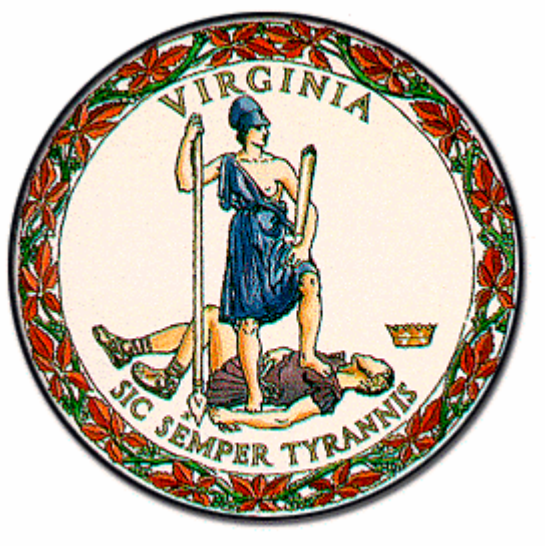
Biennial Report on Substance Abuse Services
2004 and 2005



to the
2007 Session of the General Assembly

Department of Mental Health, Mental Retardation
and Substance Abuse Services

COMMONWEALTH of VIRGINIA

Page left intentionally blank

COMMONWEALTH of VIRGINIA
Department of
Mental Health, Mental Retardation and Substance Abuse Services
P. O. Box 1797
Richmond, Virginia 23218-1797

JAMES S. REINHARD, M.D.
COMMISSIONER

Telephone (804) 786-3921
Voice/TDD (804) 371-8977
www.dmhmrsas.state.va.us

December 1, 2006

Dear Governor Kaine and Members of the General Assembly of Virginia:

I am pleased to present to you the **2004 and 2005 Biennial Report on Substance Abuse Services**, required by the *Code of Virginia* § 37.2-310.

The Department of Mental Health, Mental Retardation and Substance Abuse Services is committed to self-determination, empowerment and recovery for all Virginians with substance use disorders. This biennial report reflects the Department's commitment to using all available resources to prevent the occurrence of and provide treatment for those with substance use disorders. At the same time, the report identifies the challenge of providing these services in a time of level and declining funding.

Substance use disorders—the dependence on or abuse of alcohol and illicit drugs—are chronic and disabling, much like high blood pressure or diabetes. Like these diseases, there are identified risk factors in both individuals and communities that can be utilized to target effective prevention. In addition, they require the same type of ongoing access to treatment to effectively intervene.

Substance use disorders affect virtually every citizen of the Commonwealth either directly or indirectly through family and friends. Many people who are addicted attempt to hide their use and deny their addiction as a result of the continuing stigma associated with having a substance use disorder. This same shame continues even when the person has achieved sobriety, resulting in lack of awareness on the part of the general public about the successes of recovery. Media images invariably focus on people whose addiction has resulted in serious trouble within one or more of our social or criminal justice systems. Rarely are individuals with substance use disorders portrayed as successful and productive people in stable recovery who are gainfully employed, supporting their children and paying taxes.

It is imperative to recognize, however, that recovery from a substance use disorder is possible and is occurring all around us, even when we are not aware of our neighbors', friends' and associates' personal successes in this arena. Compelling evidence indicates that substance use disorders are treatable by well integrated professional treatment programs, usually the first step in the process of recovery.

Alcohol and drug use is a serious public health issue that poses significant economic and social costs to the Commonwealth as well as to individuals. Due to the limited resources currently available to address increasing demand for services, it has become more difficult for Virginians to access appropriate treatment for substance use disorders. I hope that you will find this report informative and useful.

Sincerely,

James S. Reinhard, M.D.

JSR/ltb

Biennial Report (2004 and 2005) on Substance Abuse Services
from the
Department of
Mental Health, Mental Retardation and Substance Abuse Services
to the
2007 Session of the General Assembly

Table of Contents

List of Figures and Tables:

Biennial Report (2004 and 2005) on Substance Abuse Services
from the
Department of
Mental Health, Mental Retardation and Substance Abuse Services
to the
2007 Session of the General Assembly

EXECUTIVE SUMMARY

Substance use disorders—the dependence on or abuse of alcohol and illicit drugs—affect virtually every citizen of the Commonwealth. As the state agency charged with the administration, planning and regulation of substance abuse services in Virginia, the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) works to provide cost effective, professionally appropriate services to citizens with the most serious substance abuse disorders.

Alcohol and drug use pose significant economic and social costs to the Commonwealth. The rate of use of alcohol and other drugs among Virginians exceeds the national rate in several categories, and the proportion of Virginia's population dependent upon illicit drugs is also higher than that of the nation. One of the most significant trends in Virginia is the percentage of the population age 12 and older using pain relievers for nonmedical purposes. Although research indicates that youth who do not use tobacco, alcohol or other drugs before the age of 21 are virtually certain never to do so, no General Funds are designated for prevention efforts in Virginia. Federal funds or local dollars fund any prevention programs currently offered in the Commonwealth.

The Substance Abuse Prevention and Treatment Block Grant (SAPT BG) provides approximately half of the funding for community based treatment, and nearly all prevention in Virginia. As health care costs and competition for limited government resources increase, federal Block Grant funds are declining and State General Fund appropriations have remained relatively flat, when inflation is considered, resulting in fewer real dollars for statewide programs. The difference between Virginia's 2005 SAPT BG allocation ($43,461,008) and its 2007 allocation ($42,930,418) represents a loss to the Commonwealth of more than half a million dollars ($530,590). This downward trend has significant implications for both the prevention and the treatment of substance use disorders in the Commonwealth.

DMHMRSAS and the forty community services boards (CSBs) plan and execute comprehensive prevention programs that strengthen communities and support healthy environments for all people. Strategies that strengthen the family have long been noted as being an effective method to reduce risk factors and enhance protective factors in communities. The Department intends to maintain its support for these initiatives and to increase the number of evidence-based prevention programs in Virginia.

The Department and the CSBs have long recognized the need to integrate and improve services to persons with co-occurring mental illness and substance use disorders (co-occurring disorders). Currently in Virginia, there are approximately 191,210 adults with co-occurring disorders (CODs). CODs are associated with increased costs of health services, mainly due to an increase in the use of acute psychiatric services, longer average lengths of stay, and higher readmission rates. A Diversion Project was implemented to redirect admissions from state mental health facilities for persons with primary substance use disorders to appropriate clinical care in the communities through the CSBs. Due to its success, the Diversion Project has now evolved into a census management project. DMHMRSAS is committed to providing safe detoxification that protects the client's dignity; crisis stabilization, as needed; an alternative to temporary detention or hospitalization in a state psychiatric facility; and facilitating the client's transition into the appropriate level of care for ongoing treatment of his or her dependence on alcohol or other drugs and of any serious mental health problem.

To assist the Commonwealth in addressing these issues, DMHMRSAS applied for and was awarded a five-year, $3.5 million grant from SAMHSA under its Co-Occurring State Infrastructure Grant (COSIG) program in October 2004. COSIG enhances Virginia's public mental health system's ability to screen, assess and treat co-occurring mental illness and substance abuse. COSIG goals include: improvement in screening, assessment and treatment of CODs; maximization of Medicaid resources for treatment of CODs; and improvement of Virginia's ability to serve persons with CODs through Workforce Development. The project will also improve infrastructure and enhance supporting services using evidence-based practices. COSIG is one of Virginia's most significant initiatives to improve services for persons with co-occurring mental illness and substance use disorders.

Overall, the Department's vision includes a community-based system of services for persons with or at risk of CODs that promotes self-determination, empowerment, recovery, health, resilience and the highest possible level of participation in work, relationships and all aspects of community life.

