DBHDS

Virginia Department of
Behavioral Health and
Developmental Services

2009 Biennial Report on Substance Abuse Services per *Code of Virginia* § 37.2-310

to the Governor and Members of the Virginia General Assembly

December 15, 2009

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COMMONWEALTH of VIRGINIA

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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December 15, 2009

To: The Honorable Timothy M. Kaine

and

Members, Virginia General Assembly

I am pleased to present to you the **2009 Biennial Report on Substance Abuse Services**, required by the *Code of Virginia* § 37.2-310.

The Department of Behavioral Health and Developmental 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 individuals 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.

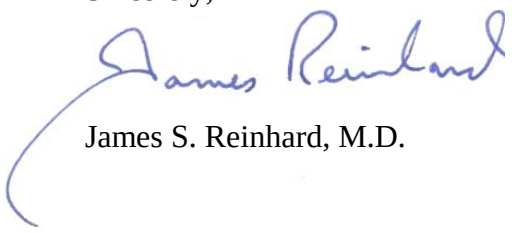
Substance use disorders affect virtually every citizen of the Commonwealth either directly or indirectly through family and friends. Many people who are addicted attempt to hide their use and deny their addiction as a result of the continuing stigma associated with having a substance use disorder. This 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

2009 Biennial Report on Substance Abuse Services

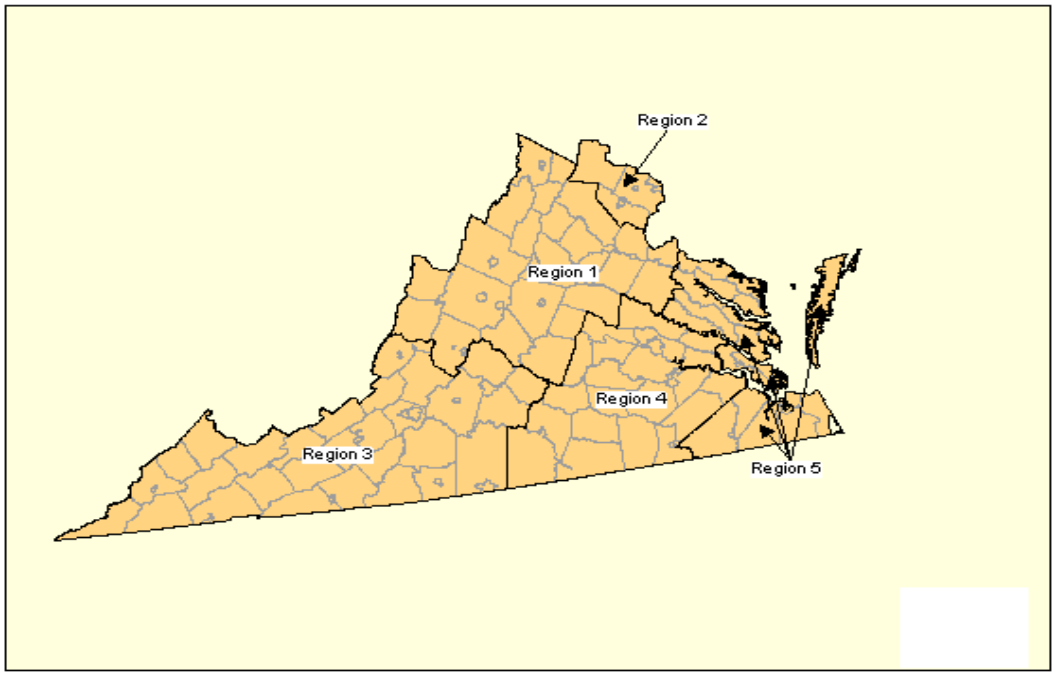
Table of Contents

2009 Biennial Report on Substance Abuse Services

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 Behavioral Health and Developmental Services 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. Information from the National Household Survey on Drug Use and Health (NSDUH) provides estimates for the nation, the state in its entirety and by region.



Although the state as a whole generally experiences lower rates of use, abuse of and dependence on alcohol and illicit drugs, there are several instances in which specific areas of the state exceed the national rate. Region 3 has higher rates of illicit drug dependence and nonmedical use of pain relievers than the national rates and, according to the Virginia Department of Health Office of the Chief Medical Examiner, a significant rate of Drug Caused Deaths. Problems with alcohol use and dependence are also higher in that region (and also in Region 1).

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. In recent years, both federal Block Grant and State General Fund appropriations have remained relatively flat. In 2001, the expended SAPT BG award was $39,245, 298 and General Funds expended were $38,503,482. In 2009, the SAPT BG expended was $42,910,273 and

$47,629,972 in General Funds were expended. When inflation is considered, this has resulted in an overall reduction in capacity. This downward trend has significant implications for both the prevention and the treatment of substance use disorders in the Commonwealth. In 2005, 53,845 consumers were served, but this number declined to 48,156 in 2009. Meanwhile, significant numbers of Virginians are unable to receive timely treatment. DBHDS' Comprehensive Plan for 2010-2016 indicates that 1,272 individuals waited for between 1 to 3 months to receive treatment for substance use disorders. NSDUH data on unmet need for treatment indicate that residents of Virginia, as a whole, have better access to treatment than the nation at large; however, residents of Region 3 have less access.

DBHDS is involved in several special projects designed to improve access to quality prevention and treatment services. Prevention efforts focus on improving access to evidence-based programs (EBPs) that are designed to strengthen families, and are often provided in elementary, middle and high schools. Strong prevention emphasis is placed on supporting community-prevention leadership by providing training and mentorship.

Many people who have mental health challenge also experience issues with substance use which threatens their stability, and many people with substance use disorders also experience mental health problems – referred to as 'co-occurring' issues. In spite of this overlap of challenges, the system of care is segregated, imposing a barrier to effective treatment. To help the service system improve its treatment, DBHDS sought and received a five-year federal grant for $3.5 to improve the service system infrastructure. The result is the Virginia Service Integration Project (VASIP), which has worked extensively with CSBs to address systems issues that hamper access to services for persons with co-occurring mental health and substance use issues. The grant period is coming to a close, and DBHDS is working to ensure that VASIP will continue.

