
**ANNUAL REPORT ON
CURRENT TRENDS AND SERVICES IN
VIRGINIA'S SUBSTANCE ABUSE
TREATMENT SYSTEM**



presented to

***The Governor
and
The 1998 General Assembly***

by the

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

*Richard E. Kellogg, Acting Commissioner
June 1998*



COMMONWEALTH of VIRGINIA

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June 1, 1998

A NOTE FROM THE ACTING COMMISSIONER:

I am pleased to present to the Governor and General Assembly this annual report which summarizes issues related to substance abuse in the Commonwealth of Virginia. Pursuant to §37.1-204 of the Code of Virginia, the Department of Mental Health, Mental Retardation and Substance Abuse Services, has responsibility for the administration, planning and regulation of substance abuse services in the Commonwealth.

To fulfill this responsibility, the Department provides leadership and assistance to communities, state facilities, educational institutions, other state agencies and private organizations. The Department licenses all public and private treatment facilities and allocates state and federal funds to support substance abuse prevention, education, treatment and rehabilitation. The Department is committed to providing services in the most efficient and effective manner possible. The challenge before us as we enter the coming year is to respond to the public's demand for fiscal responsibility, while making quality services available to every Virginian in need.

A handwritten signature in cursive script that reads "Richard E. Kellogg".

Richard E. Kellogg,
Acting Commissioner

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I.

EXECUTIVE SUMMARY

The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) is responsible, pursuant to §37.1-204 of the Code of Virginia, for the administration, planning and regulation of substance abuse services in the Commonwealth. The problematic use of alcohol, illicit drugs and tobacco remains the leading preventable cause of death and illness in the Commonwealth.

Several factors make it difficult to assess the extent of substance abuse. The illicit nature of many abused drugs and the social stigma attached to alcohol and other drug abuse lead to patterns of covert use and inhibit many individuals in need of treatment from seeking help. Data collected from varied perspectives indicate that, while progress has been made in reducing these problems, the use of certain drugs may be increasing. Particularly disturbing are data from national surveys and Virginia arrest statistics that indicate that the use of hallucinogens and marijuana are rising.

DMHMRSAS supports services in state facilities and those provided in community settings through the state's 40 community services boards (CSBs). DMHMRSAS allocates state general funds and federal funds to the CSBs. These monies are the major sources of support for community services.

In FY 1996, DMHMRSAS distributed \$28,380,034 in state general funds and \$27,249,380 in federal funds from the Substance Abuse Prevention and Treatment (SAPT) Block Grant to CSBs. Also, in FY 1996, through the CSB substance abuse services delivery system, approximately 10,478 clients required stabilization through emergency services, with 67 receiving hospital-based inpatient services. Over 41,767 individuals received outpatient substance abuse services, the most frequently delivered type of treatment. Clients in need of more intensive services received day support services (2,449) and residential treatment (15,695). Because clients may receive multiple services, the above mentioned numbers of individuals may not be added together to obtain the total number of individuals served. An unduplicated count of clients indicates that 64,310 individuals were served during FY 1996.

A survey of services to offenders conducted for the Virginia State Crime Commission indicates that the CSBs have developed relationships with most criminal justice agencies serving adults and have developed specific protocols for serving these cases. Most CSBs also receive referrals from Juvenile Court Service Units, but many have not developed the service protocols for this population. The survey indicates that outpatient treatment was the most common service provided to offenders. The average wait period for services is one to two weeks; however, waiting periods increase substantially in the larger metropolitan areas. Further, the survey indicates that on average, 46.24% (33,074) of the 64,310 individuals with substance abuse problems served by the CSBs are referred from various elements of the criminal justice system. The CSBs receive approximately \$1,299,278 in reimbursements from the various criminal justice agencies, but the actual cost of serving these referrals is \$27,366,318. General funds, federal block grant dollars, local matching funds, fees and other payments make up the difference..

II. NATURE, SCOPE AND DEGREE OF SUBSTANCE ABUSE IN VIRGINIA

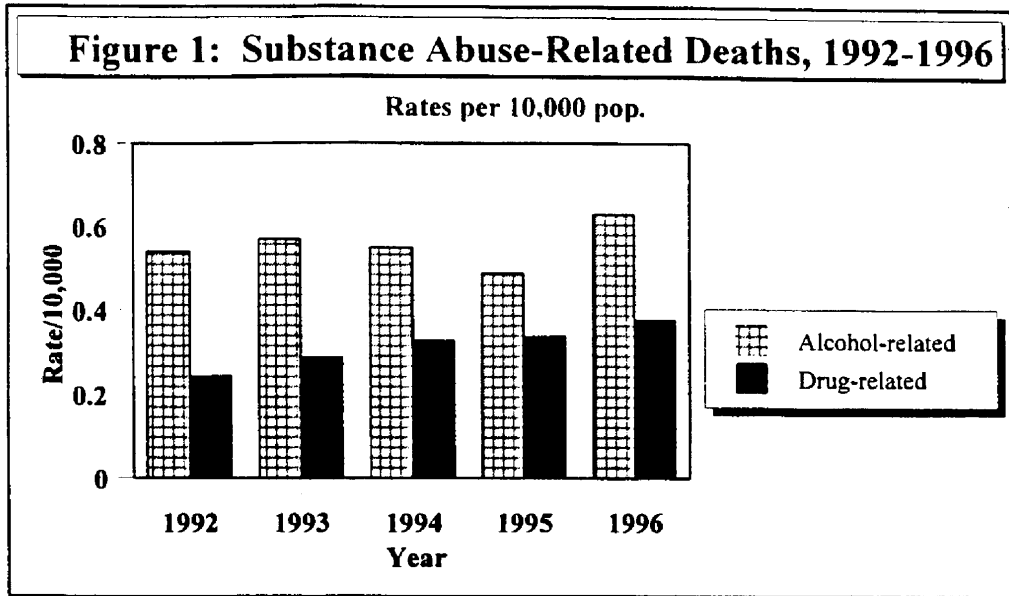
The problematic use of alcohol and other drugs remains the leading preventable cause of death and illness in the Commonwealth. Several factors make it difficult to assess the extent of this problem. The illicit nature of many abused drugs and the social stigma attached to alcohol and other drug abuse lead to patterns of covert use and inhibit many individuals in need of treatment from seeking help. In addition, there is disagreement on whether to view substance abuse as a social, public safety or public health problem. Problems associated with substance abuse effect all of these areas, therefore solutions to these problems must be comprehensive in scope and cannot focus solely on any one area. Data collected from varied perspectives can be helpful in assessing the prevalence of substance abuse in the Commonwealth.

Data on treatment provided through community services boards (CSBs) and state facilities will be presented in Part III of this report. These data should not be viewed as indicators of the total extent of the substance abuse problem in Virginia, since many individuals have not recognized their need or are unable or unwilling to enter treatment. National surveys provide prevalence rates that can be used to estimate the extent of substance abuse in Virginia. Estimates constructed by the Department's Office of Mental Health and Substance Abuse Services using National Household Survey rates mapped onto Virginia demographics indicate that well over half a million Virginians are in need of some form of treatment for alcohol or other drug problems.