OVERVIEW

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

Title 37.2 of the *Code of Virginia* establishes the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) as the state authority for alcoholism and drug abuse services. DMHMRSAS works to make efficient, accountable and effective services available for citizens with the most serious substance abuse disorders. The Department is responsible for the administration, planning and regulation of substance abuse services in the Commonwealth.

Treatment for individuals with alcohol and other drug problems is generally best provided in a community setting. DMHMRSAS supports substance use disorder prevention and treatment services provided in local communities through the allocation of State General Funds and federal Substance Abuse Prevention and Treatment Block Grant (SAPT BG) funds to forty community services boards (CSBs). CSBs are entities of local government. The Department's relationships with all CSBs are based on community services performance contracts. DMHMRSAS funds, monitors, licenses, regulates and provides consultation to the CSBs, which function as:

- The single point of entry into the publicly-funded substance abuse services system;
- Providers of treatment and prevention services, directly and through contracts with other providers;
- Advocates for consumers and individuals in need of services; and
- Advisors to the local governments.

Substance Related Disorders

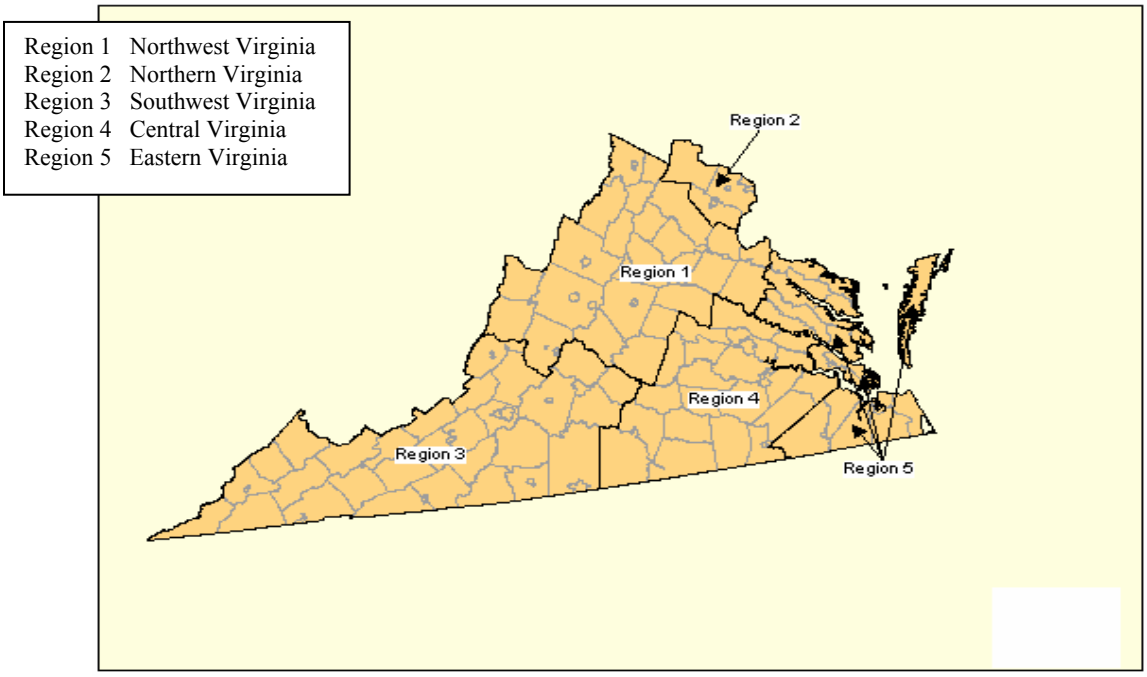
Substance use disorders involve the dependence on or abuse of alcohol and other drugs. Dependence on and abuse of alcohol and illicit drugs, which include the non-medical use of prescription drugs, are defined using the American Psychiatric Association's criteria in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV). There are two distinct substance use disorders: substance dependence (addiction) and substance abuse. Dependence reflects a more severe substance problem than abuse. The National Survey of Drug Use and Health (NSDUH), conducted by the federal government, indicates that 22.5 million Americans age 12 or over meet criteria for substance dependence or abuse. In Virginia, that translates to 10.17 percent or 796,645 residents age 12 or older who met criteria for either illicit drug abuse or dependence or alcohol abuse or dependence in the year prior to the survey. [1]

[1] Weldon-Cooper Provision Population Estimates for 2005; Substance Abuse and Mental Health Administration Office of Applied Studies National Survey of Drug Use and Health, 2003 & 2004 estimates: Illicit drug abuse or dependence - 2.95 % of Virginia residents age 12 and older; alcohol abuse or dependence: 7.22 % of Virginia residents age 12 and older.

NATURE, SCOPE AND DEGREE OF SUBSTANCE USE DISORDERS IN VIRGINIA

Substance use disorders affect virtually every citizen of the Commonwealth. Not only the individuals dealing with substance use disorders, but also their families, friends, coworkers and fellow citizens are affected in some measure by the personal, social, health, legal and economic consequences related to alcohol abuse and illicit drug use. The following Virginia-specific information is based on data compiled through the 2004 National Survey on Drug Use and Health (NSDUH), the primary source of statistical information on the use of illicit drugs by the U.S. civilian population. These estimates are indicators of a societal problem that negatively affects the lives of virtually every citizen of the Commonwealth. Certain NSDUH data are analyzed by regions of the state, as indicated in Figure 1.