The General Assembly focused several activities on substance use disorders. A study by the Joint Legislative Audit and Review Commission resulted in a report, *Mitigating the Cost of Substance Abuse in Virginia*, which determined that untreated substance abuse conservatively costs the commonwealth $613 million in 2006. The study found that "populations that completed substance abuse programs… imposed lower net costs… and experienced better recidivism and employment outcomes than similar groups who either did not enter or complete treatment.[1] The report also documented the lack of access to treatment and commented on the need for ongoing evaluation. The report made recommendations specific to state agencies and one of those recommended that DBHDS:

- strengthen its capacity to evaluate programs and provide evidence-based services;
- assure that CSB fee structures do not impede access to services; and
- provide training to the judiciary about the benefits of treatment.

On the heels of this report, the General Assembly enacted legislation to support a legislative study (SJR 77 – 2008; SJR 318 – 2009, Hanger) to identify policy and resource remedies. The subcommittee includes representatives from several state agencies involved in or affected by substance use, as well as private providers, consumer advocates and legislators. The

[1] Joint Legislative Audit and Review Commission, Mitigating the Cost of Substance Abuse in Virginia, 2008, p. i.

subcommittee has not yet completed its work at this time, but recommendations will likely address prevention, treatment and recovery, and abuse of prescription medications.

Meanwhile, DBHDS continues to work closely with CSBs to address issues related to abuse of prescription medication, especially in the far southwestern region of the state. The 2006 Session of the General Assembly allocated $534,000 to improve access to medication assisted treatment, half of which went to this area. Also in 2006, DBHDS was awarded a three-year grant for $.5 million to design and implement a program for persons addicted to opiate-based prescription pain medication. Project REMOTE provided treatment to 229 individuals and trained over 600 community members (including physicians and other health care providers) about pain management, addiction and treatment. Persons who completed Project REMOTE were four times more likely to be abstinent from substances six months after treatment initiation or at discharge than before participating in the program. In addition, 65 percent had increases in employment. This grant ended November 30, 2009. To continue the work, DBHDS received $306,414 from the Office of the Attorney General (OAG) as a part of a civil settlement with the manufacturer of OxyContin, one of the frequently abused pain medications. In addition, the Substance Abuse and Mental Health Services Administration awarded DBHDS $285,000 to provide treatment to 82 miners who have lost their certification to mine due to prescription drug abuse. This program will be implemented in the far southwestern region of the state in collaboration with three CSBs providing services to these communities and the Department of Mines, Minerals and Energy (DMME).

As an ongoing efforts to assure the people with substance use disorders receive treatment in the least restrictive and most clinically appropriate environment, DBHDS has, for several years, implemented a process to divert admissions from state mental health facilities for people with primary substance use disorders. The diversion project also works to assure that persons with co-occurring mental illness and substance use disorders who are appropriately admitted get a timely discharge to an appropriate community treatment setting. Currently six state psychiatric facilities are actively participating in this project, supported with a combination of State General Funds and SAPT Block Grant funds. This project is a component of the DBHDS System Transformation and Restructuring Initiative.

OVERVIEW

Purpose

This biennial report provides information about the extent to which Virginians are affected by substance use disorders and how the Department of Behavioral Health and Developmental Disorders has sought to provide services during the biennium (2007-2009). However, much of the information included in this report references prior periods. National statistical information analyzed at the state level is often older than two years; however, the most recent information available was used. In addition, many of the department's initiatives started before this biennium began but were continued during the biennium. Therefore, this report provides as accurate a picture as possible of the department's activities related to the treatment and prevention of substance abuse services as possible.

The Department Behavioral Health and Developmental Services

Title 37.2 of the *Code of Virginia* establishes the Virginia Department Behavioral Health and Developmental Services (DBHDS) as the state authority for alcoholism and drug abuse services. DBHDS works to make efficient, accountable and effective services available for citizens with the substance use disorders. The department is responsible for the administration, planning and regulation of services for substance use disorders in the Commonwealth.

Treatment for individuals with alcohol and other drug problems is generally best provided in a community setting. DBHDS supports substance use disorder prevention and treatment services provided in local communities through the allocation of State General Funds (GF) and federal Substance Abuse Prevention and Treatment Block Grant (SAPT BG) funds to 40 community services boards (CSBs), which are entities of local government. The department's relationships with all CSBs are based on community services performance contracts. DBHDS funds, monitors, licenses, and regulates 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, 2008[2]), conducted by the federal government, indicates that 22.2 million Americans age 12 or over, or 8.9 percent of that portion of the population, meet criteria

[2] The 2008 NSDUH data is currently available only at the national level; 2007 NSDUH data is analyzed at the state level. NSDUH data for 2004, 2005 and 2006 has state-level available at the regional level.

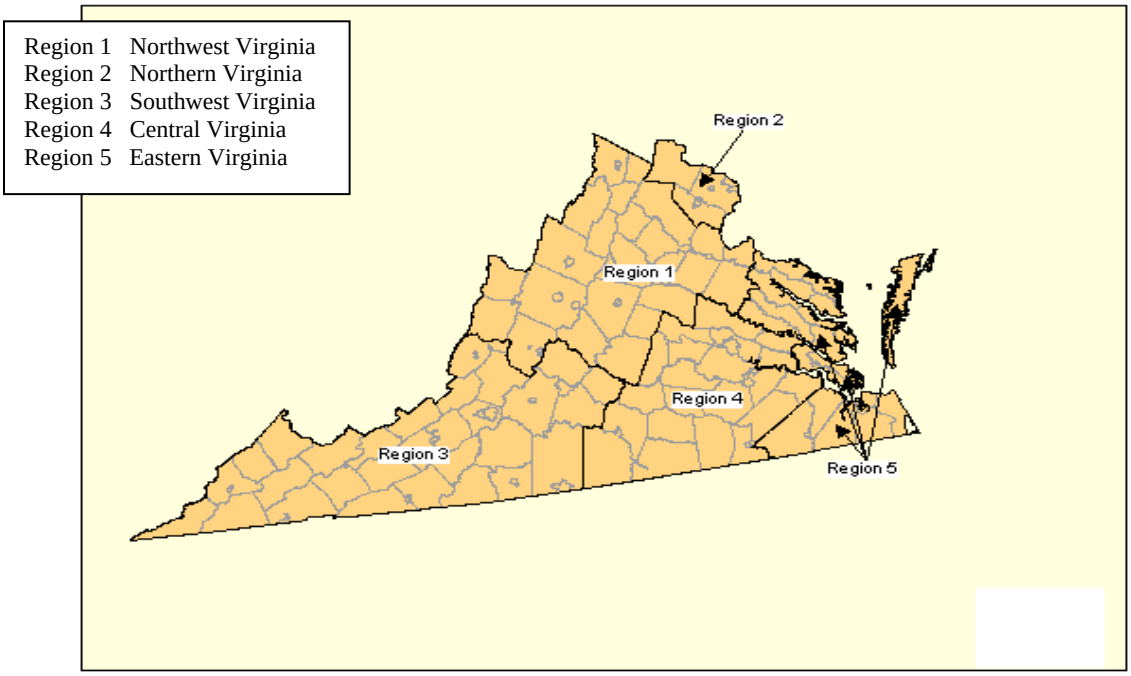
for substance dependence or abuse. In Virginia, that translates to 582,287[3] Virginians who meet criteria for either illicit drug abuse or dependence or alcohol abuse or dependence.

