

**REPORT OF THE
JOINT SUBCOMMITTEE
STUDYING**

Mandated Substance Abuse Treatment and Prevention Programs

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



Senate Document No. 22

**COMMONWEALTH OF VIRGINIA
RICHMOND
1989**

MEMBERS OF THE COMMITTEE

Benjamin J. Lambert, III, Chairman
Robert W. Ackerman
A. Victor Thomas
Dudley J. Emick, Jr.
Kevin G. Miller
Joseph P. Crouch
Franklin P. Hall

STAFF

Legal and Research

Division of Legislative Services
Susan C. Ward, Staff Attorney
E. Gayle Nowell, Research Associate
Sherry M. Smith, Executive Secretary

Administrative and Clerical

Office of the Clerk, Senate of Virginia

Report of the
Joint Subcommittee Studying
Mandated Substance Abuse Treatment and Prevention Programs
(SJR 65)

To
The Governor and the General Assembly of Virginia
January, 1989

To: Honorable Gerald L. Baliles, Governor of Virginia,
and
The General Assembly of Virginia

INTRODUCTION

The joint subcommittee was created pursuant to SJR No. 171 in 1987 to review legislatively mandated substance abuse programs, determine the need for coordination of rehabilitative and prevention services provided by various state agencies, determine the efficiency and effectiveness of the administration of substance abuse programs and services delivered by the community services boards, assess the delivery of substance abuse services in light of federal and state cutbacks, and recommend methods of maximizing the utilization of available funds and enhancing service delivery mechanisms. Due to the multiplicity and complexity of these issues, the joint subcommittee was continued for 1988 by SJR No. 65. (Appendices A and B). The interim report for the joint subcommittee is contained in Senate Document No. 28 of 1988.

As a result of legislation recommended by the joint subcommittee in 1988, the Department of Mental Health, Mental Retardation and Substance Abuse Services has filed its annual report to the General Assembly (Appendix C).

RECOMMENDATIONS

The joint subcommittee has found that the issue of substance abuse treatment and prevention is an extremely complex one with no simplistic solutions. Recognition of substance abuse problems is steadily increasing in our culture and one that is not always a popular issue with which to deal. Treatment modalities are being constantly developed and modified to provide proper treatment for individual needs but public perception and stigma attached to such a malady inhibit clients seeking treatment. Current treatment and insurance coverage are not always necessarily appropriate and many go undiagnosed or untreated for many years. The sheer number of state agencies providing some sort of substance abuse services, whether it be law enforcement, treatment or education, represents a complex approach to the problem of substance abuse. In all, seventeen state entities provide some sort of substance abuse service to citizens of the Commonwealth. The Departments of Mental Health, Mental Retardation and Substance Abuse Services and Criminal Justice have initiated a comprehensive substance abuse plan to address coordination among these agencies.

In light of these considerations, the joint subcommittee recommends:

- That they continue their work for an additional year in order that they might continue to evaluate and make recommendations on several specific issues, including insurance coverage for substance abuse treatment, and recommendations in the interagency comprehensive plan being developed by the Departments of Mental Health, Mental Retardation and Substance Abuse Services and Criminal Justice Services. These efforts are currently under way and the joint subcommittee desires to see them to completion in order to provide a complete evaluation and appropriate recommendations. (Appendix D)

- That they again endorse the appropriation of funds for research at the Medical College of Virginia Department of Substance Abuse Medicine. Research falls into two categories of client treatment models and victims of AIDS who are intravenous drug users. Response to treatment is frequently more due to individual client characteristics than specific treatment approaches. The impact of client characteristics such as familial stability, economic condition, general health, psychiatric complications, sex, age, race, and social stability, in addition to unique responses to substances abused have led investigators to further exploration. Virginia is not currently engaged in applied research, except on a limited basis, directly related to the question of what type of treatment provides the most benefit to what type of client. Significant amounts of applied research grant funds from the federal level are directed at this question, but in order to be able to capture these funds, Virginia must establish a track record for applied substance abuse treatment research. The initial steps in establishing a track record will include the development of a uniform data collection system through questionnaire development, field testing and use of the questionnaire to collect data across the Commonwealth. Once subcategories of substance abusers are clearly defined, treatment protocols could be developed/identified to meet the needs of these categories of abusers. The development of such a model will place Virginia in the forefront of treatment approaches, and place Virginia in a strong position for securing grants to support research in this important area. Estimated cost for this is \$200,000.

Intravenous (IV) drug users, including homosexual IV drug users, are reported as victims in approximately 12% of the total known AIDS cases in Virginia. Intravenous drug users are the second highest at risk population to homosexual/bisexual individuals who are reported as victims in approximately 72-73% of the total known AIDS cases. Nearby states such as New Jersey have reported that IV drug users are found among reported AIDS cases in much higher percentages than the national level. The major mechanism of AIDS transmission in IV drug users is the sharing or exchange of needles and this practice, in addition to prostitution, may represent a major source of spreading AIDS among the heterosexual population. Elimination or reduction of IV drug use and associated practices are primary goals of drug treatment. A problem facing the treatment community is motivating potential drug treatment clients to begin and continue a course of drug information that will assist them in motivating IV drug users to participate in treatment. The research effort will include description of actions taken by other states, literature reviews, and a design of specific actions for Virginia drug treatment programs. Failure to focus on this high risk population of AIDS infection will contribute to the general spread of AIDS and increase occurrence in the

heterosexual population. The Department will facilitate coordination of this research effort with other activities of the AIDS Office, Department of Health. Estimated cost for this study is \$50,000.

- That the Task Force Studying Insurance Coverage for Substance Abuse Treatment, as created under the Joint Subcommittee, be continued to evaluate and make recommendations on this specific, complex issue. The current task force is comprised of individuals representing various interests, including service providers such as medical professionals, community services boards, employee assistance programs, residential programs, hospitals and insurance companies, who volunteered their time and expertise to the study of this issue. There are many fundamental questions which need to be answered with regard to appropriate treatment for various types of clients to ensure that each client is receiving proper care for his particular condition and to provide insurance coverage adequate to do the job. The task force did not begin its deliberations until September, 1988, and therefore did not have sufficient time to make comprehensive recommendations on this issue. Members did outline the general questions which need to be answered and made great headway in reaching consensus on many issues, and they have expressed their desire to continue to meet in order to make a comprehensive presentation of a program of treatment and insurance coverage which would be beneficial to all involved. Specific issues are discussed later in the report.

- That the Office of Substance Abuse Services within the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) in conjunction with the Department of Criminal Justice Services continue with the development of a comprehensive interagency plan. This plan is designed to first find out exactly who is doing what with what resources for substance abuse treatment and prevention services in the Commonwealth. This plan will be ongoing and information will be updated on a regular basis. This planning process provides the mechanism for identifying gaps in services and potential strategies and resources for addressing these gaps. In addition to this plan, the Department is developing a grant monitoring process to keep track of the source and amount of funds being disbursed by which agencies and on what projects. This mechanism will allow the Department to keep track of projects between biennium updates of the plan. A copy of the initial findings of what state agencies are currently doing is found in Appendix E.

- That the \$1.8 million which was deleted from the Governor's initiative for community services boards for alcohol programs be reinstated to the budget. This recommendation is made in recognition of the overwhelming demand for treatment services at the local level and would restore funding for this area to the level recommended by the Governor and the House of Delegates.

- That additional staff for the Office of Substance Abuse Services as requested be provided within current, available funds. During the first year of the study by the joint subcommittee testimony expressed much concern about the level of staffing within the Office of Substance Abuse Services. Criticism was not leveled at the quality or expertise of the personnel but at the monumental job which they were being expected to do with a total staff of seven persons. The office has since added one staff position with the specific responsibility for statewide planning and coordination and is in the process of recruiting an additional staff position to focus on youth with emphasis on coordination with youth-serving agencies. Requests for additional

staff for the next biennium to address specific issues such as improved access to health care, AIDS, field training, client employment and program evaluation have been submitted through the Departmental comprehensive planning process.

- That the concept of substance abuse treatment and education programs be thoroughly evaluated and given consideration by the Division of Youth Services for the facilities housing juveniles in the Commonwealth. Current legislation in the 1989 Session of the General Assembly calls for the Division of Youth Services to be separated from the Department of Corrections by 1990 but provides for a policy board to begin functioning in 1989 to determine the goals and mission of the new department. It is hoped that substance abuse treatment of these juveniles will receive priority consideration by the new department. Current plans include instituting such a program, but during the course of the current study none were available. Much testimony was received from professionals in the field as to the need for such treatment as well as direct testimony from juveniles incarcerated in the Division of Youth Services who had or continue to have substance abuse problems and who hoped to give some insight and personal meaning to the situation. Eighty percent of the students in the Division of Youth Services have been affected directly or indirectly by substance abuse and over fifty percent have been sexually abused. A great number of children are abused by someone under the influence of drugs or alcohol, and substance abuse education and treatment programs are vitally necessary not only for those juveniles incarcerated in the system but also for the families of those individuals as well.

- That the General Assembly consider legislation which would provide for mandatory suspension of the driver's license of a minor who was convicted of any drug or alcohol offense. This concept has been adopted by at least five other states who have demonstrated its effectiveness in decreasing the numbers of juveniles who were driving under the influence of alcohol or drugs, possessing open containers in vehicles, and general liquor and drug law violations. Rationale for this proposal generally centers on the idea that the state is providing guaranteed punishment for juveniles in an area where the law generally tends not to be enforced, thereby making juveniles more accountable for their actions and also providing a more positive way to reward those who abstain from use as well as providing an easier way for minors to say "no" rather than participate under great peer pressure. More detailed discussion of this proposal is contained in the body of the report. (Appendix F).

- That the Department of Medicial Assistance Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services conduct a study to determine the size of the Medicaid-eligible population in need of substance abuse treatment, the services required by that population, and the projected costs of providing the required treatment services. State Medicaid currently does not provide substance abuse treatment services for their clients since federal regulations classify this as a rehabilitative service and therefor an optional service by the state. The state has chosen not to participate in such a program due to the cost, the difficulty of defining the population at risk and the treatment necessary for those individuals, and the fact that Medicaid regulations provide that when a treatment is offered it must be offered to everyone who qualifies, not just those which can be treated within the current budget. The Department of Medical Assistance Services has been working to provide some of this

information on a consistent basis and has made a preliminary determination that \$12 million would be necessary to provide these services to Medicaid eligibles, of which \$6 million would be federal match funds. This is seen to provide services to those who generally have no insurance coverage for treatment and are dependent on public treatment facilities therefor placing a great burden on the local community services boards and other publically funded services. These individuals, left untreated, are responsible for the expenditure of large numbers of dollars in other programs such as hospitalization for a secondary diagnosis, unemployment, medical assistance, and food and shelter programs, none of which address the primary problem of substance abuse. (Appendix G).

- That an sufficient State Employee Assistance Services (SEAS) offices be established as determined by the Department of Personnel and Training to provide services to state employees and that plans be developed by the Department to provide for the coverage of other state employees who live and work in areas which do not have enough state employees to justify a full-time SEAS office or counselor. SEAS was originally started in 1978 as a pilot program to demonstrate the extent and costs of alcohol and drug problems among the 80,000 employees of state government and it was based on the model of some very successful Employee Assistance Programs (EAP) in private industry in the state which proved to be cost effective when fully implemented. The SEAS office began with one counselor and secretary in the Richmond area, but demand quickly outgrew the capability of the office to provide needed services and the necessary follow-up. In response to requests for additional offices, the 1988-90 Budget Act included provisions for the expansion of this service in Norfolk and Blacksburg opened during the summer of 1988.

- For many years, the Commonwealth, private employers and labor organizations have recognized the problems and costs associated with alcohol abuse among employees and have developed occupational alcoholism programs designed to help workers with these problems. Today, these efforts are known as Employee and/or Workers' Assistance Programs (EAP) (WAP) and have been expanded far beyond the initial concern. They now also include drug abuse, mental health problems, financial difficulty and family/marital crises.

The joint subcommittee believes that EAP's and comprehensive referral services provided by private employers, labor organizations and nonprofit charitable organizations should be continued and expanded so that workplaces, large and small, may be better equipped to deal with the problems associated with chemical dependency.

We believe that early workplace detection and intervention, as well as education and training, are elements crucial to the success of treating substance abuse problems. Full service workers' assistance programs are a wise and prudent investment which return substantial dividends to industry and human capital. Keeping Virginia's workers on the job as productive citizens enhances the Commonwealth's business climate and reduces the burden on state agencies who treat those in need who cannot provide fully their own treatment due to lack of insurance coverage because of loss of employment.

Recognizing the important and crucial services provided by assistance programs within the Commonwealth of Virginia, in the area of workplace treatment and intervention, we recommend to the 1989 Session of The General

Assembly that funding be provided to the Department of Mental Health, Mental Retardation and Substance Abuse Services to pilot public/private EAP's, which, if successful, could be used as a model for statewide implementation.

BACKGROUND

"Abuse and Lose" Legislation

Several states, among them Oregon, Missouri, New Jersey and Maine, have adopted legislation which provides for minors who are convicted of any drug or alcohol offense to automatically lose their license to drive whether or not a vehicle was used in the commission of the offense. First offenses are generally accompanied by a six month/one year loss and second offenses are for one/two years. If a youth is under the age of sixteen when the offense occurs, the license is denied until he is seventeen. Suspension is mandatory.

A driver's license is seen to be a privilege, not a right, and is contingent upon the maturity and responsibility of the holder. Possession and/or use of alcohol or any other drug is illegal for a minor, under the age of twenty-one in Virginia, with no exceptions. Enforcement of current law governing this is seen to be fraught with problems and many feel that such a mandatory relinquishment of this valuable privilege would be a highly successful deterrent. The states which already have such legislation have either not yet been subject to litigation over the issue or have been upheld by their highest court, saying that the state does indeed have the right to protect her citizens. Oregon's law has been upheld all the way to their Supreme Court on all constitutional challenges. The Oregon Court of Appeals upheld the law in April, 1987, and petition for review by the Oregon Supreme Court was denied. Oregon v. Day, 84 OR App 291, 1987, concluded that youth is not a suspect classification, that the state demonstrated a rational relationship of the law to a legitimate state interest, that it was not cruel and unusual punishment and it did not violate equal protection. The Court of Appeals in Kentucky in Praete v. Commonwealth of Kentucky affirmed a similar state law.

Benefits of this legislation include:

- Juveniles who are driving impaired are removed from the highways, thereby removing a threat to themselves and the safety of others.
- Youths will be more careful about the use of drugs or alcohol.
- It provides a more socially acceptable reason for minors to say "no" when peer pressure is so great.
- Locking up juveniles is not seen to be an acceptable response to the violation of such laws but neither is non-enforcement of the law. These laws provide mandatory punishment which is not discretionary and it maintains the integrity of the courts and the law.
- Suspensions can be appealed under many laws.
- The law is a positive reinforcement to kids who are substance-free.

- It is almost cost-free to the state.
- Parents have to become involved.

Oregon, which has the longest experience with such a law (1983), has impressive statistics to validate the use of the law. In the period 1982-84, DUI arrests of minors were down 17%, open container in vehicle violations down 45%, liquor law violations down 12%, and all drug violations down 22%. The figures for 1986 show an even greater improvement and there were a total of 1,760 drivers' license denials for alcohol offenses in 1986.

Legislation pending before the General Assembly and recommended by the joint subcommittee would provide similar punishment with the following provisions: the law would affect minors fifteen to eighteen years of age; minors under the age of sixteen at the time of the offense would have to wait until the age of seventeen to apply for a license; the license would be held administratively by the courts with both the juvenile and his parents appearing before the court and agreeing that the minor will not drive during the period of suspension (this is in reaction to the fact that if a driver's license is formally suspended through the Division of Motor Vehicles, the insurance rates of the individual will usually rise, thereby hurting the parent rather than punishing only the minor); with a first offense, mandatory suspension is for six months, but after 90 days the judge has the discretion to reinstate the license depending on the individual circumstances but the second offense carries a mandatory one year suspension; and it also includes, although the judge already has the power to do so, that the judge has the discretion to send the juvenile to some sort of Alcohol Safety Action Program for education or treatment.

Interagency Plan

The Department of Mental Health, Mental Retardation and Substance Abuse Services in conjunction with the Department of Criminal Justice Services is currently developing an Interagency Comprehensive Substance Abuse Plan for the Commonwealth. The immediate goal of the plan is to document recent substance abuse prevention/education, treatment/rehabilitation, and enforcement activities and programs around the state, beginning with those which are sponsored, financed and conducted by state agencies. Longer term goals include the identification of gaps in substance abuse activities, programs and services which should be addressed by the Commonwealth and to estimate the resources necessary to eliminate such gaps, and the identification of priorities and assessment of the need for additional resources for addressing these needs. This plan is being formulated under the power of the Department as the sole agency for planning, coordination and evaluation of the state comprehensive plan for substance abuse services, the authority to formulate such a comprehensive plan for the development of adequate and coordinated programs for research, prevention and control of substance abuse, and the authority to effect such a plan in cooperation with other federal, state, local and private agencies.

In all there are seventeen state entities which provide some sort of substance abuse treatment or prevention efforts for the Commonwealth and all are participating in the development of a comprehensive plan. The participants include:

Alcoholic Beverage Control Board

Commission on Virginia Alcohol Safety Action Program

Council on Higher Education

Department for the Aging

Department of Corrections

Department of Criminal Justice Services

Department of Education

Department of Medical Assistance Services

Department of Mental Health, Mental Retardation and Substance Abuse Services

Department of Motor Vehicles

Department of Rehabilitative Services

Department of Social Services

Department of State Police

Commonwealth Alliance for Drug Rehabilitation and Education

The Governor's Council on Alcohol and Drug Abuse Services

The proposed outline for the plan includes:

- I. Commonwealth Philosophy Guiding Substance Abuse Policy and Services Development
- II. Purpose and Overview
- III. Nature, Scope and Degree of Substance Abuse Problem
- IV. Description of Current Substance Abuse Programs and Activities Offered in the Commonwealth (by agency)
 - A. Agency policy statement denoting response to substance abuse among its clientele
 - B. Agency role in implementing substance abuse policy
- V. Description of Substance Abuse Programs and Activities Planned for Current Biennium (FY 89-90) and Next Biennium (FY 90-91)
- VI. Description of Interagency Collaboration Required to Implement the Plan
- VII. Priorities

VIII. Recommendations for Action.

The final plan document is scheduled to be presented to the Governor's Council on Drug Abuse in September, 1989. A draft overview of each agency's substance abuse activities is attached. (Appendix E).

Employment Services

Life skills training has been suggested as a practical prevention and treatment service. Most job or skills training is directed at older individuals and many federal training programs have been cut. Education as to how to deal with basic functions in life such as job training, getting a job, the work ethic and other fundamental life problems might do much to prevent substance abuse problems. Many substance abusers, unlike other clients under the DMHMRSAS, do have job skills, but unemployment due to substance abuse problems creates a virtual unbroken circle of problems. A number of studies support the value of vocational rehabilitation as a means of gaining employment and continued abstinence among substance abusers. The DMHMRSAS has initiated a pilot program to involve a vocational rehabilitation counselor in the treatment process, but lack of resources has hampered the project. The Department requested a budget addendum for the 1988-90 biennium of \$480,000 for each year in order to develop a team approach with the Department of Rehabilitative Services to enhance employment for people with substance abuse problems who are enrolled in treatment programs. This was not included in the Governor's budget, but the Department has used \$65,000 in 1989 and will obligate \$150,000 in 1990 out of their new appropriation to do one program in FY89 and three in FY90, in conjunction with the Department of Rehabilitative Services.

Community Services Boards

Criticism of community services boards during the first year of this study was not aimed at the concept of the provision of local services by these boards but at management and organizational questions. The problems included the lack of service capability and the ultimate variety of services provided between boards, the apparent lack of consistent coordination and control from the state level down, the lack of adequate reimbursement for services, and the lack of input in the planning process by the private providers. Community services boards are seen to be the most desirable method of delivering services because persons who live and work within the community are perceived to be inherently better at identifying problems and dealing with clients in the most beneficial ways.

Due to its inherent nature, the provision of services and types of services available vary greatly from one locality to the next and is in sharp contrast from urban to rural areas. In order to attempt to provide standards for services provided by community services boards and yet maintain their individual character in response to the diversity and variety of Virginia's localities, the Department developed and has continued to modify the concept of core services taxonomy. Although the Code mandates only the provision of emergency services in §37.1-194, other core services have been included such as inpatient, outpatient, case management, day support, residential, and prevention and early intervention.

The original descriptions of these core services developed in 1980 were felt to be too general and not sufficiently quantifiable for the gathering of meaningful data and the analysis of such data for planning. Necessity determined the need for more detailed, uniform, and measurable service categories and characteristics but one which at the same time is sufficiently differentiated to reflect the variety of programs or types of services within each core service category. There are twenty-six subcategories within the core services categories to describe service delivery activities and permit data analysis and management. Because of the diversity and variety of localities and the mix and availability of resources and services from other non-CSB organizations, each CSB does not need to provide services in each category. This taxonomy and enhanced monitoring through the CSB evaluation by the Department are seen to continue to evolve in response to changes in the needs and available resources within the service delivery system.

Mandated Insurance Coverage

In the Code of Virginia insurance coverage for substance abuse treatment is covered by §§ 38.2-3412 and 38.2-3413. Of the fifty states, only nine, including Virginia, have laws mandating coverage for both alcoholism and drug dependency treatment services by insurers writing policies in their respective jurisdictions. Although Virginia is in the forefront of the states recognizing the importance of mandating substance abuse treatment service coverage by private sector health benefit carriers, the State Department of Medical Assistance Services totally excludes such services from coverage under the provisions of the State Medicaid Plan. While non-coverage of substance abuse services may reduce the expenditures of the Department of Medical Assistance Services, the costs for providing substance abuse services to otherwise eligible Medicaid recipients are paid from the state's general funds. Under Medicaid services are paid for with a fifty percent federal match in dollars whereas the state general fund subsidizes treatment for the indigent 100 percent. One problem with the provision of substance abuse treatment for Medicaid eligibles is the requirement that services be provided to all requiring treatment and not just those able to be served within appropriations, thereby becoming an entitlement program. Nontreatment of indigent clients also has its costs in terms of the provision of other services and funds.

Private insurance policies have traditionally covered mental illness differently from physical illness, and mandated insurance benefits have been debated on many levels. Insurance and businesses generally opposed such legislation on the basis of cost, and mental health professionals favored such coverage because of the stigma attached to mental illness which causes group purchasers to understate the true risks and prevents consumers from demanding needed services. Attitudes are gradually changing in many ways. While utilization of mental health treatment has increased in some ways, it can also be proved that insurance costs are gradually reduced due to the improvement of the general health of the client and the client's family members if the primary diagnosis of substance abuse is treated as such.

In summary, the Code of Virginia mandates that any individual or group health insurance policy that is written in the state must provide a minimum of 30 days per year inpatient coverage for mental, emotional, or nervous disorders, including alcoholism and drug dependency. The coverage can be

limited to a 90-day lifetime benefit. The minimal optional benefits that must be offered on these groups policies are spelled out in §§ 38.2-3412(B) and 38.2-3413(B) and the purchaser may elect to accept either or neither of these options. Where substance abuse services are concerned, the optional services in § 38.2-3413 may be substituted for the otherwise mandatory coverage provided in § 38.2-3412. A factor that makes the mandated offering issue confusing is the statement that if the purchaser elects to choose the optional benefits, then "mental, emotional or nervous disorders shall not include coverage for incapacitation by, or physiological dependence upon, alcohol or drugs." These references apply directly to commercial health insurance companies but have been expanded to cover private third-party payors and health maintenance organizations by cross reference.

Alcohol is the most widely used intoxicant in the United States today and abuse costs an average of \$117 billion per year in lost productivity and medical bills. Abuse of other substances only adds to this figure and is increasing steadily. According to the National Institute of Drug Abuse, 14 to 18 percent of workers abuse alcohol or drugs or both and that percentage translates to 16.5 to 21.2 million impaired workers. Not included in this figure are the numbers of family members who also abuse substances or who are affected by the family member who does. It has been documented that most problems are caused by light to moderate users but most treatment and coverage is directed to severe abusers. It is estimated that 85% of people with drug and alcohol problems never receive treatment.

Costs of substance abuse are generally underestimated due to the hidden nature of the disease, the tendency toward denial among abusers, their families, and coworkers, and the "subtle chronicity" of the illness. A Research Triangle Institute study indicates that lost productivity, absenteeism, medical expense, disability claims, and theft due to the abuse of drugs other than alcohol cost business about \$16 billion annually. Alcohol abusers have eight times the inpatient and outpatient medical costs of nonabusers and 20-50% of acute care hospital beds are occupied by patients whose health problems can be traced to their abuse of alcohol and other drugs. Other problems such as accidents on the job, absenteeism, workers compensation claims, lost productivity, and damage to the workplace can be attributed to those workers who abuse substances as compared to those who do not.

There are many societal and workplace barriers to substance abuse treatment which stem, some say, from the societal emphasis of "body over mind" and that substance abuse is a voluntary illness rather than a physiological one such as diabetes or cancer, for example. As a result some feel that discrimination has existed against treatment for substance abusers because of social stigma, the idea that substance abuse is a private matter not to be dealt with within the workplace, the fear of uncontrolled costs for treatment since the disease is so underestimated, larger deductibles and copayments for substance abuse treatment as compared to physical health treatment which deter the client from seeking treatment or getting treatment under another primary diagnosis so that the substance abuse is never addressed directly, lack of follow-up in the workplace and the home to prepare the client for re-entry, and the fact that substance abuse is often hidden initially in its early stages.

As the state-of-the-art in treatment has been developing and the attitude of society has changed gradually, traditional methods of dealing with substance abuse treatment have shifted. Today there is more of an emphasis on quality, appropriate and effective treatment. Preadmission testing, case management, education campaigns, wellness efforts, and employee assistance programs, among other things, have grown out of this need to provide adequate, proper treatment for clients at a reasonable cost with quality and utilization review built in to aid in good management of funds. There has been a gradual recognition that inpatient care is not necessarily superior to outpatient or some other form of treatment for a substance abusing client, but current insurance does not always recognize this. Presently eleven percent of total in-patient dollars is spend on in-patient substance abuse treatment while less than one-half of one percent is spent on outpatient. Those who do not have benefits turn to treatment through community services boards and public programs. Outpatient care is not proper for every client, either, so there is a changing attitude toward providing a continuum of care for clients which is individualized to meet their needs.

