COMMONWEALTH of VIRGINIA

Substance Abuse Services Council

Patty L. Gilbertson
Chair

P. O. Box 1797
Richmond, Virginia 23218-1797

November 15, 2009

To: The Honorable Timothy M. Kaine, Governor

and

Members, Virginia General Assembly

The 2004 Session of the General Assembly amended §2.2697 of the *Code of Virginia*, directing the Substance Abuse Services Council to collect information about the impact and cost of substance abuse treatment provided by public agencies in the Commonwealth. In accordance with that language, please find attached the "Review of State Agency Substance Abuse Treatment Programs."

Should you have any questions regarding the information contained in the report, please contact me at (757) 788-0004, or ppattyg@hnncsb.org.

Sincerely,

Patty L. Gilbertson

Enc.

Cc: Hon. Marilyn Tavenner
James S. Reinhard, M.D.
Frank Tetrick
Ken Batten
Ruth Anne Walker

2009 SUBSTANCE ABUSE SERVICES COUNCIL RESPONSE TO CODE OF VIRGINIA §2.2-2697

TO THE GOVERNOR AND THE GENERAL ASSEMBLY

COMMONWEALTH OF VIRGINIA
NOVEMBER 15, 2009

OVERVIEW AND INTRODUCTION

The 2004 Session of the General Assembly amended the *Code of Virginia* (§ 2.2-2697) directing the Substance Abuse Services Council to collect information about the impact and cost of substance abuse treatment provided by public agencies in the Commonwealth.

> § 2.2-2697 Review of state agency substance abuse treatment programs.
>
> A. On or before December 1, 2005, the Council shall forward to the Governor and the General Assembly a Comprehensive Interagency State Plan identifying for each agency in state government (i) the substance abuse treatment program the agency administers; (ii) the program's objectives, including outcome measures for each program objective; (iii) program actions to achieve the objectives; (iv) the costs necessary to implement the program actions; and (v) an estimate of the extent these programs have met demand for substance abuse treatment services in the Commonwealth. The Council shall develop specific criteria for outcome data collection for all affected agencies, including a comparison of the extent to which the existing outcome measures address applicable federally mandated outcome measures and an identification of common outcome measures across agencies and programs. The plan shall also include an assessment of each agency's capacity to collect, analyze, and report the information required by subsection B.
>
> B. Beginning in 2006, the Comprehensive Interagency State Plan shall include the following analysis for each agency-administered substance abuse treatment program: (i) the amount of funding expended under the program for the prior fiscal year; (ii) the number of individuals served by the program using that funding; (iii) the extent to which program objectives have been accomplished as reflected by an evaluation of outcome measures; (iv) identifying the most effective substance abuse treatment, based on a combination of per person costs and success in meeting program objectives; (v) how effectiveness could be improved; (vi) an estimate of the cost effectiveness of these programs; and (vii) recommendations on the funding of programs based on these analyses.

As required, this 2009 report responds to Section B and includes appendices with reports from the Department of Corrections (DOC) outcomes studies, and a description of the substance use disorder (SUD) services provided by state agencies in Virginia. The 2005 Substance Abuse Services Council report included a section that responded to Section A of the *Code* and included estimates of the large unmet need for treatment and recommendations to address this unmet need. Treatment here is defined narrowly as those services directed toward individuals with identified substance abuse and dependence disorders, and does not include prevention services for which other evaluation methodologies exist.

TREATMENT SERVICES

Publicly funded substance abuse treatment services in the Commonwealth of Virginia are provided by the following state agencies: the Department Behavioral Health and Developmental Services (DBHDS); the Department of Juvenile Justice (DJJ); and the Department of Corrections (DOC). Common goals of these programs include abstinence or reduction in alcohol or other drug usage and reduction in criminal behavior. This section of the report provides the statistical information for each agency required by Section B of the *Code*.

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

DBHDS provides funding and oversight to 40 community services boards that provide publicly funded substance abuse treatment services to specific jurisdictions. The following information reflects these services.