[3] Weldon-Cooper population estimates published July 1, 2008; NSDUH 2008 p. 6.

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, 2005 and 2006 National Surveys 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.

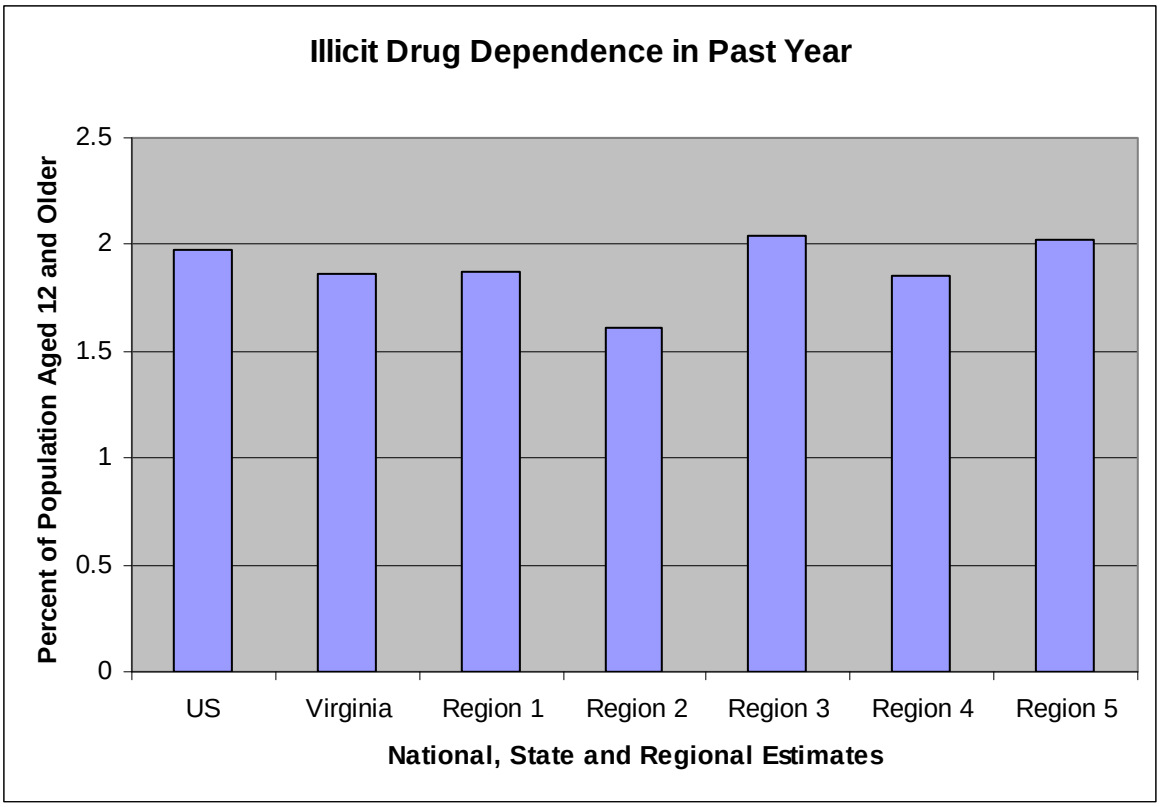
Figure 1



Illicit Drug Use

Based on the most recent information from the National Survey of Drug Use and Health, the percent of Virginians dependent on illicit substances (2.64 %), including abuse of prescription pain medication, is slightly lower than the national average of 2.91 %, ranging from a low of 2.2% in Region 2, to a high of 2.97% (which exceeds the national rate) in Region 3.

Figure 2



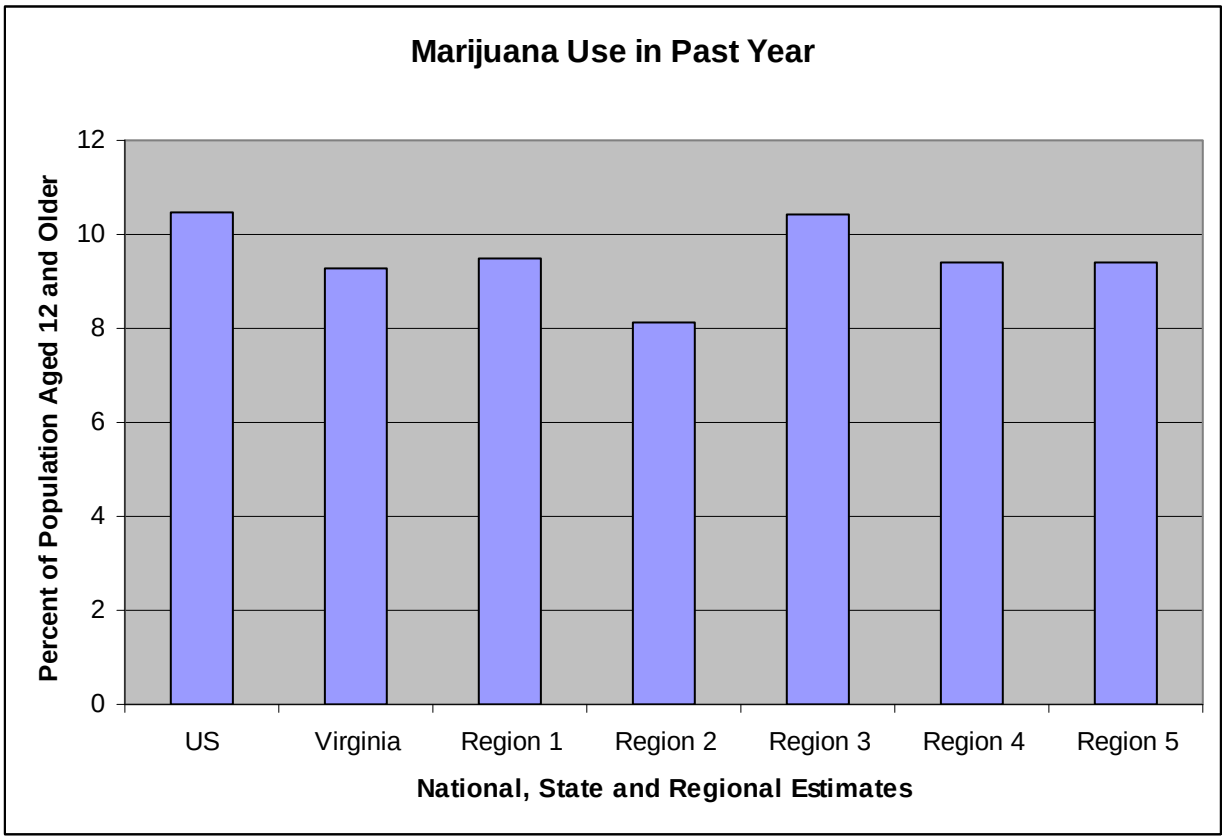
US	Virginia	Region 1	Region 2	Region 3	Region 4	Region 5
2.91	2.64	2.66	2.20	2.97	2.72	2.81