The joint subcommittee formed a task force during the 1988 year to specifically examine the question of insurance coverage for substance abuse treatment and concurrently the treatment modalities recommended for such treatment. The task force was comprised of individuals who represented various facets of substance abuse treatment provision including medical professionals, community services boards, DMHMRSAS, employee assistance programs, residential programs, hospitals and insurance companies that volunteered their time and expertise to such a study. Current mandated coverage for inpatient treatment is the most expensive kind of treatment and not always the most appropriate given individual circumstances and conditions.

In relation to this, the task force identified a number of concerns which must be dealt with in order to provide a comprehensive recommendation for this problem, including accessibility and affordability of current coverage; mandated benefits which go hand-in-hand with quality control in order to guarantee that services paid for are being provided and at a reasonable cost; failure to mandate substance abuse coverage for groups currently opting for self-insurance; failure of insurance companies to provide different coverage for different disorders; absence of transitional care; broad treatment criteria that do not meet individual needs or consider substance distinctions; inadequate case management; inadequate and rigid indigent coverage; inadequate tracking of clients; lack of differentiation between adult and adolescent treatment; inadquate assessment which does not determine whether a person is mentally ill or addictive and the possible causal relationship; inadequate family participation and coverage, especially with regard to adolescents; too few controls on utilization review to guarantee that the client is receiving the proper treatment as well as assuring that the insurance companies are being properly billed; insufficient definitions of crucial terminology; no continuum of care which can gradually be reduced as need indicates to reduce overutilization of inpatient care; and, insufficient and inspecific insurance co-payments.

While recognizing that many related issues still need to be examined and recommendations formulated in order to present a comprehensive package, the task force did generally agree on the concept of several proposals:

- That all patients seeking substance abuse services receive a comprehensive assessment prior to being admitted to any program. This would determine the need for services, refer the client to the appropriate service delivery system and determine the "level of care" necessary for that individual.
- That definitions of "levels of care" be developed to represent a point on the continuum of intensity of treatment and restrictiveness of environment. These levels could include acute care/hospital based, residential or free-standing facility, day treatment or partial hospitalization or intensive outpatient, and outpatient.
- That consideration be given to requiring all programs to have available a full continuum of care whether on an in-house or contractual basis. There currently exist wide gaps in the service delivery of many programs, and failure to provide a continuum of care may result in the holding of a patient at an inappropriate level of care.
- That the task force examine the establishment of specific admission criteria to various levels of care to guide movement of patients through the system in a coherent and clinically meaningful way. Use of a consistent, common language to denote the various levels of care will help to minimize misunderstandings between service providers and third party payors. Movement from one level of care to another must be evaluated on mental as well as physical factors.
- That the concept of treatment of family members of adolescent substance abusers be examined and evaluated.
- That only providers who are licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services be eligible for reimbursement to promote high quality, effective treatment.
- That the idea of reimbursement for treatment being incumbent upon completion of treatment be investigated.
- That some type of conversion criteria be developed for trading days of inpatient care for units of other treatment in a less restrictive environment more appropriate to the needs of the client. Such a ratio might consist of (i) inpatient days, (ii) one inpatient day equalling three covered residential days, (iii) one inpatient day equalling four increments of covered day treatment services, (iv) one inpatient day equalling five sessions of intensive outpatient services, and (v) one inpatient day equalling six outpatient sessions.
- That the number of days of care mandated by current statutory provisions for inpatient care be examined and re-evaluated.

Alcoholism as a Disease

During the course of the this study during the past two years there has been much debate over the concept of the treatment of alcoholism as a disease. In truth, this debate is a universal one and one which has no clear-cut factual answers as of yet.

There are those who feel that alcoholism is a "disease of choice" in that it is voluntary and controllable. This goes back to the concept of "mind over matter" and the idea that one can control and determine the course of one's life regardless of outside influences and factors. This idea is based, in some cases, on the very tenets of the behavior modification programs used by alcoholism treatment efforts. These programs teach that one has to make certain choices with regard to life, and drinking or not drinking is one of those choices. Drinking is seen by some to be a way of life, indeed one which is propagated by our society in its acceptance of drinking as a social activity. Whether a person drinks or not is but one of the ways in which an individual adapts himself to a particular way of life, although there may be external influences which will alter the decisions which a person makes.

Others believe alcoholism and other drug addiction to be a disease which may be exacerbated by social conditions and genetic predisposition. It is seen as uncontrollable as other physical illnesses such as cancer and heart disease. The problems of addictive behaviors may represent a spectrum of disorders rather than a single unitary problem. The spectrum ranges from levels of experimental use to severe and debilitating use patterns. Within that range falls clearly a group of people who are afflicted with a disease process (alcoholism and other addictive behaviors) that is not well understood.

Alcoholism and other addictive behaviors have biological and sociological components similar to other recognized diseases. Diabetes, heart disease, and hypertension have a mix of biological and sociological components. An individual may not be responsible for getting heart disease, but they are responsible for a portion of its management. A lifestyle including a high fat, low fiber, high cholesterol diet, smoking and minimal exercise has been inextricably linked with coronary heart disease and these factors are for the most part controllable by personal choice to alter one's lifestyle. However, an individual does not have a choice regarding his biological constitution and the way his body and brain respond to alcohol or other addictive behaviors may not be simply a matter of choice.

As a result of this discussion, the joint subcommittee debated several issues including the contradictory message which is being sent to our youth with regard to drinking in that drugs are never acceptable and that drinking is not acceptable behavior under the age of 21, but that after a juvenile becomes an adult that drinking alcoholic beverages is acceptable behavior. With regard to this, the joint subcommittee debated the relative merits of advertising for alcoholic beverages in the state and the participation by the state in such an activity by the state being in the marketplace for selling and distributing alcohol. In summary, such questions as these could not be resolved within the time for the current study, and the subcommittee recommends continuing its investigation.

Respectfully submitted,

Benjamin J. Lambert, III, Chairman
Robert W. Ackerman
A. Victor Thomas
Dudley J. Emick, Jr.
Kevin G. Miller
Joseph P. Crouch
Franklin P. Hall

* See attached Dissent.

COMMONWEALTH OF VIRGINIA

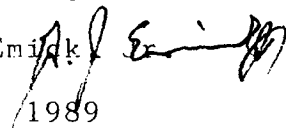


COMMITTEE ASSIGNMENTS
REHABILITATION AND SOCIAL SERVICES CHAIRMAN
COURTS OF JUSTICE
FINANCE
TRANSPORTATION
RULES

SENATE

MEMORANDUM

TO: E. Gayle Nowell, Research Associate
Division of Legislative Services

FROM: Dudley J. Emick 

DATE: January 19, 1989

RE: Joint Subcommittee Report on Study of Mandated
Substance Abuse Treatment and Prevention Program
(SJR 65)

I dissent from this report for the following reasons:

1. The "overblown" rhetoric discussing the problems in this report has no relevance to the real world that I know.
2. Societies have been spending money for solutions to the problem of alcohol since the beginning of recorded history. There have been no significant discoveries for either the treatment or control of this problem; however, the legislative and executive branches continue to blend the problem in with other more serious drug problems.
3. "Abuse and lose" will join "Just say No" as another effort by politicians to address real problems with cliches.

Lastly, until the legislature will more clearly define sub-categories of substance abuse, the legislature will continue to waste exorbitant amounts of money with little or no real improvement in a society where TV commercials stress alcohol as one of life's rewards and symbols of success.

DJE, Jr.:bt

Appendices

Appendix A	Senate Joint Resolution No. 171 (1987)
Appendix B	Senate Joint Resolution No. 65 (1988)
Appendix C	Annual Report by the Department of Mental Health, Mental Retardation and Substance Abuse Services
Appendix D	Senate Joint Resolution No. 169 (1989)
Appendix E	Overview of Substance Abuse Services in the Commonwealth
Appendix F	Senate Bill No. 725 (1989)
Appendix G	Senate Joint Resolution No. 196 (1989)

SENATE JOINT RESOLUTION NO. 171

Directing a joint subcommittee study of mandated substance abuse, treatment, and prevention programs.

Agreed to by the Senate, February 27, 1987

Agreed to by the House of Delegates, February 25, 1987

WHEREAS, alcohol and drug abuse have been cited as pervasive social problems in the nation and in the Commonwealth, seeping into every area of society; and

WHEREAS, in 1985, it was estimated that seventy-two percent of high school seniors in Virginia use alcohol, five and one-half percent use alcohol on a daily basis, and five percent use marijuana on a daily basis; and

WHEREAS, alcohol is the most widely used and abused drug in the nation and is a factor in at least ten percent of all deaths in the country; and

WHEREAS, alcohol abuse costs the nation an estimated \$116 billion annually; and

WHEREAS, it is estimated that drug abuse costs the country nearly \$100 billion annually in lost productivity and health expenses; and

WHEREAS, the invasion of cocaine and crack is contributing to an increase in the number of substance abusers in all age groups; and

WHEREAS, throughout the Commonwealth, the lure of financial gain and the growing social acceptability of the use of these substances ensnare more and more persons, result in devastated lives and destroyed relationships, and endanger the public safety; and

WHEREAS, in 1976, the Virginia General Assembly mandated that "the Department of Mental Health and Mental Retardation shall be responsible for the administration, planning and regulation of substance abuse services in the Commonwealth," and shall effectuate a comprehensive state plan regarding substance abuse, and provide certain substance abuse treatment, rehabilitation and prevention programs; and

WHEREAS, the General Assembly mandated an annual legislative review of the extent to which these duties have been performed for the purpose of aiding the Legislature in its oversight responsibilities; and

WHEREAS, such annual legislative reviews have not been undertaken, and recent federal and state allocations for the development of treatment and rehabilitative programs have suffered fiscal cutbacks, limiting the number of clients that can be served; and

WHEREAS, a thorough review of these programs and services in light of the growing number of substance abusers and increasing fiscal constraints would facilitate the planning and funding of appropriate and cost-effective programs; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Senate Committees on Education and Health, on Rehabilitation and Social Services, and on Finance, and the House Committees on Health, Welfare and Institutions and on Appropriations are directed to establish a joint subcommittee to study the implementation of legislative mandates concerning substance abuse, treatment and prevention programs.

The joint subcommittee shall be composed of seven members, one member each of the Senate Committees on Education and Health, on Rehabilitation and Social Services and on Finance to be appointed by the Senate Committee on Privileges and Elections; and two members each of the House Committees on Health, Welfare and Institutions and on Appropriations to be appointed by the Speaker of the House.

The joint subcommittee shall review the legislatively mandated substance abuse programs and services, determine the need for the coordination of rehabilitative and prevention services provided by various state agencies, determine the efficiency and effectiveness of the administration of substance abuse programs and services delivered by the community services boards, assess the delivery of substance abuse services in light of federal and state cutbacks, and recommend methods of maximizing the utilization of available funds and enhancing service delivery mechanisms.

The agencies of the Commonwealth shall provide assistance upon request. The joint subcommittee shall complete its study in time to submit its findings and recommendations to the Governor and to the 1988 Session of the General Assembly.

The indirect costs of this study are estimated to be \$13,045; the direct costs of this study shall not exceed \$6,300.

SENATE JOINT RESOLUTION NO. 65

Continuing the Joint Subcommittee Studying Mandated Substance Abuse Treatment and Prevention Programs.

Agreed to by the Senate, February 2, 1988

Agreed to by the House of Delegates, March 9, 1988

WHEREAS, Senate Joint Resolution No. 171, agreed to by the 1987 Session of the General Assembly, created the Joint Subcommittee Studying Mandated Substance Abuse Treatment and Prevention Programs to study, among other issues, the implementation of legislative mandates concerning such programs and to review current administrative coordination of such programs and the efficiency and effectiveness of such; and

WHEREAS, the Joint Subcommittee has determined that further discussion and attention are needed in this area given the multitude and complexity of the issues involved; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Subcommittee Studying Mandated Substance Abuse Treatment and Prevention Programs be continued. The membership of the Subcommittee shall continue to serve, and any vacancies which occur shall be filled in the manner of the original appointments.

In addition to other considerations, the Joint Subcommittee shall consider, with the cooperation of other state agencies, providers and consumers, insurance coverage for substance abuse clients in the Commonwealth, given the increasing numbers of persons requiring such treatment and the cost of providing such coverage, and possible alternative treatments which have been developed for substance abusers.

Contingent on the implementation of a comprehensive interagency substance abuse plan currently being developed by the Department, the joint subcommittee shall also review the findings of such plan and make appropriate recommendations based on its findings.

The Joint Subcommittee shall complete its work and report its recommendations to the 1989 Session of the General Assembly.

The indirect costs of this study are estimated to be \$13,045; the direct costs of this study shall not exceed \$6300.

ANNUAL REPORT
ON SUBSTANCE ABUSE ACTIVITIES

OF THE
DEPARTMENT OF MENTAL HEALTH,
MENTAL RETARDATION AND
SUBSTANCE ABUSE SERVICES

TO THE
1989 SESSION OF THE GENERAL ASSEMBLY

JANUARY 3, 1989
RICHMOND, VIRGINIA



COMMONWEALTH of VIRGINIA

DEPARTMENT OF

Mental Health, Mental Retardation and Substance Abuse Services

HOWARD M. CULLUM
COMMISSIONER

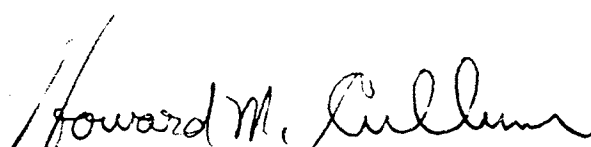
MAILING ADDRESS
P.O. BOX 1797
RICHMOND, VA 23214
TEL. (804) 786-3921

January 3, 1989

A NOTE FROM THE COMMISSIONER

This is the first separate Annual Report on Substance Abuse Activities of the Department of Mental Health, Mental Retardation and Substance Abuse Services. Although the Department regularly produces Biennial Reports which include substance abuse services, legislation passed during the 1988 Session of the General Assembly mandated an annual report focusing exclusively on the substance abuse activities of the Department. Because this is the first separate report, special emphasis has been placed on information which will provide a broad perspective about substance abuse in the Commonwealth. Part 1 provides historical reference; Part 2 reviews relevant social indicators that measure the impact of substance abuse on the Commonwealth; Part 3 reports the specific activities of the Department related to substance abuse.

The Department increased its substance abuse services and activities during State Fiscal Year 1988 through expanded interagency activities, funding enhancements, interagency planning, and by an increase in positions within the Office of Substance Abuse Services. I am pleased to present this Annual Report with the assurance that the Department will continue to maintain a high level of activity in the area of substance abuse services.


Howard M. Cullum
Commissioner

**ANNUAL REPORT
ON SUBSTANCE ABUSE ACTIVITIES
OF THE
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION
AND SUBSTANCE ABUSE SERVICES
TO THE 1989 SESSION OF THE GENERAL ASSEMBLY**

EXECUTIVE SUMMARY

I. Introduction.

In response to concern about the impact of substance abuse on the Commonwealth, the 1988 Session of the General Assembly mandated the Department "to report annually ... on its activities in administering, planning and regulating substance abuse services and shall specifically state the extent to which the Department's duties as specified in this chapter have been performed "(Code of Virginia Section 37.1-205.1). This document is the first annual report from the Department of Mental Health, Mental Retardation and Substance Abuse Services to focus on a particular disability area. Information regarding the history of substance abuse services in the Department (Part 1) and a description of the substance abuse problem in the Commonwealth (Part 2) are included to provide the reader with a broad perspective.

II. Historical Perspective: Substance Abuse Services in the Department of Mental Health, Mental Retardation and Substance Abuse Services.

Originally established as the Department of Mental Hygiene and Hospitals in 1942, the early mission of the Department focused on providing care to institutionalized patients. Substance abuse services were not part of the Department's mandate. Limited alcohol services were available through the Department of Health and the Medical College of Virginia.

By the 1970's, three agencies had become involved in activities relating to substance abuse. Methadone maintenance and detoxification for opiate addicts became available through the Department of Health. The Division of Drug Abuse Control provided planning, administrative and funding support

to community programs. The Department of Mental Health and Mental Retardation initiated the Bureau of Drug Rehabilitation.

In 1976, based on a General Assembly study recommendation, substance abuse efforts by all three agencies were combined to form the Division of Substance Abuse within what was by then called the Department of Mental Health and Mental Retardation. Staffed by forty (40) persons, including administrative support, the Division provided the state with coordinated alcohol and drug abuse programming for the first time.

Between 1977 and 1984, many changes occurred in the delivery of substance abuse services in Virginia. Federal support was reduced, leadership in the Department changed, and emphasis was placed on reducing the size of state government. Staff for the Division in the central office was reduced, and the Division became the Office of Substance Abuse Services.

The need for expanded substance abuse services continued even though federal funds were again reduced. In 1983, Governor Robb's "War on Drugs" report made note of several key issues, namely a lack of coordination among state agencies, lack of adequate resources to support substance abuse services, and a general lack of public awareness of substance abuse problems. The report resulted in the establishment of the Governor's Council on Alcohol and Drug Abuse Problems, to provide an interagency forum to identify issues related to substance abuse, develop coordinated planning for substance abuse, and implement strategies to address the issues raised. The Department began to work toward increased interagency collaboration and is represented on the Council by the Commissioner.

In 1987, the General Assembly enacted legislation changing the name of the Department to the Department of Mental Health, Mental Retardation and Substance Abuse Services. The Office of Substance Abuse Services added a position to increase Departmental focus on interagency planning among state agencies involved in substance abuse activities. In the same session, the General Assembly established The Joint Subcommittee Studying Mandated Substance Abuse Programs in the Commonwealth (SJR 171, continued as SJR 65), chaired by Senator Benjamin Lambert. The Subcommittee has focused on increased interagency activity among state agencies with regard to substance abuse activities, and it recommended the legislation mandating this Annual Report.

A major emphasis of the Department is on expansion of community-based substance abuse services. All forty (40) Community Services Boards provide

some substance abuse services. However, need for service far exceeds supply. In recognition of this need, the 1988 Session of the General Assembly appropriated \$15 million to the Department for the establishment of new substance abuse services in the community in the 1988-90 biennium. This represents a 61.1% increase in state General Fund support for substance abuse prevention, education, treatment and rehabilitation over the past biennium.

III. Nature, Scope and Degree of Substance Abuse in the Commonwealth.

The extent and type of substance abuse in the Commonwealth is difficult to define. Although the substance abuse has major consequences on economic, social, health and criminal justice systems, identification of substance abusers remains problematic. Availability, cost, and ease of distribution influence the choice of which substances are abused. Few coordinated substance abuse specific data collection efforts exist. However, the impact of substance abuse is measurable, at least to some extent.

In 1986, nearly 2,000 persons died in Virginia from causes directly involving substance abuse: 786 persons died accidentally as the direct result of alcohol or other drugs; 341 persons committed suicide while under the influence of a substance, 197 persons were murdered while under the influence, and 673 persons died from other causes involving substance abuse. Furthermore, much injury and illness result from substance abuse. In 1986, eight emergency rooms in the Norfolk metropolitan area reported 1,129 emergency room admissions involving substance abuse, and the Department of Motor Vehicles reported that 20% of all traffic injuries were alcohol related. In addition, the impact on health is well documented.

Substance abuse also has a major impact on the criminal justice system. More than one-third of all arrests from 1982 to 1987 were related to substance abuse. Most of these involve the use of alcohol. Among arrests related to illegal drugs, most are for marijuana, with arrests for opium, cocaine and derivatives increasing substantially during this time.

The economic impact of substance abuse on the Commonwealth is also significant. Analysis of a 1983 national study indicates that the per capita cost of substance abuse to the Commonwealth amounted to \$1,225. The total annual cost to the state at that time was estimated to be in excess of \$4 billion.

Meanwhile, systematic data collection efforts for the purposes of planning and monitoring substance abuse in the Commonwealth need to be developed

and initiated. A recently completed report of the Substance Abuse Advisory Council to the Department and its Board will illustrate that social indicators can be compiled from existing data, and will recommend additional exploration and refinement to gain a more complete understanding of substance abuse problems in Virginia.

IV. Fiscal Year 1988 Substance Abuse Activities of the Department.

In Fiscal Year 1988, the Commonwealth and its localities spent \$39,410,170 on the provision of substance abuse services. This amount includes funds appropriated by the General Assembly, federal funds, local funds, fees paid for service, and other funds. Of this amount, 95 percent was spent on providing community-based substance abuse services, through the forty (40) Community Services Boards. A total of 65,702 clients received these services. Meanwhile, in state mental health facilities, there were more than 2,000 substance abuse related admissions, representing more than 20% of all admissions to state mental hospitals in State Fiscal Year 1988. Projections from the Department's Comprehensive Plan show that an *additional* 222,550 clients will need service through 1994.

The Department of Mental Health, Mental Retardation and Substance Abuse Services provided broad programmatic and technical support to institutions and Community Services Boards in Fiscal Year 1988. These activities include:

- o assisting Community Services Boards with establishment of special programs with additional funds, professional expertise and evaluation;
- o expanded emphasis on interagency collaboration;
- o providing opportunities for training and education;
- o support of advocacy for persons abusing substances;
- o special attention to the needs of those experiencing both mental illness and substance abuse; and,
- o program development with the Division of Substance Abuse Medicine at the Medical College of Virginia to implement services to pregnant addicts.

**PART ONE
A BRIEF HISTORY
OF DEPARTMENTAL SUBSTANCE ABUSE SERVICES
IN THE COMMONWEALTH**

I. Introduction.

A review of the development of substance abuse services is helpful to understand its current importance in the Department. The following discussion briefly describes the evolution of community-based substance abuse services in Virginia, and its place in the Department of Mental Health, Mental Retardation and Substance Abuse Services.

II. The Department is Initially Established with an Emphasis on Serving the Institutionalized Patient.

When the Department of Mental Hygiene and Hospitals was established in 1942, its focus was primarily on providing services to the institutionalized patient. Substance abuse services were not included in its legislative mandate. Mental hygiene clinics located in communities, funded in part by federal funds, mostly provided "aftercare" services to the deinstitutionalized person. That same year, the Department of Health, which was primarily focused on the community, instituted services to alcoholics through the Bureau of Alcohol Studies and Rehabilitation, with offices located throughout the state. These services were largely limited to outpatient counseling. The Health Department also operated a special alcohol treatment unit at the Medical College of Virginia. This unit was supported by a special appropriation by the General Assembly and was one of the first of its kind in the nation. However, when most clients needed detoxification or inpatient services, they were referred to state mental health facilities, Veteran's Administration Hospitals, or, if they could afford it, to private clinics or sanatoria. Many who did not have access to these services were often sentenced to jail for public inebriation. The need for other types of substance abuse services was not yet perceived. Abuse of prescription or over-the-counter drugs, or illegal drugs, was, as yet, untreated by the public sector. Use of illegal drugs, such as heroin, cocaine, or marijuana, was perceived to be a problem outside the mainstream, mostly rural, South.

III. Increased Focus on Drugs and Support for Community-based Substance Abuse Services is Established Within the Department.

By the 1970's three agencies were involved in activities related to substance abuse. The Department of Mental Health and Mental Retardation instituted its Bureau of Drug Rehabilitation. The Department of Health maintained its Bureau of Alcohol Studies and Rehabilitation and initiated its Bureau of Drug Studies and Rehabilitation. The Division of Drug Abuse Control provided planning, administrative, and funding support to programs. In addition, to these three state agencies, the Division of Justice and Crime Prevention provided significant financial support for drug abuse programs, using federal Law Enforcement Assistance Administration funds. During the 1970's the National Institute of Drug Abuse (NIDA) and the National Institute of Alcohol and Alcohol Abuse (NIAAA) also provided funding in support of substance abuse services. The 1975 Session of the General Assembly called for a study of alcohol and drug abuse administration in Virginia.

As a result of this study, efforts by all three state agencies were combined in 1976 to form the Division of Substance Abuse within the Department of Mental Health and Mental Retardation. The Division had a staff of forty (40) which, in addition to providing the services outlined previously, also included fiscal and personnel services. For the first time, alcohol and drug abuse programming were coordinated (although federal funding streams continue to segregate alcohol from other drug funds).

IV. Federal Support for Substance Abuse Services is Reduced.

Between 1977 and 1984, many forces influenced delivery of substance abuse services in Virginia. Federal grants from the Law Enforcement Assistance Administration (LEAD), the National Institute of Drug Abuse (NIDA) and the National Institute of Alcohol and Alcohol Abuse (NIAAA) targeted for substance abuse services were reduced. Statewide initiatives occurred to reduce the size of government and leadership changed in the Department. The Office of Substance Abuse Services was reduced and specially funded substance abuse functions, such as training, planning and prevention, were transferred to address Departmental issues in addition to substance abuse services. Key positions designated for the development and maintenance of interagency collaboration, specialized program development, and coordination with the criminal justice system had been lost.

V. A State Level Interagency Emphasis is Initiated.

The need for expanded substance abuse services continued, even though there was a loss of Departmental central office fiscal and professional resources. The funding mechanisms of the the National Institute of Drug Abuse (NIDA) and the National Institute of Alcohol and Alcohol Abuse (NIAAA) changed from grants to specific community programs grants to the states, which resulted in reduced funding levels. Communities were forced to rely more on limited state and local resources for the provision of substance abuse services. In an effort to enhance statewide substance abuse services, Governor Robb, in 1982, charged several state agencies with examination of the Commonwealth's approach to the problem of substance abuse. The final report resulting from this effort ('Governor's Task Force: "War on Drugs" Final Report,' issued December 1, 1983), made note of several key issues, specifically uncoordinated state agency activities, lack of adequate resources to support substance abuse services, and general lack of public awareness of substance abuse problems.

As a result of this report, the General Assembly passed legislation establishing the Governor's Council on Alcohol and Drug Abuse Problems. This Council, of which the Department is a member, provides an interagency forum for the identification of issues related to substance abuse, the development of coordinated planning for substance abuse, and the implementation of strategies to address the issues raised.