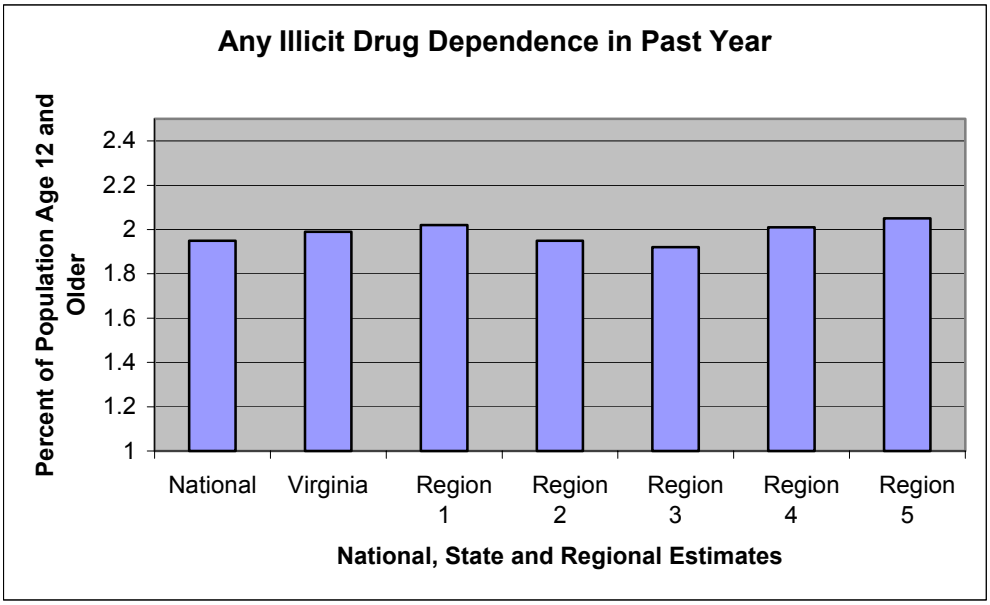
Figure 1



Illicit Drug Use

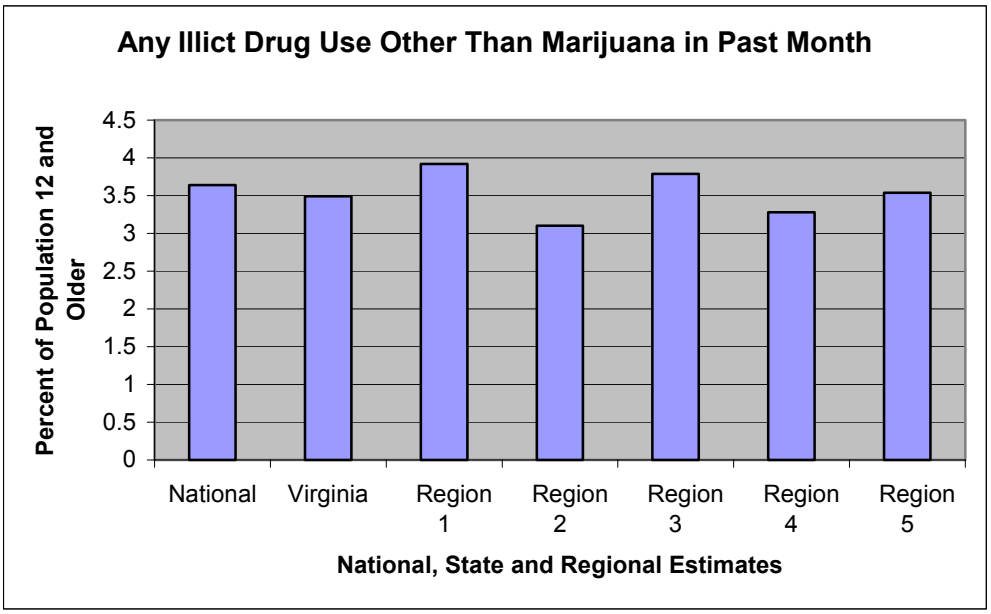
The percent of Virginians dependent on illicit substances in the year prior to the survey (1.99%), including abuse of prescription pain medication, is slightly higher than the national average of 1.95%, ranging from a low of 1.92% in Region 3, to a high of 2.05% in Region 5. Figure 2 shows use of any illicit drug by persons 12 and older in the month prior to the survey. Although the percent of Virginia's population reporting illicit drug use in the past year (7.36%) is below that reported for the nation (8.13%), the percent of the population in Virginia using illicit drugs varies from 7.63% in Regions 1 and 3, to 6.63% in Region 4.

Figure 2



If marijuana is excluded, however, the picture changes, as displayed in Figure 3. Although use rates are much lower (3.64% for the nation; 3.49% for Virginia), Regions 2 (3.92%) and 3 (3.79%) exceed figures for the nation and state, and Region 5 (3.54%) exceeds the state. These data indicate that more residents of these regions are using drugs other than marijuana than the nation or state as a whole.

Figure 3

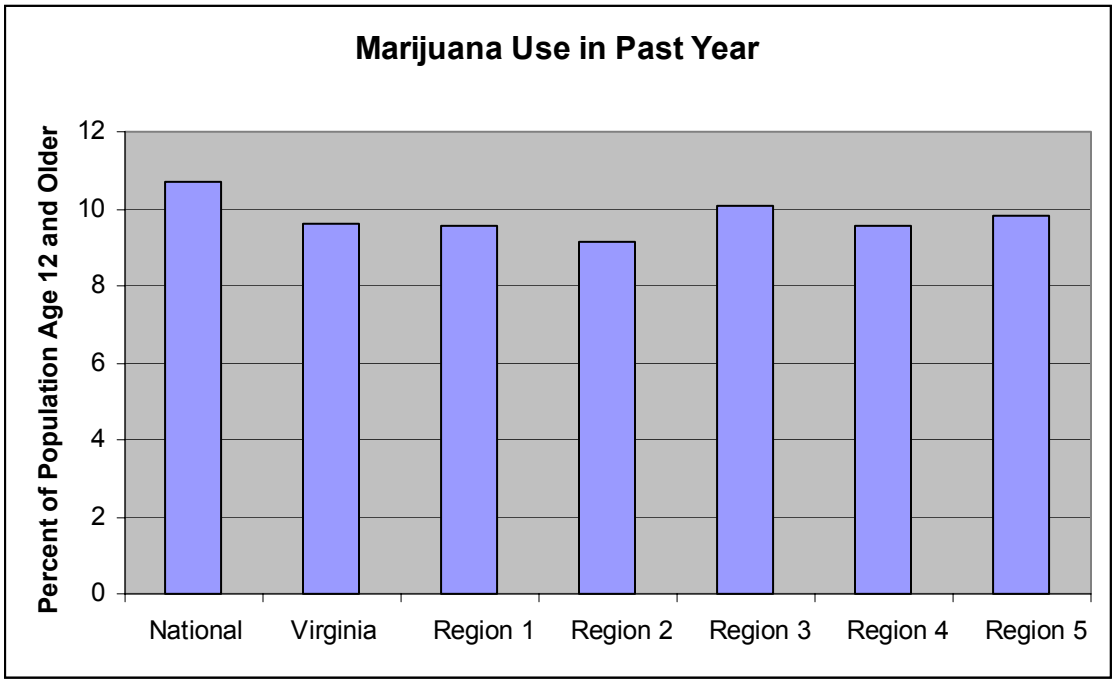


Marijuana

Marijuana is the predominant drug used by those using an illicit drug. An individual's perception of the risks of substance use has been related to whether there is actual use of the substance. The Virginia Community Youth Survey (VCYS) conducted in 2000 showed that more than one third of Virginia high school seniors reported using marijuana.

According to NSDUH data displayed in Figure 4, the percent of Virginians age 12 and older who used marijuana in the year prior to the survey (9.61%) is lower than the percent for the nation (10.71%). No region of the state exceeds the national rate.

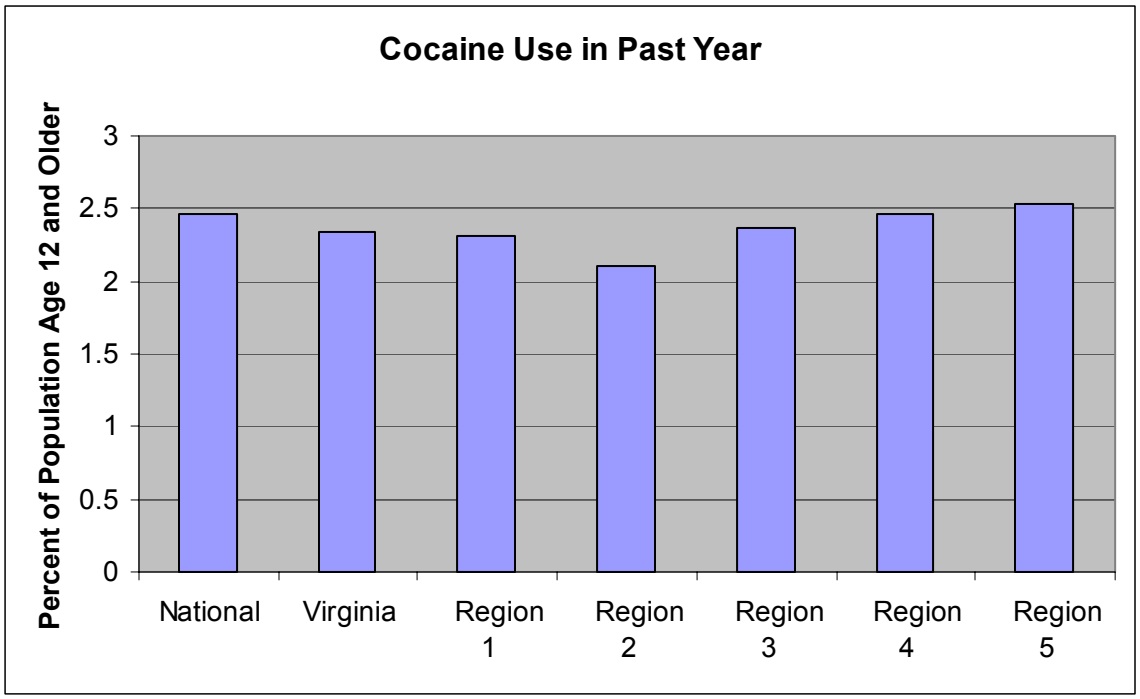
Figure 4



Cocaine

According to the NSDUH data displayed in Figure 5, the percent of Virginians age 12 and older who used cocaine in the year prior to the survey (2.34%) is lower than the national average (2.46%), but higher in Regions 4 (2.47%) and 5 (2.53%).

