment can be effective in decreasing drug use and related crime (National Institute on Drug Abuse). This review includes the results of a survey of the 43 Virginia P&P offices through which the OIG gathered information about the quality of services provided by the CSB substance abuse outpatient services for adults.