Marijuana

Marijuana is the predominant drug used by those using an illicit drug. The Virginia Community Youth Survey (VCYS) conducted in 2000 indicated that more than one-third of Virginia high school seniors reported using marijuana.

According to NSDUH data displayed in Figure 3, 9.27% of Virginians aged 12 and older used marijuana in the year prior to the survey, as compared to the national rate of 10.47%, with the highest rate in Region 3 (10.43%).

Figure 3

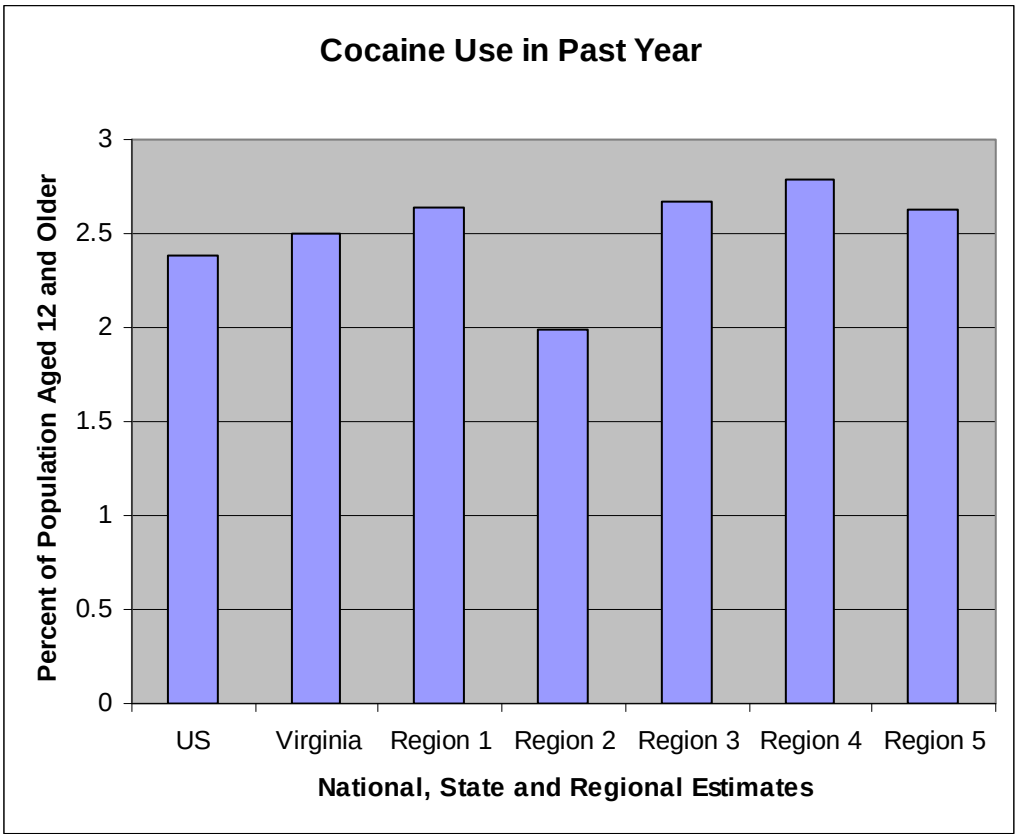


US	Virginia	Region 1	Region 2	Region 3	Region 4	Region 5
10.47	9.27	9.50	8.13	10.43	9.40	9.39

Cocaine

According to the NSDUH data displayed in Figure 4, the percent of Virginians age 12 and older who used cocaine in the year prior to the survey (2.5%) is lower than the national rate of 2.83%.