Concurrently, the age of first drug use was decreasing. National trends indicated that first drug use among those as young as 13 was increasingly common, and Community Services Boards reports backed this trend. In 1986, the Office of the Attorney General initiated the Commonwealth Alliance for Drug Rehabilitation and Education (CADRE), an interagency effort which utilizes citizen involvement with statewide and local expertise to prevent and treat youthful substance abuse. The Department is a participant in CADRE.

In 1986, the Department received additional federal funding in the amount of \$ 3.7 million, which has continued. The 1987 Session of the General Assembly passed legislation which changed the name of the Department to The Department of Mental Health, Mental Retardation and Substance Abuse Services. During this same session, The Joint Subcommittee Studying Mandated Substance Abuse Programs in the Commonwealth (SJR 171, continued as SJR 65) was established. Chaired by Senator Benjamin Lambert, the Subcommittee recommended the legislation which mandates this Annual Report, and provided the impetus to the Department to continue in its efforts toward in-

creased interagency collaboration and associated activities. In 1986, the Office of Substance Abuse Services added one position to focus on collaborative interagency planning among state agencies involved in substance abuse. As a result of the addition of this position, the Department is coordinating planning for substance abuse services with seventeen (17) state agencies.

VI. Current Emphasis is on Expansion of Community-Based Substance Abuse Services

Currently, community-based substance abuse services are available to every locality in the Commonwealth through the Community Services Board system. Several factors, however, prevent citizens from receiving needed substance abuse services. Many communities offer a limited array of services and existing programs cannot meet current demand for services. The introduction of the threat of AIDS (Acquired Immunodeficiency Syndrome) to the population of intravenous drug users has expanded the need for availability of additional types of services. In response to the need for expanded community services, the Department was appropriated \$15 million by the 1988 Session of the General Assembly for expenditure in the community for new services in the 1988-90 Biennium as a part of an overall Departmental initiative to expand community-based services. These additional funds represented an increase of 61.1% over the amount previously allocated for community substance abuse services. In addition, federal funding increased by 50.5% over the past two years. The remainder of this report will describe in more detail problems associated with substance abuse and the Department of Mental Health, Mental Retardation and Substance Abuse Services activities for State Fiscal Year 1988.

REFERENCES

Comprehensive Plan for Drug Abuse Control, the Virginia Division of Drug Abuse Control, November, 1973.

Governor's Task Force: "War on Drugs" Final Report, December 1, 1983.

Joint Subcommittee on Alcohol and Drug Abuse: Interim Report to the Virginia General Assembly, January 19, 1976.

Virginia Comprehensive State Plan, 1985-1990, Volume II: System Overview, Issues, and Profiles, Virginia Department of Mental Health and Mental Retardation, 1985.

**PART TWO
NATURE, SCOPE AND DEGREE
OF SUBSTANCE ABUSE IN THE COMMONWEALTH**

I. The Extent and Type of Substance Abuse in the Commonwealth is Difficult to Define.

Defining the nature, scope and degree of substance abuse in the Commonwealth poses special problems. Abuse of alcohol and other drugs has extensive consequences on the economy, social welfare and criminal justice systems, and physical and mental health. Even though abuse of alcohol and other drugs has been acknowledged as a major public health problem, few health professionals are trained to recognize, diagnose or treat substance abuse. Trends of substance abuse are influenced by forces such as availability, cost, and ease of distribution. Finally, few coordinated substance abuse specific data collection efforts exist, either nationally or in the Commonwealth, and this gap significantly hampers scientific investigation of the issue. Although factors make those who abuse substances hard to identify and enumerate, measuring the impact of substance abuse is more feasible.

For the purposes of this Annual Report only information directly relating to substance abuse will be presented. This information includes deaths in which the presence of alcohol or other drugs is known, and arrests involving alcohol or other drugs. Treatment data, presented elsewhere in this report, are not considered reliable indicators of the nature, scope and degree because they identify only those who are in treatment, not those who may need treatment but have not yet been identified as in need, or those who recognize the need for treatment but who are unable to receive it. Finally, because substance abuse can only be inferred from the information presented here, the reader is cautioned to interpret each set of data as a part of a larger, albeit incomplete, picture.

II. The Impact of Substance Abuse is Significant.

In 1986, nearly 2,000 persons died in Virginia from causes directly involving substance abuse. For comparison, 320 persons died of breast cancer and 1,573 persons died of pneumonia and influenza during this same period of time

(1). Alcohol and other drugs can cause death directly; these substance are also found with alarming frequency in the blood of victims who die from other causes as well.

Substance abuse took its toll on the citizens of the Commonwealth in other ways as well. Approximately one-third of all arrests are related to substance abuse. In addition, the cost to Virginia's economy is pronounced in terms of costs related to treatment and support, lost years of life, and reduced productivity.

A. Many Deaths are Directly Related to Abuse of Alcohol and Other Drugs.

The abuse of alcohol and other drugs is a significant health problem in Virginia. In 1986, 772 Virginians died as a direct result of abuse of these substances (Table 1), resulting in an estimated 11,657 lost years of potential life. By comparison, deaths due to parasitic diseases and infections and diabetes combined resulted in an estimated loss of 10,356 years of life. These data on deaths resulting from alcohol and other drugs are very conservative and do not represent the full extent of deaths associated with alcohol and other drug abuse, nor do they capture the injury, illness and other suffering related to the problem.

Table 1. Resident Deaths Resulting Directly from Alcohol and Other Abused Drugs, Virginia, 1982-1986

Drugs and/or Alcohol (ICD 9th Revision)	Years				
	1982	1983	1984	1985	1986
TOTAL	743	779	810	752	772
Alcohol	709	744	756	715	715
Alcohol Psychosis (291)	14	15	23	14	17
Alcohol Dependence (303)	100	117	108	96	137
Nondependent Abuse of Alcohol (305)	15	15	18	17	12
Alcoholic Cirrhosis (571.0 - 571.3)	209	193	231	220	199
Other Cirrhosis (571.4 - 571.9)	299	353	323	324	300
Accidental Alcoholic Poisoning (E860)	72	51	53	44	50
Abused Drugs*	34	35	54	37	57
Drug Dependence (304)	10	3	2	4	5
Nondependent Abuse of Drugs (305.2 - 305.9)	3	2	1	1	3
Accidental Poisoning by Abused Drugs	21	30	51	32	49

*Suicides and undetermined manner of death not included.

Source: Death certificates, Center for Health Statistics, Virginia Department of Health

B. Alcohol and other drugs play a role in violent and accidental deaths.

Alcohol and other abused drugs are also involved in deaths which are not necessarily considered to be directly related to consumption of these substances. Table 2 shows the proportion of deaths from accidents, suicides, homicides, natural and undetermined causes which involve alcohol or other abused substances. In 1986, 38.45 percent of all deaths from accidents, 42.2 percent of suicides, and 44.77 percent of those who died as the result of homicide tested positive for these substances. These figures include poisoning from each of these substances. Although a cause and effect relationship may be debatable as to the *degree* to which the substance contributed to the cause of death, the high proportion of the involvement of alcohol and other abused drugs with deaths from accidents indicates *a strong relationship between the presence of these substances and accidental deaths.*

Table 2. Deaths Related to Substance Abuse by Manner of Death, Virginia, 1982-1986

YEAR	TOTAL DEATHS W/ALC and/or DRUGS OF TOTAL		ACCIDENTS W/ALC and/or DRUGS OF TOTAL		SUICIDES W/ALC and/or DRUGS OF TOTAL		HOMICIDES W/ALC and/or DRUGS OF TOTAL		NATURAL W/ALC and/or DRUGS OF TOTAL		UNDETERMINED W/ALC and/or DRUGS OF TOTAL	
	PERCENT	PERCENT	PERCENT	PERCENT	PERCENT	PERCENT	PERCENT	PERCENT	PERCENT	PERCENT	PERCENT	
1982	1261	19.53	749	37.77	265	34.51	237	53.26	431	13.26	3	30.00
1983	1277	21.17	745	38.96	285	40.03	231	55.80	422	14.17	1	6.25
1984	1269	20.76	723	36.57	282	39.50	244	52.25	400	13.62	2	10.00
1985	1188	19.36	668	33.22	306	39.13	195	44.93	312	10.80	4	21.05
1986	1344	22.33	786	38.45	341	42.20	197	44.77	308	11.37	2	10.00

SOURCE: Medical Examiner Reports, Center for Health Statistics, Virginia Department of Health

Alcohol and other abused drugs have a variety of psychological and physiological effects on the human body which make the likelihood of accidental death more likely. Judgment and motor coordination are two major capacities which are impaired significantly on at least a short-term basis by ingestion of these substances. Table 3 presents further analysis of data for deaths from accidents positive for alcohol and other abused drugs.

Table 3. Medical Examiner Deaths Positive for Alcohol and/or Abused Drugs for ALL and Certain Specified Means of Accidental Deaths, Virginia, 1982-1986

YEAR	1982		1983		1984		1985		1986	
CERTAIN MEANS	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
ALL ACCIDENTS	749	37.8	745	39.0	723	36.6	668	33.2	786	38.5
Drowning	78	54.5	83	45.6	45	36.3	44	33.6	65	43.9
Exposure to Cold	15	35.7	19	43.2	7	30.4	11	26.8	5	27.8
Smoke inhalation from fire	46	44.2	39	33.6	42	36.8	39	35.1	57	47.9
VEHICLE RELATED										
Train	4	33.3	7	43.8	11	55.0	4	19.0	16	57.1
Motorcyclist	27	48.2	37	46.9	28	49.1	44	46.3	42	51.2
Auto/Truck Driver	225	50.7	208	45.7	214	43.9	204	40.2	227	38.9
Pedestrian	48	32.2	68	42.2	62	34.8	57	32.6	56	34.6

SOURCE: Medical Examiner Reports, Center for Health Statistics, Virginia Department of Health

To summarize data for deaths related to alcohol and other abused drugs in 1986, 786 were the result of accidental death, 341 were the result of suicide, 197 were the result of homicide, and 673 deaths were the result of other causes. Together these total 1,997 deaths.

C. Substance Abuse Contributes to Injury and Illness.

Only limited information is *routinely* collected regarding the statistical impact of substance abuse on illness and injury. The National Institute on Drug Abuse (NIDA) collects sample information on drug abuse through the Drug Abuse Warning Network (2). In the four jurisdictions which compose the metropolitan area of Norfolk, eight of nine eligible emergency rooms serving a population of 748,000 contribute data to this network. During calendar year 1986, 1,129 emergency room admissions involving drug abuse were reported to NIDA by these eight emergency rooms. During the same period of time, 15,838 persons in Virginia were injured in alcohol-related crashes, amounting to 20 percent of all traffic injuries (3).

Special studies have demonstrated the the impact of substance abuse on physical health (4). Well acknowledged relationships between alcohol consumption and cirrhosis of the liver are more complex than is generally believed; not all victims of cirrhosis are heavy imbibers, and not all alcoholics develop cirrhosis. Nevertheless, a significant number of deaths from liver cirrhosis are the result of excessive consumption of alcohol (5). The effects of alcohol consumption upon other physiological systems are also very involved. These systems include the endocrine and reproductive systems, the cardiovascular system, the immune system, the nervous system, and the gastro-intestinal

system. In addition, severe, chronic alcoholics often experience the effects of malnutrition, as the desire for alcohol may become stronger than the desire for food, and consumption of large quantities of alcohol may diminish appetite.

Consumption of other types of drugs of abuse also has a detrimental impact on physical health. These effects vary with the type of drug of abuse. As of December 2, 1988, the Virginia Department of Health had identified 138 cases of AIDS (Acquired Immunodeficiency Syndrome) attributed to needle sharing among users of intravenous drugs. This number accounts for approximately 15 percent of all cases of AIDS (6). In summary, although routine data measuring the effect of substance abuse on illness and injury are scarce, data collected in specially designed studies clearly demonstrate that substance abuse has a detrimental effect on health.

D. Many Arrests Involve Substance Abuse.

As Table 4 illustrates, more than one-third of all arrests in the Commonwealth are related to substance abuse (7). Although the percentage of substance abuse related arrests appears to be declining, the actual number of substance abuse related arrests is remaining relatively steady since 1983.

Table 4. Percent of Substance Abuse Related Arrests, 1982-1987

	SA RELATED ARRESTS	TOTAL ARRESTS	PERCENT SA ARRESTS
1982	131,017	334,360	39.2%
1983	119,409	307,867	38.8%
1984	119,545	308,131	38.8%
1985	118,127	321,771	36.7%
1986	115,874	332,185	34.9%
1987	119,553	346,171	34.5%

SOURCE: Crime in Virginia, Uniform Crime Reporting Section, Virginia Department of State Police, 1982-1987

Table 5 provides more detailed information regarding trends in arrests for substance abuse in Virginia from 1982 through 1987. Arrests relating to Opium, Cocaine and Derivatives for charges of both Sale and Manufacture and Possession have more than doubled, probably reflecting increased use of cocaine. Arrests relating to Synthetic Narcotics have also increased greatly. While arrests related to Marijuana have declined in number, arrests for possession continue to constitute the largest proportion of arrests related to substance abuse.

Table 5. Substance Abuse Arrest Data, Virginia 1982-1987

	1982	1983	1984	1985	1986	1987
Total Sale & Manu.	2,637	2,399	2,366	2,743	2,407	3,262
Opium, Cocaine & Derivatives	625	543	691	852	1,015	1,629
Marijuana	1,609	1,467	1,350	1,570	1,060	1,142
Synthetic Narcotics	190	170	131	133	166	281
Other Dangerous, Non-narc.	213	219	194	188	166	210
Total Possession	10,426	7,392	8,871	9,605	8,476	9,570
Opium, Cocaine & Derivatives	689	607	841	1,011	1,322	1,791
Marijuana	8,484	6,521	6,952	7,430	5,906	6,476
Synthetic Narcotics	298	211	231	288	394	553
Other Dangerous, Non-narc.	955	53	847	876	854	750
DUI	48,859	44,919	42,907	42,864	43,509	44,935
Liquor Laws	6,698	7,628	8,697	8,561	8,916	8,049
Public Drunkenness	62,397	57,071	56,704	54,354	53,958	55,370
TOTAL SA ARRESTS	131,017	119,409	119,545	118,127	115,874	119,553

SOURCE: Crime in Virginia, Uniform Crime Reporting Section, Virginia Department of State Police, 1982-1987

Regarding alcohol related arrests, those for Driving Under the Influence (DUI) have decreased slightly, while arrests for violations of liquor laws have increased. Arrests for Public Drunkenness have declined, probably reflecting the trend in most communities towards *de facto* decriminalization of public inebriacy in conjunction with the increased availability community-based detoxification services.

Interpreting arrest data as an indicator of substance abuse requires a degree of caution. Arrests may only indicate the degree of activity in the law enforcement community, and may not be an accurate measure of actual use or abuse. Nevertheless, the information does provide some measure of the impact of substance abuse on the resources of the Commonwealth.

E. The Cost of Substance Abuse to the Commonwealth is Significant.

The monetary cost of substance abuse was the subject of a research study by the Research Triangle Institute, under contract to the Alcohol, Drug and Mental Health Administration of the U.S. Department of Health and Human Services (8). Through population comparisons, these national figures can be applied to Virginia. In 1983 the per capita cost of substance abuse to Virginians ages 18-64 was estimated to be \$1,225. Table This figure represents 8

percent of the 1986 Virginia per capita income. Table 6 shows the categorical breakdown of these costs. Treatment costs include that of private as well as public facilities. It is interesting to note that \$4.4 billion is approximately 31% of the 1986 total taxable wage income in Virginia.

Table 6. 1983 Estimated Cost of Substance Abuse to Virginia

All Treatment and Support	\$417,924,000
Mortality	510,796,000
Reduced Productivity and Lost Employment	2,596,844,000
Other Related Costs	850,136,000
Total	\$4,375,700,000

III. A Systematic Data Collection Effort is Needed.

The nature, scope and degree of substance abuse in Virginia is difficult to define. Its impact is experienced both directly and indirectly, and is, therefore, often difficult to measure. Few data collection systems specifically designed for this purpose exist, either nationally or within the Commonwealth. Available data provides a base of information from which the nature, scope and degree of substance abuse can only be inferred. There is a need for a systematic data collection effort in Virginia which can assist in planning and monitoring.

The Substance Abuse Advisory Council for the Department and the State Mental Health, Mental Retardation and Substance Abuse Services Board has worked during State Fiscal Year 1988 on the issue of social indicators of the substance abuse problem in Virginia. Their final report will illustrate that social indicators of the substance abuse problems in Virginia can be compiled from existing data similar to those presented in this report. The Substance Abuse Advisory Council further notes that additional exploration and refinement are required to gain a more complete understanding of substance abuse problems in Virginia.

REFERENCE NOTES

1. All Virginia specific death certificate and medical examiner data were compiled by the Virginia Department of Health, Center for Health Statistics, 1985 and 1988.
2. Data from the Drug Abuse Warning Network. National Institute on Drug Abuse, Statistical Series G, Number 21. U.S. Department of Health and Human Services, 1988.
3. 1986 Virginia Crash Facts. Virginia Department of Motor Vehicles.
4. Sixth Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health and Human Services. National Institute on Alcohol Abuse and Alcoholism, U.S. Department of Health and Human Services, January, 1987.
5. Maddock, John M., B.S., Daley, Dennis, M.S.W., and Moss, Howard B., M.D., A practical approach to needs assessment for chemical dependency programs, Journal of Substance Abuse Treatment, Volume 5, pp. 105-111, 1988.
6. Virginia Department of Health, Acquired Immunodeficiency Syndrome (AIDS) Surveillance Report.
7. All Virginia specific arrest data were compiled by the Virginia Department of State Police, Uniform Crime Reporting Section, 1982 through 1987.
8. Extrapolated from Harwood, H. J. and Napolitano et al., Economic Costs to Society of Alcohol and Drug Abuse and Mental Illness: 1980 (North Carolina Research Institute, 1984).

**PART THREE
FISCAL YEAR 1988
SUBSTANCE ABUSE ACTIVITIES OF THE
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION
AND SUBSTANCE ABUSE SERVICES**

I. Introduction.

The Department of Mental Health, Mental Retardation and Substance Abuse Services provides a wide array of substance abuse services to assist the citizens of the Commonwealth. These services range from providing technical assistance to community substance abuse programs to developing programming and funding resources at the state level. The following discussion provides detailed information about the activities of the Department which relate to substance abuse in State Fiscal Year 1988.

II. Budgeted Funds for State Fiscal Year 1988 are Based on a Variety of Resources, Designated for a Variety of Services.

Table 7 shows actual revenue by source and utilization of funds for substance abuse services in State Fiscal Year 1988. Social Services Block Grant funds are designated from the Department of Social Services to the Department of Mental Health, Mental Retardation and Substance Abuse Services to provide residential substance abuse treatment for adults.

Table 7. Substance Abuse Revenue and Expenses for
State Fiscal Year 1988

Type of Expense	Types of Revenue					Total
	General Fund	Federal	Local	Fees	Other	
Community Services Boards	\$14,379,413	\$6,617,202	\$10,008,127	\$5,577,685	\$638,901	\$37,221,328
Medical College of Virginia, Division Substance Abuse Medicine	917,139					917,139
Social Services Block Grant	117,245	750,005				867,250
Central Office	404,453					404,453
Total	\$15,818,250	\$7,367,207	\$10,008,127	\$5,577,685	\$638,901	\$39,410,170

III. Direct Services to Clients are Provided Through Two Means.

A. State Mental Health Facilities Provide a Limited Array of Substance Abuse Services.

The Department of Mental Health, Mental Retardation and Substance Abuse Services provides substance abuse services through two basic avenues. Direct substance abuse services may either be provided through the state mental health facilities located throughout the state or through the Community Services Boards. State mental health facilities serve people who have problems which cannot be safely managed in a community setting. The Commissioner has delineated specific expectations of client service for each mental health facility. These expectations include comprehensive assessment, integration of substance abuse service needs within the routine treatment regimen, and establishment of an acute stabilization and diagnostic service. In State Fiscal Year 1988, these facilities provided care for 2,032 alcohol related admissions with an average length of stay of 18.6 days.

B. Community Services Boards Provide Community-Based Substance Abuse Services.

1. Organization.

Community substance abuse services are provided under the auspices of the forty (40) Community Services Boards, which local governments are mandated to establish for the provision of essential mental health, mental retardation and substance abuse services to their residents. As of June, 1988, all but one locality had joined a Community Services Board. Members of the Community Services Boards are appointed by local governments to represent that locality's interests.

2. Funding.

Community Services Boards are required to collect fees and provide local funding. In Fiscal Year 1988, fee revenues amounted to \$5,577,685 and local participation amounted to \$10,008,127.

3. Services.

The Community Services Boards provide designated basic services to the citizens of the localities which they serve. These "core services" include Prevention/Early Intervention, Emergency, Inpatient, Outpatient, Case Management, Day Support, and Residential Services. In some instances, a Community Service Board may contract with a private provider or with another Community Services Board for all or some of these services. In recognition that each community has different needs for substance abuse services, the Community Services Boards are given latitude in local program develop-

ment. Table 8 shows the numbers of clients served by core service in Fiscal Year 1988 and the *additional* number who will need services by 1994. As this information demonstrates, many Virginians will go unserved unless capacity is significantly expanded. Refer to Table 9 for additional detail about these services.

Table 8. Numbers of Clients Receiving Community Substance Abuse Services in Fiscal Year 1988 and Projected Need through 1994.

Type of Service	Clients Receiving Services in FY '88	Additional Number Needing Services
Emergency	9,818	40,900
Local Inpatient	220	4,790
Residential	10,511	22,790
Outpatient/Case Management	43,346	152,840
Day Support	1,807	1,230
TOTAL	65,702	222,550

C. The Department Implements Planning for Community-based Substance Abuse Services.

Although Community Services Boards are given latitude in local program development, the State Board and the Department have implemented a planning process designed to address systemwide resource allocation and program development. The 1988-90 Update to the Comprehensive State Plan 1988-94 was based on input from Community Services Boards which was prepared in conjunction with specific guidance from the Commissioner. The following major areas of emphasis in substance abuse services were considered in local development and Departmental approval of Community Services Boards input for the 1988-90 Update:

1. Establish a continuum of Substance Abuse Services in each catchment area with a focus on detoxification and residential services.
2. Expand substance abuse treatment services for those eighteen years of age and under.
3. Establish services for people with both mental health and substance abuse problems.
4. Expand drug abuse treatment services with an emphasis on intravenous abuse.

D. The Department Provided Broad Programmatic and Technical Support to Institutions and Community Services Boards in State Fiscal Year 1988.

The staff of the Office of Substance Abuse Services is composed of the Director, one Secretary, and six (6) Substance Abuse Program Consultants. The Office of Substance Abuse Services works closely with other offices within the Department of Mental Health, Mental Retardation and Substance Abuse Services. For a detailed description of the substance abuse related activities of the Community Services Board supported by the Department, see Table 9. Highlights of the activities of the Department in State Fiscal Year 1988 include:

*** Program Monitoring and Technical Assistance**

- o Developed substance abuse components of the Community Services Board Evaluation Process.

- o Continued to provide licensure inspections of all designated substance abuse programs in the Commonwealth.

- o Developed a pilot employment project with the Department of Rehabilitative Services to provide vocational rehabilitation in a Community Services Board substance abuse treatment program.

- o Monitored substance abuse services provided by state mental health facilities.

- o Targeted special services to youth with \$1.8 million distributed to the Community Services Boards from federal Alcohol and Drug Treatment/Rehabilitation block grant funds.

- o Continued funding for five Community Services Board operated day treatment programs for women.

- o Developed policies and procedures regarding Acquired Immunodeficiency Syndrome (AIDS) for distribution to facilities and Community Services Boards.

- o Developed an ambulatory program to serve pregnant women who are addicted to drugs, in conjunction with the Division of Substance Abuse Medicine and the Richmond Community Services Board.

*** Interagency Activity**

o Received encouragement from SJR 171 to increase Departmental efforts toward interagency collaboration and associated activities.

o Hired an additional staff person to maintain an interagency substance abuse plan. Seventeen state agencies have contributed information for inclusion in the 1989 Interagency Comprehensive Substance Abuse Plan, which will be completed this Spring. An ongoing workgroup, consisting of representatives these agencies, and coordinated by the Department, will regularly update the Plan.

o Developed a process for the review and comment of all applications for state or federal funds or services to be used in substance abuse programs. This plan has been forwarded to the Secretary of Human Resources for review.

o As per HJR 260, provided leadership to strengthen coordination and dissemination of information on alcohol and other drugs through state agencies.

o Provided consultation to the Division of Youth Services, Department of Corrections, to assess need for provision of substance abuse education, prevention and treatment services.

o Participated in an ongoing advisory committee for the development and implementation of substance abuse services within the Division of Adult Institutions, Department of Corrections.

o Participated in the Commonwealth Alliance for Drug Rehabilitation and Education (CADRE) and provided administrative and operational support to initiate and maintain the the CADRE Information Line.

o Received federal Juvenile Justice and Delinquency Act funding from the Virginia Department of Criminal Justice Services and distributed five mini-grants of \$10,000 each to communities for the development and implementation of programs designed to divert youth from substance abuse.

o Worked closely with the Department of Health Regulatory Boards in establishing certification criteria for substance abuse counselors.

o Provided leadership and technical assistance to The Task Force for Improving Access to Health Care for Indigent Substance Abusers, initiated by the Commissioner. A report to the Commissioner will be issued in Fiscal

Year 1989.

- o Acted as liaison between the Virginia Housing Development Authority and Community Services Boards desiring to provide shelter to substance abuse clients as a part of treatment. Of the four applications received in State Fiscal Year 1988, one was approved for \$359,000 to purchase an 18 bed treatment facility.

- o Represented the Department on the Commission for the Virginia Alcohol Safety Action Program.

- o Participated in the Governor's Council on Alcohol and Drug Abuse Problems, to promote interagency participation in development of broad policies, goals, and coordination efforts to treat and prevent substance abuse.

*** Public Information and Training**

- o Published the Directory of Community Substance Abuse Programs and the Directory of Licensed Facilities.

- o Distributed substance abuse prevention and education materials to communities.