DATA ON SUBSTANCE ABUSE-RELATED DEATHS

There are eighteen categories of substance abuse-related deaths reported by the Virginia Department of Health: nine related to alcohol and nine related to other drugs. Health and mortality data depend on the accuracy of physicians' records. Because attending physicians may not be aware of the individual's history of alcohol abuse and its relationship to cause of death, alcohol is not always addressed as an underlying cause of death. Therefore, mortality related to alcohol may be underestimated. Figure 1 (page 3) presents data on five-year trends in the rates per 10,000 population for alcohol and drug-related deaths.

These data demonstrate the role of alcohol as the leading drug of abuse. Alcohol-related death rates have risen consistently since 1992, while those for drug-related deaths have increased slightly.



SUBSTANCE ABUSE AND HIV/AIDS

During 1993, Acquired Immunodeficiency Syndrome (AIDS) became the leading cause of death in the United States among individuals between the ages of 25 to 44. The Virginia Department of Health gathers information on the number of AIDS cases and the number of cases contracted through injection drug use (IDU). These data include cases reported by injection drug users, cases due to sexual contact with an injection drug user and pediatric cases in which the mother contracted the disease through these means and transmitted the virus to her child in utero. Figure 2 (below) demonstrates how the number of injection drug-related AIDS cases has risen since 1990. The dramatic jump in the number of cases reported in 1993 was due in part to an expansion of the diagnostic criteria for the disease at that time. The number of injection drug use related cases of Human Immunodeficiency Virus (HIV, the precursor of AIDS) dropped from 342 in 1993 to 230 in 1994. Drug related HIV cases rose to 296 in 1995 and declined slightly to 257 in 1996.

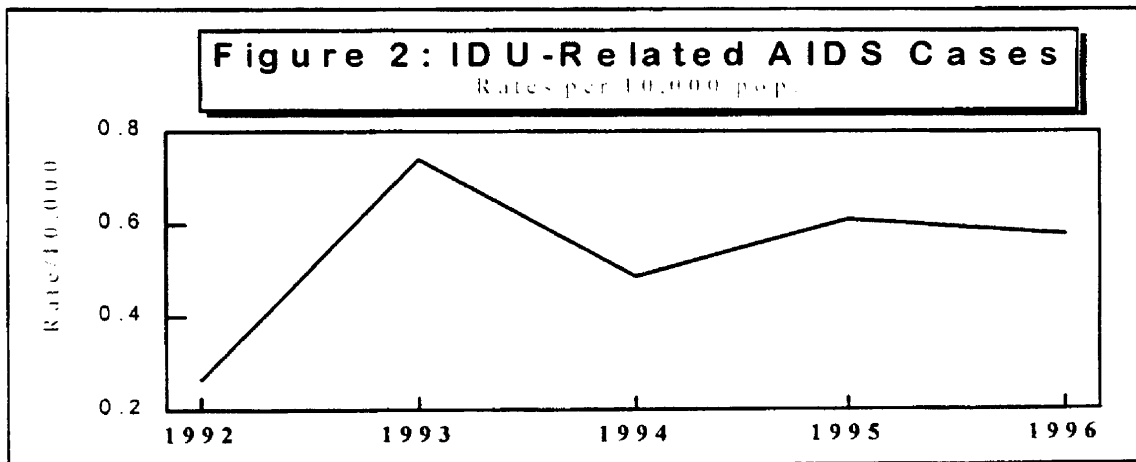
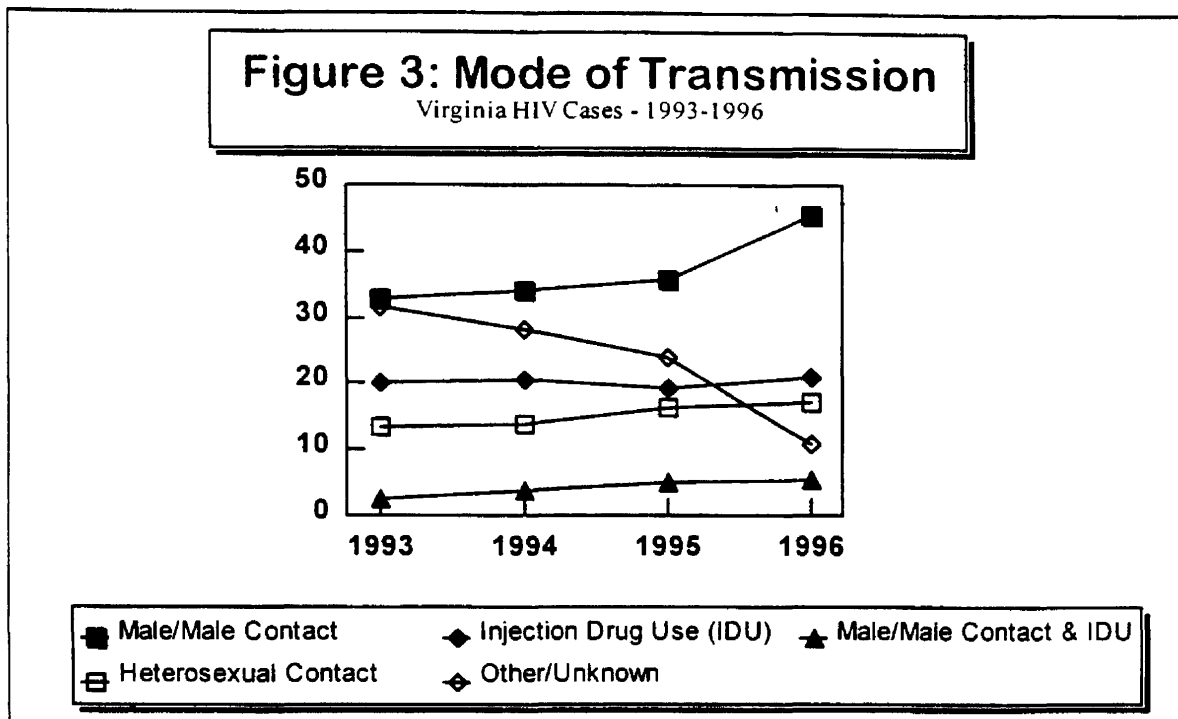


Figure 3 below presents data on the major modes of transmission for HIV from 1993 to 1996. Injection drug use is the second most common mode of infection for documented HIV cases in Virginia, accounting for over 20 percent of the total.



ARRESTS FOR POSSESSION, SALE AND MANUFACTURE, AND DUI

Arrests for the possession of controlled substances numbered 11,222 in 1991. By 1995, the number of arrests for possession of any illicit substance had risen to 22,195. By 1995, the number of arrests for sale and manufacture had risen to 6,731. Data reported by the Virginia State Police on arrests related to opium/cocaine, marijuana or other illicit drugs are summarized in Figures 4 and 5 on page 5.

Of particular concern is the dramatic increase in arrests for possession of marijuana beginning in 1991. This information, along with the data from the national surveys cited earlier, indicates an increase in marijuana abuse. The number of arrests for sale and manufacture have been relatively stable over the last several years.