Figure 4

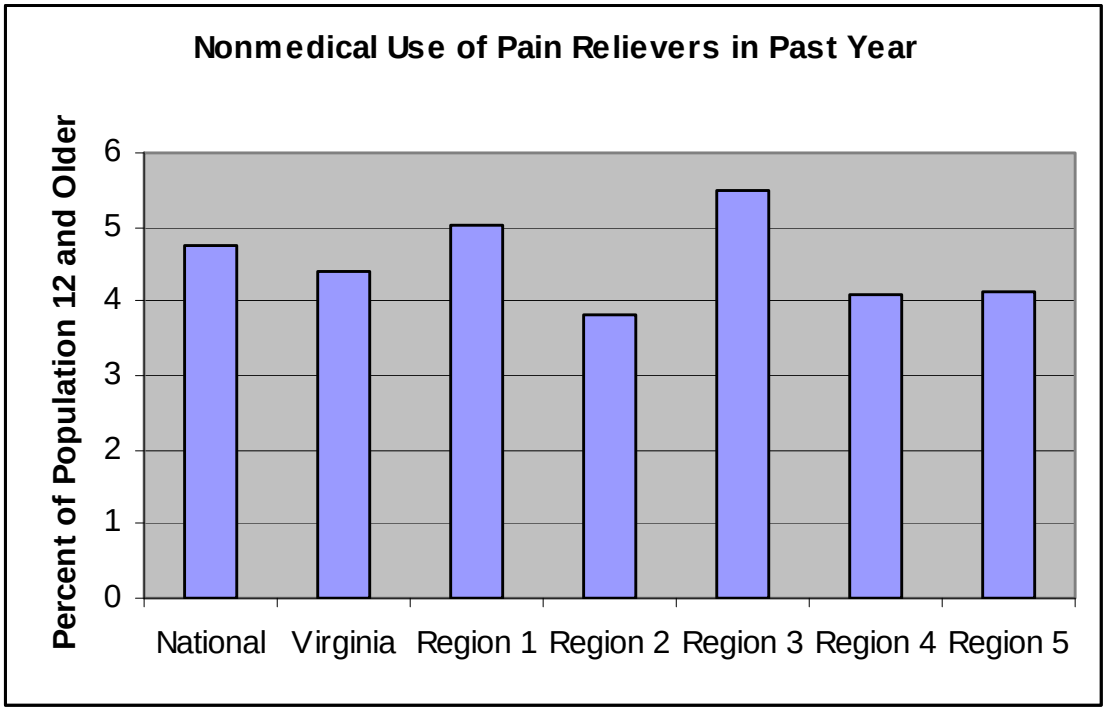


US	Virginia	Region 1	Region 2	Region 3	Region 4	Region 5
2.83	2.50	2.64	1.99	2.67	2.79	2.63

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. Although the rate for the state as a whole (4.42%) is less than the national rate (4.89%), regional rates exceed the national rate in Region 1 (5.02%) and Region 3 (5.51%).

Figure 5

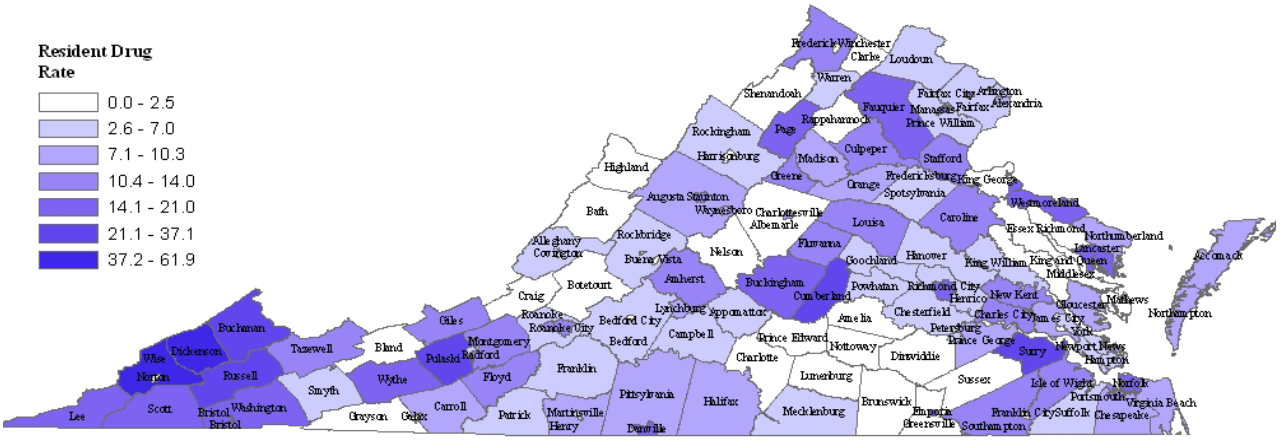


US	Virginia	Region 1	Region 2	Region 3	Region 4	Region 5
4.89	4.42	5.02	3.82	5.51	4.09	4.12

According to the Office of the Chief Medical Examiner (OCME) of the Virginia Department of Health, 717 people died due to Drug Caused Deaths in 2007. Of those, 75.3 % were due to illegal drugs or misuse of prescription drugs. In Virginia, the state rate of death due to drugs is 8.9 per 100,000, but some localities have rates as high as 61.9 per 100,000 (Dickenson County – 2007). Figure 6 displays drug caused deaths by locality in 2007. Note the concentration of high death rates due to drugs in the far southwestern area.

Figure 6

Drug/Poison Caused Death Rates by City/County of Residence, 2007[4]