- o Co-sponsored a conference with the Virginia Association of Drug and Alcohol Programs and the Virginia Association of Drug Programs, attended by approximately 370 substance abuse professionals.

- o Developed a bulletin, "The Physiological Impact of Alcohol Use and Abuse," in cooperation of the Division of Substance Abuse Medicine, Medical College of Virginia, which was disseminated to state agencies.

- o Provided a series of five regional training sessions on the revised federal confidentiality regulations for substance abuse treatment programs, in conjunction with the Institute for Law, Psychiatry and Public Policy of the University of Virginia and the Office of the Attorney General.

- o Sponsored a conference on providing services to persons who are both mentally ill and abusing substances, in collaboration with the Health Services Area V Mentally Ill Task Force and the Virginia Association of Community Services Boards.

- o Sponsored a colloquium to raise awareness of substance abuse and the elderly with the Virginia Department for the Aging.

- o Provided partial support, by contract to the Division of Substance Abuse Medicine, Medical College of Virginia. The Division provides an opportunity for Internal Medicine and Psychiatry residents to train in the area of substance abuse treatment. The Division also provides inpatient and ambulatory substance abuse services.

- o Provided assistance to the Hampton University Black Family Institute by sponsoring a national expert on children of alcoholics in black families as a speaker.

*** Other**

- o Participated in the Virginia-Israel Commission to exchange expertise in the area of substance abuse prevention and treatment.

- o Supported development of Virginia's Voice, a unified advocacy group focused on provision of substance abuse services, initiated on behalf of the Governor's Council on Alcohol and Drug Abuse Problems.

- o Represented treatment issues at the Mid-Atlantic Governors' Compact and the Southern Governors' Association.

- o Requested funds for research to investigate matching clients with treatment. This request was not funded but will be submitted again.

Table 9. Summary of Community Services Boards Substance Abuse Activities, Fiscal Year 1988

Program	Goal	Activities	Interagency Collaboration
Emergency Services	To provide unscheduled substance abuse services 24 hours per day and seven (7) days per week, which provide crisis intervention, stabilization, and referral assistance over the telephone or face-to-face to individuals seeking help for themselves or others. These services may include walk-ins, home visits, jail interventions, and pre-admission screenings related to admission to a state facility.	<ol style="list-style-type: none"> Emergency Services are the only service which is mandated, and is available, through Community Services Boards, to every community in the state. In FY '88, 9,818 emergency substance abuse clients were served by Community Services Boards. 	Local hospitals, local law enforcement authorities, local Department of Social Services, other human service agencies.
Inpatient Services	To provide, when necessary, substance abuse services on a 24 hour per day basis in a hospital setting.	<ol style="list-style-type: none"> Twelve inpatient beds are available in the communities for substance abuse services. In FY '88, 220 substance abuse clients were served in community inpatient facilities. 	Local hospitals, local law enforcement authorities, local Department of Social Services, other human service agencies.

Table 9. Summary of Community Services Boards Substance Abuse Activities, Fiscal Year 1988

Program	Goal	Activities	Interagency Collaboration
Outpatient/ Case Management Services	<p>To provide scheduled substance abuse services such as individual, group or family counseling, usually in a clinic location. These services may include diagnosis and evaluation, counseling, psychotherapy, psychological testing, ambulatory detoxification, and methadone maintenance.</p> <p>To identify and provide outreach to potential clients, and continuity of care for current clients, by assessing, planning, linking, monitoring and advocating for clients in response to their changing needs.</p>	<p>1. Every community in the Commonwealth has access to these services through the Community Services Boards. In FY '88, over 43,346 clients were served in Outpatient/ Case Management services.</p> <p>2. In addition, five (5) CSBs (Alexandria, Hampton Norfolk, Portsmouth, Richmond) offer methadone for detoxification from opiates. Some other CSBs also have access to this service.</p>	<p>Local hospitals, local law enforcement authorities, Department of Corrections, local Department of Social Services, local juvenile justice authorities, local school systems.</p>
Day Support Services	<p>To provide intensive, multi-disciplinary treatment in a non-residential setting which is not available in an outpatient setting.</p>	<p>1. In FY '88, 1,807 clients were served by this innovative treatment approach.</p>	<p>Local hospitals, local law enforcement authorities, local Department of Social Services, other human service agencies.</p>

Table 9. Summary of Community Services Boards Substance Abuse Activities, Fiscal Year 1988

Program	Goal	Activities	Interagency Collaboration
Residential Services	To provide intensive treatment when overnight care is necessary, but inpatient care is too restrictive.		
Detoxification	To provide community- based detoxification services that can serve as an alternative to admission to a state facility.	1. All 40 Community Services Boards have at least limited access to community-based detoxification services. In FY '88, 6,521 clients were served by community-based detoxification services.	Department of Criminal Justice Services, local hospitals, local law enforcement authorities.
Primary Care	To provide residential rehabilitation of approximately one month, to substance abusers, usually following detoxification.	1. In FY '88, services were provided to 1,868 clients in primary care.	Department of Criminal Justice Services, local referral sources.
Therapeutic Community	To provide a residential therapeutic milieu to persons experiencing substance abuse; usual stay exceeds four months.	1. In FY '88, services were provided to 1,083 clients.	Local hospitals, local law enforcement authorities, Department of Corrections, local Department of Social Services, other human service agencies.
Other Residential Treatment	To provide residential care and support, as needed, to recovering from substance abuse.	1. In FY '88, services were provided to 1,039 clients.	Local hospitals, local law enforcement authorities, Department of Corrections, local Department of Social

1989 SESSION

LD9077128

SENATE JOINT RESOLUTION NO. 169

Offered January 23, 1989

Continuing the Joint Subcommittee Studying Mandated Substance Abuse Treatment and Prevention Programs.

Patrons—Lambert and Miller, K. G.; Delegates: Ackerman, Thomas, Crouch and Hall

Referred to the Committee on Rules

WHEREAS, the Joint Subcommittee Studying Mandated Substance Abuse Treatment and Prevention Programs was created in 1987 by Senate Joint Resolution No. 171 to review legislatively mandated substance abuse programs, determine the need for coordination of rehabilitative and prevention services provided by various state agencies, determine the efficiency and effectiveness of the administration of substance abuse programs and services delivered by the community services boards, assess the delivery of substance abuse services in light of federal and state cutbacks, and recommend methods of maximizing the utilization of available funds and enhancing service delivery mechanisms; and

WHEREAS, since 1976 the Department of Mental Health, Mental Retardation and Substance Abuse Services has been responsible for the administration, planning and regulation of substance abuse services in the state including the development and implementation of a statewide comprehensive plan regarding substance abuse and the provision of certain substance abuse treatment, rehabilitation and prevention programs; and

WHEREAS, the General Assembly also mandated an annual review of the extent to which these duties were being performed but these reviews were never undertaken; and

WHEREAS, a thorough review of these programs and services in light of the growing number of substance abusers and increasing fiscal constraints would facilitate the planning and funding of appropriate and cost-effective programs; and

WHEREAS, due to the complexity and multiplicity of this issue, the joint subcommittee was continued for 1988 by Senate Joint Resolution No. 65; and

WHEREAS, the joint subcommittee has become involved in an in-depth evaluation of all facets of substance abuse treatment and prevention including: an annual Department review with regard to substance abuse services; the development by the Department of an interagency comprehensive plan which will initially provide a description of what is being done by each agency that provides substance abuse services, funds that are being expended, and in the next year, will provide guidance for the development of a cohesive and comprehensive state effort; law-enforcement issues, such as "abuse and lose" legislation, to aid in the prevention of substance abuse as well as the safety of the populace; efforts to have funds reinstated to the budgets of the community services boards for additional substance abuse treatment; further development of employee assistance programs to facilitate treatment; and evaluation of current mandated insurance coverage for substance abuse treatment and the need for modification of such to provide better treatment for clients; and

WHEREAS, the joint subcommittee feels that, in light of the ongoing efforts by the Department and other state agencies, the task force studying insurance coverage and other concerns under consideration by the subcommittee, the joint subcommittee should be continued to evaluate and make recommendations based on the findings by such efforts; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Subcommittee Studying Mandated Substance Abuse Treatment and Prevention Programs be continued. The membership of the joint subcommittee shall continue to serve, and any vacancies which occur shall be filled in the manner of the original appointments.

The joint subcommittee shall complete its work and report its recommendations to the 1990 Session of the General Assembly.

The indirect costs of this study are estimated to be \$13,045; the direct costs of this

1 study shall not exceed \$6,300.

2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54

Official Use By Clerks	
Agreed to By The Senate	Agreed to By The House of Delegates
without amendment <input type="checkbox"/>	without amendment <input type="checkbox"/>
with amendment <input type="checkbox"/>	with amendment <input type="checkbox"/>
substitute <input type="checkbox"/>	substitute <input type="checkbox"/>
substitute w/amdt <input type="checkbox"/>	substitute w/amdt <input type="checkbox"/>
Date: _____	Date: _____
Clerk of the Senate	Clerk of the House of Delegates



COMMONWEALTH of VIRGINIA

DEPARTMENT OF

Mental Health, Mental Retardation and Substance Abuse Services

HOWARD M. CULLUM
COMMISSIONER

MAILING ADDRESS
P. O. BOX 1797
RICHMOND, VA 23214
TEL (804) 786-3921

MEMORANDUM

TO: Members of The Joint Subcommittee Studying Mandated Substance Abuse Programs (SJR 65, 1988, Continued)

Planning Contacts - State Agencies Participating in the Interagency Planning Process

FROM: Wayne Thacker, Director of Substance Abuse Services

RE: STATUS REPORT ON THE INTERAGENCY COMPREHENSIVE SUBSTANCE ABUSE SERVICES PLAN

DATE: 1 December, 1988

A description of recent activity and activity during the 1988-90 biennium is the beginning point in preparing an Interagency Comprehensive Substance Abuse Services Plan. Attached for your review and comment are draft summations of individual agency activity for 1987-1990. These summations were assembled by the Department of Mental Health, Mental Retardation and Substance Abuse Services from narrative materials prepared by each participating agency.

The purpose of this report:

1. To present the status of the planning process.
2. To provide members of SJR 65 with a general description of the wide array of substance abuse related activities under way by state agencies. MEMBERS PLEASE NOTE THAT PARTICIPATING AGENCIES HAVE NOT AS YET HAD AN OPPORTUNITY TO REVIEW AND COMMENT ON THE DRAFT SUMMATIONS.
3. To offer participating state agencies an opportunity to comment on their individual summation.

December 1, 1988
Page 2

The next phases of plan preparation will include:

1. Finalization of detailed narrative of 1987-90 activity and agency description for each participating agency (April, 1989).
2. Individual agency identification of target activities for the 1990-92 biennium (July, 1989).
3. Following receipt of agency 1990-92 activities, all information will be assembled into a finalized package detailing current and planned activities (August, 1989).

/lst

Attachment

AN OVERVIEW OF SUBSTANCE ABUSE SERVICES IN THE COMMONWEALTH

Although the Department of Mental Health, Mental Retardation and Substance Abuse Services is mandated to serve as the "sole state agency" for substance abuse services, many other agencies are involved in significant programs with respect to substance abuse. The attached tables represent, in abbreviated form, the results of a study undertaken by the Department of Mental Health, Mental Retardation and Substance Abuse Services. The study was initiated in response to activities mandated by the Code (Sec. 37.1-205). All of the information presented in these tables are taken from agency responses to the survey, or from an interview which followed the survey. This study forms the basis of the 1989 Interagency Comprehensive Substance Abuse Plan, which will be released early in 1989.

The first table is an overview of all the agencies participating in the study. These agencies represent a broad spectrum of substance abuse activities.

The next group of tables provides more detailed information about the work of each agency. For each agency represented, there are two tables. The first table describes the substance abuse related activities for the biennium ending with Fiscal Year 1988. In addition to the program name, specific activities, amount of funding and source, and interagency collaboration are provided. Continuation of the program into the current fiscal year is also noted. The second table shows only new programming for Fiscal Year 1989 and the same information is provided for each of these new programs.

All information present in this report was supplied by the reporting agencies. However, these tables have not been reviewed by the agencies for accuracy, and are presented here in draft form.

SUBSTANCE ABUSE SERVICES IN THE COMMONWEALTH
AN OVERVIEW

AGENCY	TYPE OF ACTIVITY		
	PUBLIC SAFETY/ ENFORCEMENT	EDUCATION/ PREVENTION	TREATMENT/ REHABILITATION/ INTERVENTION
Commission on VASAP	X	X	X
CADRE	X	X	X
Council on Higher Education		X	X
Department for the Aging		X	X
Department of Alcohol Beverage Control	X	X	
Department of Corrections	X	X	X
Department of Criminal Justice Services	X	X	X
Department of Education		X	
Department of Health		X	X
Department of Health Regulatory Boards	X		X
Department of Medical Assistance Services			X
Department of Mental Health, Mental Retardation and Substance Abuse Services		X	X
Department of Motor Vehicles	X	X	
Department of Rehabilitative Services			X
Department of Social Services		X	X
Department of State Police	X	X	
Governor's Council on Alcohol and Drug Abuse Problems	X	X	X

SUMMARY OF
 COMMISSION ON VIRGINIA ALCOHOL SAFETY ACTION PROGRAM
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

VASAP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
	To improve transportation safety through decreasing the incidence of driving under the influence and its involvement in transportation crashes.	<ol style="list-style-type: none"> 1. The Commission was established by the 1988 Session of the General Assembly to assume responsibility for VASAP, originally established in 1976 under the Department of Motor Vehicles. Continued in FY '89. 2. The Commission provides operational guidance to the 26 programs strategically located throughout the Commonwealth. Continued in FY '89. 3. Virtually every community in the Commonwealth has access to VASAP and each VASAP office is able to respond to the specific alcohol and drug problems within the communities it serves. Continued in FY '89. 	<p>Client fees.</p> <p>Client fees.</p> <p>Client fees.</p>	

SUMMARY OF
 COMMISSION ON VIRGINIA ALCOHOL SAFETY ACTION PROGRAM
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

VASAP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
PUBLIC SAFETY	ENFORCEMENT COUNTERMEASURE To work closely with local law enforcement to enhance their capabilities by providing training and DUI detection equipment.	1. VASAP conducted two 40 hour police instructor courses which certified graduates to instruct eight hour DUI detection/apprehension and improved sobriety test courses. Continued in FY '89.	Client fees.	
		2. VASAP assisted in training approximately 700 officers through numerous DUI detection/apprehension courses. Continued in FY '89.	Client fees.	
		3. Member of Drug Recognition Task Force, established in response to 1987 Session passage of bill focusing in drug-impaired driving. The task force was established to facilitate implementation of the bill.	Client fees.	Department of State Police, Bureau of Forensic Science, Office of the Attorney General, Department of Motor Vehicles, Charlottesville Police Department, Virginia Beach Police Department, Virginia Transportation Research Council, National Highway Traffic Safety Administration.
		4. Officers for a pilot implementation project for detection and classification of drug impaired driving have completed the first stage of training, which will be continued in FY '89.	Client fees.	Charlottesville Police Department, Virginia Beach Police Department, Department of State Police.

SUMMARY OF
 COMMISSION ON VIRGINIA ALCOHOL SAFETY ACTION PROGRAM
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

VASAP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
PREVENTION/EDUCATION	PUBLIC INFORMATION/ EDUCATION COUNTERMEASURE To assist in establishing and maintaining general deterrence to DUI among drivers by: increasing public perception of arrest/punishment and crash risks; increasing public action to reduce DUI; and increasing responsible decision-making about alcohol and driving.	<ol style="list-style-type: none"> 1. Each VASAP is required to conduct a local public information effort with training and material support from the Public Information Office of the Department of Motor Vehicles. Continued in FY '89. 2. The Driver, a multi-media designated driver campaign, targeted to males age 21 to 35, was designed, produced and distributed statewide. 3. Two statewide training workshops were conducted for 26 VASAP public information representatives. 4. Six print materials were produced for use by VASAP and other groups. 5. The Fifth Annual Virginia Drunk and Drugged Driving Awareness Week was promoted through news releases, information packets to 225 organizations and a proclamation by the Governor. 	<p>Client fees.</p> <p>Client fees.</p> <p>Client fees.</p> <p>Client fees.</p> <p>Client fees.</p>	Department of Motor Vehicles

SUMMARY OF
 COMMISSION ON VIRGINIA ALCOHOL SAFETY ACTION PROGRAM
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

VASAP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
		6. The Virginia Collegiate Alcohol Awareness Week was promoted through news releases and distribution of resource packets to 65 colleges and universities. Colleges. The most outstanding activities were recognized.	Client fees.	
		7. The 1988 Sober Summer Driving campaign was developed with the cooperative effort of a network of private industry, special interest groups, state agencies and local VASAPs.	Client fees.	
		8. A statewide competition was conducted among high school students to develop a theme for use on litterbags and bumper stickers.		
		9. The Public Education Committee of the Virginia Alcohol Safety Action Program Directors Association developed an activities calendar.	Client fees	

SUMMARY OF
 COMMISSION ON VIRGINIA ALCOHOL SAFETY ACTION PROGRAM
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

VASAP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
TREATMENT/ REHABILITATION	EDUCATION/TREATMENT COUNTERMEASURE	1. Education Services consists of a minimum of 20 hours of education. Continued in FY '89.	Client fees	
	To develop, implement and monitor intervention services required for education and/or treatment of those offenders referred to VASAP by courts; to work closely with public and private treatment providers to secure the availability of comprehensive treatment.	2. Intensive Education Services became available January, 1988, as a result of a cooperative study. This program offers a minimum of 20 hours of education and exposes the client to treatment issues. Continued in FY '89.	Client fees	Department of Motor Vehicles, Department of Mental Health, Mental Retardation and Substance Abuse Services, VASAP Directors Association
		3. Treatment Services are provided according to individual needs by community treatment facilities. Continued in FY '89.	Client fees Third party reimbursement when available	Community Services Boards and private vendors.

SUMMARY OF
 COMMISSION ON VIRGINIA ALCOHOL SAFETY ACTION PROGRAM
 SUBSTANCE ABUSE ACTIVITIES
 FY '89 - FY '90

VASAP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
	To improve transportation safety through decreasing the incidence of driving under the influence and its involvement in transportation crashes.	Covered in FY '87 - FY '88.		

SUMMARY OF
COMMONWEALTH ALLIANCE FOR DRUG REHABILITATION AND EDUCATION
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

CADRE Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
	To create, develop and maintain a coordinated interagency effort to decrease juvenile drug and alcohol abuse, utilizing the active involvement of citizens, at both state and local levels.			Office of the Attorney General, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Education, Department of Social Services, Department of State Police, Department of Motor Vehicles, Department of Criminal Justice Services
PUBLIC INFORMATION	To expose local human services professionals and volunteers to the CADRE concept; to provide information about substance abuse. To provide a basis for community organization about youth substance abuse issues using the CADRE model.	1. In FY '87, seven (7) regional training conferences were conducted throughout the Commonwealth. Community representatives were invited to attend, along with local human service professionals. As a result of this groundwork, 107 local CADREs were formed. Continued to FY '89 & '90.	Grant from Department of Motor Vehicles \$ 40,000	
COMMUNITY ORGANIZATION	To stimulate public interest in developing local CADREs	1. In FY '88, two statewide conferences were held for representatives from local CADREs and CADRE system agencies. A total of approximately 900 persons attended. Hands-on workshops on local needs assessment and planning were conducted.	1986 federal Drug Free Schools and Communities Act funds, through the Department of Education \$ 125,000 CADRE Foundation \$ 50,000	Office of the Attorney General, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Education, Department of Social Services

SUMMARY OF
COMMONWEALTH ALLIANCE FOR DRUG REHABILITATION AND EDUCATION
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

CADRE Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
	To create, develop and maintain a coordinated interagency effort to decrease juvenile drug and alcohol abuse, utilizing the active involvement of citizens, at both state and local levels.			Office of the Attorney General, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Education, Department of Social Services, Department of State Police, Department of Motor Vehicles, Department of Criminal Justice Services
PUBLIC INFORMATION	To expose local human services professionals and volunteers to the CADRE concept; to provide information about substance abuse.			
	To provide a basis for community organization about youth substance abuse issues using the CADRE model.			
CADRE Foundation	To provide a mechanism for private sector involvement in the CADRE effort.	1. To raise at least \$ 400,000 for the development and distribution of public awareness media designed to promote CADRE.		

SUMMARY OF
COMMONWEALTH ALLIANCE FOR DRUG REHABILITATION AND EDUCATION
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

CADRE Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
CADRE Information Line	To provide a centralized and statewide accessible source of information on substance abuse prevention activities and services.	<ol style="list-style-type: none"> The CADRE Information Line is a toll-free telephone office housed in the Department of Mental Health, Mental Retardation and Substance Abuse Services. Established in July, 1988, it is staffed from 9:00 A.M. to midnight, seven (7) days per week. The Information Line can provide community specific information regarding CADRE contacts, and treatment and prevention resources. CADRE materials and information about substance abuse are also available from the Information Line. 	1986 federal Drug Free Schools and Communities Act funds, through the Governor's Discretionary Fund.	Department of Mental Health, Mental Retardation and Substance Abuse Services.
COMMUNITY ORGANIZATION	To stimulate public interest in developing local CADRES	<ol style="list-style-type: none"> Five new CADRES will be established. 		
Technical Assistance to Local CADRES	To stimulate growth of local CADRES and to assist them in becoming effective in dealing with substance abuse issues in their community.	<ol style="list-style-type: none"> Ongoing technical assistance will be provided to currently existing CADRES. 	State level CADRE agencies will provide staff and operating funds from existing resources.	

SUMMARY OF
 COUNCIL ON HIGHER EDUCATION
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

CHE Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
ENFORCEMENT (Campus)	To review enforcement practices for compliance with Virginia law.	1. Varies with institution. Continued in FY '89.	Absorbed by operating funds.	
	To institute enforcement policies appropriate to the needs of the institution.	1. Varies with institution. Continued in FY '89.	Absorbed by operating funds.	
	To provide training to college personnel in drug education and detection.	1. Varies with institution. Continued in FY '89.	Absorbed by operating funds.	
EDUCATION/PREVENTION	To assist students in recognizing the negative impact of substance abuse on the ability to perform academically and professionally.	1. Regularly scheduled educational seminars and conferences; varies by institution. Continued in FY '89.	Absorbed by operating funds.	

SUMMARY OF
COUNCIL ON HIGHER EDUCATION
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

CHE Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
<p>Alternatives '87 (Department of Alcoholic Beverage Control is lead agency)</p>	<p>To provide information for student leaders and college administrators re: methods to employ to shape responsible attitudes about alcohol use, enforcement techniques, liability issues, and provides an alcohol free experience to demonstrate that alcohol is not necessary for socializing.</p>	<p>1. This two-day conference is open to all institutions of higher learning in the Commonwealth. Continued as Alternatives '88 in FY '89.</p>	<p>\$ 25,000 in federal Highway Safety Funds, to the Department of Alcoholic Beverage Control Board, from the Department of Motor Vehicles. Funding increased to \$30,000 in FY '89.</p>	<p>Department of Alcoholic Beverage Control, Department of Motor Vehicles, Department of Mental Health, Mental Retardation and Substance Abuse Services, Office of the Attorney General, Commission on Virginia Alcohol Safety Action Programs, Department of Education, U.S. Department of Education.</p>
<p>Alcohol and Other Drug-Abuse Content in Health-Care and Human Services Curricula in Virginia's Colleges and Universities</p>	<p>To assess substance abuse education for professionals entering health-care and human services professions.</p>	<p>1. This study was initiated in response to House Joint Resolution 260 in the 1987 Session of the General Assembly.</p> <p>2. The study indicated that, although a wide-variety of curricula are available, the amount of coursework is very limited.</p>	<p>Absorbed by operating funds.</p>	<p>Department of Mental Health, Mental Retardation and Substance Abuse Services.</p>

SUMMARY OF
 COUNCIL ON HIGHER EDUCATION
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

CHE Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
TREATMENT	To provide appropriate counseling and referral services to students at-risk of substance abuse.	1. Varies with institution.	Absorbed by operating funds. Continued in FY '89.	
	To provide employee assistance programs for employees.	1. Varies with institution.	Absorbed by operating funds. Continued in FY '89.	
	To maintain working relationships with community agencies which provide substance abuse services.	1. Varies with institution.	Absorbed by operating funds. Continued in FY '89.	
SUBSTANCE ABUSE COMMITTEE	To provide a forum for sharing concerns and ideas for addressing substance abuse related issues on Virginia's public college campuses.	1. To identify effective and innovative drug education programs on college campuses in Virginia and throughout the nation.	Absorbed by operating funds. Continued in FY '89.	
		2. To assist institutions in developing effective substance abuse enforcement policies.	Absorbed by operating funds. Continued in FY '89.	
		3. To explore possibilities for funding a consortium.	Absorbed by operating funds. Continued in FY '89.	

SUMMARY OF
COUNCIL ON HIGHER EDUCATION
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

CHE Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
--------------------------------	------	------------	------------------------------	---------------------------

Activities are continuing at approximately the same level as in FY '88.

SUMMARY OF
DEPARTMENT FOR THE AGING
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

VDA Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
EDUCATION				
Wellness Express	To inform older Virginians of the dangers of mis-use of prescription and non-prescription drugs.	<ol style="list-style-type: none"> In FY '87, fifteen (15) presentations were made to 375 older persons participating in congregate nutrition programs. Continued in FY '89. The importance of educating the medical profession has also been stressed. Continued in FY '89. 	<p>Absorbed by operating budget.</p> <p>Absorbed by operating budget.</p>	
Alcoholism and the Older Adult	To increase detection and treatment of the older alcoholic.	<ol style="list-style-type: none"> In FY '87, a conference was held collaboratively with the Department of Mental Health, Mental Retardation and Substance Abuse Services. The conference provided Area Agencies on Aging and Community Services Board personnel with an opportunity to learn about the resources of the other agency and develop methods of collaboration. 	Absorbed by operating budget.	Department of Mental Health, Mental Retardation and Substance Abuse Services, Area Agencies on Aging, Community Services Boards.

SUMMARY OF
DEPARTMENT FOR THE AGING
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

VDA Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
House Joint Resolution #165		1. House Joint Resolution #156 requests "the Department for the Aging to study the problems of suicide and substance abuse by the elderly..." The report summarizing this study is anticipated in FY '89.	Absorbed by operating budget.	

