

**DMHMRSAS**

Commonwealth of Virginia Department of  
**Mental Health, Mental Retardation  
and Substance Abuse Services**

# **Improving Quality, Capacity, Access and Accountability of Substance Abuse Services**

Ken Batten, Director, Office of Substance Abuse Services

Presentation to the Subcommittee on Substance Abuse Prevention  
and Treatment

Senate Joint Resolution 77

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# Themes - Problems

## Mitigating the Cost of Substance Abuse in Virginia

- Current data does not allow us to accurately report on the effectiveness of the services provided by the 40 CSBs (Recommendations 1, 13, 14, 16).
- Evidence-based practices and programs (EBPs) are not uniformly utilized in delivery of SA services (Recommendations 6 & 7 ).
- Access to services is limited by capacity and other barriers, including logistics and affordability (especially for intensive treatment), as well as stigma, denial, and lack of referral. (Recommendation 4).

# System Challenges

- Individuals receiving services have multiple, complex needs
- Underfunded system
- CO continues to work towards further integration of services across disabilities, working to:
  - Establish Standards of Care
  - Establish consistent vehicles to collect, analyze and report impact of treatment or prevention
  - Effectively monitor quality and compliance
  - Establish effective IT systems
- CSBs lack resources to address complex needs or support evaluation of services, exacerbated by recent budget cuts

# Recommendations: Evaluating Effectiveness

- **Continuous Quality Improvement Initiative**
  - Identify a short list of key quality measures
  - Work with VACSB to add data elements to those not currently collected
  - Develop monthly report of key measures
  - Implement mechanism to review CSB performance and QI plans

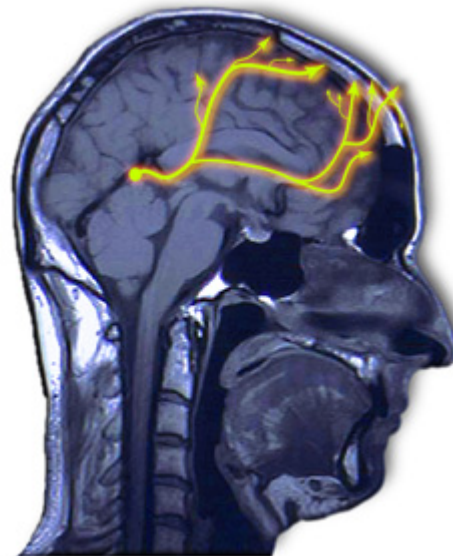
# Improving Data Quality

- **Progress**
  - 2007 – Instituted software data quality checks which require CSBs to “clean” data
  - Recent federal grant to support web-based training for administrators, clinicians and data entry staff
  - Routine collection of pre and post impact data for prevention activities
- **Current Activities**
  - DMHMRSAS and CSBs have longstanding Data Management Committee (IT/Data CSB representatives)
  - Data Management Committee initiating strategic planning process, with report anticipated by Spring 2009
  - VDH plans to conduct Virginia Youth Survey – Spring 2009

# Improving Data Quality

- **Solutions**
  - To evaluate prevention programs, conduct a survey of adolescents that collects jurisdiction-specific data (per Va Dept of Health YRBSS)
  - Additional Central Office staff to:
    - Translate treatment programs data needs into data reports and make substantive structural changes to CCS treatment data base
    - Provide IT technical assistance to CSBs

# Evidence-Based Practices & Programs (EBPs)



*Addiction involves the reward pathways of the brain.*

# Considerations in Implementing EBPs

- EBPs – very narrow/select group of practices
- Must be applied exactly as designed (fidelity)
- Researched in particular clinical settings with specific types of consumers (age, ethnicity, socio-economic, education)
- An EBP may be *efficacious* (works in controlled research setting) but not *effective* (works in routine care setting)



# Supports Necessary to Implementing EBPs

- Organizational leadership and commitment
- Commitment from practitioner
- Appropriate personnel
- Time to acquire knowledge/practice skill
- Coaching/supervision to maintain change in practice/fidelity
- Funds to support training, supplies
- Appropriate space/time

# Virginia-based EBP Initiatives

- NIDA Clinical Trials Network (Norfolk CSB and Chesterfield CSB)
- Project REMOTE (federal grant supports medication-assisted treatment to treat abuse of prescription opiate analgesics in rural areas)
- MidATTC: Motivational Interviewing and Motivational Enhancement Therapy
- Project TREAT (adolescents –primary SA & co-occurring MI)
- Virginia Service Integration Project (co-occurring MI/SA)

# DMHMRSAS Plan to Strengthen Addiction Treatment EBPs

- Establish addiction treatment core competencies that provide a foundation of EBPs for practitioners
- Work with CSBs to establish learning collaboratives as infrastructure to transmit/reinforce practice of EBPs, initially funded by SAPT BG
- DMHMRSAS has established a workgroup with CSB representatives to identify core competencies, select specific EBPs and develop the framework for learning collaboratives.
  - Initially funded by VASIP (time-limited grant), then SAPT BG

# Resources Needed to Support EBP Implementation

- Central Office staff assumes role of “change agent” and:
  - Develops content/curriculum specific to SA treatment
  - Provides technical assistance to CSBs for treatment and prevention

# Affordability as a Barrier to CSB SA Services

- JLARC report suggests that DMHMRSAS conduct a review to determine:
  - If CSBs consistently use sliding fee scales
  - If sliding fee scales are either consistent or reflect appropriate geographic differences
  - If the relationship between fees and consumer income “appropriately balances affordability with accountability across CSBs
  - If CSBs collect fees that are charged.

# Affordability as a Barrier to CSB SA Services

- Survey of CSBs in process:
  - Of 20 CSBs responding to date
    - Little consistency among CSBs
    - Within CSB, inconsistent across disability
- CSBs should apply policy consistently across disabilities
- CSBs should not deny service solely due to lack of payment resources

# Training for Judiciary

- In process of developing workgroup to address training needs of judiciary regarding effects of substance abuse, benefits of treatment and available treatment options:
  - DMHMRSAS
  - Supreme Court
  - Department of Criminal Justice Services
  - Department of Corrections
  - Department of Juvenile Justice
  - Virginia Association of Community Services Boards

# Conclusions

- SJR 77 provides a much appreciated opportunity to examine system strengths and weaknesses
- Utilize CQI approach ( Plan, Do, Check, Act) to improve system of SA services
- Funds needed to support infrastructure issues at DMHMRSAS CO