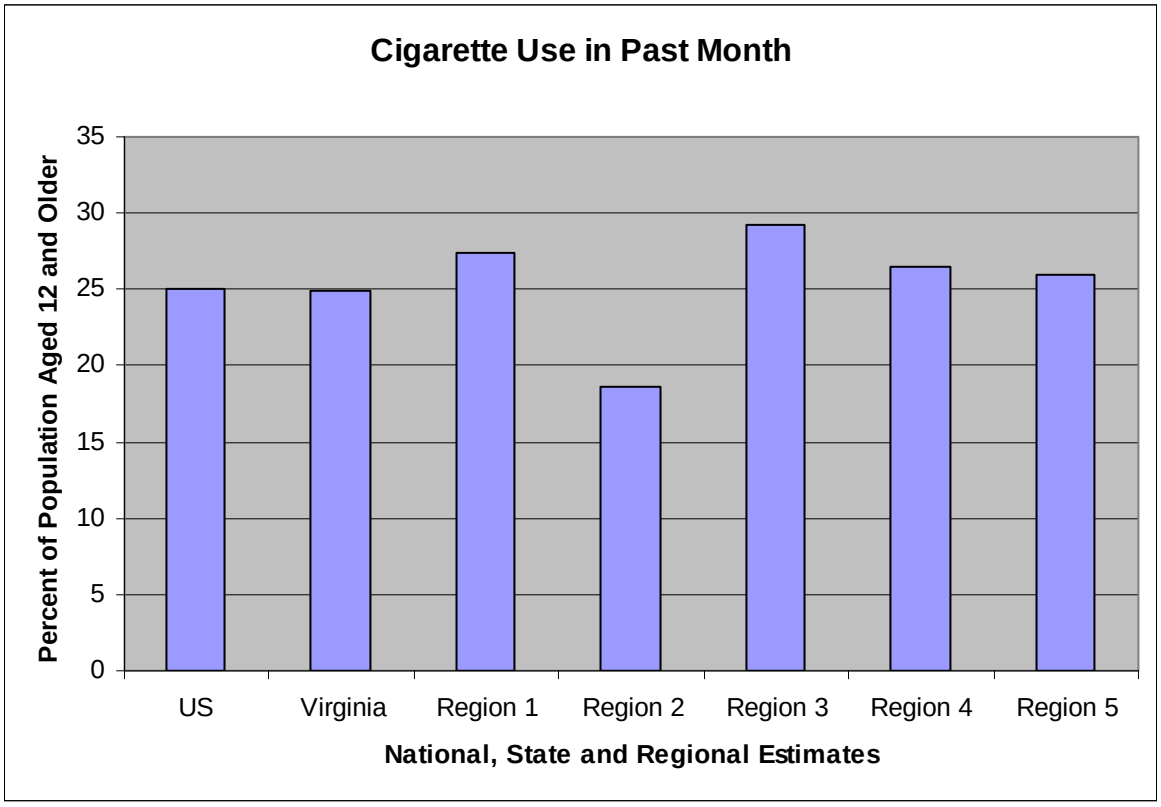


[4] Virginia Department of Health, Office of the Chief Medical Examiner's Annual Report, 2007, p. 130.

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, preceding first use of marijuana by about one year. Figure 7 displays NSDUH data on cigarette use.

Figure 7



US	Virginia	Region 1	Region 2	Region 3	Region 4	Region 5
25	24.93	27.34	18.63	29.28	26.43	25.97

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.

Alcohol Related Crashes, Fatalities and Injuries

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. According to the Office of the Chief Medical Examiner, ethanol (alcohol) was detected in 32.9 percent of all accidental deaths[5] Figure 8 shows the incidence of alcohol in vehicular crashes, injuries and fatalities in Virginia.[6]

Figure 8

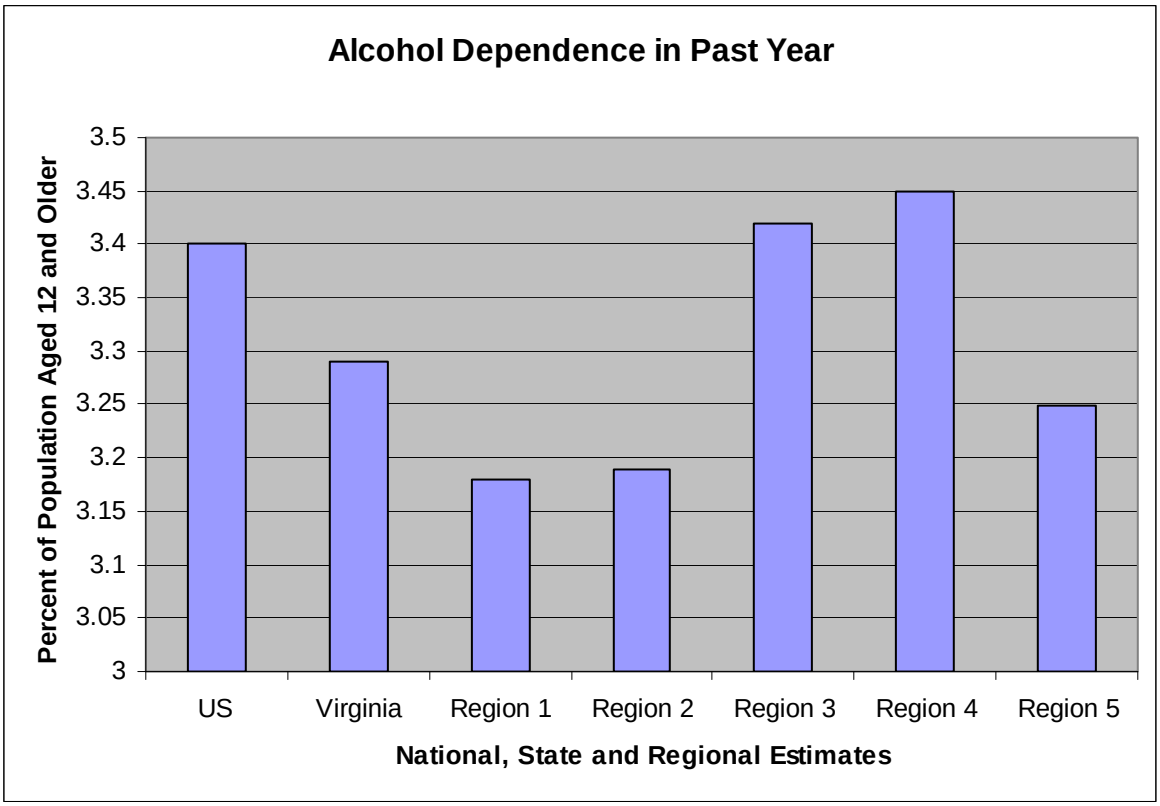
Alcohol related crashes peaked in 2006 (11,736), as did alcohol related injuries (7,543). In 2008, there were 10,294 crashes, 354 fatalities and 7000 injuries related to alcohol.

[5] Virginia Department of Health, Office of the Chief Medical Examiner's Report, 2007, p. 100.
[6] Virginia Department of Motor Vehicles 2008 Virginia Traffic Crash Facts, p. 23

Alcohol Dependence

The proportion of Virginians with alcohol dependence in Virginia (3.29%) is slightly lower than that for the nation (3.4%), but Regions 3 and 4 exceed the national rate slightly.