SUMMARY OF
DEPARTMENT FOR THE AGING
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

VDA Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
EDUCATION				
House Joint Resolution #165		1. House Joint Resolution #156 requests "the Department for the Aging to study the problems of suicide and substance abuse by the elderly..." The report summarizing this study is anticipated in FY '89.	Absorbed by operating budget.	

SUMMARY OF
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DABC Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
ENFORCEMENT	To regulate and control manufacture, sale, distribution and transportation of all alcoholic beverages into and within the Commonwealth.	1. Campaign 21 - is the award winning public awareness campaign designed to promote compliance with the Commonwealth's drinking age as established by the General Assembly. Continued in FY '89.	Approximately \$ 100,00, absorbed by general operating budget. Campaign concept donated by private sector advertising agency.	
		2. Minors Awareness Program - to provide information to high and middle school students on ABC laws and regulations, penalties for violating the laws, how alcohol affects the body. Continued in FY '89.	Absorbed by general operating budget.	Department of Education
		3. National Control State Education Conference - In FY '87, the Department hosted a precedent setting national conference for state which operate retail or wholesale distribution of alcoholic beverages. State educational programs and employee training programs were featured and widely praised. Continued in FY '89.	Absorbed by general operating budget.	

SUMMARY OF
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DABC Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
		<p>4. On and Off-Premises Licensee Seminars - In FY '87 and FY '88, the Department sponsored seminars for on and off-premises sellers and servers, which was the first voluntary training of its kind in the nation. Continued in FY '89.</p>	<p>Registration fees. The addition of \$60,000 in federal Highway Safety funds, through the Department of Motor Vehicles, enabled expansion of the program.</p>	
TREATMENT		<p>1. Profits from the sale of alcoholic beverages are returned to the State Treasury and transferred the General Fund, as reimbursement for a portion of the cost of providing treatment/rehabilitation services funded within the Department of Mental Health, Mental Retardation and Substance Abuse Services' budget.</p>	<p>More than \$ 7 million is transferred in FY '87. At least the same amount is projected for future years.</p>	<p>Department of Mental Health, Mental Retardation and Substance Abuse Services.</p>

SUMMARY OF
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DABC Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
EDUCATION/PREVENTION		<p>1. College Conference - a statewide conference for all higher institutes of learning in the Commonwealth. The conferences provides information for student leaders and college administrators re: methods to employ to shape responsible attitudes about alcohol use, enforcement techniques, liability issues, and provides an alcohol free experience to demonstrate that alcohol is not necessary for socializing. Continued in FY '89.</p>	<p>\$ 25,000 in federal Highway Safety Funds, through the Department of Motor Vehicles. In FY '89, \$30,000 in federal Highway Safety Funds, through the Department of Motor Vehicles. Also, registration fees and monies from ABC's general operating budget.</p>	<p>Department of Mental Health, Mental Retardation and Substance Abuse Services, Council of Higher Education, Office of the Attorney General, Commission on Virginia Alcohol Safety Action Program, Department of Motor Vehicles, Department of Education, U.S. Department of Education.</p>
		<p>2. Special exhibits - Prepared for trade shows, fairs and festivals to educate the citizenry. Continued in FY '89.</p>	<p>Absorbed by general operating budget.</p>	

SUMMARY OF
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

DABC Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
ENFORCEMENT	To regulate and control manufacture, sale, distribution and transportation of all alcoholic beverages into and within the Commonwealth.	1. Commonwealth Alliance for Drug Rehabilitation and Education (CADRE) - The Department has recently been invited to join.	Absorbed by general operating budget.	Office of the Attorney General, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Social Services, Department of Motor Vehicles, Department of State Police, Department of Education, Department of Criminal Justice Services.

SUMMARY OF
DEPARTMENT OF CORRECTIONS
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DOC Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
PUBLIC SAFETY	To protect the people of the Commonwealth from crime by assisting communities in preventing juvenile delinquency, controlling persons sentenced by the courts, and offering programs to help offenders lead crime-free lives after release.			
Adults/Institutions		<ol style="list-style-type: none"> Approximately 14,500 adults are currently incarcerated by the Department of Corrections in 43 facilities, plus local jails. While only 5% are incarcerated for crimes directly related to drugs/alcohol, about 70% admit to drug use prior to incarceration, and about 30% admit to alcohol use prior to incarceration (use of one substance is not exclusive of the other). Continued in FY '89. 	Absorbed in general operating budget.	

SUMMARY OF
DEPARTMENT OF CORRECTIONS
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DOC Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Adults/Community		<p>1. The Probation/Parole Officer provides supervision to clients who are committed to care without need of incarceration. No statistics are currently available regarding the number of adult offenders under supervision who are substance abusers. In some areas, intensive supervision is available. Also, urinalysis is selectively used to detect substance abuse. To be evaluated in FY '89.</p>	<p>Absorbed in general operating budget.</p>	
Youth/Learning Centers		<p>1. The Learning Center provides a restricted environment for the rehabilitation, training and confinement of youth committed to the Department of Corrections for care. A recent study indicated that more than 90% need substance abuse education, and 72% need treatment for substance abuse. Other research indicates that all residents of Learning Centers are at great risk for developing substance abuse. Continued in FY '89.</p>	<p>Absorbed in general operating budget.</p>	

SUMMARY OF
DEPARTMENT OF CORRECTIONS
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DOC Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Youth/Community		<ol style="list-style-type: none"> Youth are committed to community care under the supervision of a juvenile probation officer to prevent additional illegal activity on the part of the youth, and to provide the youth with necessary supervision. No information is collected about this population. Program continued in FY '89. 	Absorbed in general operating budget.	
EDUCATION/TREATMENT	To provide offenders committed to care with reasonable access to treatment.	<ol style="list-style-type: none"> Persons under supervision are assessed regarding substance abuse, and reasonable efforts to obtain appropriate services are initiated. Continued in FY '89. 	Absorbed in general operating budget.	
Adults/Facilities		<ol style="list-style-type: none"> Staff receive basic training in substance abuse through the Academy for Staff Development. Continued in FY '89. Almost all of the 43 adult correctional facilities have an active chapter of Alcoholics Anonymous; many also have a chapter of Narcotics Anonymous. Continued in FY '89. 	Absorbed in general operating budget. No Cost.	

SUMMARY OF
DEPARTMENT OF CORRECTIONS
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DOC Substance Abuse Program	Goal.	Activities	Funding Amount and Source	Interagency Collaboration
		3. Individual counseling is available through psychologists and rehabilitation counselors. Continued in FY '89.	Absorbed in general operating budget.	
		4. One therapeutic community is in operation at Staunton Correctional Center. Continued in FY '89.	Absorbed in general operating budget.	
Adults/Community		1. Clients suspected of illegal drug use are subjected to urinalysis. The effectiveness of this tool for identification and treatment has been under special study. Continued in FY '89.	Approximately \$ 101,000 absorbed in general operating budget.	
		2. Once identified, the client who is abusing substances is referred to an appropriate community resource for treatment. Continued in FY '89.	Absorbed by the Community Service Board	Community Service Board

SUMMARY OF
DEPARTMENT OF CORRECTIONS
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DOC Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
		<p>3. Treatment for substance abuse may be a condition of probation established by the court, or by the Parole Board as a condition of parole. Continued in FY '89.</p>	Absorbed by the Community Service Board	Community Services Board
		<p>4. Clients who are identified as at risk for substance abuse may be placed on a special program of intensive supervision. Continued in FY '89.</p>	Absorbed in general operating budget.	
		<p>5. Some Probation and Parole Districts are utilizing specialized staff to supervise clients with a history of substance abuse, or who are suspected of current use. Continued in FY '89.</p>	Absorbed in general operating budget.	
Youth/Learning Centers		<p>1. All clients are evaluated at the Reception and Diagnostic Center. Continued in FY '89.</p>	Absorbed in general operating budget.	
		<p>2. A limited amount of substance abuse education is provided during the resident's one month stay at the Center. Continued in FY '89.</p>	Absorbed in general operating budget.	

SUMMARY OF
DEPARTMENT OF CORRECTIONS
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DOC Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
		3. Clients who need intensive substance abuse treatment are referred to private treatment facilities. Continued in FY '89.	In FY '87, the General Assembly appropriated a Special Placement Fund for juvenile clients needing special placement of any type which could not be met by Department of Corrections. Only 11 clients were able to receive substance abuse treatment before funds were depleted. Private insurance is used when it is available.	Usually referred to private facilities.
		4. Residents receive substance abuse education from the Department of Correctional Education. Continued in FY '89.	Department of Correctional Education.	Department of Correctional Education
		5. Group and individual counseling is available to residents from psychologists, social workers and counselors. Continued in FY '89.	Absorbed in general operating budget.	
		6. The Division of Youth Services employs one (1) counselor designated for substance abuse. Continued in FY '89.	Approximately \$22,000, from general operating budget.	

SUMMARY OF
DEPARTMENT OF CORRECTIONS
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DOC Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Youth/Community		1. A youthful offender under the supervision of the court may be referred for assessment and treatment to the Community Service Board, if appropriate treatment is available there. Virginia has very few substance abuse treatment facilities specifically for youth, and even fewer which are affordable. Continued in FY '89.	Treatment provided by the Community Services Board is absorbed by the Community Services Board. Juvenile court judges have limited funds available to them for special treatment.	Community Services Board, when appropriate treatment is available there.

SUMMARY OF
DEPARTMENT OF CORRECTIONS
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

DOC Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
PUBLIC SAFETY	To protect the people of the Commonwealth from crime by assisting communities in preventing juvenile delinquency, controlling persons sentenced by the courts, and offering programs to help offenders lead crime-free lives after release.			
Adults/Community		<ol style="list-style-type: none"> 1. The impact of urinalysis on client behavior will be evaluated system-wide. 2. The intensive supervision program may be expanded. 	<p>Approximately \$ 101,000, absorbed in general operating budget.</p> <p>Absorbed in general operating budget.</p>	
		<ol style="list-style-type: none"> 1. In FY '89, the Division of Youth Services of the Department of Corrections began working closely with the Office of Substance Abuse of the Department of Mental Health, Mental Retardation and Substance Abuse Services to develop effective treatment strategies for children who are committed for care. 	Absorbed in general operating budget.	Department of Mental Health, Mental Retardation and Substance Abuse Services

SUMMARY OF
 DEPARTMENT OF CORRECTIONS
 SUBSTANCE ABUSE ACTIVITIES
 FY '89 - FY '90

DOC Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
TREATMENT		2. In FY '89, the Department of Corrections and the Department of Mental Health, Mental Retardation and Substance Abuse Services established a collaborative needs assessment project to assist in planning substance abuse services for the Division of Youth Services.	FY '89 \$ 50,000 from the Governor's Council on Alcohol and Drug Abuse Problems (Governor's Discretionary Fund - federal Drug Free Schools and Communities Act funds).	Department of Mental Health, Mental Retardation and Substance Abuse Services, Governor's Council on Alcohol and Drug Abuse Problems

SUMMARY OF
DEPARTMENT OF CRIMINAL JUSTICE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DCJS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
ENFORCEMENT				
Law Enforcement Training	To establish and regulate the training of all law enforcement officers in the Commonwealth to promote criminal justice and adequately ensure the protection and the safety of the citizens of the Commonwealth.	<ol style="list-style-type: none"> 1. 2,033 officers received training (entry-level and inservice) in drug enforcement in FY '87. 2. 2,985 officers received training (entry-level and inservice) in drug enforcement in FY '88. 	<p>FY '88 \$ 965,954 from the General Assembly to fund seven (7) Regional Criminal Justice Training Academies. This amount provided 60% of the cost; the remaining 40% was provided by the localities.</p> <p>FY '89 \$1,283,625 from the General Assembly to fund nine (9) Regional Criminal Justice Training Academies. This amount provided 60% of the cost; the remaining 40% was provided by the localities.</p>	Department of State Police, local law enforcement agencies, local and regional criminal justice training academies.

SUMMARY OF
DEPARTMENT OF CRIMINAL JUSTICE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DCJS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Federal Funding for Anti-Drug Abuse Initiatives	To provide additional personnel, equipment, facilities, personnel training and supplies for the enhancement of drug law enforcement, prosecution of persons accused of drug law violations, adjudication of drug violation cases, and detention/rehabilitation of person convicted of drug law violations.	<ol style="list-style-type: none"> 1. The Department of Criminal Justice Services prepares and submits an annual statewide drug abuse strategy which examines the scope of the problem and current efforts to address it, identifies needs/resource gaps and offers programs which meet the identified needs. 2. Applications from local and state criminal justice agencies are sought and systematically reviewed for quality, relevance, likelihood for success, and compliance with state and federal requirements. 3. Funds are awarded for 12 month periods with the opportunity for continuation if warranted by project performance. 	<p>FY '88 Federal Funds \$ 4,042,000</p> <p>FY '88 General Funds (match) \$ 943,100</p> <p>FY '89 federal funds \$ 1,153,000</p> <p>FY '88 General Funds (match) \$ 403,966</p> <p>The Anti-Drug Abuse Act requires a 25% match. General Funds provided match for state agencies; local agencies provided their own match.</p> <p>A 32% pass through to local programs is required by this grant.</p>	<p>Members of the Governor's staff, Office of the Attorney General, Secretary of Transportation and Public Safety, Department of Education, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of State Police, Department of Corrections, local law enforcement agencies, local Commonwealth Attorneys, state court administration.</p>

SUMMARY OF
DEPARTMENT OF CRIMINAL JUSTICE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DCJS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
		4. The State Police were awarded funds to enable them to establish and staff ten (10) multi-jurisdictional drug enforcement task forces. Continued in FY '89.		Department of State Police
		5. The State Police received funding for 23 new sworn personnel to work with local law enforcement agencies in conducting undercover investigations. Continued in FY '89.		Department of State Police
		6. The State Police received grant funds to establish and operated a narcotics canine training facility. Continued in FY '89.		Department of State Police
		7. The State Police received grant funds to establish and operated a special unit to address the problem of diversion of prescription drugs. Continued in FY '89.		Department of State Police

SUMMARY OF
DEPARTMENT OF CRIMINAL JUSTICE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DCJS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
		8. Seven localities received funding to hire and equip five (5) narcotics investigators and four (4) undercover officers. Continued in FY '89.		Local law enforcement agencies
		9. Two (2) localities received funding to facilitate their participation in ongoing regional drug enforcement efforts, by either the addition of new narcotic officers, or by the purchase of surveillance and investigative equipment. Continued in FY '89.		Local law enforcement agencies
		10. The Virginia State Crime Commission was awarded grant funds to conduct a study of the state's seizure and forfeiture statutes with the goal of enhancing their usefulness in drug enforcement efforts. Continued in FY '89.		Virginia State Crime Commission

SUMMARY OF
DEPARTMENT OF CRIMINAL JUSTICE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DCJS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
		11. Five regional special prosecutors, serving 21 localities, were hired to handle drug cases from participating jurisdictions and provide legal advise to the enforcement task forces. Continued in FY '89.		Commonwealth Attorney's Offices
		12. The Virginia Bureau of Forensic Science received funds to purchase equipment for analyzing drug specimens.		Bureau of Forensic Science
		13. Several other projects focusing on education and treatment/rehabilitation are also funded by this grant. For details, please see TREATMENT below. Continued in FY '89.		Department of Corrections

SUMMARY OF
DEPARTMENT OF CRIMINAL JUSTICE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DCJS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Consortium for Drug Strategy Impact Evaluations	To assess and evaluate the implementation and impact of crime lab enhancements, enforcement task forces and special prosecutors funded by the Anti-Drug Abuse Act of 1986.	<ol style="list-style-type: none"> 1. Virginia was one of fifteen (15) states chosen by the U.S. Department of Justice, Bureau of Justice Assistance (BJA), to participate in this study. Continued in FY '89. 2. The fifteen (15) member states developed the Consortium in January, 1988 and agreed to submit information to the Criminal Justice Statistics Association (CJSA). CJSA will analyze the collected data and submit a report to BJA, which will report to Congress. Continued in FY '89. 	Sub-grant received from BJA through CJSA.	No other state agencies. U.S. Department of Justice, Bureau of Justice Assistance; Criminal Justice Statistics Association. Other states include: Arizona Connecticut District of Columbia Indiana Massachusetts Michigan Montana New Jersey Ohio Pennsylvania South Dakota Texas Utah Washington

SUMMARY OF
DEPARTMENT OF CRIMINAL JUSTICE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DCJS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
TREATMENT				
Federal Funding for Juvenile Justice and Delinquency Prevention Initiatives	To fund programs for the prevention and treatment of juvenile delinquency, with emphasis on removing juveniles from adult jails, deinstitutionalizing status offenders and providing alternatives to secure detention.	1. The Department of Mental Health, Mental Retardation and Substance Abuse Services received funding for five of these programs. For additional detail, please see the section for Department of Mental Health, Mental Retardation and Substance Abuse Services, Prevention/ Education, Community Youth Development.	Federal Juvenile Justice and Delinquency Act FY '88 Federal Funds \$ 73,208 FY '89 Federal Funds \$ 75,467	Department of Mental Health, Mental Retardation and Substance Abuse Services
Public Inebriate Center Funding	To fund local programs which serve as alternative to arrest, booking and incarceration of persons found to be drunk in public, thus reducing the time and money spent on these cases by elements of the criminal justice system.	1. Five centers, one each in Virginia Beach, Charlottesville, Winchester area and Newport News, are operating at this time. Each functions in association with a Community Services Board. The programs provide detoxification from alcohol in a safe environment. 2. In addition to providing an alternative to arrest, the programs serve as a mechanism for referral to additional treatment. 3. In FY '88, approximately 2,000 individuals were served in these programs.	FY '88 State Funds \$ 250,000 FY '89 State Funds \$ 250,000	Department of Mental Health, Mental Retardation and Substance Abuse Services, Community Services Boards, local law enforcement agencies, General District Court Services Units.

SUMMARY OF
DEPARTMENT OF CRIMINAL JUSTICE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DCJS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Federal Funding for Anti-Drug Abuse Initiatives	Continued from above.	1. The Department of Corrections was awarded grant funds to train correctional officers to better identify inmates with substance abuse problems.	See above.	Department of Corrections
		2. The Department of Corrections also received funds to train treatment staff in drug abuse assessment and counseling.	See above.	Department of Corrections
		3. A system-wide drug education program for inmates is under development, and programs to provide group and individual counseling for inmates with serious drug problems are being planned and implemented.	See above.	Department of Corrections
INTERAGENCY				
Commonwealth Alliance for Drug Rehabilitation and Education (CADRE)	To promote interagency participation in the prevention and treatment of youthful substance abuse.	1. Participate in CADRE planning process. 2. Participate in regional CADRE conferences.	Absorbed by agency operating budget. Absorbed by agency operating budget.	Office of the Attorney General, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Education, Department of Social Services, Department of Motor Vehicles, Department of State Police

SUMMARY OF
 DEPARTMENT OF CRIMINAL JUSTICE SERVICES
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DCJS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Governor's Council on Alcohol and Drug Abuse Problems	To promote interagency participation in the development of broad policies, goals and coordination of the Commonwealth's efforts to prevent and treat substance abusers.	1. Director is member of Enforcement Committee.	Absorbed by agency operating budget.	Office of the Attorney General, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Education, Department of Social Services, Department of State Police

SUMMARY OF
DEPARTMENT OF CRIMINAL JUSTICE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

DCJS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
ENFORCEMENT				
Law Enforcement Training	To establish and regulate the training of all law enforcement officers in the Commonwealth to promote criminal justice and adequately ensure the protection and the safety of the citizens of the Commonwealth.	1. The Department of Criminal Justice Services has sponsored, in FY '89, three (3) two-week specialized training courses in drug investigation. A total of seventy-five (75) officers from local law enforcement agencies and the State Police attended. These courses will be offered annually.	Federal Bureau of Justice Assistance Grant	Department of State Police, local law enforcement agencies, local and regional criminal justice training academies.

SUMMARY OF
DEPARTMENT OF EDUCATION
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DOE Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
EDUCATION/ PREVENTION			NOTE: Unless specified, all substance abuse education and prevention programs offered by the Department of Education are funded by the federal Drug Free Schools and Communities Act. The total amount of funding to Virginia in FY '88 was approximately \$3.4 million. The programs described in this section were funded by \$ 246, 209 of these funds.	
Youth Alcohol and Drug Abuse Prevention Project	To train student leaders to prevent alcohol and drug-related behaviors among their peers.	1. The project provides programs and activities to encourage development of the "youth resistance (to substance abuse) movement." Continued in FY '89.	\$ 150,000 in FY '87	Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of State Police.
Wheeler Award	To provide recognition to the high school with the most outstanding youth alcohol and drug abuse prevention project in the state.	1. In FY '87, Fort Chiswell won the award. Continued in FY '89.	Funds are privately donated.	Representatives from the Department of Motor Vehicles and the Department of Mental Health, Mental Retardation and Substance Abuse Services sit on the review panel.

SUMMARY OF
DEPARTMENT OF EDUCATION
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DOE Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Youth Leadership Conference	To prepare youth and adults to develop local peer resistance activities and projects.	1. In FY '87, this annual conference provided service to 416 youth and adults. Continued in FY '89.	\$ 27,000 in FY '87	Department of Motor Vehicles, Department of Mental Health, Mental Retardation and Substance Abuse Services, local school systems.
Operation Prom/ Graduation	To provide a technical resource to localities which desire to develop projects targeting youth drinking and driving during the spring high-risk social season of prom and graduation.	1. Information is developed and distributed on request. Continued in FY '89.		
Drug-Free School Recognition Program	To provide national recognition for exemplary school-based youth prevention programs.	1. Of the thirty (30) schools recognized nationally by the U.S. Department of Education in 1987, two (2) were in Virginia.		
Alcohol and Other Drug Resource Guide	To provide information on available curricula, programs, clubs and activities which relate to youth alcohol and other drug abuse.	1. The guide is distributed statewide and nationally. 2. 500 guides were distributed in 1987.	\$ 2,000 in FY '87	
Student Organization for Developing Attitudes (SODA) Training	To teach interested school divisions how to develop SODA and Peer Facilitator Programs.	1. In FY '87, two (2) workshops were conducted which trained 240 participants. Continued in FY '89.	\$2,000 in FY '87	
SODA/Peer Workshop				

SUMMARY OF
DEPARTMENT OF EDUCATION
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DOE Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Alcohol and Other Drug Policy Writing Conference	To demonstrate a model alcohol and other drug policy for school divisions.	1. Conducted in FY '87, the conference was attended by 150 participants. Continued in FY '89.	\$ 10,000 in FY '87	
Commonwealth Alliance for Drug and Alcohol Rehabilitation	To promote local school system involvement in locally based CADREs	1. Participate in CADRE planning process. Continued in FY '89. 2. Participate in regional CADRE conferences. Continued in FY '89.	Absorbed by operating budget.	Office of the Attorney General, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Social Services, Department of Motor Vehicles, Department of State Police, Department of Criminal Justice Services
Governor's Council on Alcohol and Drug Abuse Problems	To promote interagency participation in the development of broad policies, goals and coordination of the Commonwealth's efforts to prevent and treat substance abuse.	1. Agency representative chairs Prevention/Education Committee. Continued in FY '89.	Absorbed by operating budget.	Office of the Attorney General, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Social Services, Department of State Police, Department of Criminal Justice Services

SUMMARY OF
DEPARTMENT OF EDUCATION
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

DOE Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
School/Community Team Training	To train community teams in youth alcohol and other drug abuse prevention strategies.	1. A retreat conference will be conducted in FY '89. The service will be offered to 44 school divisions.	FY '88 and FY '89 Approximately \$400,000	Virginia Commonwealth University
Self-Esteem Teleconference	To motivate parents and teachers to implement esteem-building strategies in daily relationships with youth.	1. Two teleconferences will be broadcast to all school divisions and will be available statewide on public television in August, 1988.	FY '88 \$3,500	Virginia Polytechnic Institute and State University

SUMMARY OF
DEPARTMENT OF HEALTH
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

VDH Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
TREATMENT	To provide screening and referral services for substance dependent individuals and their families.	1. All local health departments throughout the Commonwealth are staffed by professionals who can recognize and refer individuals for treatment. Continued in FY '89.	Absorbed by operating budget.	Community Services Boards
Bureau of Sexually Transmitted Diseases (STD) Control	To disseminate accurate information and disease control guidelines; to conduct statewide AIDS surveillance; to coordinate service delivery for HIV infected persons; to develop and coordinate educational outreach efforts statewide.	1. AIDS Medical Advisory Committee (AMAC) was established in 1986 to advise the Commissioner and the Board of Health in the formulation of AIDS related policies. 2. AIDS network provides educational and outreach services through Department of Health, Medical College of Virginia, and five (5) community based service groups. Continued in FY '89.	Absorbed by operating budget. Absorbed by operating budget.	Medical College of Virginia

SUMMARY OF
DEPARTMENT OF HEALTH
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

VDH Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
PREVENTION/ EDUCATION				
Bureau of Sexually Transmitted Diseases (STD) Control		1. Public education includes development and dissemination of educational materials, establishment of a video library, maintenance of a resource list for referral facilities, a toll-free hotline (during business hours). Continued in FY '89.	Absorbed by operating budget.	
		2. A statewide study is being conducted to assess the public's understanding of AIDS. Continued in FY '89.	Absorbed by operating budget.	
		3. The Department of Health is participating in nationwide study of seroprevalence. Continued in FY '89.	Absorbed by operating budget.	
		4. The Department of Health provides training for professionals involved in counseling AIDS victims. All local health departments provide counseling and testing. Continued in FY '89.	Absorbed by operating budget.	