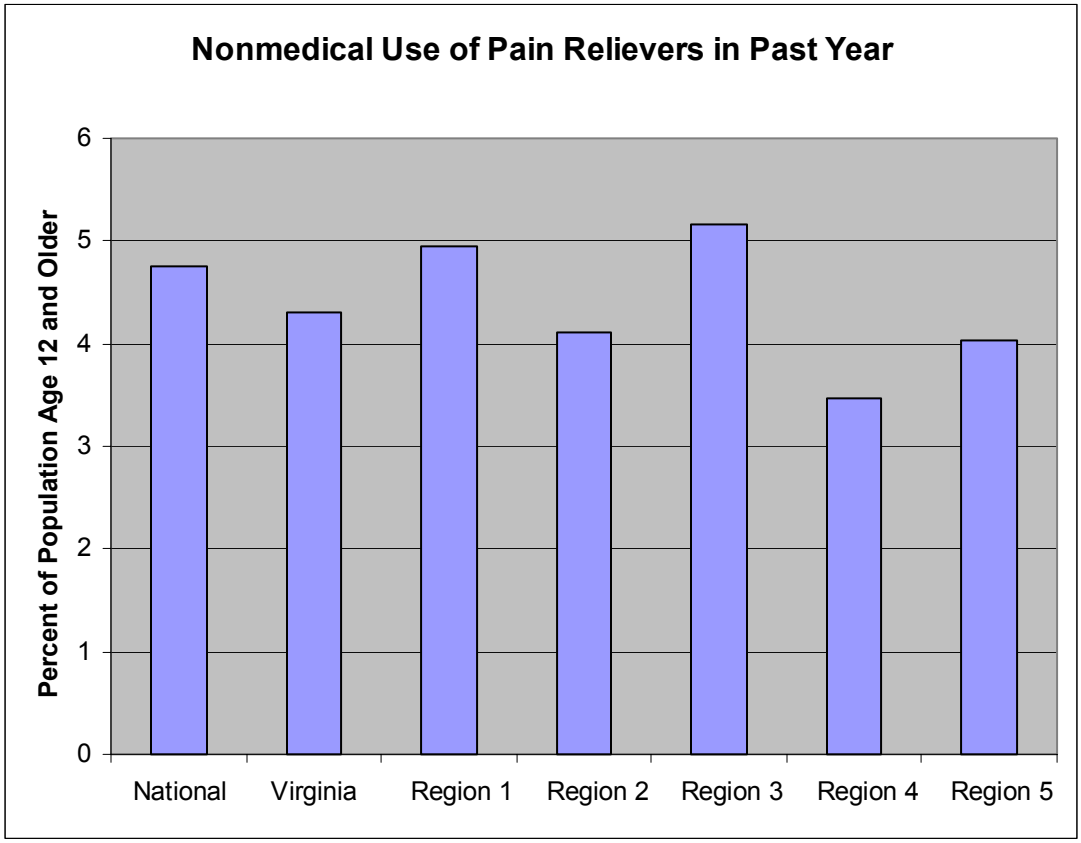
Figure 5



Pain Relievers for Nonmedical Purposes

One of the most significant trends in Virginia is percent of the population age 12 and older using pain relievers for nonmedical purposes. According to the NSDUH data displayed in Figure 6, the national rate is 4.76 percent and, although the rate for Virginians as a whole is 4.3 percent, both Region 1 and Region 3 have higher rates (4.94% and 5.16%, respectively) than the national rate.

Figure 6

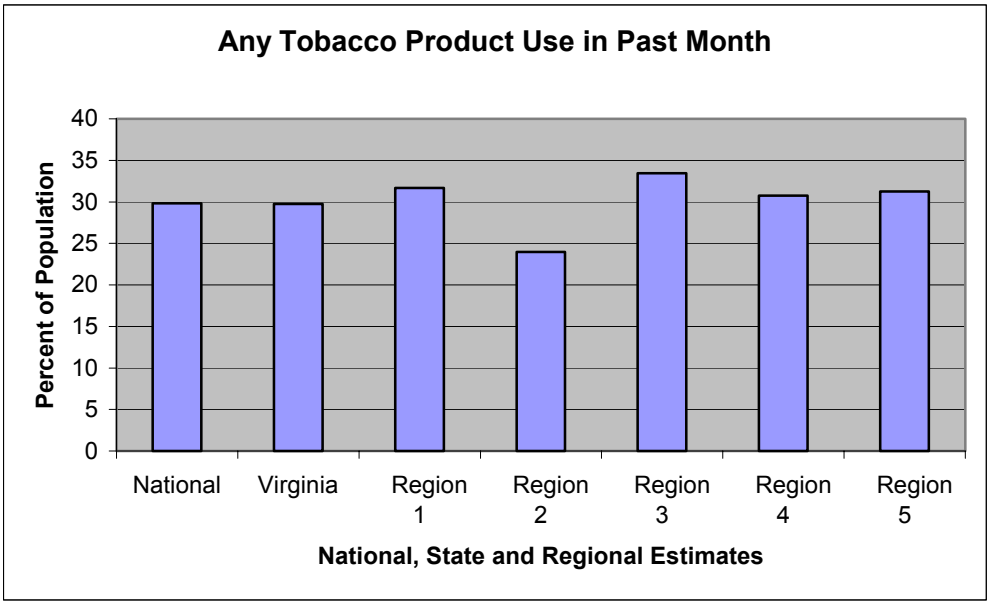


Tobacco

As is true nationally, Virginia's youth typically start smoking cigarettes or chewing tobacco before using alcohol or other drugs. Among those youth, typical use begins at about 12 years of age, with tobacco (nicotine) being the first substance used, and first use of alcohol coming shortly thereafter at age 12 and a half. Age of first use of marijuana is about one year later, occurring on average at about age 13 and a half.

Figure 7 displays NSDUH data on tobacco use. Virginia is close to the national average in terms of tobacco use by those age 12 and older. There are regions (1,4,5), however, where prevalence of use is above the national rate. Virginia also ranks slightly higher that the national rate in terms of the perceived risk of smoking one or more packs of cigarettes per day. However, even being aware of the risk, nearly 30 percent of Virginians over the age of 12 used some form of tobacco in the month prior to the survey.

Figure 7



Just as in the treatment realm, knowledge about effective prevention services is increasingly sophisticated. Youth who do not use tobacco, alcohol or other drugs before the age of 21 are virtually certain never to do so (CASA 2001). Yet, in Virginia, all current prevention programs are funded by either federal funds or local dollars; no General Funds are designated for prevention efforts.