Figure 4: Sale/Manufacture Arrests
1992-1996

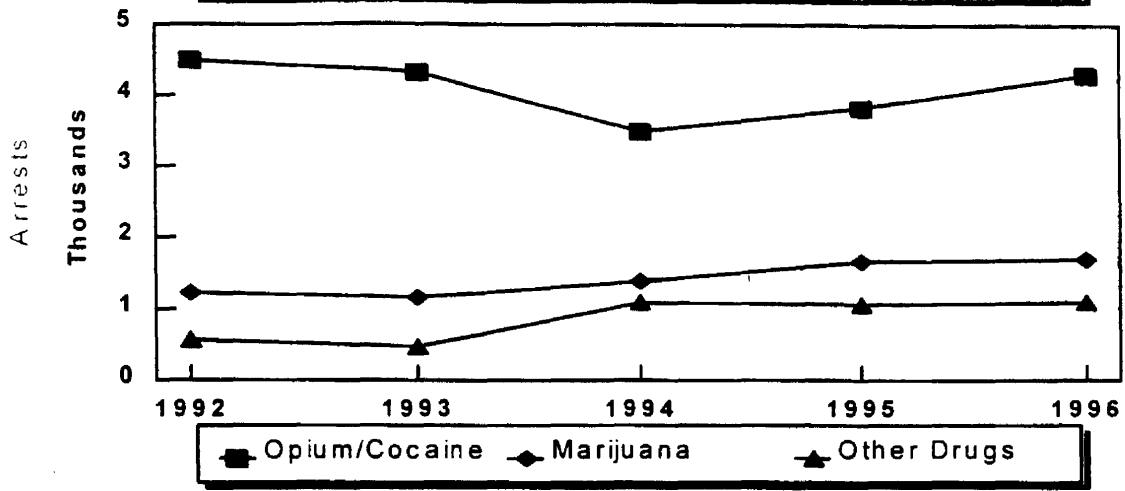
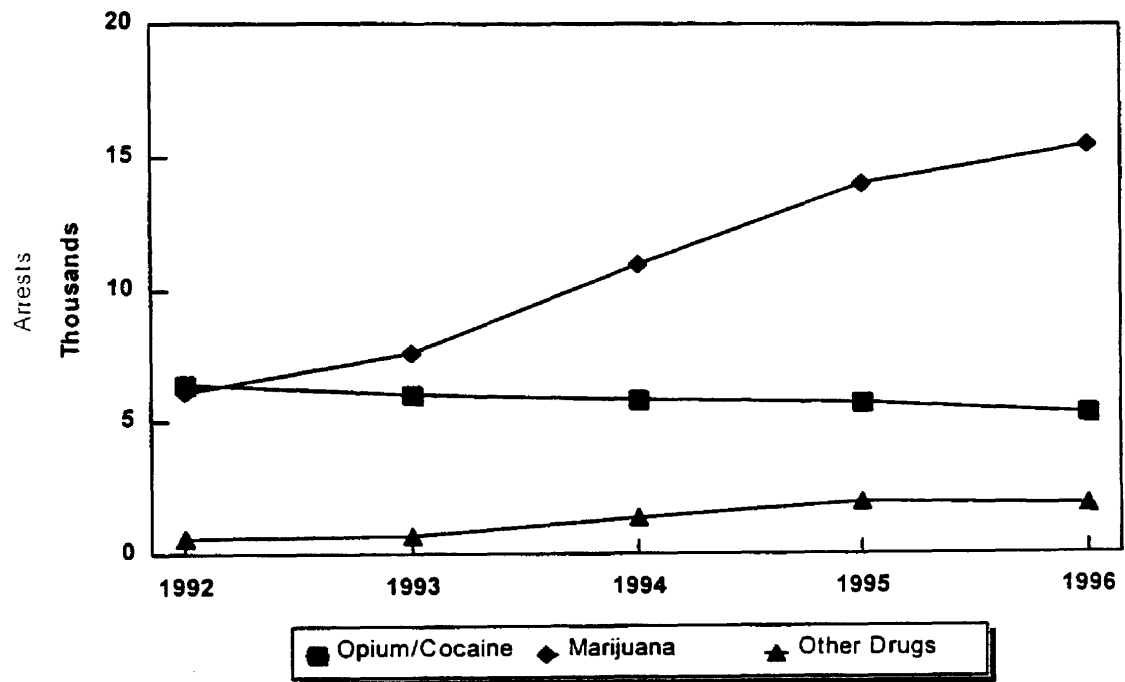
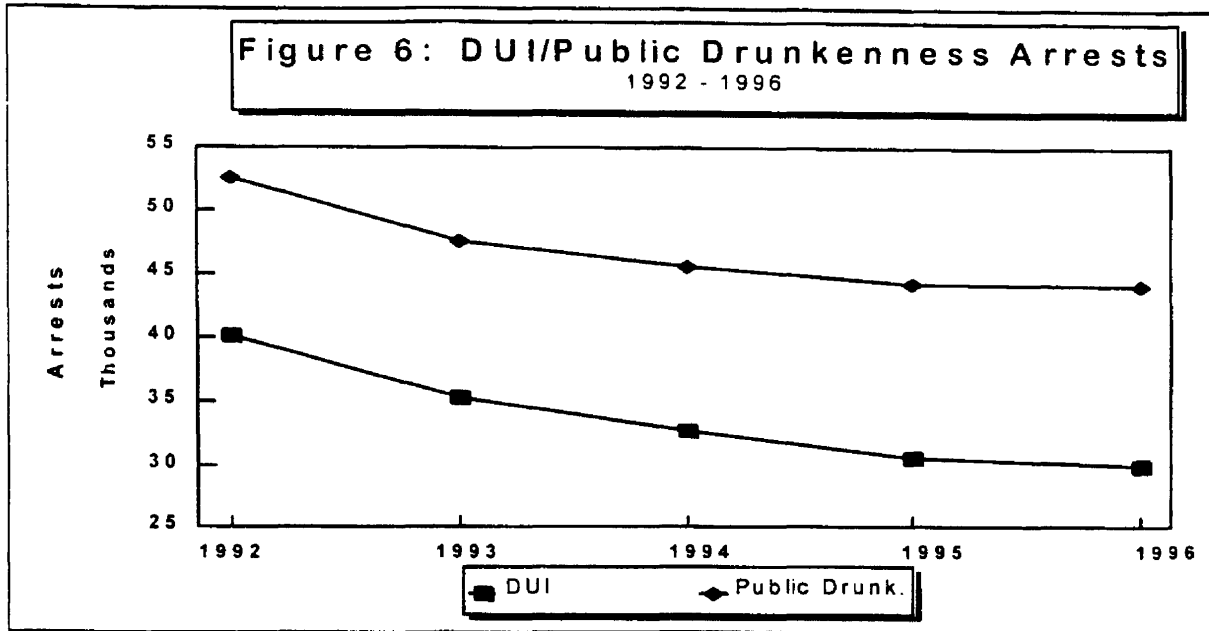


