

Review of CSB Substance Abuse Outpatient Services for Adults

Presented to Joint Subcommittee on
Substance Abuse Prevention &
Treatment

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Goals of the 2006 Review

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

Statements of Quality

- 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

Statements of Quality (con't)

- Consumers/staff share helping connection that fosters trust/support & has continuity
- Substance abuse and mental health needs met in integrated fashion
- Those in recovery receive case management
- Staff has appropriate education, training and supervision

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

Finding - Comprehensive Services

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 P&P 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

Access - Detoxification Services

	Percent of CSBs With Service Available	Percent of CSBs With Inadequate Or No Capacity
Medical Detox	77.5%	85%
Social Detox	52.5%	82.5%

Access - Medically Assisted Outpatient Treatment

	Percent of CSBs With Service Available	Percent of CSBs With Inadequate Or No Capacity
Agonist Treatment	50%	80%
Partial Agonist Treatment	40%	92.5%
Medically Ass't Outpatient	45%	92.5%

Access - Outpatient Treatment/Drug Free

	Available	Inad/No Capacity
Day Treatment	25%	85%
Intensive OP	62.5%	72.5%
Group	100%	47.5%
Individual	100%	67.5%
Psycho-Ed Gp	90%	42.5%
Family Support	82.5%	65%
Aftercare	85%	62.5%
Case Mg't	95%	75%

Access - Services to Criminal Justice System

	Percent of CSBs With Services Available	Percent of CSBs With Inadequate Or No Capacity
Jail/Prison Based Services	62.5%	87.5%
Comm. Based Treatment	87.5	62.5%
Drug or Family Court	52.5%	82.5%

Access – Residential Services

	Percent of CSBs With Service Available
Long Term (6-9 months)	35%
Short Term (1-6 months)	70%
Halfway House	50%
Oxford House	47.5%
Subsidized Individual Apartment Living	37.5%

Finding -Timely Access

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

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

Negative Impact of Delays

- Consumers, staff and Probation & Parole Offices concur that delays in receiving treatment that are longer than a few days are clearly contra-indicated, confirming literature findings, input from experts and national best practices. Long delays severely reduce motivation for treatment and limit access to treatment.

Finding – Cost to Consumer

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

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 substance abuse treatment, including Medicaid
- Consumers gave affordability the second highest unsatisfactory rating on service satisfaction scale

Findings – Consumer Centered Services

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

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%

Finding - Treatment Environment

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

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%

Finding - Helping Relationship

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

Finding - Helping Relationship

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

Finding - Co-Occurring Disorders

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

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 of co-occurring MH problems provided to OIG by:
 - Staff 70.6%
 - Supervisors 75.2%
- 45% of charts contained indication of MH need
- Record review revealed treatment of MH co-occurring problem in only 34% of cases

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%

Finding - Co-Occurring Disorders

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

Findings - Case Management

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

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

Findings - Staff Qualifications

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

Staff Education

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

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

Need For Training

- 85% - work with developmental and personality disorders
- 82% - work with serious mental illness
- 80% - work with mental retardation
- 80% - understanding pharmacological interventions
- 77% - providing family support and involvement

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%

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