Methamphetamine

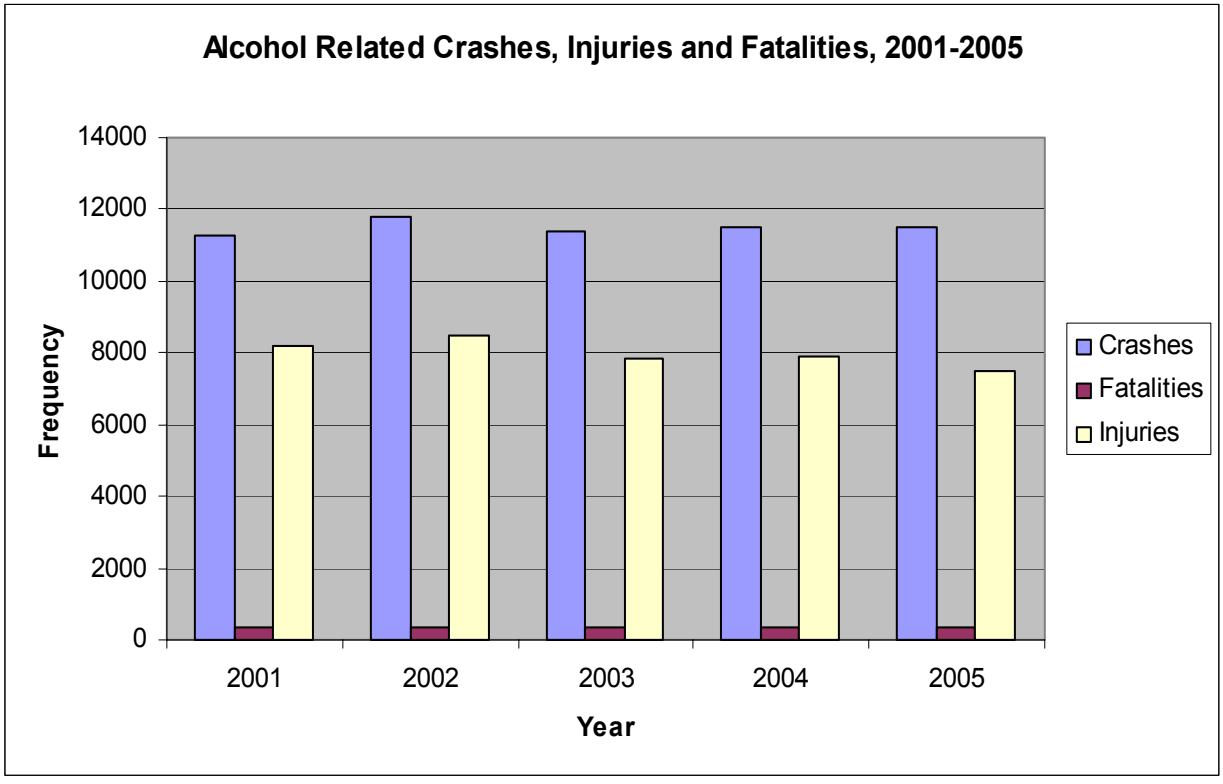
The use of methamphetamine has been portrayed as significantly on the increase. In Virginia, however, reported estimates are vastly lower than the national average. The Drug and Alcohol Services Information System (DASIS), part of the Substance Abuse and Mental Health Services Administration, is the primary source of national information on services available for substance abuse treatment and characteristics of individuals admitted to treatment. The DASIS report indicated that the national average for methamphetamine and amphetamine admissions for treatment in 2003 was 56 individuals per 100,000; in Virginia, the average was four per 100,000. However, anecdotal reports indicate that this figure is rising.

Alcohol

Significant health, social and economic problems result from the use of alcohol. Underage drinking is a causal factor in a host of serious problems, including homicide, suicide, traumatic injury, drowning, burns, criminal offenses, high risk sex, fetal alcohol syndrome, alcohol poisoning, and need for treatment of alcohol abuse and dependence.

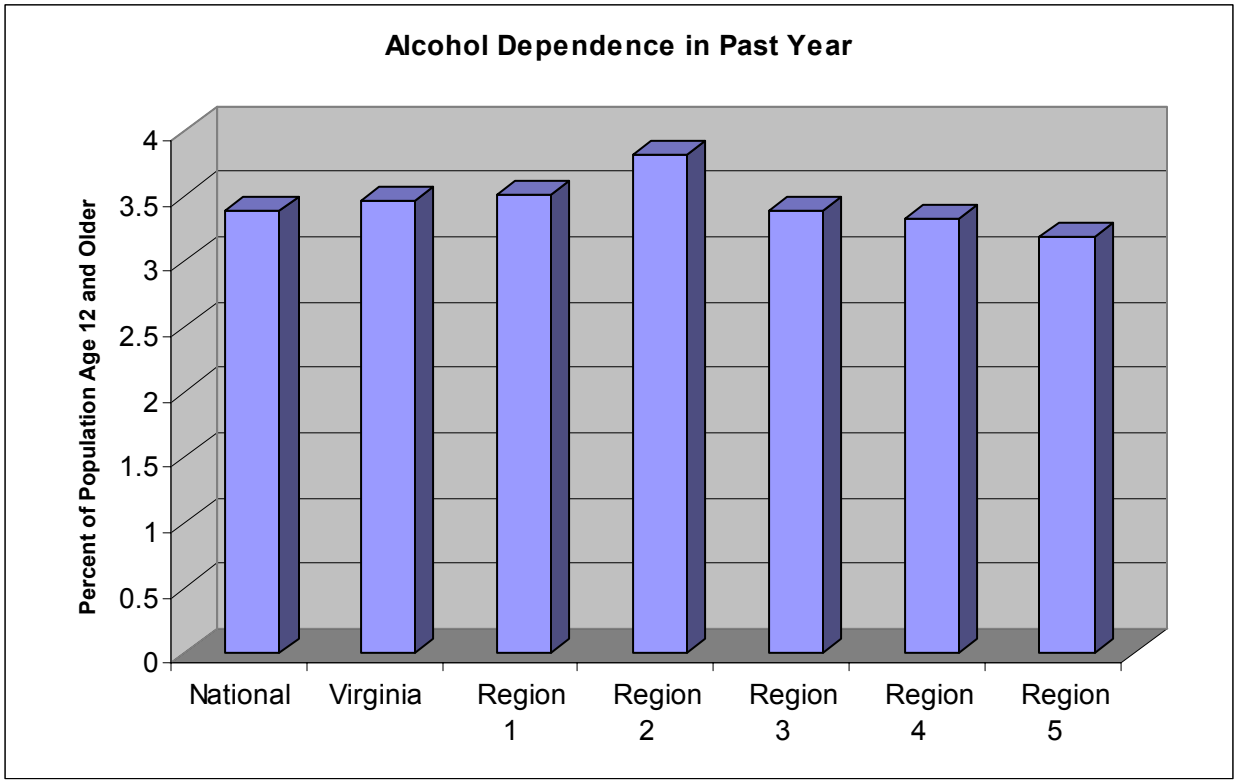
Although most people think of criminal offenders as being illicit substance users, alcohol use is more frequently detected in adult arrestees than are illicit drugs. Alcohol use poses a significant economic cost and social cost to the citizens of the Commonwealth. Figure 8 shows the incidence of alcohol in crashes, injuries and fatalities (Department of Motor Vehicles *2005 Virginia Traffic Crash Facts*).