SUMMARY OF
DEPARTMENT OF HEALTH
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

VDH Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
		5. AIDS Surveillance Program is conducting both an active and passive surveillance program to detect diagnosed cases of AIDS. Continued in FY '89.	Absorbed by operating budget.	
		6. The Centers for Disease Control have ranked Virginia's AIDS activity program ninth (9th) in the nation. Continued in FY '89.	Absorbed by operating budget.	
		7. AIDS in Virginia: A Public Health Report was prepared and issued to the 1988 Session of the General Assembly. The report summarizes efforts to control AIDS, policy positions adopted by the Board of Health, and a summary of a study to estimate the medical care needs of AIDS patients and the costs of such care. Continued in FY '89.	Absorbed by operating budget.	University of Virginia, Medical College of Virginia, Department of Medical Assistance Services, Department of Mental Health, Mental Retardation and Substance Abuse Services, the State Insurance Commissioner

SUMMARY OF
DEPARTMENT OF HEALTH
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

VDH Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Certificate of Public Need	To insure that health care resources are adequately distributed, introduction of medical care which meets certain specifications must be approved by the Commissioner of Health, using prescribed standards of need.	1. Organizations or persons who wish to provide substance abuse treatment services which meet certain defined criteria as medical care must apply to the Department of Health for a Certificate of Public Need. Continued in FY '89.	Absorbed by operating budget.	Department of Mental Health, Mental Retardation and Substance Abuse Services
	To insure that hospitals meet standards of health, hygiene, sanitation and construction.	1. Substance abuse facilities classified as "hospitals" must be licensed by the Department of Health. Continued in FY '89.	Absorbed by operating budget.	Department of Mental Health, Mental Retardation and Substance Abuse Services

SUMMARY OF
DEPARTMENT OF HEALTH
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

VDH Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Certificate of Public Need	To insure that health care resources are adequately distributed, introduction of medical care which meets certain specifications must be approved by the Commissioner of Health, using prescribed standards of need.	1. The Department of Health and the Department of Mental Health, Mental Retardation and Substance Abuse Services will be working together regarding expansion of services resulting from \$9,000,000 allocated by General Assembly to expand substance abuse treatment.	Absorbed by operating budget.	Department of Mental Health, Mental Retardation and Substance Abuse Services

SUMMARY OF
DEPARTMENT OF HEALTH REGULATORY BOARDS
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DHRB Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
ENFORCEMENT	To ensure competent and qualified health practitioners deliver services to the citizens of the Commonwealth.	1. Licensing activities for professionals. In FY '87, more than 150,000 professionals were regulated by the Department. Continued in FY '89.	Absorbed in operating budget.	Department of State Police, Department of Medical Assistance Services, U.S. Drug Enforcement Administration, U.S. Food and Drug Administration.
		2. Certification activities for Substance Abuse Counselors. Continued in FY '89.	Absorbed in operating budget.	Department of Mental Health, Mental Retardation and Substance Abuse Services
		3. To conduct random inspections of persons or facilities licensed to handle Schedule II-V drugs. In FY '87, 733 pharmaceutical and veterinary inspections occurred. Complaints involving professional abuse of substances totalled 313, with 246 sanctions issued. Continued in FY '89.	Absorbed in operating budget.	
TREATMENT	To coordinate activities regarding Impaired Physicians with the Medical Society of Virginia.	1. The Medical Society of Virginia and the Board of Physicians are parties to a Memorandum of Understanding which outlines the roles each organization is to take when a physician is reported as impaired due to substance abuse. Continued in FY '89.	Absorbed in operating budget.	Medical Society of Virginia

SUMMARY OF
DEPARTMENT OF HEALTH REGULATORY BOARDS
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

DHRB Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
ENFORCEMENT	To ensure competent and qualified health practitioners deliver services to the citizens of the Commonwealth.	<ol style="list-style-type: none"> 1. Two (2) positions for Investigators have been funded. 2. Two (2) positions for Inspectors have been funded. 	<p>Additional allocation for \$ 55,480.</p> <p>Additional allocation for \$ 55,530.</p>	<p>Department of State Police, Department of Medical Assistance Services, U.S. Drug Enforcement Administration, U.S. Food and Medical Society of Virginia</p>

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DMAS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Virginia Medicaid Program	To provide necessary medical care to indigent persons.	1. Treatment and care for the medical conditions resulting from substance abuse are covered, although coverage for substance abuse services, per se, are not included within the scope of available services. Continued in FY '89.	Federal, state and local resources.	
Medical Care in Local Hospitals for Substance Abusers	To eliminate barriers to community inpatient care and ensure the provision of the full range of medical services for substance abusers.	1. The Department of Medical Assistance is a member of an interagency task force convened by the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services.	Absorbed by operating budget.	Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Social Services, University of Virginia Hospitals, Community Services Boards, community hospitals.
AIDS in Virginia: A Public Health Report	To estimate the needs of AIDS patients in Virginia and estimate the cost of providing such care.	1. The Department of Medical Assistance was a member of a study group convened by the Commissioner of the Department of Health. AIDS in Virginia was the resulting report, issued in FY '88.	Absorbed by operating budget.	University of Virginia, Medical College of Virginia, Department of Mental Health, Mental Retardation and Substance Abuse Services, the State Insurance Commission

SUMMARY OF
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

DMAS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Medical Care in Local Hospitals for Substance Abusers	To eliminate barriers to community inpatient care and ensure the provision of the full range of medical services for substance abusers.	1. A report will be issued in FY '89.	Absorbed by operating budget.	Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Social Services, University of Virginia Hospitals, Community Hospitals, Department of Health

SUMMARY OF
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DMHRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
CORE SERVICES				
PREVENTION/ EARLY INTERVENTION	To prevent or ameliorate the effects of substance abuse.			
Community Youth Development Program	To encourage cooperative program planning for substance abuse prevention involving youth, human service staff, and the private business sector.	1. In FY '88, mini-grants of \$10,000 were awarded to five (5) community groups to develop youth-focused substance abuse and delinquency prevention programs. A state coordinator oversees these funds and provides technical assistance. Continued in FY '89.	FY '88 \$73,208 from federal Juvenile Justice and Delinquency Act funds, administered through the Department of Criminal Justice Services	Department of Criminal Justice Services
	To provide youth with an opportunity to develop and enhance leadership skills, to establish and maintain relations with community resources, and to develop vocational skills.		FY '89 \$75,467 from federal Juvenile Justice and Delinquency Act funds, administered through the Department of Criminal Justice Services	
	To increase knowledge of youth involvement in community programs.			

SUMMARY OF
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source*	Interagency Collaboration
Training of Prevention Specialists	To enhance and expand prevention services offered by Community Services Board prevention specialists.	1. A three-day training event is conducted twice per year. Continued in FY '89.	Absorbed by operating budget.	
Dissemination of Information	To inform prevention specialists of current information on programming, research and evaluation, specific prevention issues, and to promote networking among the Virginia prevention community.	1. Quarterly publication of The Prevention Bulletin. Continued in FY '89.	Absorbed by operating budget.	
		2. Bi-monthly publication of the prevention newsletter. Continued in FY '89.	Absorbed by operating budget.	
TREATMENT/ REHABILITATION				
Emergency Services	To provide unscheduled substance abuse services 24 hours per day and seven (7) days per week, which provide crisis intervention, stabilization, and referral assistance over the telephone or face-to-face to individuals seeking help for themselves or others. These services may include walk-ins, home visits, jail interventions, and pre-admission screenings related to admission to a state facility.	1. Emergency Services are the only service which is mandated, and is available, through Community Services Boards, to every community in the state. Continued in FY '89. 2. In FY '87, 8,634 emergency substance abuse cases were seen by Community Services Boards. Continued in FY '89.	Funded by DMHMRSAS from general operating funds. Funded by DMHMRSAS from general operating funds.	Local hospitals, local law enforcement authorities, local Department of Social Services, other human service agencies.

*See Attachment "A" for FY '88 budgeted revenue by source.

SUMMARY OF
 DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source*	Interagency Collaboration
Inpatient Services	To provide, when necessary, substance abuse services on a 24 hour per day basis in a hospital setting.	1. When necessary, substance abuse services are provided in state facilities. In FY '87, there were 1,801 admissions to state facilities with a diagnosis of drug or alcohol dependence. Continued in FY '89. 2. Twelve inpatient beds are available in the communities for substance abuse services. Continued in FY '89. 3. The Medical College of Virginia also provides inpatient services under contract with DMHMRSAS. Continued in FY '89.	Funded from general operating funds. Funded by DMHMRSAS from general operating funds. FY '88 \$916,916 to MCV from DMHMRSAS operating funds. This amount covers all services. FY '89 \$ 982,140 to MCV from DMHMRSAS operating funds. This amount covers all services.	Local hospitals, local law enforcement authorities, local Department of Social Services, other human service agencies. Local hospitals.

* See Attachment "A" for FY '88 budgeted revenue by source.

SUMMARY OF
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source*	Interagency Collaboration
Outpatient/ Case Management Services	<p>To provide scheduled substance abuse services such as individual, group or family counseling, usually in a clinic location. These services include diagnosis and evaluation, counseling, psychotherapy, psychological testing, ambulatory detoxification, and methadone maintenance.</p> <p>To identify and provide outreach to potential clients, and continuity of care for current clients, by assessing, planning, linking, monitoring and advocating for clients in response to their changing needs.</p>	<ol style="list-style-type: none"> 1. Every community in the Commonwealth has access to these services through the Community Services Boards. In FY '87, over 31,000 admissions to Outpatient/Case Management services occurred. Continued in FY '89. 2. In addition, five (5) CSBs (Alexandria, Hampton Norfolk, Portsmouth, Richmond) offer methadone for detoxification from opiates. Some other CSBs also have access to this service. Continued in FY '89. 3. The Medical College of Virginia provides outpatient counseling and methadone services under contract with DMHMRSAS. 	<p>Funded by DMHMRSAS from general operating funds, federal Drug/Alcohol block grants, local match, and client fees and third party payors when available.</p> <p>Methadone is funded by federal Drug Treatment Block Grant funds.</p>	<p>Local hospitals, local law enforcement authorities, Department of Corrections, local Department of Social Services, local juvenile justice authorities, local school systems.</p>

*See Attachment "A" for FY'88 budgeted revenue by source.

SUMMARY OF
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source*	Interagency Collaboration
Day Support Services	To provide intensive, multi-disciplinary treatment in a non-residential setting which is not available in an outpatient setting.	1. In FY '87, 1,285 admissions occurred to this innovative treatment approach. Continued in FY '89.	Funded by DMHMRSAS from general operating funds, federal Drug/Alcohol block grants, local match, and client fees and third party payors when available.	Local hospitals, local law enforcement authorities, local Department of Social Services, other human service agencies.
		2. The Medical College of Virginia provides day treatment services under contract with DMHMRSAS. Continued in FY '89.	Funded by DMHMRSAS from general operating funds. operating budget.	Local hospitals, local law enforcement authorities, Department of Corrections, local Department of Social Services, other human service agencies.
Residential Services	To provide intensive treatment when overnight care is necessary, but inpatient care is too restrictive.			
Detoxification	To provide community based detoxification services that can serve as an alternative to admission to a state facility.	1. All 40 Community Services Boards have access to community-based detoxification services. In FY '87, 147 community beds were available to CSBs, providing services to 6,544 admissions. Continued in FY '89.	Social Service Block Grant for \$ 762,717, through the Department of Social Services. The Department of Criminal Justice Services also funds some Community Services Boards to provide this service.	Department of Criminal Justice Services, local hospitals, local law enforcement authorities.

*See Attachment "A" for FY '88 budgeted revenue by source.

SUMMARY OF
 DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source*	Interagency Collaboration
Primary Care	To provide residential rehabilitation of approximately one month, to substance abusers, usually following detoxification.	1. FY '87 145 beds 1,904 admissions Continued in FY '89.	Funded by DMHMRSAS from general operating funds, federal Drug/Alcohol block grants, local match, and client fees.	Department of Criminal Justice Services, local referral sources.
Therapeutic Community	To provide a residential therapeutic milieu to persons experiencing substance abuse; usual stay exceeds four months.	1. FY '87 251 beds 1,040 admissions. Continued in FY '89.	Funded by DMHMRSAS from general operating funds, federal Drug/Alcohol block grants, local match, and client fees.	Local hospitals, local law enforcement authorities, Department of Corrections, local Department of Social Services, other human service agencies.
Other Residential Treatment	To provide residential care and support, as needed, to recovering from substance abuse.	1. FY '87 118 beds 899 admissions Continued in FY '89.	Funded by DMHMRSAS from general operating funds, federal Drug/Alcohol block grants, local match, and client fees.	Local hospitals, local law enforcement authorities, Department of Corrections, local Department of Social Services, other human service agencies.

*See Attachment "A" for FY '88 budgeted revenue by source.

SUMMARY OF
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
SPECIAL PROGRAMS				
Provision of State of the Art Treatment Services	To provide state of the art treatment services to clients throughout the Commonwealth.	<ol style="list-style-type: none"> Every June, the DMHMRSAS co-sponsors a conference/institute with the Virginia Association of Drug and Alcohol Programs and the Virginia Association of Drug and Alcohol Counselors. In June, 1988, approximately 370 substance abuse professionals attended this institute. Continued in FY '89. In November, 1986, DMHMRSAS co-sponsored a one day conference with Virginia Baptist Hospitals and Central Virginia Community Services Board. The conference focused on treating the client who is mentally-ill as well as abusing substances, and was attended by approximately 80 participants. 	<p>DMHMRSAS contributed \$2500 from its operating budget.</p> <p>DMHMRSAS contributed \$500 from its operating budget.</p>	<p>Virginia Association of Drug and Alcohol Programs (VADAP) and Virginia Association of Drug and Alcohol Counselors (VADAC).</p> <p>This conference provided an opportunity for a joint venture between private and public sector agencies (Virginia Baptist Hospitals, Central Virginia Community Services Board and DMHMRSAS).</p>

SUMMARY OF
 DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
		3. DMHMRSAS works closely with the Department of Health Regulatory Boards in establishing certification criteria for substance abuse counselors. Continued in FY '89.	Absorbed by operating budget.	Department of Health Regulatory Boards.
Coalition Development and Maintenance	To establish and maintain relationships with constituency and advocacy groups to express common concerns and recommend and advocate for public policy in response to alcohol and other drug abuse problems.	1. In FY '87 and FY '88, DMHMRSAS supported development of Virginia's Voice, a unified advocacy group focused on provision of substance abuse services, initiated on behalf of the Governor's Council on Alcohol and Drug Abuse Problems. Continued in FY '89.	DMHMRSAS allotted \$1750 for training grants each year (Total = \$3500) from operating budget.	Substance Abuse Council of Virginia Association of Community Services Boards; Mothers Against Drunk Driving; Virginia Nurses' Association; Virginia Pharmacists, Virginia Association of Drug and Alcohol Programs, Virginia Bar Association, Virginia Dental Association, Substance Abuse Certification Alliance of Virginia, Virginia Association of Drug and Alcohol Counselors, Virginia Federation of Communities, Drug and Alcohol Nurses' Association, ALMACA

SUMMARY OF
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Multiply-Impaired (MH/SA) Clients	To provide appropriate and accessible services for persons who are severely emotionally disturbed and chemically dependent.	1. In FY '87, DMHMRSAS formally studied community services offered to the multiply-impaired client.	Absorbed by operating funds.	
		2. In FY '88, DMHMRSAS collaborated with the Health Services Area V Mentally Ill Task Force and the Virginia Association of Community Services Boards in sponsoring a conference, attended by nearly 400 participants, which focused on this population.	DMHMRSAS contributed \$1,000 from operating funds.	Health Services Area V Mentally Ill Task Force; Virginia Association of Community Services Boards
		3. Several DMHMRSAS staff are participating at a national level on behalf of this client group. Continued in FY '89.	Absorbed by operating funds.	

SUMMARY OF
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Training in Substance Abuse for Practitioners of Medical-Psychological Services	To develop, in conjunction with the Virginia university system, programs which train professionals in medical and psychological fields to identify and treat early stage alcohol and drug abuse.	1. In collaboration with DMHMRSAS, the Medical College of Virginia established the Division of Substance Abuse Medicine as a required rotation for Internal Medicine and Psychiatry residents. Continued in FY '89.		Medical College of Virginia
Services to Youth	To develop and expand substance abuse treatment services to youth through Community Services Boards.	1. In FY '88, DMHMRSAS allocated special funding Community Services Boards to serve youth. Continued in FY '89.	\$1,000,000 from federal block grant (Alcohol and Drug Treatment/Rehabilitation funds).	Community Services Boards, local juvenile and domestic relations courts, local departments of social services, local schools.
Services to Women	To provide treatment services targeted to the special needs of female clients.	1. Five (5) day treatment programs operated by Community Services Boards are located in Fredericksburg, Lynchburg, Culpeper, Petersburg and Fairfax, and are in operation exclusively to provide treatment to women. Continued in FY '89.	Mandated by federal law, 5% of all federal substance abuse treatment dollars must be set aside for services to women.	

SUMMARY OF
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Medical Care in Local Hospitals for Substance Abusers	To eliminate barriers to community inpatient care and ensure the provision of the full range of medical services for substance abusers.	1. An interagency task force is studying the issue and will make recommendations to the Commissioner in the Spring of 1989.	Absorbed by operating budget.	Department of Health, Department of Social Services, Department of Medical Assistance Services, University of Virginia Hospitals, Community Services Boards, community hospitals.
Services to Homeless Persons Who are Substance Abusers	To provide appropriate and accessible housing, medical and social services to substance abusing persons who are homeless or at-risk of being homeless.	1. DMHMRSAS provides assistance to Community Services Boards and other eligible programs by acting as a liaison to the Virginia Housing Development Authority (VHDA). The VHDA has funds which may be utilized by community programs to provide shelter as a part of treatment services. Continued in FY '89.	Liaison function is absorbed by operating budget.	Virginia Housing Development Authority.
Services to the Elderly	To enhance services to the elderly substance abusing population.	1. In FY '88, in cooperation with the Department of Aging, DMHMRSAS sponsored a colloquium to raise awareness of this issue.	Registration fees.	Department on Aging, Area Agencies on Aging

SUMMARY OF
 DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Coordination with the Commission on Virginia Alcohol Safety Action Program (VASAP)	To enhance the relationship between community substance abuse services and local VASAPs.	1. VASAP referrals constitute approximately 30% of all cases referred for out-patient treatment of alcoholism. Continued in FY '89.	Client fees, DMHMRSAS funding to Community Services Boards, third party payors when available.	Local VASAPs, local courts
		2. New classification criteria has been developed and implemented. For additional information, see the VASAP section. Continued in FY '89.	Absorbed by each agencies operating budget.	DMHMRSAS, Department of Motor Vehicles, VASAP Directors Association, Commission on VASAP
		3. DMHMRSAS is represented on the Commission for VASAP. Continued in FY '89.	Absorbed by operating budget.	Department of Motor Vehicles, Commission on VASAP

SUMMARY OF
 DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Central Office AIDS Work Group	To assist both in the clarification of activities and issues related to AIDS and in the provision of additional agency direction to the field.	<ol style="list-style-type: none"> 1. Intravenous (I.V.) drug users have been targetted as a high-risk group for AIDS. Continued in FY '89. 2. Chaired by the agency medical director, the group advises on policies and procedures to be distributed to facilities and to Community Services Boards regarding infection control for AIDS, confidentiality, worker protection, counseling AIDS victims, and other relevant issues. Continued in FY '89. 3. Community Services Boards are encouraged to educate their clients about prevention from infection by the AIDS virus. Continued in FY '89. 	<p>Absorbed by operating budget.</p> <p>Absorbed by operating budget.</p>	

SUMMARY OF
 DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Commonwealth Alliance of Drug Rehabilitation and Education (CADRE)	To promote interagency participation in the prevention and treatment of youthful substance abuse.	1. Participate in CADRE planning process. Continued in FY '89.	Absorbed by operating budget.	Office of the Attorney General, Department of Education, Department of
		2. Participate in regional CADRE conferences. Continued in FY '89.	Absorbed by operating budget.	Social Services, Department of Motor Vehicles, Department of Criminal Justice Services,
		3. House and provide administrative support to CADRE Information Line. Continued in FY '89.	Federal Drug Free Schools and Communities Act funds (Governor's Discretionary Fund)	Department of State Police
Governor's Council on Alcohol and Drug Abuse Problems	To promote interagency participation in development of broad policies, goals and coordination of the Commonwealth's efforts to prevent and treat substance abuse.	1. Commissioner serves as Chair of Treatment and Rehabilitation Committee. Continued in FY '89.	Absorbed by operating budget.	Office of the Attorney General, Department of Education, Department of Social Services, Department of Criminal Justice Services, Department of State Police.
Virginia-Israel Commission	To share knowledge regarding the prevention and treatment of substance abuse.	1. DMHMRSAS participated in exchange of prevention/treatment expertise. Continued in FY '89.	Virginia-Israel Commission	Virginia-Israel Commission

SUMMARY OF
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Interagency Planning	To promote coordinated planning and implementation of substance abuse prevention and treatment services at the state level.	<ol style="list-style-type: none"> 1. Approximately 15 agencies participate in substance abuse prevention and treatment/rehabilitation. 2. As the "sole state agency" responsible for the coordinated planning and implementation of substance abuse services in the Commonwealth, DMHMRSAS added a staff position in FY '88 to coordinate and develop interagency planning for substance abuse prevention and treatment/ rehabilitation services. 3. A work group was assembled with representatives from these agencies to develop the process and assemble the documentation for such a plan. 4. The 1989 Interagency Comprehensive Substance Abuse Plan is scheduled for release early in 1989. 	<p>Funded by various sources, including federal and state funds.</p> <p>Absorbed by operating budget.</p> <p>Absorbed by the operating budget of each participating agency.</p> <p>Absorbed by operating budget.</p>	<p>Commission on Virginia Alcohol Safety Action Program, Council on Higher Education, Department of Alcoholic Beverage Control, Department for the Aging, Department of Corrections, Department of Criminal Justice Services (co-sponsor) Department of Education, Department of Health, Department of Health Regulatory Boards, Department of Medical Assistance Services, Department of Motor Vehicles, Department of Rehabilitative Services, Department of Rights for the Disabled, Department of Social Services, Department of State Police, Office of the Attorney General.</p>

SUMMARY OF
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

DMHRSAS Substance Abuse Program	Goal.	Activities	Funding Amount and Source*	Interagency Collaboration
CORE SERVICES				
PREVENTION/ EARLY INTERVENTION	To prevent or ameliorate the effects of substance abuse.			
Career Club Pilot	To engage high-risk youth in activities which expose them to a different environment, different adult role models, and new life styles.	1. In FY '89, forty (40) inner-city youth attended a week-long residential camp where they were exposed to diverse career options.	Staff time was absorbed by DMHRSAS operating budget. Room and board, facilities, equipment and special faculty were privately donated.	Civic clubs, Hampton University, Norfolk State University, U.S. Armed Forces.
TREATMENT/ REHABILITATION	As a result of action by the 1988 Session of the General Assembly, the Department was able to award \$ 9.0 million as annual base funding to expand community based treatment and rehabilitation services in FY '90. An additional \$ 4.8 million was awarded to phase in these services in FY '89. These funds will support additional prevention, early intervention, and Treatment/Rehabilitation Services (emergency, inpatient, outpatient/case management, day support and residential) beyond FY '87-88 levels.			
SPECIAL PROGRAMS				
Multiply-Impaired (MH/SA) Clients	To provide appropriate and accessible services for persons who are severely emotionally disturbed and chemically dependent.	1. A report detailing the study of services to the multiply-impaired in Community Services Boards is due early in 1989.	Absorbed by operating funds.	

-See Attachment "B" for FY '89 budgeted revenue by program.

-See Attachment "C" for budgeted distribution of community initiative funding for FY '89.

SUMMARY OF
 DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
 SUBSTANCE ABUSE ACTIVITIES
 FY '89 - FY '90

DMHMRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Pregnant Addicts	To provide appropriate medical care to the pregnant addict and her child.	1. The Medical College of Virginia, thru the Department of Substance Abuse Medicine, is initiating this inpatient service to provide complete obstetrical and pediatric care to pregnant addicts and their unborn children and addicted infants.	FY '89 \$ 65,000 in federal funds.	Medical College of Virginia
Services to Youth	To develop and expand substance abuse treatment services to youth through Community Services Boards.	1. An additional staff position been approved to focus on the statewide treatment needs of youth.	Absorbed by operating funds.	Community Services Boards, Department of Corrections
Medical Care in Local Hospitals for Substance Abusers	To eliminate barriers to community inpatient care and ensure the provision of the full range of medical services for substance abusers.	1. An interagency task force is studying the issue and will make recommendations to the Commissioner in the Spring of 1989.	Absorbed by operating funds.	Department of Health, Department of Social Services, Department of Medical Assistance Services, University of Virginia Hospitals, Community Services Boards, community hospitals.