§ 2.2-2697 B.

(i) the amount of funding expended under the program for the prior fiscal year (FY 2008);

- Treatment services expenditures totaled $144,303,323 for FY 2008.

- This overall expenditure is an approximate sum of the following expenditure components:

Federal	$ 40,227,096
State	$ 44,303,323
Local	$ 40,369,303
Consumer fees or third party payers (e.g., insurance)	$ 13,852,881
Other	$ 3,556,510

(ii) the number of individuals served by the program using that funding;

- A total of 49,156 individuals received substance abuse treatment services supported by this funding.

(iii) the extent to which program objectives have been accomplished as reflected by an evaluation of outcome measures;

- House Joint Resolution 683 and Senate Joint Resolution 395 from the 2007 General Assembly directed the Joint Legislative Audit and Review Commission (JLARC) to study the impact of substance abuse on the state and localities. In the resulting report, *Mitigating the Costs of Substance Abuse in Virginia* (June, 2008), JLARC staff concluded the following regarding evaluation and outcome measures:

Based on a review of the research literature and interviews with staff at numerous State agencies, it appears that robust evaluations of substance abuse services must include participants' outcomes after they have completed treatment. Yet, obtaining this information can be very challenging because substance abuse has a variety of effects that are captured by numerous agencies whose information systems are not intended to perform an evaluation function. For example, the analysis presented . . . relies on data supplied by nine Virginia agencies, and some agencies have multiple internal information systems. In addition to the complexity of receiving and managing data supplied by multiple agencies, issues arise from attempting to transform existing data into information that can be used for evaluation purposes. Furthermore, because every agency uses a different approach to identifying their clients, it can be difficult to ensure that individuals are correctly matched across agencies. While the agencies that provide substance abuse treatment may place different priorities on the outcomes experienced by their clients, several measures of program effectiveness should be shared between them, such as employment and recidivism. Consequently, agencies that offer substance abuse treatment should undertake a coordinated effort to obtain needed data from other State agencies. Certain entities, such as DMHMRSAS (now DBHDS) and the Supreme Court of Virginia, have already begun collecting information from other agencies. According to DMHMRSAS (now DBHDS) staff, it may take more than a year to design a process that will yield the information needed. Coordination should enable agencies to avoid duplication of efforts and to build upon the experience already gained by DMHMRSAS (now DBHDS) and the Supreme Court of Virginia. To this end, agencies that provide publicly-funded substance abuse services could form a workgroup as part of the Substance Abuse Services Council to (1) establish common measures capturing their clients' outcomes after treatment, (2) determine where to obtain outcomes information needed across agencies, and (3) design a process to collect the information from other agencies on an ongoing basis. (p. 66)

- The Substance Abuse Services Council has formed a workgroup to address these objectives. Under the chairmanship of William H. Williams, Jr., Director of Alcohol and Drug Services at Fairfax/Falls Church Community Services Board, the workgroup is completing an analysis of outcome measurement at DBHDS, DOC and DJJ. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA), the federal agency responsible for administering the Substance Abuse Prevention and Treatment Block Grant (the bulk of federal funds used by states to support community-based substance abuse services), requires states to collect and report specific outcome measures. DBHDS has been working with community services boards for several years to establish data collection and information management processes to collect this information, as discussed in *Mitigating the Cost of Substance Abuse in Virginia* (JLARC, 2008). A matrix of the outcome measures required for treatment is included at the end of this report.

(iv) identifying the most effective substance abuse treatment, based on combination of per person costs and success in meeting program objectives;

- While data is available regarding the program costs, the unmet evaluation needs outlined above do not allow for analysis of program success in meeting objectives.