Figure 8



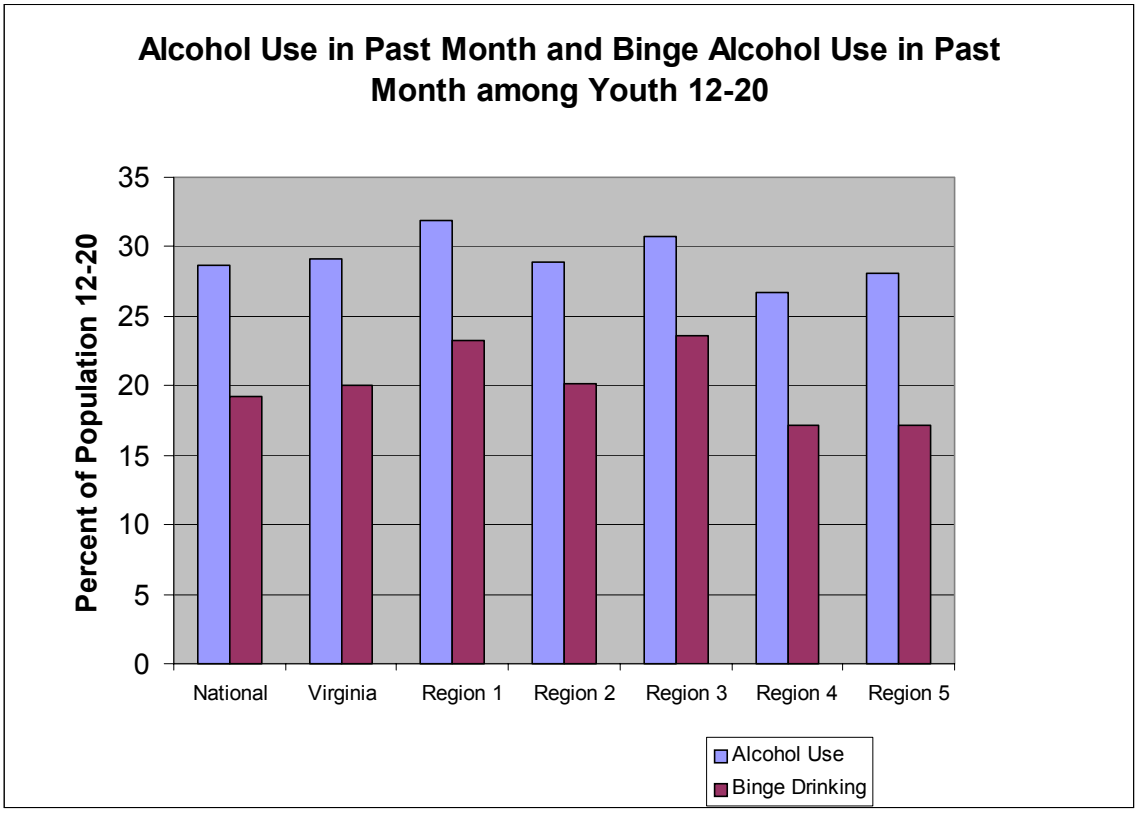
The proportion of Virginians with alcohol dependence in Virginia (3.46%) is slightly higher than the national proportion of 3.39 percent, ranging from a low of 3.19 percent in Region 5, to a high of 3.81 percent in Region 2. The data in Figure 9 show that every region in the state except Region 5 was above the national percentage for alcohol dependence, with the highest being Region 2, at 3.81%.

Figure 9



In Virginia according to NSDUH, alcohol use is comparable with national rates, with some exceptions. Virginia rates are comparable with national percentages of overall alcohol use and binge drinking during the last month, and are just slightly higher in the same rates for persons age 12-20. However, Virginia exceeds the national rate in perceived risk of "binge" drinking. Binge drinking is defined as having five or more drinks on one occasion. Figure 10 displays the percent of the population age 12 and over that reported binge drinking in the month prior to the survey. Note that the rate for Region 1 exceeds rates for the nation and the state.

Figure 10



Summary

The preceding data are illustrative of substance use disorders in both the nation and the Commonwealth. Several findings have particular significance for Virginia. The rate of use of alcohol and other drugs among Virginians exceeds the national rate in several categories, and the proportion of Virginia's population dependent upon illicit drugs is also higher than that of the nation. Although the state's rate of nonmedical use of pain relievers is slightly lower than the nation's, two regions exceed the national percentage. A similar pattern is reflected in Virginians' use of any illicit drugs. When marijuana is excluded, however, two regions of the state clearly exceed the national rate. Youthful use of tobacco, a true "gateway" drug, is more prevalent than the national estimates in several regions. Although more Virginians perceive a risk in drinking alcohol, binge drinking far exceeds the national rate in one significant region, and alcohol dependence in the Commonwealth is higher than in the nation as a whole.

FUNDING AND CAPACITY ISSUES

Funding

Federal, state and local government funds are the major source of support for public addiction treatment. Public funding for community based treatment is primarily managed through Virginia's designated single state agency, the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS).

The Substance Abuse Prevention and Treatment Block Grant (SAPT BG) provides approximately half of the funding for community based treatment, and nearly all prevention in Virginia. The SAPT BG is highly regulated, requiring that at least 20% of the total award be expended on prevention, at least 70% on treatment, at least 5% on HIV/AIDS screening and services, and a base amount supporting services to pregnant women and women with dependent children.

Due to reductions by Congress, the amount of funding from the SAPT BG is slowly declining. The FY 2005 allocation for Virginia was $43,461,008. The 2007 allocation has declined to $42,930,418, representing a loss to the Commonwealth of more than half a million dollars ($530,590) in two years. This downward trend has significant implications for both the prevention and the treatment of substance use disorders in the Commonwealth. The General Fund appropriation has remained relatively flat, when inflation is considered. Table 1 shows recent funding levels by source.

TABLE 1: ALLOCATIONS FOR COMMUNITY SUBSTANCE ABUSE TREATMENT

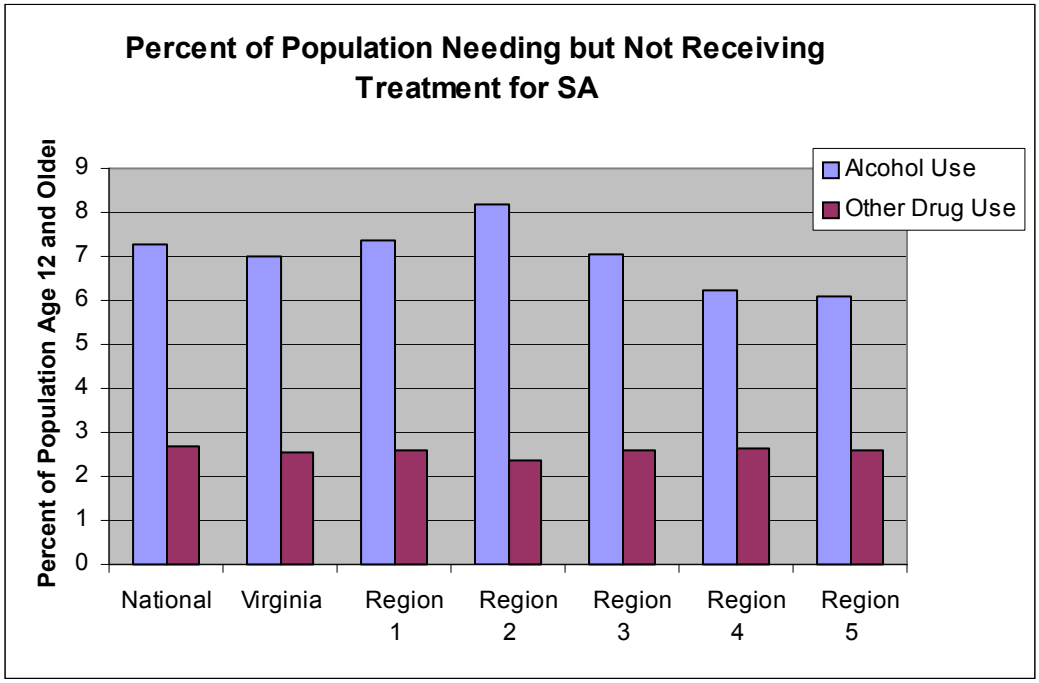
Year Expended	General Funds	SAPT BG	Total
2001	$ 38,503,482	$ 39,245,298	$77,748,780
2002	$ 40,202,220	$ 40,929,104	$81,131,324
2003	$ 39,492,092	$ 42,309,094	$81,801,186
2004	$ 39,859,035	$ 42,526,592	$82,385,627
2005	$ 40,460,119	$ 43,461,008	$83,921,127
2006	$ 41,775,873	$ 43,373,280	$85,149,153
2007	$ 42,470,294	$ 42,930,418	$85,400,712

During the last two decades, treatment research indicates that substance abuse treatment, especially when it incorporates evidence-based practices, results in clinically significant reductions in alcohol and drug use, reductions in criminal involvement, and improvement in health and social function for many clients. Nevertheless, sustaining treatment funding and maximizing the effectiveness of services continues to be challenging. State and federal funding resources are static or declining as health care costs and competition for limited government resources increase. DMHMRSAS is committed to incorporating evidence-based practices, collaborating with other state agencies, providers, and consumers.