SUMMARY OF
 DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
 SUBSTANCE ABUSE ACTIVITIES
 FY '89 - FY '90

DMHRSAS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Special Employment Project	To assist persons who are disabled by addiction to alcohol or other drugs, either as the sole disability or in conjunction with physical or mental disabilities.	1. In FY '89, a pilot project in Vocational Rehabilitation Service will be initiated at the Portsmouth Community Services Board.	\$ 60,000 allocated from operating funds.	Department of Rehabilitative Services
Central Office AIDS Work Group	To assist both in the clarification of activities and issues related to AIDS and in the provision of additional agency direction to the field.	1. A special AIDS proposal is currently being developed for submission to the U.S. Department of Public Health for funding.		Department of Health

ATTACHMENT A

DEPARTMENT OF MENTAL HEALTH,
MENTAL RETARDATION AND
SUBSTANCE ABUSE SERVICES
Budgeted Community Substance
Abuse Services
Revenue by Source
FY '88

SOURCE	AMOUNT
State	14,339,938
Local	9,736,064
Fees	4,980,568
Federal	6,617,829
Other	1,252,741
TOTAL	36,927,140

In support of services delivered by the forty (40)
Community Services Boards

ATTACHMENT B

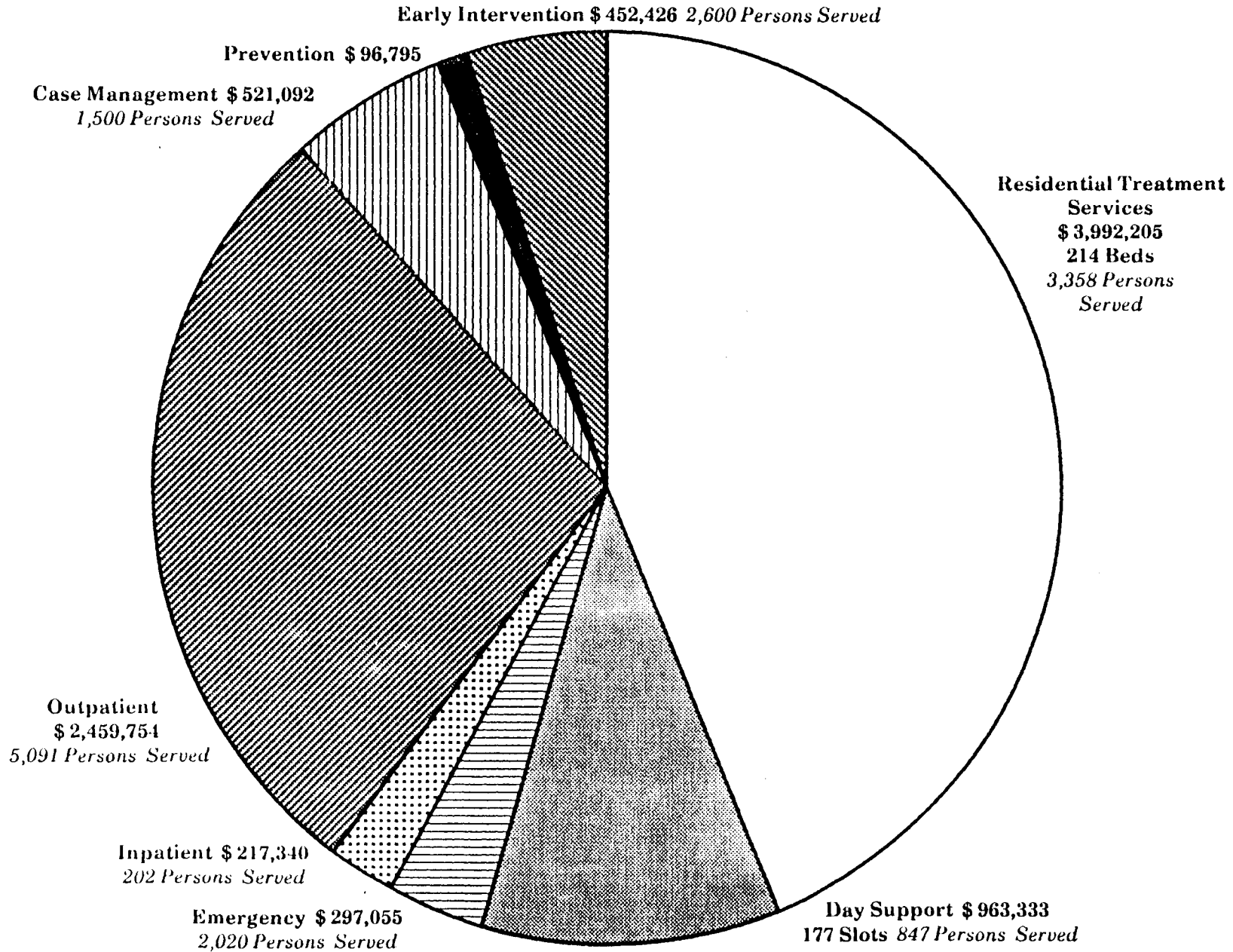
DEPARTMENT OF MENTAL HEALTH,
 MENTAL RETARDATION AND
 SUBSTANCE ABUSE SERVICES
 Budgeted Community Substance
 Abuse Services
 Revenue by Source
 FY '89

SOURCE	AMOUNT
State	19,822,131
Local	11,704,401
Fees	5,545,125
Federal	7,118,742
Other	941,364
TOTAL	45,131,763

In support of services delivered by the forty (40)
 Community Services Boards

Additional State Funds Only

FY 1990 Substance Abuse Services -- Total \$ 9,000,000



DEPARTMENT OF MOTOR VEHICLES
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DMV Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
ENFORCEMENT				
Alcohol and Drug Countermeasures Program	To reduce alcohol and drug related deaths related to transportation.	1. Information dissemination Continued in FY '89.	Existing state funds and (pending) federal funds of \$40,000	Department of State Police
		2. Training Continued in FY '89.		Commission on VASAP
		3. Coordination Continued in FY '89.		Commonwealth Alliance for Drug Rehabilitation and
		4. Enforcement Continued in FY '89.		Education (CADRE)
		5. Identification of high-risk localities Continued in FY '89.		
		6. Identification of high-risk groups Continued in FY '89.		
Comprehensive Community Based Program	To promote transportation safety by identifying problems, developing and coordinating programs and evaluating activities.	1. Development and implementation of two pilot programs. Continued in FY '89.	\$450,000 in federal funds	Department of State Police
		2. Assessment of two pilot programs. Continued in FY '89.		Department of Education Office of the Attorney General

DEPARTMENT OF MOTOR VEHICLES
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DMV Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
		3. Development of implementation methodology which can be used in other states. Continued in FY '89.		Transportation and Safety Commission Department of Transportation
		4. Adoption of the program in other localities without federal support. Continued in FY '89.		Department of State Police Department of Highways and Transportation
Virginia Crash Investigation Team	To conduct a detailed review of the components of a crash and make recommendations to appropriate agencies.	1. Investigation of approximately 25 vehicular crashes per year. Continued in FY '89. 2. Issuance of a confidential report on each investigated crash containing findings and recommendations pertaining to highway safety. Continued in FY '89.	Existing state funds and federal funds of \$26,000	Virginia Commonwealth University Medical College of Virginia

DEPARTMENT OF MOTOR VEHICLES
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DMV Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Mini-grants	To reduce highway accidents, injuries and fatalities.	1. Selective enforcement programs to increase DUI arrests. Continued in FY '89. 2. Course for judges to promote identification and appropriate treatment and sanctioning of youthful DUI offenders. Continued in FY '89. 3. Youth Alcohol and Drug Abuse Prevention Project (YADAPP) Continued in FY '89. 4. Management training workshops for local VASAP directors; technical assistance to VASAP case managers; management and audit reviews of local VASAP programs. Continued in FY '89. 5. Training for local law enforcement re: drug-impaired drivers. Continued in FY '89.	Over \$1,000,000 in federal funds	Local law enforcement Local judiciary Department of Education Commission on VASAP Local law enforcement

DEPARTMENT OF MOTOR VEHICLES
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

DMV Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
--------------------------------	------	------------	------------------------------	------------------------------

These programs continue as in FY '88.

SUMMARY OF
 DEPARTMENT OF REHABILITATIVE SERVICES
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DRS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
TREATMENT				
Vocational Rehabilitation Services	To assist persons who are disabled by addiction to alcohol or other drugs, either as the sole disability or in conjunction with physical or mental disabilities.	In FY '87, 944 clients with a primary diagnosis of substance abuse received Vocational Rehabilitation Services.	In FY '87, approximately \$432,735 in federal funds was expended for Purchased Vocational Rehabilitation Services for persons with a primary diagnosis of substance abuse.	Department of Mental Health, Mental Retardation and Substance Abuse Services (Community Services Boards)
Disability Determination				
Independent Living Services		Clients experiencing substance abuse are not specially identified in other DRS programs.		

SUMMARY OF
DEPARTMENT OF REHABILITATIVE SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

DRS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
TREATMENT				
Vocational Rehabilitation Services	To assist persons who are disabled by addiction to alcohol or other drugs, either as the sole disability or in conjunction with physical or mental disabilities.	1. In FY '89, a pilot project in Vocational Rehabilitation Service is being initiated at the Portsmouth Community Services Board. Expansion to two additional sites is planned for FY '90.	\$60,000 allocated by the Department of Mental Health, Mental Retardation and Substance Abuse Services.	Department of Mental Health, Mental Retardation and Substance Abuse Services (Community Services Boards)
Disability Determination			Expansion is pending additional funding from the General Assembly.	
Independent Living Services		2. Services to persons who are experiencing substance abuse in other geographical areas will continue.	DRS state and federal funds.	

SUMMARY OF
DEPARTMENT OF SOCIAL SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DSS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
PREVENTION/ EDUCATION				
Dissemination of Information	To reduce substance abuse among social service clients.	1. Dissemination of information about the effects of alcohol and drugs to clients at risk for substance abuse. Continued in FY '89.	Absorbed by operating budget.	Department of Mental Health, Mental Retardation and Substance Abuse Services and Community Services Boards
		2. Identification and referral of clients in need of treatment. Continued in FY '89.	Absorbed by operating budget.	Community Services Boards
Initial Inservice Worker Training	To provide training, including an awareness of substance abuse issues, for all new service workers in local areas.	1. Training is provided in the first six months of employment. Continued in FY '89.		Resource materials for substance abuse are provided by the Department of Mental Health, Mental Retardation and Substance Abuse Services.
Substance Abuse Resource Material	To make available information about substance abuse to social service professionals, parents and children.	1. A training manual, a book for parents and a book for children are available to local agencies in unlimited quantity. Continued in FY '89.		Resource materials for substance abuse are provided by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

SUMMARY OF
DEPARTMENT OF SOCIAL SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DSS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
TREATMENT				
State Social Services Block Grant	To provide resources for indigent clients in need of detoxification.	1. Purchase of service through Community Services Boards. Continued in FY '89.	In FY '87, treatment services for 2,515 clients were purchased for \$762,717 resulting in 34,098 days of service.	
INTERAGENCY ACTIVITY				
Commonwealth Alliance for Drug Rehabilitation and Education (CADRE)	To promote local social service interagency participation in resolving community substance abuse issues.	1. Participation in CADRE planning process. Continued in FY '89.	CADRE and agency operating funds	Office of the Attorney General, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Education, Department of State Police,
		2. Participation in regional CADRE conferences. Continued in FY '89.	CADRE and agency operating funds	Department of Criminal Justice Services, Alcoholic Beverage Control Board, Department of Motor Vehicles
		3. Development of Social Services Advisory Committee. Continued in FY '89.	CADRE and agency operating funds	
Governor's Council on Alcohol and Drug Abuse Problems	To promote social service interagency participation in resolving substance abuse issues at the policy development level.	1. Council membership. Continued in FY '89.	Governor's Discretionary Fund (federal Drug Free Schools and Communities Act funds).	Office of the Attorney General, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Education, State Police, Department of Criminal Justice Services
		2. Membership on Treatment Committee of Council. Continued in FY '89.	Governor's Discretionary Fund (federal Drug Free Schools and Communities Act funds).	

SUMMARY OF
DEPARTMENT OF SOCIAL SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DSS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Task Force to Improve Access to Health Care for Indigent Substance Abusers	To identify policies and practices which hinder access to health care by persons experiencing substance abuse, especially those who are indigent; to develop and implement strategies to overcome these barriers.	1. Task Force membership re: Medicaid policy and State and Local Hospitalization fund policy and implementation. Continued in FY '89.	Each participating agency funds its own representative.	Sponsored by the Department of Mental Health, Mental Retardation and Substance Abuse Services. The Department of Medical Assistance Services, Department of Health, the Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Medical Assistance Services, Department of Health, University of Virginia Medical Center, Community Services Boards, and local health care providers are also represented.

SUMMARY OF
DEPARTMENT OF SOCIAL SERVICES
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

DSS Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
TREATMENT				
State Social Services Block Grant	To provide resources for indigent clients in need of detoxification	1. Purchase of service through Community Services Boards	In FY '89, \$750,000 in Social Service Block grant funds have been allotted for this purpose. In FY '90, these services will be provided using federal Alcohol/Drug Treatment/Rehabilitation funds from the Department of Mental Health, Mental Retardation and Substance Abuse Services.	Department of Mental Health, Mental Retardation and Substance Abuse Services
Task Force to Improve Access to Health Care for Indigent Substance Abusers	To identify policies and practices which hinder access to health care by persons experiencing substance abuse, especially those who are indigent; to develop and implement strategies to overcome these barriers.	Task Force membership re: Medicaid policy and State and Local Hospitalization fund policy and implementation. Task force report will be issued in FY '89.	Each participating agency funds its own representative.	Sponsored by the Department of Mental Health, Mental Retardation and Substance Abuse Services. The Department of Medical Assistance Services, Department of Health, the Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Medical Assistance Services, Department of Health, University of Virginia Medical Center, Community Services Boards, and local health care providers are also represented.

DEPARTMENT OF STATE POLICE
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DSP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
PREVENTION/EDUCATION				
Driver Education	To provide driver education students with information about the detrimental effects of driving under the influence of alcohol or other drugs.	1. Pilot study implemented in 1985. Instruction provided for approx. 2,000 Richmond area students since program inception. Continued in FY '89.	Absorbed by operating budget.	Department of Education, Department of Motor Vehicles
Drug Abuse Resistance Education (DARE)	To reduce the demand side of the drug abuse problem by providing a structured prevention/education program for fifth and sixth graders, implemented by uniformed State Police	1. In FY '87 (first operating year), the program reached 13,147 fifth and sixth graders in 15 school districts. In FY '88, the program expanded to 92 school districts and reached 51,000 fifth and sixth graders. In FY '89, expanded to 108 of 143 school districts, reaching approximately 60,000 students.	Federal Fiscal Year 1987 \$143,227 Federal Fiscal Year 1988 \$111,000 Federal Fiscal Year 1989 \$ 111,000	Department of Education, Department of Criminal Justice Services

DEPARTMENT OF STATE POLICE
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DSP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
		<p>2. In FY '87, 34 Virginia law enforcement officers and 12 out of state law enforcement officers were trained to teach the DARE curriculum. In FY '88, 130 Virginia law enforcement officers and 38 out of state law enforcement officers were trained in the DARE curriculum. In FY '89, 78 Virginia law enforcement officers and 32 out of state officers have been trained to instruct the DARE curriculum. Additional training institutes are anticipated.</p>	<p>Other sources of funding include the Governor's Discretionary Fund (federal Drug Free Schools and Communities Act) and the DARE Trust Fund.</p> <p>Funds are disbursed and monitored by the Virginia Department of Criminal Justice Services.</p>	
ENFORCEMENT/PUBLIC SAFETY				
Operation of Motor Vehicles				
Selective Enforcement for Drunk Driving	To identify, apprehend, and prosecute drinking drivers to reduce total crashes involving drinking drivers.	1. Enforcement activities are intensified at selected times and locations at which driving while intoxicated is likely to occur. In Calendar Year 1987, this program resulted in 2,517 additional hours of patrol.	\$250,000 in Federal Highway Safety Funds.	Department of Motor Vehicles

DEPARTMENT OF STATE POLICE
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DSP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Drug Countermeasures Program	To educate law enforcement officers in the effective recognition, apprehension and prosecution of those suspected of driving under the influence of drugs.	1. The 1988 Session of the General Assembly passed legislation providing law enforcement personnel with the authority to require blood testing to determine drug content of blood. In response, the Department of Motor Vehicles established two pilot Drug Recognition Technician (DRT) programs (Charlottesville and Virginia Beach). The Department of State Police participates in these two pilots. In-house evaluation is scheduled for FY '89.	See Department of Motor Vehicles.	Department of Motor Vehicles.
National Drunk and Drugged Driving Week	To increase public awareness of the problem of alcohol and drug impaired driving.	1. An extensive media campaign publicizes an established week as Drunk and Drugged Driving Week. Continued in FY '89. 2. Pre-determined check points are operated to check motorists during Drunk and Drugged Driving Week. Continued in FY '89.		National Institute of Transportation and Highway Safety.

DEPARTMENT OF STATE POLICE
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DSP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Criminal Interdiction and Apprehension Operation Alert	To disrupt the established routes of criminal activity, including those relating to the distribution and sale of illegal substances, within the Commonwealth.	1. All state troopers are trained in the special skills of detection, apprehension, and prosecution, as well as search and seizure laws. In 1987, this program yielded seizure of drugs with street value of over \$6 million. Continued in FY '89.	Absorbed in operating budget.	
Domestic Marijuana Eradication	To reduce the amount of marijuana grown in the Commonwealth by identifying those persons or groups involved in the growing, harvesting, and distribution of domestically grown marijuana.	1. Federal, state and local law enforcement agencies have joined to locate and eradicate marijuana, as well as seeking out those who are responsible for this illegal activity. Continued in FY '89. 2. A toll-free hot line is in operation to confidentially receive information concerning raising marijuana, as well as other drug related activity. In 1987, over 33,000 plants were destroyed, which would have yielded approximately one pound each of marijuana for consumption. Continued in FY '89.	1987 Drug Enforcement Administration \$ 100,000 U. S. Forest Service \$ 38,000 1988 Drug Enforcement Administration \$ 95,000 U. S. Forest Service \$ 27,300	Department of Game and Inland Fisheries, Department of Alcoholic Beverage Control, Department of Forestry, and the Virginia National Guard.

DEPARTMENT OF STATE POLICE
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DSP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Multi-Jurisdictional Task Forces	To establish a multi-jurisdictional process for the investigation and prosecution of major organized narcotics traffickers operating in multiple jurisdictions throughout the Commonwealth.	<ol style="list-style-type: none"> 1. A series of statewide, coordinated task forces has been established. Continued in FY '89. 2. A computerized data-base has been developed so that information from law-enforcement agencies can be collected and analyzed to assist in investigations and select future targets. Continued in FY '89. 3. A Multi-Jurisdictional Grand Jury is used by several task forces to assist with investigations. Coordination is maintained between law enforcement, Commonwealth Attorneys and the special prosecutor. Continued in FY '89. 	Each law enforcement agency funds its own operations. Expenses related to purchase of drugs and information from informants are covered by the State Police Drug Trust Account. Communications expense are borne by the Department of State Police. A portion of personnel expense is funded through a grant from the Department of Criminal Justice Services.	Department of Criminal Justice Services; local, state, and federal law enforcement authorities.

DEPARTMENT OF STATE POLICE
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DSP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Virginia Narcotic Pointer Index	To develop and maintain a central repository of computerized information which can be checked at anytime by Virginia law enforcement for information already available on those involved in narcotic/ substance abuse activities.	1. The Pointer Index was established in January, 1988, and utilizes the Virginia Criminal Information Network. Eighty-one (81) agencies currently participate in the Pointer Index. Continued in FY '89.	Absorbed by operating budget.	Eighty-one law enforcement agencies.
Training and Use of Narcotic K-9 in Detection	To expand narcotics canine service by increasing the number of handlers and canines available for use.	1. In 1987, a Narcotic Detector Canine Training Program was implemented at the Virginia Department of State Police Training Academy. The program is open to local law enforcement agencies. Officers from Roanoke City, Henrico County, Newport News, Virginia Beach, Richmond City and Loudon County have received training thus far. Continued in FY '89.	Funds from the federal Drug Abuse Act of 1986, disbursed and monitored by the Department of Criminal Justice Services.	Department of Criminal Justice Services; local law enforcement agencies.

DEPARTMENT OF STATE POLICE
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DSP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Pharmaceutical Diversion Unit	To implement a statewide coordinated diversion program designed to detect, investigate and prosecute individuals or groups involved in illicit diversion of pharmaceutical drugs; to identify, to the extent possible, the exact nature and scope of the drug diversion problem, so that this information can be used for future program planning.	<ol style="list-style-type: none"> 1. The Drug Diversion Unit (DIU) was established in 1987 as a multi-agency task force. Continued in FY '89. 2. The DIU conducts educational seminars for law enforcement officers, prosecutors, judges, health care professionals, and the public regarding methods for detection, reporting and combatting diversion of pharmaceutical drugs. Continued in FY '89. 3. The DIU works closely with other state agencies, as well as with local and federal agencies. Continued in FY '89. 4. A computerized data-base has been developed to collect and analyze pertinent information regarding pharmaceutical diversion problems in Virginia. Continued in FY '89. 	<p>\$ 300,000 from the federal Bureau of Justice Assistance.</p> <p>Federal block grant funds administered through the Department of Criminal Justice Services</p>	<p>Department of Health Regulatory Boards, Department of State Police, Department of Medical Assistance Services, Department of Mental Health, Mental Retardation and Substance Abuse Services, Office of the Attorney General, Department of Criminal Justice Services, local law enforcement agencies, federal Drug Enforcement Agency Compliance Office.</p>

DEPARTMENT OF STATE POLICE
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DSP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Air Interdiction	To reduce the volume of illegal substance brought into Virginia by private and commercial aircraft.	1. The air interdiction program has been established in airports to identify and apprehend persons using airways to deliver illegal drugs. Implemented in 1987, the program has resulted in arrest of 120 persons, and is in operation in Norfolk, Virginia Beach, Newport News, Chesapeake, Hampton, Suffolk, and Richmond. Continued in FY '89.	Absorbed by operating budget.	
Substance Abuse Training for Officers	To train officers of the State Police to recognize substance abuse as a denominator for criminal activity.	1. Basic trooper training includes: a. a 53 hour course on the operation of the breathalyzer; b. a 16 hour course in statutes relating to driving under the influence and testing field sobriety; c. Identification of narcotics and dangerous drugs d. An overview of the drug problem in Virginia. Continued in FY '89.	Absorbed by operating funds and federal grants, disbursed and monitored by Department of Criminal Justice Services	Department of Criminal Justice Services

DEPARTMENT OF STATE POLICE
 SUBSTANCE ABUSE ACTIVITIES
 FY '87 - FY '88

DSP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
		2. Inservice training covering the following is also provided: <ul style="list-style-type: none"> a. Drugs and driving; b. Narcotics, including vernacular, identification of suspects; c. statutes related to the identification of cannabis, stimulants, depressants and tranquilizers, opiates, d. Purchasing drugs undercover; e. effects of drugs on behavior and physiology; f. drugs and organized crime. Continued in FY '89.		
		3. Specialized training includes: <ul style="list-style-type: none"> a. An eight (8) week Drug Enforcement Academy; b. Drug Unit Commander's Seminar c. Drug Enforcement Administrator's School d. Domestic Marijuana Eradication e. Contraband Interdiction Strategies (Land-Sea-Air) f. Drug Recognition Technician Training g. Drug Abuse Resistance Education (DARE) Program Continued in FY '89.		

DEPARTMENT OF STATE POLICE
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

DSP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
		4. Special conferences include: a. Drug Enforcement Agency Advanced Narcotics School b. Virginia Federation of Parents for a Drug-Free Youth c. Air Smuggling Investigators Association Continued in FY '89.		

DEPARTMENT OF STATE POLICE
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

DSP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
PREVENTION/EDUCATION				
Eastern Regional DARE Training Center	To establish and maintain one of four national regional training centers for Drug Abuse Resistance Education	<ol style="list-style-type: none"> 1. The Eastern Regional DARE Training Center will have its first year of operation in FY '89. 2. The Department of State Police anticipates providing training for 283 officers in curriculum instruction, in-service training for 250 officers previously trained in DARE concepts, and a "train the trainer" seminar for 25 officers, in the first year of operation. In turn, it is anticipated that these officers will provide services to 160 communities, and 250,000 students each year. 	Federal Bureau of Justice through Department of Criminal Justice Services for \$125,000, for FY '89.	<p>Department of Education, Department of Criminal Justice Services</p> <p>One hundred and nine (109) local law enforcement agencies.</p>
Youth Conference 1988/89 School Year	To provide a follow-up to reinforce the DARE experience.	<ol style="list-style-type: none"> 1. A 3-4 day conference is planned for June, 1990 to provide secondary school students with an opportunity to problem-solve about drug abuse as a national issue. 	The Statler Brothers are sponsoring the conference.	Department of Education

DEPARTMENT OF STATE POLICE
 SUBSTANCE ABUSE ACTIVITIES
 FY '89 - FY '90

DSP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Air/Marine Smuggling Unit	To reduce the volume of illegal substances brought into Virginia by air craft and marine vessels by identifying those persons, groups, aircraft, vessels and locations involved in drug smuggling.	<ol style="list-style-type: none"> 2. The conference will be staffed by the current DARE staff. 3. Approximately 25 to 30 secondary students will participate. 1. A State Police Bureau of Criminal Investigation supervisor and a number of agents will be conduct surveillance around public and private airports, the coastline and waterways. 2. Close contact will be maintained with U.S. Custons, U.S. Coast Guard, Virginia Game Commission, Marine Resource Commission, and the Division of Aeronautics for exchange of information and assitance with manpower and equipment. 	Absorbed in operating budget.	U.S. Customs, U.S. Coast Guard, Virginia Game Commission, Marine Resource Commission, Division of Aeronautics, Air Smuggling Investigators Association (ASIA).

DEPARTMENT OF STATE POLICE
 SUBSTANCE ABUSE ACTIVITIES
 FY '89 - FY '90

DSP Substance Abuse Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Aliens Involved in Trafficking of Narcotics	To provide law enforcement agencies in Virginia with an accurate assessment of the extent and scope of aliens involved in narcotics and illegal presence in Virginia.	<ol style="list-style-type: none"> 1. (Proposed) A task force consisting of five state law enforcement personnel would be established. 2. (Proposed) The task force would be trained by the U.S. Immigration and Naturalization Service (INS) in immigration laws and regulations, availability of INS data bases, tracing alien movement around the country, etc. 3. (Proposed) The task force would focus its efforts on areas of the state in which intelligence reports have indicated the likelihood of alien involvement in drug trafficking. 	Approximately \$70,000 for the first year. Potential sources of funding include the Governor's Discretionary Fund, a grant from the Department of Criminal Justice Services, the Federal Bureau of Justice Assistance.	Department of Criminal Justice Services, U.S. Immigration and Naturalization Service, local law enforcement

SUMMARY OF
GOVERNOR'S COUNCIL ON ALCOHOL AND DRUG ABUSE PROBLEMS
SUBSTANCE ABUSE ACTIVITIES
FY '87 - FY '88

Council Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Policy Advisory Board	To advise and make recommendations to the Governor with respect to broad policies, goals and on the coordination of the Commonwealth's public and private efforts to control alcohol and drug abuse.	<ol style="list-style-type: none"> In FY '87, the Council conducted seven (7) public hearings around the state to assess the nature, scope and degree of substance abuse in the Commonwealth. In FY '88, a request for proposals was issued to address the needs of high-risk youth through prevention and education. Seventeen (17) proposals were ultimately funded for implementation throughout the Commonwealth. These programs are continuing in FY '89 and are currently under evaluation. 	<p>General Funds administered by Department of Mental Health, Mental Retardation and Substance Abuse Services.</p> <p>1986 Federal Drug Free Schools and Communities Act funds through the Virginia Department of Education \$ 527,590</p>	<p>Office of the Attorney General, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Social Services, Department of Criminal Justice Services, Department of State Police, Department of Education</p>

SUMMARY OF
GOVERNOR'S COUNCIL ON DRUG ABUSE AND ALCOHOL PROBLEMS
SUBSTANCE ABUSE ACTIVITIES
FY '89 - FY '90

Council Program	Goal	Activities	Funding Amount and Source	Interagency Collaboration
Policy Advisory Board	To advise and make recommendations to the Governor with respect to broad policies, goals and on the coordination of the Commonwealth's public and private efforts to control alcohol and drug abuse.	1. In FY '89, another round of proposals will be reviewed to address the same high-risk population.	General Funds administered by Department of Mental Health, Mental Retardation and Substance Abuse Services. 1987 Federal Drug Free Schools and Communities Act funds through the Virginia Department of Education \$ 626,695	Office of the Attorney General, Department of Mental Health, Department of Social Services, Department of Criminal Justice Services, Department of State Police, Department of Education

1989 SESSION

LD5809128

SENATE BILL NO. 725

Offered January 24, 1989

A BILL to amend and reenact § 16.1-279 of the Code of Virginia, relating to orders of disposition regarding children.