(v) how effectiveness could be improved;

- A variety of actions could be undertaken to improve program effectiveness. Because community services boards are limited in the array of services and capacity, consumers of substance abuse treatment services may not have access to the intensity or duration of care that would be the most clinically appropriate, and may receive less intensive care (and thus, less effective). Evidence-based practices are not always available. Addressing these issues would require significant investments in workforce development of current and future professionals working in publicly-funded substance abuse treatment programs. For additional discussion, please see 2006 and 2007 annual reports of the Council, as well as the JLARC report cited above.

(vi) an estimate of the cost effectiveness of these programs;

- *The adverse consequences of substance abuse in 2006 cost the State and localities between $359 million and $1.3 billion* (JLARC, 2008, p. 39). *Virginia investment in the substance abuse programs evaluated . . . appears to frequently reduce costs to the State and localities as well as improve public safety and economic benefits* (JLARC, 2008, p. 129).

(vii) recommendations on the funding of programs based on these analyses;

- The JLARC report concludes: *The State could then consider expanding the availability of services to populations that are currently unserved or underserved, focusing on offenders due to their high impact on State and local budgets as well as public safety.*

§ 2.2-2697 B.

(i) the amount of funding expended under the program for the prior fiscal year (FY2008);

Community Programs:

Substance Abuse Cost Expenditures	$ 166,390
Total Division Expenditures	$63,137,908

Juvenile Correctional Programs:

Substance Abuse Services Expenditures	$ 1,322,321
Total Division Expenditures	$86,699,067

Employment:

In addition to Community and Juvenile Correctional Center expenses for juveniles, the Department of Juvenile Justice expended $22,786 for drug testing employees.

(ii) the number of individuals served by the program using that funding;

- Approximately 212 juveniles participated in substance abuse programs and services within the community (excluding VJCCCA placements).
- Approximately 531 offenders participated in substance abuse programs and services within the correctional centers.
- Sixty-nine percent of offenders admitted in FY08 required substance abuse treatment.

(iii) the extent to which program objectives have been accomplished as reflected by an evaluation of outcome measures;

- Data are not available regarding subsequent substance abuse use by youth treated for substance abuse. However, re-arrest rates and reconviction rates are available for these youth.

- Females released from juvenile correctional centers in FY 2006 who had participated in Residential Substance Abuse Treatment (RSAT) Program had an 18.8 % reconviction rate. In FY 2005, the reconviction rate was 17.9%.

- 36.9 % of juveniles released from juvenile correctional centers who participated in SA treatment in FY 2006 were reconvicted for any crime over a 12 month period following release. This marked a 2% decrease from the FY2005 releases.

(iv) identifying the most effective substance abuse treatment, based on combination of per person costs and success in meeting program objectives;

Information to address this issue is not available.

(v) how effectiveness could be improved;

DJJ has implemented an evidence based program incorporating the Cannabis Youth Treatment program (MET / CBT 5 & 7) within the institutions. The girl's RSAT program will continue its current programming as reconviction rates remain low.

(vi) an estimate of the cost effectiveness of these programs;

Information to address this issue is not available.

(vii) recommendations on the funding of programs based on these analyses.

Information to address this issue is not available.

DEPARTMENT OF CORRECTIONS

§ 2.2-2697 B.

(i) the amount of funding expended under the program for the prior Fiscal year (FY 2008);

- DOC-Division of Community Corrections (DCC) programs state funding allocations for FY 2007 were as follows:

Treatment Services	$ _____
Residential Transition Therapeutic Community (6 Month Phase V)	$ _____
Substance Abuse Testing	$ _____
Total Community Corrections' allocation	$_____.

(ii) the number of individuals served by the program using that funding;

- Approximately _____offenders participated in programs and services describe in the aforementioned expenditures. In addition, additional persons were served by participating in self-help groups, such as Alcoholics Anonymous.

(iii) the extent to which program objectives have been accomplished as reflected by an evaluation of outcome measures;

-

(iv) identifying the most effective substance abuse treatment, based on combination of per person costs and success in meeting program objectives;

- .

(v) how effectiveness could be improved;

-

(vi) an estimate of the cost effectiveness of these programs;

-

(vii) recommendations on the funding of programs based on these analyses.