Figure 5: Possession Arrests
1992 - 1996



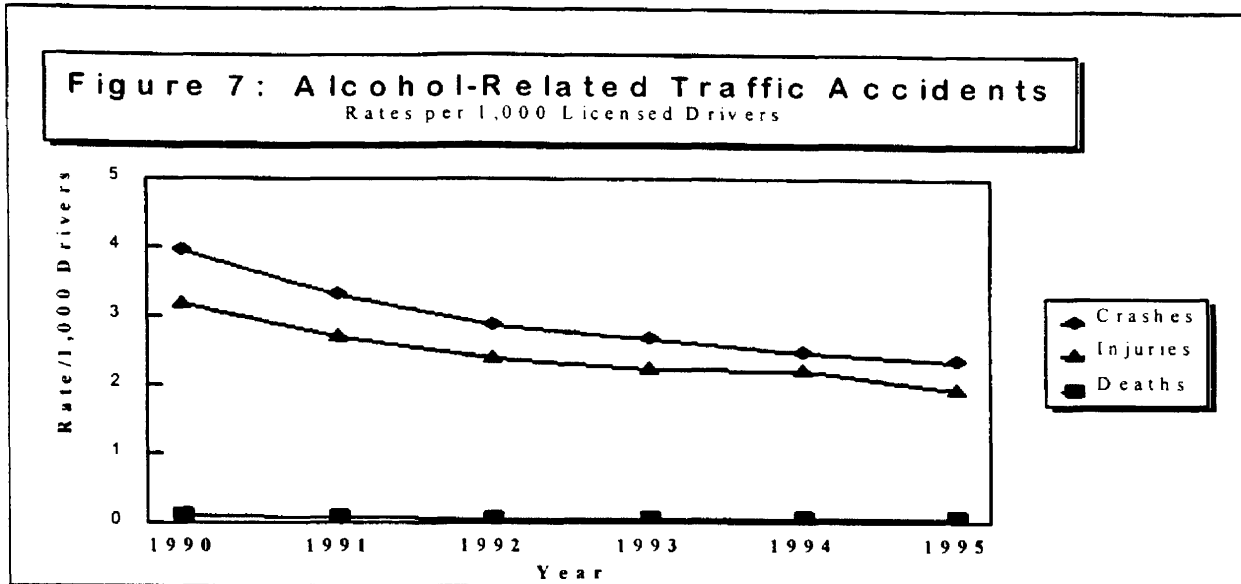
Arrests for driving under the influence (DUI) and public drunkenness are summarized below in Figure 6. After peaking at 49,601 and 66,668, respectively, in 1990, the number of arrests for these offenses has declined steadily over the following three years.



Several sources of bias can effect the validity of arrest statistics. First, arrest statistics are heavily dependent on the level of law enforcement in a particular area. Resources for law enforcement vary a great deal across localities. A general trend toward more rigorous law enforcement in recent years makes it difficult to track trends over time. In addition, if there are multiple charges, only the most serious charge is reported, and all lesser charges are, therefore, underestimated. Arrest data must therefore be viewed as a reflection of the level of concern in the community and the resources devoted by local law enforcement to combat substance abuse.

ALCOHOL-RELATED MOTOR VEHICLE CRASHES, INJURIES AND DEATHS

The Department of Motor Vehicles maintains statistics on the number of alcohol-related crashes, injuries and deaths that occur on Virginia's highways. These data are displayed below in Figure 7. The rates per 1,000 licensed drivers for both alcohol-related crashes and injuries have declined over the last five years. The rate of alcohol-related fatalities has remained constant at around one per 10,000 licensed drivers.



SUBSTANCE ABUSE NEEDS ASSESSMENT PROJECT - YEAR III

The Department is in its third year of conducting a statewide assessment of the demand and need for substance abuse treatment in Virginia. The Virginia Substance Abuse Needs Assessment Project (SANAP) is funded by a contract with the federal Center for Substance Abuse Treatment, which requires states to conduct this assessment as a condition of receiving the Substance Abuse Prevention and Treatment Block Grant.

Four studies, the Adult Household Telephone Survey, the Adolescent Household Telephone Survey, the Substance Abuse Need for Treatment Among Arrestees (SANTA) Study, and the Social Indicator Study, constitute the bulk of the SANAP. An integrated analysis will produce a statistical model for predicting the statewide need for substance abuse treatment services.

From February to September 1997, the SANAP implemented the Substance Abuse Need for Treatment Among Arrestees (SANTA) Study, which collected data from 698 adult arrestees at the Richmond Central Booking Facility and the Tidewater Regional Jail and 628 juvenile detainees at the Rappahannock Juvenile Center and the Norfolk Detention Center. Data were collected by means of voluntary interview and urine sample completed within 48 hours of arrest. Of 1,094 urine samples collected, 522 (47.7%) were positive for any drug.

In October 1997, the SANAP began the Adult Household Survey of 8,200 Virginia households to assess the number of people who need and want treatment for substance abuse, the types of treatment needed and wanted, and the locations where particular types of treatment are needed and wanted. In addition, the survey will provide information concerning the prevalence rate of substance abuse and the prevalence rate of substance abuse in combination with mental illness. In 1998, the SANAP plans to survey adolescents (ages 12-17) in 3,200 households to collect similar information.

The Social Indicator Study will use information from existing sources, such as alcohol-related crashes, arrests for driving under the influence, and other proxy indicators of substance abuse to create a database. The Integrated Analysis will analyze this information in combination with the results of the other studies to develop a statistical model which can predict the need for substance abuse treatment by jurisdiction and measure the change in the need for treatment over time. The Department will be able to use this information to target funds for specific treatment services to areas of the state which are most in need. The results of the Substance Abuse Needs Assessment Project will promote efficient use of resources to best serve those needing treatment for alcohol and other drug abuse.

III. PROGRAMS AND SERVICES

The Code of Virginia (§37.1-203-224) designates the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) as the single state agency responsible for the planning and coordination of substance abuse treatment and prevention. These responsibilities include review of all plans and grant applications related to substance abuse issues, training and consultation on substance abuse issues, assessment of the need for services, data collection and licensure of treatment providers. In fulfilling these responsibilities, DMHMRSAS supports services in state facilities and those provided in community settings through the state's 40 CSBs.