Figure 9

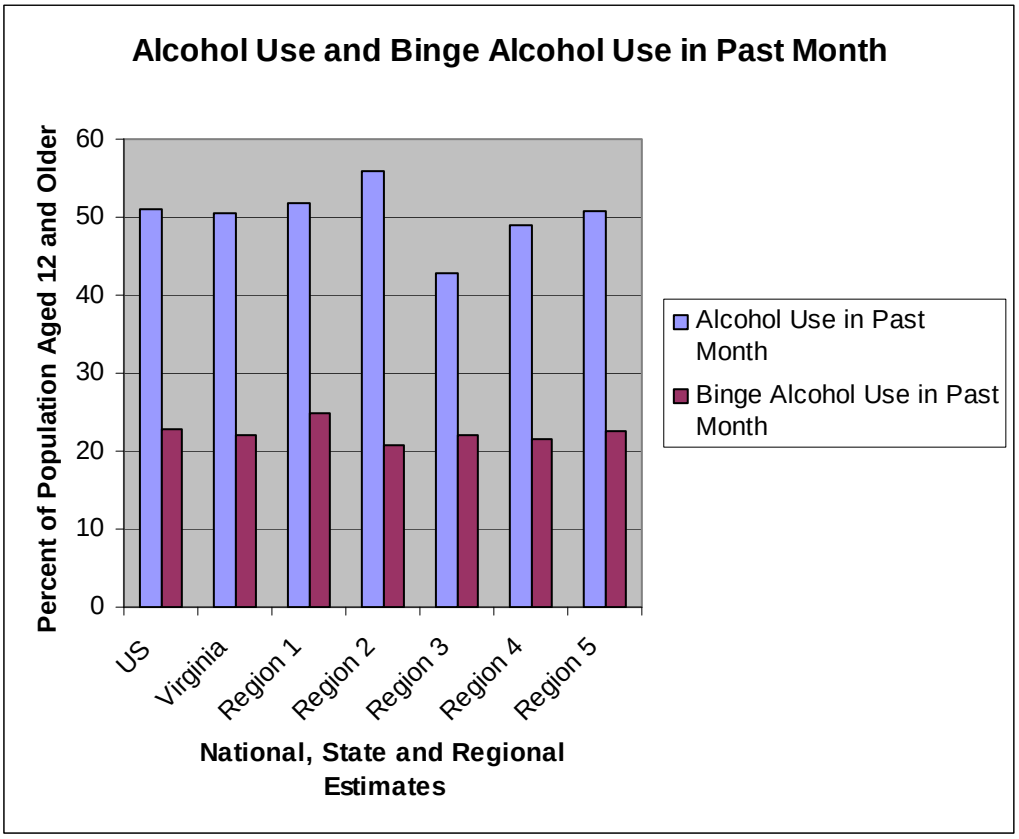


US	Virginia	Region 1	Region 2	Region 3	Region 4	Region 5
3.4	3.29	3.18	3.19	3.42	3.45	3.25

Alcohol Use and Binge Alcohol Use

Binge alcohol use is defined as five or more drinks on the same occasion. Statewide, Virginia's rates of alcohol use (27.06%) and binge alcohol use are slightly lower than the national rates (28.27% and 18.95 %, respectively). However, Regions 1 and 3 exceed that national rate in both categories.

Figure 10



Alcohol Use in Past Month

US	Virginia	Region 1	Region 2	Region 3	Region 4	Region 5
28.27	27.06	30.42	25.95	29.19	25.31	25.63

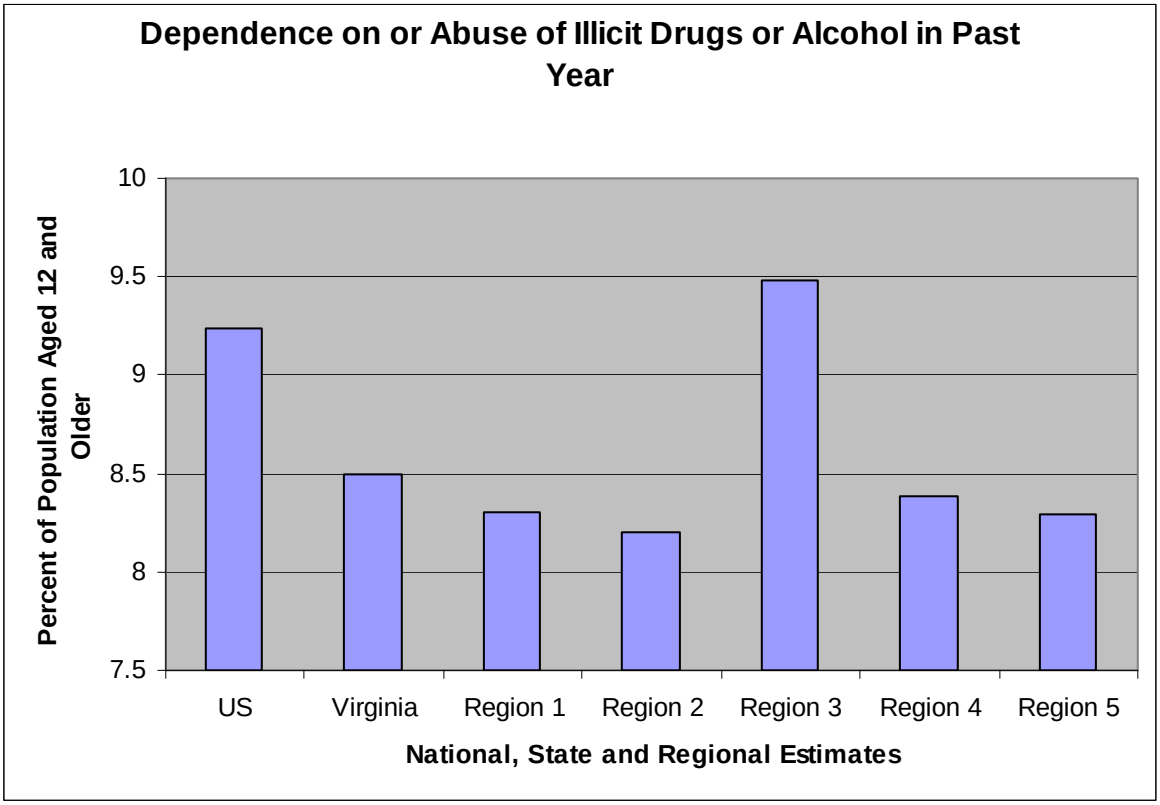
Binge Alcohol Use in Past Month

US	Virginia	Region 1	Region 2	Region 3	Region 4	Region 5
18.95	18.6	22.18	18.24	20.79	15.81	17.00

Dependence on or Abuse of Illicit Drugs or Alcohol for the Past Year

Virginia's rate of dependence on or abuse of illicit drugs or alcohol (8.5%) is below the national rate, but the percent of persons who meet these criteria in Region 3 exceeds both rates.