-

OVERVIEWS OF TREATMENT SERVICES PROVIDED BY STATE AGENCIES

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Descriptions of substance abuse treatment services provided by CSBs are as follows:

- ***Emergency Services*** – These services are unscheduled services available 24 hours per day, seven days per week, to provide crisis intervention, stabilization and referral assistance either over the telephone or face-to-face. They may include jail interventions and pre-admission screenings.

- ***Inpatient Services*** – These services provide short-term, intensive psychiatric treatment or substance abuse treatment, except for detoxification, in local hospitals or d*etoxification Services* using medication under the supervision of medical personnel in local hospitals or other 24-hour-per-day-care facilities to systemically eliminate or reduce effects of alcohol or other drugs in the body.

- ***Outpatient and Case Management Services -*** These services are generally provided to an individual, group or family on an hourly basis in a clinic or similar facility. They may include diagnosis and evaluation, intake and screening, counseling, psychotherapy, behavior management, psychological testing and assessment, laboratory and medication services. Intensive substance abuse outpatient services are included in this category, are generally provided over a four to 12 week period, and include multiple group therapy sessions plus individual and family therapy, consumer monitoring and case management.

- ***Methadone Detoxification Services and Opioid Replacement Therapy Services –*** These services combine outpatient treatment with the administering or dispensing of synthetic narcotics approved by the federal Food and Drug Administration for the purpose of replacing use of and reducing the craving for opioid substances, such as heroin or other narcotic drugs.

- ***Day Support Services –*** These services provide structured programs of treatment in clusters of two or more continuous hours per day to groups or individuals in a non-residential setting.

- ***Highly Intensive Residential Services –*** These services provide up to seven days of detoxification in nonmedical settings that systematically reduces or eliminates the effects of alcohol or other drugs in the body, returning the person to a drug-free state. Physician services are available.

- ***Intensive Residential Services*** -These services provide substance abuse rehabilitation services up to 90 days and include stabilization, daily group therapy and psycho-education, consumer monitoring, case management, individual and family therapy, and discharge planning.

- ***Jail-Based Habilitation Services*** –This substance abuse psychosocial therapeutic community provides intensive daily group counseling, individual therapy, psycho-education services, self-help meetings, discharge planning, pre-employment and community preparation services in a highly structured environment where residents, under staff and correctional supervision, are responsible for the daily operations of the program. Normally the inmates served by this program are housed separately within the jail. The expected length of stay is 90 days.

DEPARTMENT OF JUVENILE JUSTICE

DJJ provides substance abuse treatment services at six of its seven juvenile correctional centers, excluding the Reception and Diagnostic Center (RDC), to youth meeting appropriate criteria. When youth arrive at RDC they receive a series of evaluations and psychological tests. A treatment and evaluation team subsequently meets and makes initial treatment recommendations as to the level of substance abuse services needed at that time. In brief, substance abuse treatment within the facilities can best be described within two tiers: non-intensive and intensive.

The first tier, a non- intensive service line for male youth with experimental or abusive experiences with alcohol or marijuana, is administered through the Cannabis Youth Treatment Program (CYT 5) - other wise known as Motivational Enhancement Therapy/ Cognitive Behavioral Therapy - 5 sessions (MET/CBT 5). This program is evidenced based with emphasis on motivation to change drug and alcohol refusal skills and relapse prevention.

The second tier, an intensive service line for male youth, is more therapeutic in its approach and is individually tailored to youth with moderate to heavy substance abuse or chemical dependence. Generally, youth assigned to an intensive program are housed in a self-contained unit/modified therapeutic community. The program's foundation is Cannabis Youth Treatment (CYT 12). The principles of the program are evidenced based with emphasis on motivation to change, drug and alcohol refusal skills, relapse prevention, problem solving, anger awareness and control, effective communication, addiction/craving coping skills, depression management and managing thoughts about drug use. Individualized treatment planning also allows behavioral services staff (BSU) to administer additional therapies for youth with co-occurring disorders and/or other debilitating clinical issues via individual, group or family therapy. Treatment course for youth in this program generally ranges from three to four months.