Patrons—Lambert, Saslaw, Miller, Y. B., Earley, Miller, K. G., Houck and Macfarlane;
Delegates: Hall, Thomas, Howell and Woods

Referred to the Committee for Courts of Justice

Be it enacted by the General Assembly of Virginia:

1. That § 16.1-279 of the Code of Virginia is amended and reenacted as follows:

§ 16.1-279. Disposition.—A. If a child is found to be abused or neglected, or is at risk of being abused or neglected by a parent or custodian who has been adjudicated as having abused or neglected another child in the care of the parent or custodian, or is abandoned by his parent or other custodian or who by reason of the absence or physical or mental incapacity of his parents is without parental care and guardianship, the juvenile court or the circuit court, as the case may be, may make any of the following orders of disposition to protect the welfare of the child:

1. Enter an order pursuant to the provisions of § 16.1-278.

2. Permit the child to remain with his ~~or her~~ parent, guardian, legal custodian or other person standing in loco parentis subject to such conditions and limitations as the court may order with respect to such child, and his ~~or her~~ parent, guardian, legal custodian, other person standing in loco parentis or other adult occupant of the same dwelling.

2a. Prohibit or limit contact as the court deems appropriate between the child and his ~~or her~~ parent, guardian, legal custodian, other person standing in loco parentis or other adult occupant of the same dwelling whose presence tends to endanger the child's life, health or normal development. Such prohibition may include the exclusion of any such individual from the home under such conditions as the court may prescribe for a period to be determined by the court but in no event for longer than 180 days from the date of such determination. A hearing shall be held within 150 days to determine further disposition of the matter.

3. After a finding that there is no less drastic alternative, transfer legal custody subject to the provisions of § 16.1-281 to any of the following:

a. A relative or other individual who, after study, is found by the court to be qualified to receive and care for the child.

b. A child welfare agency, private organization or facility which is licensed or otherwise authorized by law to receive and provide care for such child; however, no court shall transfer legal custody of an abused or neglected child to an agency, organization or facility out of the Commonwealth without the approval of the Commissioner of Social Services.

c. The local board of public welfare or social services of the county or city in which the court has jurisdiction or, at the discretion of the court, to the local board of the county or city in which the child has residence if other than the county or city in which the court has jurisdiction, which board shall accept such child for care and custody. However, such local board shall not be required to accept such child until it has been given reasonable notice of the pendency of the case and an opportunity to be heard, provided that, in an emergency in the county or city in which the court has jurisdiction, such local board may be required to accept a child for a period not to exceed fourteen days without prior notice or an opportunity to be heard if the judge entering the placement order describes the emergency and the need for such temporary placement in the order. Nothing herein shall be construed as prohibiting the commitment of a child to any local board of public welfare or social services in the Commonwealth when such local board consents to the commitment. The board to which the child is committed shall have the final authority to determine the appropriate placement for the child. Any order authorizing removal from the

1 home and transferring legal custody of a child to a local board of public welfare or social
2 services as provided in this subdivision shall be entered only upon a finding by the court
3 that reasonable efforts have been made to prevent removal and that continued placement
4 in the home would be contrary to the welfare of the child, and the order shall so state.

5 4. Transfer legal custody pursuant to subdivision A 3 hereof and order the parent,
6 guardian, legal custodian or other person standing in loco parentis to participate in such
7 services and programs or to refrain from such conduct as the court may prescribe.

8 5. Terminate the rights of such parent, guardian, legal custodian or other person
9 standing in loco parentis pursuant to § 16.1-283.

10 B. When a parent or other custodian seeks to be relieved of the care and custody of
11 any child pursuant to subdivision A 4 of § 16.1-241 or when a public or private agency
12 seeks to gain approval of an entrustment agreement pursuant to § 63.1-56 or § 63.1-204, the
13 juvenile court or the circuit court may, after compliance with § 16.1-277, make any of the
14 orders of disposition permitted in a case involving an abused or neglected child. If the
15 parent or other custodian seeks to be relieved permanently of the care and custody of any
16 child or when a public or private agency seeks to gain approval of a permanent
17 entrustment agreement entered into pursuant to § 63.1-56 or § 63.1-204, the juvenile court
18 or the circuit court may, after compliance with § 16.1-277, terminate the parental rights of
19 the parent or other custodian and appoint a local board of public welfare or social services
20 or a licensed child-placing agency as custodian of the child with the authority to place the
21 child for adoption and consent thereto. The parental rights of the remaining parent may be
22 terminated even though that parent has not entered into an entrustment agreement if the
23 court finds, based upon clear and convincing evidence, that it is in the best interests of the
24 child and that (i) the identity of the parent is not reasonably ascertainable or (ii) the
25 identity and whereabouts of the parent are known or reasonably ascertainable, and the
26 parent is personally served with notice of the termination proceeding pursuant to § 8.01-296
27 or § 8.01-320, or (iii) the whereabouts of the parent are not reasonably ascertainable and
28 the parent is given notice of termination proceedings by certified or registered mail to the
29 last known address and such parent fails to object to the proceedings within twenty-one
30 days of the mailing of such notice or (iv) the whereabouts of the parent are not
31 reasonably ascertainable and the parent is given notice of termination proceedings through
32 an order of publication, published at least once per week in a newspaper having general
33 circulation in the area for a period of four weeks, and such parent fails to object to the
34 proceedings. Proceedings under this subsection shall be advanced on the docket so as to
35 provide for their earliest practicable disposition. No order of disposition pursuant to this
36 subsection B shall be made over the objection of any party, which was not provided for or
37 requested in the entrustment agreement or in the petition's prayer for relief.

38 C. If a child is found to be in need of services, the juvenile court or the circuit court,
39 as the case may be, may make any of the following orders of disposition for the
40 supervision, care and rehabilitation of the child:

41 1. Enter an order pursuant to the provisions of § 16.1-278.

42 2. Permit the child to remain with his ~~or her~~ parent, guardian, legal custodian or other
43 person standing in loco parentis subject to such conditions and limitations as the court may
44 order with respect to such child and his ~~or her~~ parent, guardian, legal custodian or other
45 person standing in loco parentis.

46 2a. Order the parent, guardian, legal custodian or other person standing in loco parentis
47 of a child living with such person to participate in such programs, cooperate in such
48 treatment or be subject to such conditions and limitations as the court may order and as
49 are designed for the rehabilitation of the child and parent, guardian, legal custodian or
50 other person standing in loco parentis of such child.

51 3. [Repealed.]

52 4. In the case of any child, fourteen years of age or older, where the court finds that
53 the school officials have made a diligent effort to meet the child's educational needs, and
54 after study, the court further finds that the child is not able to benefit appreciably from

1 further schooling, the court may:

2 a. Excuse the child from further compliance with any legal requirement of compulsory
3 school attendance, and

4 b. Authorize the child, notwithstanding the provisions of any other law, to be employed
5 in any occupation which is not legally declared hazardous for children under the age of
6 eighteen.

7 5. Transfer legal custody to any of the following:

8 a. A relative or other individual who, after study, is found by the court to be qualified
9 to receive and care for the child.

10 b. A child welfare agency, private organization or facility which is licensed or otherwise
11 is authorized by law to receive and provide care for such child; however, no court shall
12 transfer legal custody of a child in need of services to an agency, organization or facility
13 out of the Commonwealth without the approval of the Commissioner of Social Services.

14 c. The local board of public welfare or social services of the county or city in which
15 the court has jurisdiction or, at the discretion of the court, to the local board of the county
16 or city in which the child has residence if other than the county or city in which the court
17 has jurisdiction, which board shall accept such child for care and custody. Such local board
18 shall not be required to accept such child until it has been given reasonable notice of the
19 pendency of the case and an opportunity to be heard, provided that, in an emergency in
20 the county or city in which the court has jurisdiction, such local board may be required to
21 accept a child for a period not to exceed fourteen days without prior notice or an
22 opportunity to be heard if the judge entering the placement order describes the emergency
23 and the need for such temporary placement in the order. Nothing herein shall be
24 construed as prohibiting the commitment of a child to any local board of public welfare or
25 social services in the Commonwealth when such local board consents to the commitment.
26 The board to which the child is committed shall have the final authority to determine the
27 appropriate placement for the child. Any order authorizing removal from the home and
28 transferring legal custody of a child to a local board of public welfare or social services as
29 provided in this subdivision shall be entered only upon a finding by the court that
30 reasonable efforts have been made to prevent removal and that continued placement in the
31 home would be contrary to the welfare of the child, and the order shall so state.

32 6. Require the child to participate in a public service project under such conditions as
33 the court prescribes.

34 C1. If a child is found to be in need of supervision, the court may make any of the
35 following orders of disposition for the supervision, care and rehabilitation of the child. Any
36 order entered pursuant to this subsection shall be provided in writing to the child, his or
37 her parent or legal custodian and to the child's attorney and shall contain adequate notice
38 of the provisions of § 16.1-292 regarding willful violation of such order.

39 1. Enter any order of disposition authorized by subsection C of this section.

40 2. Place the child on probation under such conditions and limitations as the court may
41 prescribe.

42 3. Order the child, the child's parent, guardian or legal custodian to participate in such
43 programs, cooperate in such treatment or be subject to such conditions and limitations as
44 the court may order and as are designed for the rehabilitation of the child.

45 4. Require the child to participate in a public service project as authorized by
46 subdivision E 7a of this section, under such conditions as the court may prescribe.

47 D. Unless a child found to be abused, neglected or in need of services shall also be
48 found to be delinquent and shall be older than ten years of age, he shall not be committed
49 to the State Board of Corrections. No juvenile court or circuit court shall order the
50 commitment of any child jointly to the State Board of Corrections and to a local board of
51 public welfare or social services or transfer the custody of a child jointly to a court
52 service unit of a juvenile court and to a local board of public welfare or social services
53 pursuant to this section.

54 E. If a child is found to be delinquent, the juvenile court or the circuit court may

- 1 make any of the following orders of disposition for his supervision, care and rehabilitation:
- 2 1. Enter an order pursuant to the provisions of § 16.1-278.
 - 3 2. Permit the child to remain with his ~~or her~~ parent, guardian, legal custodian or other
4 person standing in loco parentis subject to such conditions and limitations as the court may
5 order with respect to such child and his ~~or her~~ parent, guardian, legal custodian or other
6 person standing in loco parentis.
 - 7 3. Order the parent, guardian, legal custodian or other person standing in loco parentis
8 of a child living with such person to participate in such programs, cooperate in such
9 treatment or be subject to such conditions and limitations as the court may order and as
10 are designed for the rehabilitation of the child and parent, guardian, legal custodian or
11 other person standing in loco parentis of such child.
 - 12 3a. Defer disposition for a period of time not to exceed twelve months, after which
13 time the charge may be dismissed by the judge if the child exhibits good behavior during
14 the period which disposition is deferred.
 - 15 3b. Without entering a judgment of guilty and with the consent of the child and his
16 attorney, defer disposition of the delinquency charge for a period not to exceed twelve
17 months and place the child on probation under such conditions and limitations as the court
18 may prescribe. Upon fulfillment of the terms and conditions, the court shall discharge the
19 child and dismiss the proceedings against him. Discharge and dismissal under these
20 provisions shall be without adjudication of guilt.
 - 21 3c. Order the parent of a child with whom the child does not reside to participate in
22 such programs, cooperate in such treatment or be subject to such conditions and limitations
23 as the court may order and as are designed for the rehabilitation of the child where the
24 court determines this participation to be in the best interest of the child and other parties
25 concerned and where the court determines it reasonable to expect the parent to be able to
26 comply with such order.
 - 27 4. Place the child on probation under such conditions and limitations as the court may
28 prescribe.
 - 29 5. Impose a fine not to exceed \$500 upon such child.
 - 30 6. Suspend the motor vehicle and driver's license of such child.
 - 31 7. Require the child to make restitution or reparation to the aggrieved party or parties
32 for actual damages or loss caused by the offense for which the child was found to be
33 delinquent.
 - 34 7a. Require the child to participate in a public service project under such conditions as
35 the court prescribes. For purposes of this section a "public service project" shall mean any
36 governmental or quasi-governmental agency project or any project of a nonprofit
37 corporation or association operated exclusively for charitable or community purposes.
 - 38 8. In case of traffic violations, impose only those penalties which are authorized to be
39 imposed on adults for such violations. However, for those violations punishable by
40 confinement if committed by an adult, confinement shall be imposed only as authorized by
41 this title.
 - 42 9. Transfer legal custody to any of the following:
 - 43 a. A relative or other individual who, after study, is found by the court to be qualified
44 to receive and care for the child.
 - 45 b. A child welfare agency, private organization or facility which is licensed or otherwise
46 authorized by law to receive and provide care for such child; however, no court shall
47 transfer legal custody of a delinquent child to an agency, organization or facility outside of
48 the Commonwealth without the approval of the Director.
 - 49 c. The local board of public welfare or social services of the county or city in which
50 the court has jurisdiction or, at the discretion of the court, to the local board of the county
51 or city in which the child has residence if other than the county or city in which the court
52 has jurisdiction, which board shall accept such child for care and custody. Such local board
53 shall not be required to accept such child until it has been given reasonable notice of the
54 pendency of the case and an opportunity to be heard, provided that, in an emergency in

1 the county or city in which the court has jurisdiction, such local board may be required to
 2 temporarily accept a child for a period not to exceed fourteen days without prior notice or
 3 an opportunity to be heard if the judge entering the placement order describes the
 4 emergency and the need for such temporary placement in the order. Nothing herein shall
 5 be construed as prohibiting the commitment of a child to any local board of public welfare
 6 or social services in the Commonwealth when such local board consents to the
 7 commitment. The board to which the child is committed shall have the final authority to
 8 determine the appropriate placement for the child. Any order authorizing removal from the
 9 home and transferring legal custody of a child to a local board of public welfare or social
 10 services as provided in this subdivision shall be entered only upon a finding by the court
 11 that reasonable efforts have been made to prevent removal and that continued placement
 12 in the home would be contrary to the welfare of the child, and the order shall so state.

13 10. Commit the child to the Department of Corrections; however, no child ten years of
 14 age or under shall be committed to the Department.

15 11. Impose the penalty authorized by § 16.1-284.

16 12. Impose the penalty authorized by § 16.1-284.1.

17 13. Impose the penalty authorized by § 16.1-285.1.

18 *E1. If a child at least fifteen years of age at the time of the offense is found to be in*
 19 *need of services or delinquent and such finding involved the unlawful possession or use of*
 20 *alcohol or a controlled substance or marijuana, the court shall order a denial of driving*
 21 *privileges for (i) a period of one year or until the juvenile reaches the age of seventeen,*
 22 *whichever is longer, for a first such offense or (ii) for a period of one year or until the*
 23 *juvenile reaches the age of eighteen, whichever is longer, for a second or subsequent such*
 24 *offense. Any violation of § 18.2-266 shall not fall within the purview of this section.*

25 *Notwithstanding any other provision of law, the court shall confiscate the operator's*
 26 *license of the juvenile and hold his license in the physical custody of the court during*
 27 *such period of license suspension.*

28 *If a child commits any offense designated under this subsection, the court shall refer*
 29 *the child for an assessment and consider referral to appropriate rehabilitation or*
 30 *educational services.*

31 *Upon petition, the court may review and withdraw any order of denial of driving*
 32 *privileges based on a first such offense ninety days after issuance of the order. For a*
 33 *second or subsequent such offense, the order may not be reviewed and withdrawn until*
 34 *one year after its issuance.*

35 F. In cases involving the custody, visitation or support of a child pursuant to subdivision
 36 A 3 of § 16.1-241, the court may make any order of disposition to protect the welfare of
 37 the child and family as may be made by the circuit court, including an order that support
 38 be paid for a child who is (i) a full-time high school senior, (ii) not self-supporting and
 39 (iii) living in the home of the parent seeking or receiving child support, until the child
 40 reaches the age of nineteen or graduates from high school, whichever occurs first. In any
 41 case involving the custody of a child, custody may be awarded upon petition to any party
 42 with a legitimate interest therein, including, but not limited to, grandparents and other
 43 blood relatives and family members. The term "legitimate interest" shall be broadly
 44 construed to accommodate the best interest of the child. The authority of the juvenile court
 45 to consider a petition involving the custody of a child shall not be proscribed or limited
 46 where the child has previously been awarded to the custody of a local board of social
 47 services. In any determination of support obligation under this section, the support
 48 obligation as it becomes due and unpaid creates a judgment by operation of law. Such
 49 judgment becomes a lien against real estate only when docketed in the county or city
 50 where such real estate is located. Nothing herein shall be construed to alter or amend the
 51 process of attachment of any lien on personal property.

52 F1. In cases involving a child who is charged with a traffic infraction, impose only
 53 those penalties which are authorized to be imposed on adults for such infractions.

54 G. In cases involving a person who is adjudged mentally ill or is judicially certified as

1 eligible for admission to a treatment facility for the mentally retarded, disposition shall be
2 in accordance with the provisions of Chapters 1 (§ 37.1-1 et seq.) and 2 (§ 37.1-63 et seq.)
3 of Title 37.1. No child shall be committed pursuant to this section or the provisions of Title
4 37.1 to a maximum security unit within any state mental hospital where adults determined
5 to be criminally insane reside.

6 H. In cases involving judicial consent to the matters set out in subdivisions C and D of
7 § 16.1-241, the juvenile court or the circuit court may make any appropriate order to
8 protect the health and welfare of the child.

9 I. In cases involving charges of desertion, abandonment or failure to provide support by
10 any person in violation of law, disposition shall be made in accordance with Chapter 5 (§
11 20-61 et seq.) of Title 20.

12 J. In cases involving a child who is not able to obtain a work permit under other
13 provisions of law, the juvenile court or the circuit court may grant a special work permit
14 on forms furnished by the Department of Labor and Industry, subject to such restrictions
15 and conditions as it may deem appropriate and as may be set out in Chapter 5 (§ 40.1-78
16 et seq.) of Title 40.1.

17 K. In cases involving petitions filed by or on behalf of a child or such child's parent,
18 guardian, legal custodian or other person standing in loco parentis for the purpose of
19 obtaining treatment, rehabilitation or other services required by law to be provided for
20 such persons, the juvenile court or the circuit court, as the case may be, may enter an
21 order in accordance with § 16.1-278.

22 L. In cases involving the violation of any law, regulation or ordinance for the education,
23 protection or care of children or involving offenses committed by one spouse against
24 another, the juvenile court or the circuit court may impose a penalty prescribed by
25 applicable sections of the Code. However, in cases involving offenses committed by one
26 spouse against another, the court may impose conditions and limitations in an effort to
27 effect the reconciliation and rehabilitation of the parties, including, but not limited to, an
28 order of protection as provided in § 16.1-279.1, treatment and counseling for either or both
29 spouses and payment by the defendant spouse for crisis shelter care for the complaining
30 spouse.

31 M. In cases involving a spouse who seeks spousal support after having separated from
32 his or her spouse, the court may enter any appropriate order to protect the welfare of the
33 spouse seeking support.

34 N. In any matter properly before the court, the court may make such award of
35 attorneys' fees and costs on behalf of any party as the court may deem appropriate for
36 retained attorneys based on the relative financial ability of the parties.

37 O. Each juvenile and domestic relations district court may enter judgment for money in
38 any amount for arrears of support and maintenance of any person in cases in which (i)
39 the court has previously acquired personal jurisdiction over all necessary parties or a
40 proceeding in which such jurisdiction has been obtained has been referred or transferred
41 to the court by a circuit court or another juvenile and domestic relations district court, and
42 (ii) payment of such money has been previously ordered by the court, a circuit court, or
43 another juvenile and domestic relations district court. However, no such judgment shall be
44 entered unless the motion of a party, a probation officer, a superintendent of public
45 welfare, or the court's own motion, is duly served on the person against whom judgment is
46 sought, in accordance with the applicable provisions of law relating to notice when
47 proceedings are reopened. The motion shall contain a caption stating the name of the
48 court, the title of the action, the names of all parties and the address of the party against
49 whom judgment is sought, the amount of arrearage for which judgment is sought, and the
50 date and time when such judgment will be sought. No support order may be retroactively
51 modified, but may be modified with respect to any period during which there is a pending
52 petition for modification, but only from the date that notice of such petition has been given
53 to the responding party.

54 P. The judge or clerk of the court shall, upon written request of the obligee under a

1 judgment entered pursuant to this section, certify and deliver an abstract of that judgment
2 to the obligee or Department of Social Services.

3 Q. If the amount of the judgment does not exceed the jurisdictional limits of § 16.1-77
4 (1), exclusive of interest and any attorneys' fees, an abstract of any such judgment entered
5 pursuant to this section may be delivered to the clerk of the general district court of the
6 same judicial district, and executions upon such judgment shall be issued by the clerk of
7 such general district court.

8 R. Arrearages accumulated prior to July 1, 1976, shall also be subject to the provisions
9 of this section.

10 S. In cases involving (i) the custody, visitation or support of a child arising under
11 subdivision A 3 of § 16.1-241, (ii) spousal support arising under subdivision L of § 16.1-241
12 or (iii) support, maintenance, care, and custody of a child or support and maintenance of a
13 spouse transferred to the juvenile and domestic relations district court pursuant to § 20-79,
14 or (iv) motions to enforce administrative support orders entered pursuant to Chapter 13 of
15 Title 63.1 (§ 63.1-249 et seq.), when the court finds that the respondent (i) has failed to
16 perform or comply with a court order concerning the custody and visitation of a child or a
17 court or administrative order concerning the support and maintenance of a child or a court
18 order concerning the support and maintenance of a spouse, or (ii) under existing
19 circumstances, is under a duty to render support or additional support to a child or pay
20 the support and maintenance of a spouse, the court may order a payroll deduction as
21 provided in § 20-79.1, or the giving of a recognizance as provided in § 20-114. If the court
22 finds that the respondent has failed to perform or comply with such order, the court also
23 may order the commitment of the person as provided in § 20-115 or the court may, in its
24 discretion, impose a sentence of up to twelve months in jail, notwithstanding the provisions
25 of §§ 16.1-69.24 and 18.2-458, relating to punishment for contempt. If the court finds that an
26 employer, who is under a payroll deduction order pursuant to § 20-79.1, has failed to
27 comply with such order after being given a reasonable opportunity to show cause why h
28 failed to comply with such order, then the court may proceed to impose sanctions on the
29 employer pursuant to subsection G of § 20-79.1.

30 T. In cases involving (i) the custody, visitation or support of a child arising under
31 subdivision A 3 of § 16.1-241, (ii) spousal support arising under subdivision L of § 16.1-241
32 or (iii) support, maintenance, care, and custody of a child or support and maintenance of a
33 spouse transferred to the juvenile and domestic relations district court pursuant to § 20-79,
34 the court may enter support orders in pendente lite proceedings, provided such proceedings
35 shall not be ex parte.

36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54

Official Use By Clerks	
<p>Passed By The Senate</p> <p>without amendment <input type="checkbox"/></p> <p>with amendment <input type="checkbox"/></p> <p>substitute <input type="checkbox"/></p> <p>substitute w/amdt <input type="checkbox"/></p>	<p style="text-align: center;">Passed By</p> <p>The House of Delegates</p> <p>without amendment <input type="checkbox"/></p> <p>with amendment <input type="checkbox"/></p> <p>substitute <input type="checkbox"/></p> <p>substitute w/amdt <input type="checkbox"/></p>
Date: _____	Date: _____
Clerk of the Senate	Clerk of the House of Delegates

1989 SESSION

LD6302128

SENATE JOINT RESOLUTION NO. 196

Offered January 24, 1989

Requesting that the Department of Medical Assistance Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services study the provision of substance abuse treatment services for persons who are eligible for medical assistance services.

Patrons—Lambert, Saslaw, Miller, Y. B., Holland, C. A. and Houck

Referred to the Committee on Rules

WHEREAS, the current State Medical Assistance Plan does not provide reimbursement for substance abuse treatment services; and

WHEREAS, federal funds for substance abuse treatment are available as an option to the states when matched with fifty percent state funds; and

WHEREAS, in order to evaluate the feasibility of participating in the federal program, Virginia needs to develop a clear definition of the population at risk and the costs of providing treatment services to that population; and

WHEREAS, the Joint Subcommittee Studying Mandated Substance Abuse Treatment and Prevention Programs has expressed an interest in reviewing the feasibility of Virginia's participation in the federal program; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Medical Assistance Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services are requested to study the provision of substance abuse treatment services to persons who are eligible for medical assistance services in the Commonwealth.

The study shall define the population at risk of needing treatment for substance abuse services, the services required by this population, and the projected costs of providing the required treatment services.

Upon completion of this study, the Departments shall submit a written report to the Joint Subcommittee Studying Mandated Substance Abuse Treatment and Prevention Programs no later than November 1, 1989, in order to allow sufficient time for the joint subcommittee to evaluate the recommendations.

Official Use By Clerks

Agreed to By The Senate

without amendment with amendment substitute substitute w/amdt

Agreed to By

The House of Delegates

without amendment with amendment substitute substitute w/amdt

Date: _____

Date: _____

Clerk of the Senate

Clerk of the House of Delegates