Capacity

In the July through June service periods for 2004 and 2005, approximately 53,000 consumers received substance abuse treatment services through community service boards. According to NSDUH, approximately 7.02 percent of Virginians need treatment for alcohol abuse or dependence but do not receive it, while 2.54 percent need treatment for drug dependence or abuse but do not receive it. These rates of need remain relatively consistent over time. The Virginia data displayed in Figure 11 are slightly lower than the corresponding national figures (7.27%; 2.69%, respectively).

Figure 11



- Rates for need for treatment for alcohol use or dependence vary regionally, from a high of 8.17 % in Region 3, to a low of 6.1% in Region 5.
- Rates for need for treatment for drug abuse or dependence vary regionally, from a high of 2.64% in Region 4, to a low of 2.35% in Region 3.
- Between January and April 2005, 3,389 individuals were on waiting lists for substance abuse treatment services at Virginia's CSBs. Of these, 2,386 waited between 1 and 3 months for an initial appointment (Comprehensive Plan 2006-2012).

PREVENTION AND TREATMENT ISSUES

Strengthening Families Initiative

DMHMRSAS works in tandem with both the Substance Abuse and Mental Health Services Administration (SAMHSA) and the community services boards (CSBs) to plan and execute comprehensive prevention programs that strengthen communities and support healthy environments for all people. Strategies that strengthen the family have long been noted as being an effective method to reduce risk factors and enhance protective factors in communities. Family related risk factors such as poor parent-child communication, lack of family management skills, ineffective discipline and parental substance use contribute heavily to the problems of youth substance abuse, gang involvement, poor academic achievement and early sexual involvement. Prevention researchers strongly support family-focused prevention interventions as one of the most effective strategies to combat substance abuse and delinquency.

To identify prevention strategies likely to be most effective in their communities, the CSBs researched past trends and worked collaboratively with their respective localities' planning coalitions, key informants and community leaders to assess the risk factors and gaps in services. It became evident that programs focused on families were needed to address the problems in their communities. Therefore, DMHMRSAS provided training on family strengthening interventions during the summer of 2000 and subsequently offered the community services boards, through the Request For Proposal (RFP) process, the opportunity to apply competitively for grants of up to $100,000 annually for a period of five years.

In FY 2004 and FY 2005, DMHMRSAS funded and managed 13 grants to improve family functioning. These include five evidence-based programs: Strengthening Families; Families and Schools Together; Dare To Be You; Creating Lasting Family Connections; and the Nurturing Parenting Program. The Strengthening Families programs in Virginia, which began in 2001, included:

Central Collaborative - Goochland, Hanover and Henrico CSBs — Families and Schools Together, serving the counties of Hanover, Goochland and Powhatan, Henrico, Charles City and New Kent.

Central Virginia CSB — Families and Schools Together, serving the counties of Amherst, Appomattox, Bedford and Campbell; cities of Bedford and Lynchburg.

Chesterfield CSB — Families and Schools Together, serving Chesterfield County.

Danville CSB — Strengthening Families, serving Pittsylvania County and the city of Danville.

Eastern Shore CSB — Dare To Be You, serving the counties of Accomack and Northampton.

Hampton-Newport News CSB — Strengthening Families, serving the cities of Hampton and Newport News.

Highlands CSB — Strengthening Families, serving Washington County and the city of Bristol.

Middle Peninsula-Northern Neck CSB — Nurturing Parenting Program, serving the counties of Mathews, Essex and Westmoreland.

Mt. Rogers CSB — Strengthening Families, serving the counties of Bland, Carroll, Grayson, Smyth and Wythe and the city of Galax.

New River Valley CSB — Strengthening Families, serving the counties of Floyd, Giles, Montgomery and Pulaski, and the city of Radford.

Piedmont CSB — Creating Lasting Connections, serving the counties of Franklin, Henry and Patrick and the city of Martinsville.

Region 10 — Strengthening Families, serving the counties of Albemarle, Fluvanna, Greene, Louisa, Nelson and the city of Charlottesville.

Virginia Beach CSB — Families and Schools Together, serving the city of Virginia Beach.

The CSBs are required to submit process and outcome evaluation data annually regarding their Strengthening Families programs. The following are some of the results of their program implementation:

- Positive change regarding parental lack of an empathetic awareness of children's needs
- Positive change in child role reversal
- Positive change in inappropriate parental expectations
- Positive change in a strong belief in use of corporal punishment
- Positive change in communication skills
- Positive change in parents' ability to nurture their child(ren)
- Decrease in alcohol use in the last 30 days
- Decrease in tobacco use in the last 30 days
- Decrease in marijuana use in the last 30 days
- Positive change in family and parenting interactions
- Positive change in the child's social skills
- Decrease in punishment practices
- Positive increase in overall behavior
- Increase in the child(ren)'s level of sharing
- Increase in the child(ren)'s level of cooperation
- Improved parenting skills
- Increased awareness regarding avoidance of substance use by the (child)ren
- Improved parental monitoring
- Increased awareness of drug harm

All of these programs are continuing. DMHMRSAS intends to maintain its support for these initiatives and to increase the number of evidence-based prevention programs in Virginia.

Diverting Admission from State Mental Health Facilities

With the continued emphasis on de-institutionalization and implementation of the Olmstead v. Georgia decision of the U.S. Supreme Court, DMHMRSAS implemented the Diversion Project to redirect admissions from state mental health facilities for persons with primary substance use disorders to appropriate clinical care in the communities through the CSBs. The Diversion Project was initiated to meet the following goals:

- Ensuring that consumers with primary substance use disorders are served in the least restrictive setting that can meet their treatment needs;
- Preventing admissions, whenever possible, of consumers with primary substance use disorders to state mental health facilities, by providing safe and appropriate community-based diversion alternatives; and
- Assuring that a consumer with both a substance use disorder and associated mental health issues who is appropriately admitted to a state psychiatric facility will be discharged in a timely manner into community services when their psychiatric condition is stabilized.

In 1998, as part of Virginia's Restructuring and Reinvestment initiatives, individuals with diagnoses of substance use disorders were diverted from admission to state mental health facilities and encouraged to seek appropriate care in their home communities through the CSBs. Those individuals who were admitted to state facilities for substance use disorders were discharged as quickly as possible and directed to community services. To support this initiative, in 1998, the Virginia General Assembly appropriated $1,500,000 in new General Funds to divert individuals with primary substance abuse diagnosis from state psychiatric facilities.

Three projects were initially funded: Region 3/Southwest Virginia Mental Health Institute, Region 3/Southern Virginia Mental Health Institute, and Region 4/Central State Hospital. In 2000, a new project, Region 1/Western State Hospital, was funded with $500,000 in new General Funds, and a reconfigured project in Region 5 ($500,000 in existing funds) was added. In FY 2002, $595,809 in new SAPT Block Grant funds were allocated to support the diversion projects, bringing the total to $3,095,809.

Six state psychiatric facilities are now involved in the project: Southwestern Virginia Mental Health Institute/Region 3 (Marion), Southern Virginia Mental Health Institute/Region 3 (Danville), Catawba Hospital/Region 3 (Salem), Western State Hospital/Region 1 (Staunton), Central State Hospital/Region 4 (Dinwiddie County), and Eastern State Hospital/Region 5 (Williamsburg).

The initial Diversion Project agreements between DMHMRSAS and the CSBs contained specific goals with desired outcomes, requirements for collaborative management, and utilization review

components. Due to its success, the Diversion Project has now evolved into a census management project.