Descriptions of services specific to each of the Institutions are as follows:

Beaumont Juvenile Correctional Center

Beaumont has two and half BSU positions and one BSU clinical supervisor designated for substance abuse treatment services. Intensive treatment is provided in a self-contained/modified therapeutic community (24 bed maximum capacity). Non-intensive

services are provided within the general population, with satellite services available to other specialized housing units on campus. Beaumont houses males 16-20 years old.

Bon Air Juvenile Correctional Center

Bon Air houses both males and females and has two and a half total BSU positions with two BSU clinical supervisors dedicated to its substance abuse programming. The age range of males is 14 to 18 and females range in age from 11 to 20.

The foundation of services to Bon Air's male population are the same as those administered at Beaumont JCC, however, these services are being combined with aggression replacement services within a self-contained/modified therapeutic community. Non-intensive services are provided within the general population, with satellite services available to other specialized housing units on campus as needed.

The girls housed at Bon Air JCC receive intensive, as well as non-intensive substance abuse treatment services in a residential program. Clinical services provided may encompass individual, group and family therapies with emphasis placed on relapse prevention, psycho-education, emotional, physical and sexual trauma, grief and loss, co-occurring disorders and gender specific issues. Treatment course is generally six months.

Culpeper Juvenile Correctional Center

Currently there is one designated BSU staff members for substance abuse treatment services. Intensive services are provided within a self-contained/modified therapeutic community (12 bed maximum capacity), while non-intensive services are provided within the general population. Satellite substance abuse services are provided to other specialized housing units as needed. Culpeper houses males 18 – 20 years old.

Hanover Juvenile Correctional Center

Currently there are two BSU staff members and one BSU clinical supervisor assigned to provide substance services. Both intensive and non-intensive services are provided within a self-contained/modified therapeutic community (24 bed maximum capacity). Satellite substance abuse services are provided to other specialized housing units as needed. Hanover houses males aged 11-18.

Natural Bridge Juvenile Correctional Center

Currently there is one BSU clinical staff member assigned to substance abuse treatment services. Both intensive and non-intensive services are provided, however, all services are administered within the general population, rather than a specialized housing unit. Natural Bridge houses males 15-20 years old.

Oak Ridge Juvenile Correctional Center

This center serves males with developmental and intellectual disabilities. A BSU staff member provides modified substance abuse services to youth in need of treatment. Oak Ridge houses males 11 – 20.

DEPARTMENT OF CORRECTIONS

SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION
NATIONAL OUTCOME MEASURES (NOMS) FOR
SUBSTANCE ABUSE TREATMENT

DOMAIN	OUTCOME	MEASURES
Reduced Morbidity	Abstinence from Drug/Alcohol Use	Reduction in/no change in frequency of use at date of last service compared to date of first service
Employment/Education	Increased/Retained Employment or Return to/Stay in School	Increase in/no change in number of employed or in school at date of last service compared to first service
Crime and Criminal Justice	Decreased Criminal Justice Involvement	Reduction in/no change in number of arrests in past 30 days from date of first service to date of last service.
Stability in Housing	Increased Stability in Housing	Increase in/no change in number of clients in stable housing situation from data of first service to date of last service
Social Connectedness	Increased Social Supports/Social Connectedness	Under development
Access/Capacity	Increased Access to Services (Service Capacity)	Unduplicated count of persons served; penetration rate-numbers served compared to those in need
Retention	Increased Retention in Treatment	Length of stay from date of first service o date of last service
		Unduplicated count of persons served
Perception of Care	Client Perception of Care	Under development
Cost Effectiveness	Cost Effectiveness (Average Cost)	Number of States providing substance abuse treatment services within approved cost-per-person bands by the type of treatment
Use of Evidence-Based Practices	Use of Evidence-Based Practices	Under development