In 1996 DMHMRSAS licensed 270 programs which provided services to individuals with substance abuse problems. Table 1 below shows a breakdown of the types of licensed programs.

| SERVICE TYPE | NUMBER OF PROGRAMS |
|---------------------------------|--------------------|
| Residential | 49 |
| Day support | 93 |
| Supportive Residential Services | 4 |
| Inpatient Services | 27 |
| Intensive In-Home Services | 6 |
| Opioid Replacement Services | 8 |
| Outpatient Services | 83 |
| TOTAL | 270 |

Table 1: Licensed Substance Abuse Programs

CLIENTS RECEIVING CSB SERVICES

CSBs are entities of local government, established by the Code of Virginia (§37.1-194-202.1), which provide services either directly or through contractual relationships with other providers. CSBs provide an array of services to individuals with substance abuse problems, ensuring access to substance abuse prevention and treatment for every citizen. Access to a broad array of services is necessary to ensure clients are matched with the appropriate type of treatment. All CSBs offer emergency and outpatient services. Residential services are available to citizens in virtually every locality through a purchase-of-service mechanism or through direct operation by the CSBs. The number of clients served by CSBs from FY 1992 to FY 1996 in each treatment modality is presented in Table 2 on page 10.

| TYPE OF SERVICE | FY'92 CLIENTS SERVED | FY'93 CLIENTS SERVED | FY'94 CLIENTS SERVED | FY'95 CLIENTS SERVED | FY'96 CLIENTS SERVED |
|------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Emergency | 7,005 | 11,202 | 11,681 | 11,260 | 10,478 |
| Inpatient | 129 | 139 | 116 | 313 | 67 |
| Residential | 12,635 | 12,279 | 12,812 | 14,735 | 15,695 |
| Day Support | 2,308 | 2,184 | 2,329 | 2,355 | 2,449 |
| Outpatient | 39,867 | 36,353 | 37,363 | 40,393 | 41,767 |

Table 2: Clients Receiving Services by Treatment Modality - FY 1992-FY1996

Clients typically have multiple needs, may receive more than one service and may be reflected multiple times in Table 2 above. Table 3 represents an unduplicated count of individuals with substance abuse problems served by the CSBs from FY 1992 to FY 1996.

| FY'92 | FY'93 | FY'94 | FY'95 | FY'96 |
|--------------|--------------|--------------|--------------|--------------|
| 51,765 | 55,871 | 59,471 | 61,463 | 64,310 |

Table 3: Unduplicated Total Number of Clients Receiving Services

FUNDING FOR CSB SUBSTANCE ABUSE SERVICES

DMHMRSAS allocates state general funds and federal funds to the CSBs. These monies are the major sources of support for community services. Roughly one-third of the funding for community-based substance abuse services is provided by the Substance Abuse Prevention and Treatment (SAPT) Block Grant, one-third by the state general fund and one-third by other sources. Sources of revenue for CSBs from FY 1992 to FY 1996 for substance abuse services are summarized in Table 4 on page 11 .

| TYPES OF REVENUE | FY'92 AMOUNT | FY'93 AMOUNT | FY'94 AMOUNT | FY'95 AMOUNT | FY'96 AMOUNT |
|------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| General Fund | \$25,684,099 | \$25,909,412 | \$26,667,575 | \$27,520,465 | \$28,380,034 |
| Federal | 20,813,701 | 20,830,106 | 20,646,880 | 25,032,908 | 27,249,380 |
| Local | 15,347,947 | 16,082,669 | 17,817,405 | 21,614,926 | 20,623,982 |
| Fees | 7,127,869 | 7,305,161 | 6,857,083 | 7,447,551 | 5,968,486 |
| Other | 1,750,384 | 1,602,472 | 3,232,507 | 2,137,283 | 2,154,099 |
| TOTAL | \$70,724,000 | \$71,729,820 | \$75,221,450 | \$83,753,133 | \$84,375,981 |

Table 4: Funding for Substance Abuse Services FY 1992-FY 1996

Trends in funding to CSBs show that state general funds have increased approximately 1 to 3% each year from 1992 to 1996. Federal funds allocated to CSBs have fluctuated somewhat with an increase in 1993 of .08%, a reduction in 1994 of .88%, an increase of 21% in 1995 and an increase of 8.8% in 1996. Funds allocated to CSBs by localities have shown increases beginning in 1993 with 4.7%, 10.7% in 1994, and 1.3% in 1995. A decrease of 4.5% in funding from localities occurred in 1996. Revenues from fees collected from clients tend to fluctuate, 2.4% increase in 1993, a reduction of 6% in 1994, an increase of 8.6% in 1995, and a reduction of 19.8% in 1996. Funds from other sources such as grants also tend to fluctuate, with a reduction in 1993 of 8.4%, an increase over 100% in 1994, a reduction of 33% in 1995, and a 0.7% increase in 1996. Figure 8 below, reflects these funding trends. Overall funding for services in CSBs has increased each year from 1.4% in 1993, 4.8% in 1994, 11.3% in 1995 and .74% in 1996.

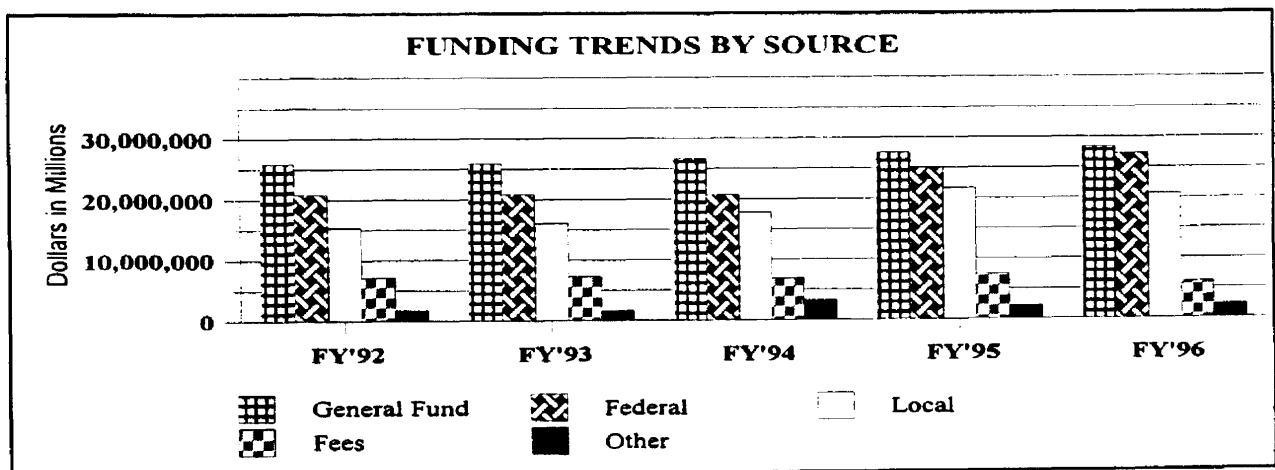


Figure 8: Funding Trends

When funding levels are compared to the number of clients served, the amount spent per client has ranged from a high of \$1,366 in 1992 to a low of \$1,265 in 1994. The amount spent per client in 1996 was \$1,312. The range of change is \$101. While the amount spent per client has fluctuated (see Figure 9 below), there has been an overall increase in funding from 1992 to 1996 of 19.3%.