Co-Occurring Mental Illness and Substance Use Disorders

DMHMRSAS and the CSBs have long recognized the need to integrate and improve services to persons with co-occurring mental illness and substance use disorders (co-occurring disorders). The Department's vision includes a community-based system of services for persons with or at risk of CODs that promotes self-determination, empowerment, recovery, health, resilience and the highest possible level of participation in work, relationships and all aspects of community life. Co-occurring disorders (CODs) are a priority of the federal Substance Abuse and Mental Health Services Administration (SAMHSA). CODs have become the focus of attention for both clinicians and policy makers due to the very significant prevalence of these conditions. Studies indicate, for example, that more than half (53%) of the individuals with a drug disorder have an additional mental health disorder. SAMHSA estimates that there are 7.2 million persons between the ages of 18 and 54 with CODs. This equates to approximately 191,210 adults with CODs residing in the Commonwealth of Virginia.

Both clinical and systems issues emerge in addressing CODs. Clinically, within the severely mentally ill population, substance use has been shown to adversely affect the course and outcome of mental health disorders. Research suggests that these individuals are susceptible to poor functioning and poor clinical outcomes, including more severe illness symptoms, increased hospitalization, decreased social functioning and non-compliance with treatment regimens.

Departmental systems issues are compounded when addressing CODs as well. Problems encountered include fragmentation of services, centralized services being held accountable for large geographical areas, differences in treatment approaches among professionals responsible for their care, and the stigma associated with mental disorders, especially in rural settings. CODs are also associated with increased costs of health services, mainly due to an increase in the use of acute psychiatric services, longer average lengths of stay, and higher readmission rates.

DMHMRSAS believes that there is a continuing and urgent need for Co-Occurring Substance Use Disorders Crisis Stabilization Units that would:

- Provide safe detoxification from alcohol and/or other drug(s) of dependence;
- Assist the consumer in becoming drug free; and
- Address the symptoms of mental illness, such as psychosis and serious depression that precipitated the need for treatment in an inpatient setting.

To meet these needs, DMHMRSAS is committed to providing safe detoxification that protects the client's dignity; crisis stabilization, as needed; an alternative to temporary detention or hospitalization in a state psychiatric facility; and facilitating the client's transition into the appropriate level of care for ongoing treatment of his or her dependence on alcohol or other drugs and of any serious mental health problem.

To assist the Commonwealth in addressing these issues, DMHMRSAS applied for and was awarded a five-year, $3.5 million grant from SAMHSA, under its Co-Occurring State Infrastructure Grant (COSIG) program in October 2004. COSIG enhances Virginia's public mental health system's ability to screen, assess and treat co-occurring mental illness and substance abuse. The project will improve the infrastructure supporting services using evidence-based practices (EBPs).

Three initiatives supported by COSIG are:

- Development and implementation of standardized screening and assessment protocols statewide for persons with co-occurring disorders;
- Implementation of enhancements in data collection re CODs, including reporting of outcome measures and information on program capacity, to support policy, service delivery and quality improvement; and
- Implementation of evidence-based treatment and services to youth and adults with CODs in 11 pilot sites:

  Alleghany Highlands CSB
  Blue Ridge Behavioral Healthcare
  Central Virginia CSB
  Crossroads CSB
  Danville-Pittsylvania CSB
  Harrisonburg-Rockingham CSB
  New River Valley CSB
  Piedmont CSB
  Region Ten CSB
  Rockbridge Area CSB
  Valley CSB

The COSIG program is being implemented in two phases. Phase I, the first three years of the grant, focuses on infrastructure development and enhancement. Phase II, an additional two years of funding, will emphasize evaluation and continued collection and reporting of performance data. The project is currently in its second year of operation.

Since implementation of COSIG began, DMHMRSAS has invested in a number of regional crisis stabilization units, and state mental health facilities are taking an active role in providing services to individuals with co-occurring disorders. DMHMRSAS is now implementing infrastructure development statewide. Existing regional planning partnerships will organize system development of integrated services at all levels, including CSBs and state mental health facilities.

Three COSIG activities are of particular note:

Improvement of Screening, Assessment and Treatment of Co-Occurring Disorders

DMHMRSAS and participating CSBs are working together to identify and recommend screening and assessment tools to improve identification and treatment of adults and youth with CODs. Through improved assessment, persons with CODs will be directed to the most appropriate level of care in their local communities.

Maximization of Medicaid Resources for Treatment of CODs

The Department of Medical Assistance Services, the Commonwealth's Medicaid agency, agreed to explore ways to enhance funding for treatment of CODs through Medicaid. In the fall of 2005, DMHMRSAS and DMAS developed draft language for inclusion in a forthcoming update of the Medicaid "Provider Manual." It will allow Medicaid-eligible clients to be reimbursed through Medicaid for substance abuse treatment services provided in an integrated treatment plan.

Improvement of Virginia's Ability to Serve Persons with CODs through Workforce Development

DMHMRSAS will survey mental health and substance abuse clinicians in all 40 CSBs and all state mental health facilities to gather information on the capabilities of clinicians in the system to provide treatment for CODs, and to identify training needs in this area. In addition, DMHMRSAS plans to offer clinical training on evidence-based practices for the treatment of CODs.

COSIG is one of Virginia's most significant initiatives to enhance services for persons with co-occurring mental illness and substance use disorders. Concurrent with the COSIG award, the Commonwealth was also selected to participate in SAMHSA's second Policy Academy on CODs. The two activities have allowed DMHMRSAS, CSBs, DMAS and other stakeholders to develop an overall vision and state action plan to implement specific actions that expand access to effective treatment for CODs in new and innovative ways.

CONCLUSION

The Department of Mental Health, Mental Retardation and Substance Abuse Services is meeting its responsibilities for providing professionally appropriate services to Virginians with serious substance use disorders through effective programming and efficient use of available resources. In the July through June service periods for 2004 and 2005, approximately 53,000 consumers received substance abuse treatment services through community service boards. A successful Diversion Project evolved into an on-going census management program that directs clients to appropriate community based care. It also highlighted the need to develop a system of care that could successfully address the needs of people with both a substance use disorder and a mental illness. As a result of this awareness, the Department applied for and received a $3.5 million Co-Occurring State Infrastructure Grant to develop systems to screen, assess and treat persons with co-occurring mental illness and substance use disorders.

The principal challenge confronting the Department is that resources have remained static or declined while needs for services have increased. The rate of use of alcohol and other drugs among Virginians exceeds the national rate in several categories, and the proportion of Virginia's population dependent upon illicit drugs is also higher than that of the nation. Consequently, demand for services in the Commonwealth has risen. From 2007 to 2005, however, the federal allocation to Virginia declined by more than half a million dollars and State General Fund appropriations have remained relatively flat, when inflation is considered. In addition, although the efficacy of prevention programming has been identified as a valuable strategy, no State General Funds are available for prevention activities. These funding limitations have significant implications for the citizens of the Commonwealth.

SOURCES

Commonwealth of Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services Comprehensive Plan 2006-2012.

Grant, B.F., Dawson, D.A., (1997) Age of onset of drug use and its association with DSM-IV alcohol abuse and dependence: Results from the Nation Longitudinal Alcohol Epidemiologic Survey. Journal of Substance Abuse 9: 103-110.

National Center on Addiction and Substance Abuse at Columbia University (CASA). Shoveling up: the impact of substance abuse on state budgets. (2001). Available at: http://www.casacolumbia.org/pdshopprov/files/47299a.pdf.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2002,2003 and 2004.

U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. National Survey on Drug Use and Health, 2004[Computer file]. ICPSR04373-v1. Research Triangle Park, NC: Research Triangle Institute [producer], 2005. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2006-05-12.

Virginia Department of Motor Vehicle (DMV), 2005 Virginia Traffic Crash Facts.