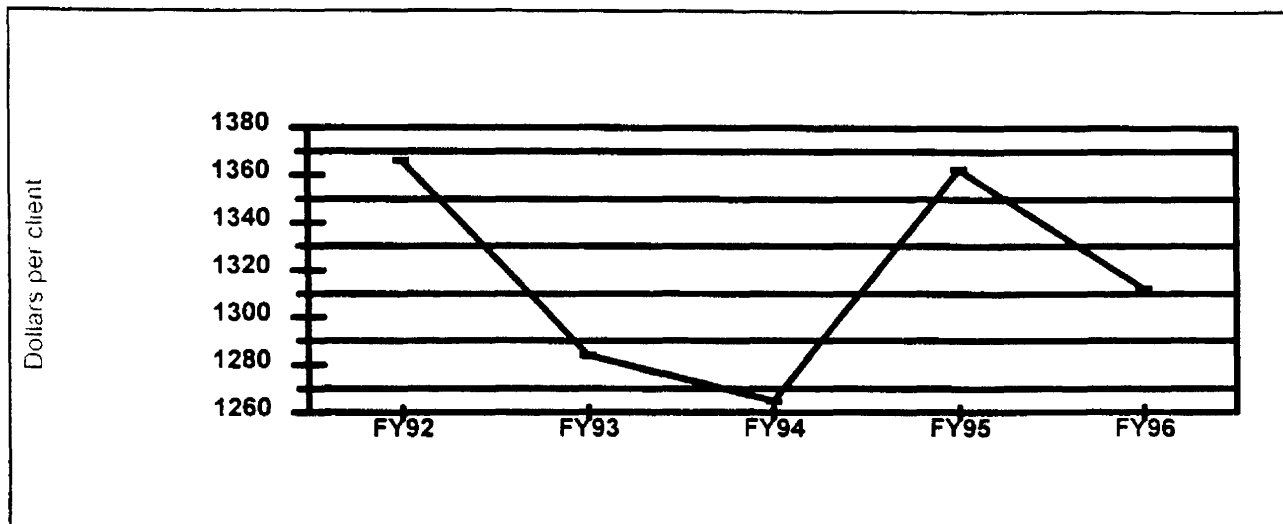


Figure 9: Revenues Per Client Served

During this same period of time, there has also been a 24.2% increase in the number of clients served. Figure 10 below shows revenues compared with clients served.

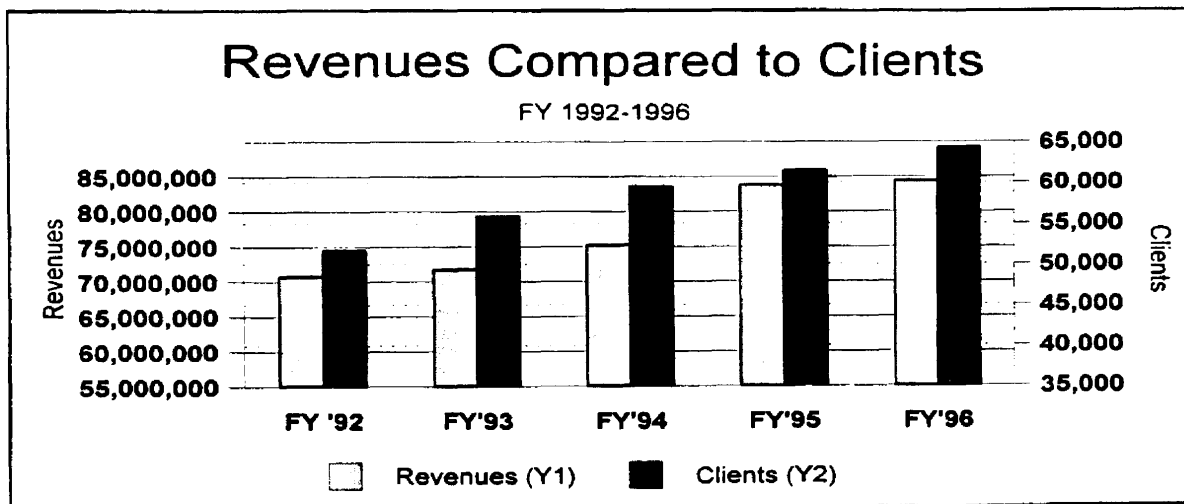


Figure 10: Revenues Compared to Clients

IV. SURVEY OF CRIMINAL JUSTICE CLIENTS SERVED BY COMMUNITY SERVICES BOARDS

In a 1996 study (HJR-6) of Virginia's First-Time Offender Drug Offender law (Va. Code §18.2-251), the Virginia State Crime Commission found that current funding for substance abuse treatment services to offenders was not adequate to meet the demand for these services. The Crime Commission determined that a study was necessary to accurately assess the current level of funding and recommend new funding methods and cost effective services for this population. HJR 443, enacted by the 1997 General Assembly, requested the Virginia State Crime Commission to study the various agencies and programs that provide treatment services to drug offenders and review current and new funding mechanisms for those programs. One element of this study was a survey of CSBs to determine the number of individuals involved in the criminal justice system served by the CSBs, the type of services provided and how these services were funded. DMHMRSAS conducted the survey of the CSBs in July of 1997 and reported its findings to the Crime Commission on October 21, 1997. The data was collected on State Fiscal Year 1996.

Table 5 below identifies criminal justice agencies that provide referrals to the CSBs and whether the referral relationship is based on a formal Memorandum of Agreement (MOA) between the two agencies. The survey indicates that the CSBs have developed relationships with most criminal justice agencies serving adults, and many have developed specific protocols for serving these cases. The survey also indicates that most CSBs receive referrals from Juvenile Court Service Units, but many have not developed the service protocols for this population.

| | REFERRALS | MOA's |
|-----------------------------|-----------|-------|
| Jails | 40 | 26 |
| Local ASAP | 36 | 19 |
| Community Correction | 30 | 11 |
| Court Services Unit | 37 | 8 |
| Juvenile Detention | 24 | 8 |
| Court Referrals | 33 | 5 |
| Partial Services | 16 | 6 |
| Dept. of Corrections | 14 | 4 |
| Other | 14 | 6 |

Table 5: Number of CSBs Receiving Referrals from Criminal Justice Agencies - Agreements

Table 6 below identifies the type of services that are typically provided to referrals from criminal justice agencies by CSBs. Outpatient services of one form or another are the most common services provided to criminal justice referrals.

| | P&P | JAILS | LOCAL ASAP | COMM. CORREC. | COURT SERVICE UNIT | JUVEN. DET. | COURT REF. | PRETRIAL SERVICES | DOC | OTHER |
|-------------------------|-----|-------|------------|---------------|--------------------|-------------|------------|-------------------|-----|-------|
| Assessment/Evaluation | 39 | 40 | 37 | 29 | 35 | 22 | 30 | 12 | 19 | 13 |
| Individual Counseling | 40 | 33 | 34 | 30 | 36 | 17 | 32 | 12 | 16 | 13 |
| Group Therapy | 39 | 36 | 36 | 29 | 34 | 12 | 29 | 11 | 15 | 12 |
| SA Education | 40 | 37 | 36 | 30 | 35 | 20 | 32 | 13 | 15 | 11 |
| Detox | 31 | 14 | 30 | 28 | 12 | 8 | 30 | 11 | 10 | 6 |
| Residential | 34 | 15 | 29 | 25 | 17 | 7 | 29 | 9 | 13 | 9 |
| Intensive Day Treatment | 18 | 11 | 13 | 13 | 14 | 6 | 12 | 8 | 5 | 2 |
| Case Management | 37 | 31 | 27 | 26 | 30 | 15 | 28 | 12 | 15 | 11 |
| Other | 6 | 5 | 3 | 4 | 3 | 2 | 4 | 4 | 2 | |

Table 6: Services Provided to Criminal Justice Agencies by CSBs

40 of 40 CSBs reporting

Table 7 (see page 15) identifies average wait times for selected services by CSB. These figures indicate an average waiting period of one to two weeks for most services; however, waiting periods increase substantially in the larger metropolitan areas.

Table 8 (see page 16) identifies the number of criminal justice clients served by individual CSBs and the percentage of those referrals to their total caseload. This indicates that on average 46.24% (33,074) of the 69,055 individuals with substance abuse problems served by the CSBs are referrals from various elements of the criminal justice system. These percentages range from a low of 16.64% in the New River Valley area to a high of 71% in the Lynchburg area.

Table 9 (see page 17) identifies the number of referrals from each of the major criminal justice agencies to the CSBs. Over 90% of the criminal justice referrals are adults, with the largest number of cases coming from local probation and parole offices.

| *CSB | ASSESS./EVALUA. | GROUP THERAPY | DETOX | INTENSIVE DAY TMT | INDIVI. COUN. | SA EDUCA. | RESIDENT. | CASE MGT. | OTHER |
|-----------------------|-----------------|---------------|-------|-------------------|---------------|-----------|-----------|-----------|-------|
| Alexandria | 7 | 7 | 7 | 7 | 7 | 7 | 39 | 0 | |
| Alleghany-Highlands | 1 | 5 | 2 | | 5 | 5 | 5 | 1 | |
| Arlington | 7 | 10 | 2 | 10 | 7 | 10 | 14 | 0 | |
| Blue Ridge | 5 | 5 | 3 | 5 | 5 | 5 | | 3 | 10 |
| Central Virginia | 7 | 0 | 2 | 14 | 0 | 0 | 14 | 0 | |
| Chesapeake | 3 | 6 | 1 | 6 | 3 | 6 | 42 | 3 | |
| Chesterfield | 10 | 17 | 10 | | 17 | 7 | 14 | 5 | |
| Colonial | 5 | 7 | | 5 | 4 | | | 4 | |
| Crossroads | 10 | 14 | 3 | | 5 | 5 | 7 | 5 | |
| Cumberland Mountain | 10 | 15 | 2 | | 15 | | 0 | 15 | |
| Danville-Pittsylvania | 5 | 7 | 2 | 5 | 7 | 7 | 5 | 7 | |
| Dickenson County | 1 | 7 | | | 7 | 7 | | 7 | |
| Eastern Shore | 10 | 21 | 2 | | 14 | 7 | 14 | 7 | |
| Fairfax-Falls Church | 7 | 12 | 3 | 21 | 12 | 5 | 100 | 7 | |
| Goochland-Powhatan | 7 | 14 | | | 7 | 14 | 28 | 7 | |
| Hampton-Newport N. | 7 | 7 | | 2 | 20 | 7 | 7 | 7 | |
| Hanover County | 3 | 30 | 7 | | 5 | 25 | 14 | 3 | |
| Harrisonburg/ Rockg. | 10 | 7 | 1 | | 10 | 7 | 15 | | |
| Henrico Area | 4 | 10 | 1 | | 7 | 7 | 14 | 7 | |
| Highlands | 5 | 7 | | 10 | 77 | 7 | | 7 | |
| Loudoun County | 5 | 15 | 1 | | 12 | 15 | 21 | 5 | |
| Mid Peninsula/N. Neck | 3 | 15 | 8 | 17 | 7 | | | 8 | |
| Mount Rogers | 10 | | 1 | | 10 | | 14 | | |
| New River Valley | 14 | 5 | 2 | 5 | 5 | 40 | | | |
| Norfolk | 3 | 2 | 1 | 2 | 2 | 2 | 14 | 2 | |
| Northwestern | 14 | 4 | 1 | | 20 | 14 | 15 | 14 | |
| P.D. 1 | 14 | 18 | 4 | | 21 | 28 | | 21 | |
| P.D. 19 | 9 | 9 | 4 | 9 | 9 | 9 | 9 | 9 | |
| Piedmont Regional | 2 | 5 | 2 | 3 | 5 | 7 | 15 | 4 | |
| Portsmouth | 1 | 2 | 1 | | 2 | 2 | 5 | 2 | |
| Prince William | 7 | 14 | 4 | | 4 | 14 | 4 | 5 | |
| Rappahannock Area | 10 | 10 | 3 | 10 | 10 | 10 | 5 | 2 | |
| Rappahannock/Rapidan | 4 | 1 | 3 | 0 | 4 | 4 | 7 | 0 | |
| Region Ten | 5 | 5 | 0 | 5 | 5 | 5 | | 5 | |
| Richmond | 7 | 14 | 21 | 3 | 14 | 14 | 21 | 7 | |
| Rockbridge Area | 10 | 28 | 2 | | 17 | 28 | | | |
| Southside | 2 | 5 | 1 | | 2 | 2 | 7 | 2 | |
| Valley | 5 | 7 | 1 | 1 | 14 | 7 | 30 | 7 | |
| Virginia Beach | 0 | 7 | 0 | 7 | 21 | 28 | 30 | 0 | |
| Western Tidewater | 6 | 6 | 2 | | 6 | 14 | 0 | 6 | |
| Average Wait Times | 6.38 | 9.74 | 3.14 | 7.00 | 10.60 | 10.58 | 17.06 | 5.39 | 10.00 |
| Maximum Wait Times | 14 | 30 | 21 | 21 | 77 | 40 | 100 | 21 | 10 |

Table 7: Wait Times for Services (Days)

*40 out of 40 CSBs Reporting

| *CSB | CJ CLIENTS SERVED FY 1996 | ALL SA CLIENTS SERVED FY 1996 | % OF CSB CASE LOAD FROM CJS |
|-----------------------------|---------------------------|-------------------------------|-----------------------------|
| New River Valley | 499 | 2999 | 16.64% |
| Dickenson County | 67 | 320 | 20.94% |
| Chesterfield | 415 | 1638 | 25.34% |
| Cumberland Mountain | 454 | 1537 | 29.54% |
| P.D. 1 | 328 | 1088 | 30.15% |
| Crossroads | 181 | 591 | 30.63% |
| Loudoun County | 394 | 1286 | 30.64% |
| Alleghany-Highlands | 109 | 350 | 31.14% |
| Northwestern | 331 | 1032 | 32.07% |
| Portsmouth | 531 | 1580 | 33.61% |
| Danville-Pittsylvania | 349 | 1017 | 34.32% |
| Hampton-Newport News | 1129 | 3009 | 37.52% |
| P.D. 19 | 666 | 1745 | 38.17% |
| Harrisonburg-Rockingham | 286 | 737 | 38.81% |
| Southside | 276 | 647 | 42.66% |
| Alexandria | 586 | 1359 | 43.12% |
| Western Tidewater | 283 | 646 | 43.81% |
| Rockbridge Area | 149 | 338 | 44.08% |
| Virginia Beach | 2204 | 4997 | 44.11% |
| Hanover County | 490 | 1099 | 44.59% |
| Valley | 375 | 812 | 46.18% |
| Mount Rogers | 384 | 818 | 46.94% |
| Eastern Shore | 231 | 468 | 49.36% |
| Prince William | 1903 | 3762 | 50.58% |
| Richmond | 2108 | 4146 | 50.84% |
| Piedmont Regional | 998 | 1957 | 51.00% |
| Rappahannock Area | 1359 | 2608 | 52.11% |
| Arlington | 725 | 1375 | 52.73% |
| Rappahannock-Rapidan | 1336 | 2499 | 53.46% |
| Fairfax-Falls Church | 3933 | 7330 | 53.66% |
| Highlands | 655 | 1200 | 54.58% |
| Region Ten | 1155 | 1935 | 59.69% |
| Mid Peninsula-Northern Neck | 724 | 1175 | 61.62% |
| Goochland-Powhatan | 224 | 349 | 64.18% |
| Chesapeake | 1031 | 1596 | 64.60% |
| Norfolk | 1952 | 2899 | 67.33% |
| Henrico Area | 1124 | 1663 | 67.59% |
| Blue Ridge | 1146 | 1650 | 69.45% |
| Colonial | 591 | 836 | 70.69% |
| Central Virginia | 1293 | 1962 | 71.00% |
| TOTAL | 33074 | 69055 | |
| Minimum % | 16.64% | | |
| Maximum % | 71.00% | | |
| Average % | 46.24% | | |
| Median % | 45.38% | | |

Table 8: Criminal Justice Clients Served by CSB - FY 1996

*40 of 40 CSBs Reporting

| CJ AGENCY | *REFERRALS | PERCENT OF TOTAL |
|--------------------------------|--------------|------------------|
| Probation and Parole | 11486 | 34.73% |
| Jails | 6869 | 20.77% |
| Local ASAP | 4628 | 13.99% |
| Direct Court Referrals | 2719 | 8.22% |
| Court Service Unit (Juv) | 2271 | 6.87% |
| Other | 892 | 5.72% |
| Local Community Corrections | 1751 | 5.29% |
| Juvenile Detention | 811 | 2.45% |
| Local Pretrial Services Agency | 412 | 1.25% |
| Department of Corrections | 235 | 0.71% |
| Total CJ Clients | 33074 | |

Table 9: CSB Referrals by Agency

*40 of 40 CSB 's Reporting

Tables 10A below and 10B on the next page identify funds reported by CSBs as reimbursements from criminal justice agencies (Table 10A), the cost of services (Table 10B) provided to criminal justice referrals by CSBs, and the difference between reimbursements and costs. Reimbursements to CSBs for services to criminal justice referrals are only a small portion of the overall cost of providing these services. The support for the \$26,067,040 in unreimbursed costs come from a combination of federal substance abuse block grant funds, state general funds and fees charged to referrals who have the ability to pay.

| | REIMBURSEMENTS FROM CJ |
|---|------------------------|
| Probation and Parole | \$384,847 |
| Jails | 291,999 |
| Local ASAP | 67,339 |
| Local Community Corrections Agency | 105,053 |
| Court Service Unit (Juvenile) | 13,693 |
| Juvenile Detention Facility | 32,791 |
| Direct Court Referrals (Drug Court, Etc.) | 62,271 |
| Local Pretrial Services Agency | 14,920 |
| State Department of Corrections Facility | 95,919 |
| Other | 230,446 |
| TOTAL | \$1,299,278 |

Table 10A: Net Costs to Community Services Boards (CSBs)

| | CSB COSTS BY AGENCY |
|--|----------------------------|
| Probation and Parole | \$10,672,071 |
| Jails | 4,408,163 |
| Local ASAP | 3,517,524 |
| Local Community Corrections agency | 1,190,120 |
| Court Service Unit (Juvenile) | 1,841,417 |
| Juvenile Detention Facility | 757,850 |
| Direct Court Referrals (Drug Court, Etc.) | 2,962,355 |
| Local Pretrial Services Agency | 315,042 |
| State Department of Corrections Facility | 425,017 |
| Other | 1,276,759 |
| TOTAL | \$27,366,318 |
| | |
| CJ Treatment Costs Minus Reimbursements | \$26,067,040 |

Table 10B: Net Costs to Community Services Boards (CSBs)

*39 of 40 CSB's Reporting (Loudoun not included)

The report of the Virginia State Crime Commission on Substance Abuse Services to Offenders in Virginia as presented to the 1998 General Assembly (House Document No. 78) indicates that the information the Crime Commission received from the criminal justice agencies was not comparable to the information presented in section three of this report from the CSBs (see page 5). Consequently, comparative information from each element of the system serving offenders with substance abuse problems could not be developed. The Department concurs with the Crime Commission's observation that these results demonstrate the need for more consistent gathering of data. In addition, this issue illustrates the need for improved planning and coordination among the agencies that serve offenders with substance abuse problems in the criminal justice system .

V. Legislative Actions Impacting Substance Abuse Issues

HB 1292, patroned by Delegate Mary Christian, resulted from a recommendation (#19, page 28, House Document #77) of the Joint Subcommittee Studying The Future Delivery Of Publicly Funded Mental Health, Mental Retardation And Substance Abuse Services (HJR 240). The Bill assigns responsibility for the administration, planning and regulation of substance abuse services in the Commonwealth to the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and requires the Department to establish an "Office of Substance Abuse Services" and employ a Director and staff to carry out those responsibilities. The Department is required to regulate all publically funded substance abuse services in the Commonwealth to ensure proper attention, service and treatment to persons treated in such programs.

The Department is required to act as the sole state agency for the planning coordination and development of a comprehensive interagency state plan for substance abuse services. The interagency plan is intended to improve coordination among the agencies providing substance abuse services and prevent duplication of effort. This plan is to be developed biennially and updated as necessary each year.

The bill also changes the name of the Governor's Council on Alcohol and Drug Abuse to the Substance Abuse Services Council, increases the membership of the council from nineteen to 23 members, and authorizes six legislators to serve on the Council. The Council is intended to be a policy advisory body to the Governor and General Assembly and is charged with preventing duplication of effort, reviewing regulations, and comprehensive planning. Additional roles for the Council include defining responsibilities of state agencies providing services to substance abusers, commenting on agency requests for funding, conducting investigations, and making recommendations relevant to substance abuse upon the request of the Governor.

House Bill 664, patroned by Delegate James Almand, and Senate Bill 317, patroned by Kenneth Stolle, resulted from recommendations of the Virginia State Crime Commission's study of the provision of substance abuse treatment services for individuals involved with the criminal justice system. The Bills will establish a process to require all individuals convicted of felonies, all individuals convicted of class 1 misdemeanor drug and alcohol offenses, and juveniles under the jurisdiction of the court to undergo an assessment to determine if they have a drug problem. They also provide that these individuals may be referred to a treatment and/or education program provided by state certified substance abuse counselors. The bills establish a "Drug Offender Assessment Fund" in the state treasury to offset the costs of the assessment process which will be funded by an increase in court fees paid by offenders. Implementation of the assessment process will be delayed until July 1, 1999, in order to allow a workgroup to develop assessment instruments and processes, identify gaps in existing services, and determine need for additional treatment capacity.