Figure 11



US	Virginia	Region 1	Region 2	Region 3	Region 4	Region 5
9.24	8.5	8.3	8.2	9.48	8.38	8.29

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 Behavioral Health and Developmental Services (DBHDS).

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 percent of the total award be expended on prevention, at least 70 percent on treatment, and a base amount supporting services to pregnant women and women with dependent children. There are also requirements concerning ready access to services for persons who inject drugs and pregnant women, as well as services that must be available to women with dependent children.

Due to reductions by Congress, the amount of funding from the SAPT BG has slowly declined. 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.

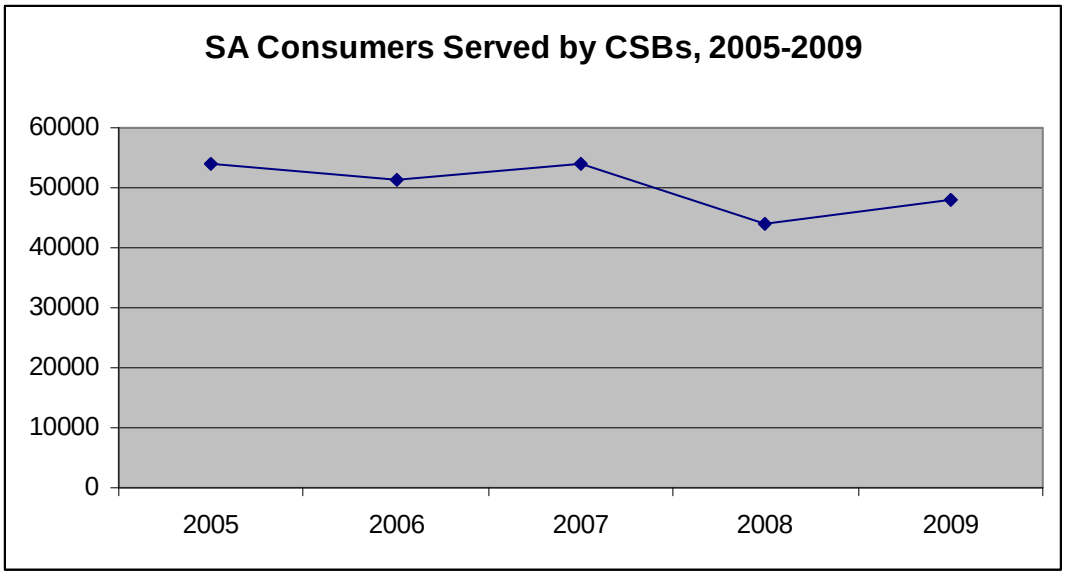
TABLE 1: ALLOCATIONS FOR COMMUNITY SUBSTANCE ABUSE TREATMENT

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	$43,792,355	$42,930,418	$86,722,773
2008	$47,626,658	$42,894,599	$90,521,257
2009	$47,629,972	$42,910,273	$90,540,245

Service Capacity

In the July through June service periods from 2005 through 2009, utilization declined from 53,845 to 48,156 unique consumers, illustrated in Figure 12. There are several reasons for the decrease. As evidence-based practices and programs are employed, consumers stay in treatment longer, reducing capacity but increasing the likelihood of positive outcome for treatment. Also, during this period, funding has been relatively static, while the costs of providing treatment have increased, resulting in declining capacity.

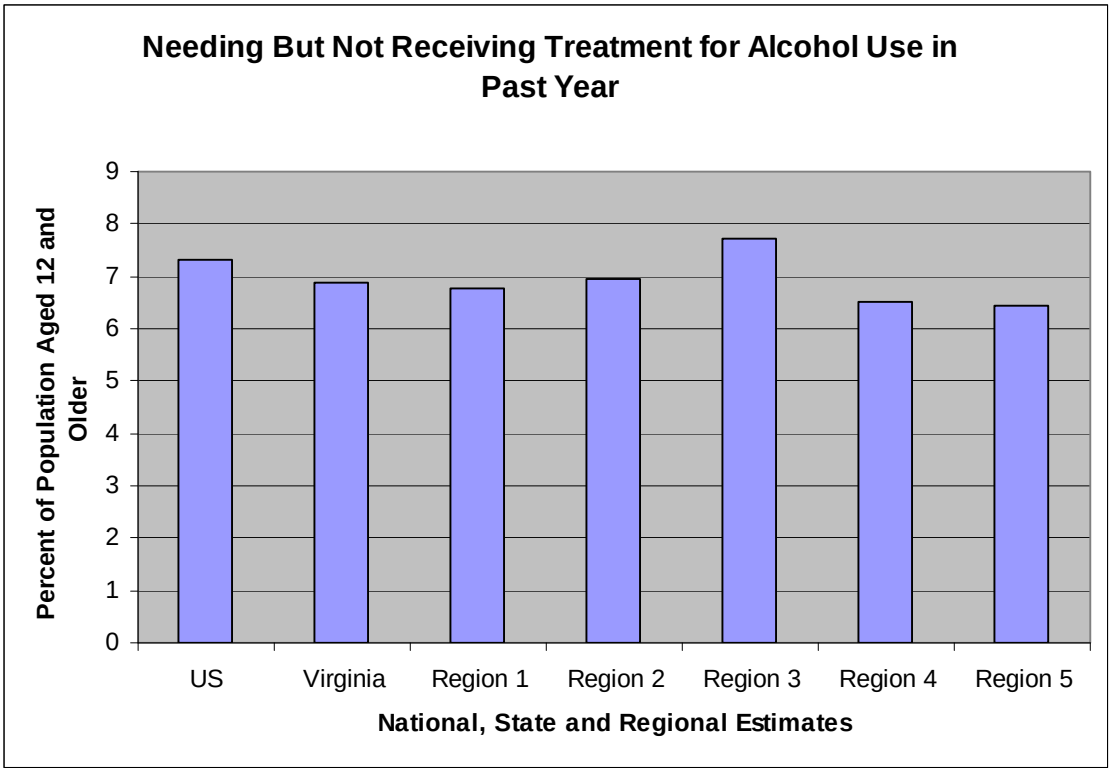
Figure 12



Unmet Need for Treatment

According to NSDUH, approximately 6.87% of Virginians needed treatment for alcohol use but did not receive it, which is lower than the national rate of 7.33%. However, the rate for individuals in Region 3 (7.73%) exceeds the national rate. This is depicted in Figure 13.

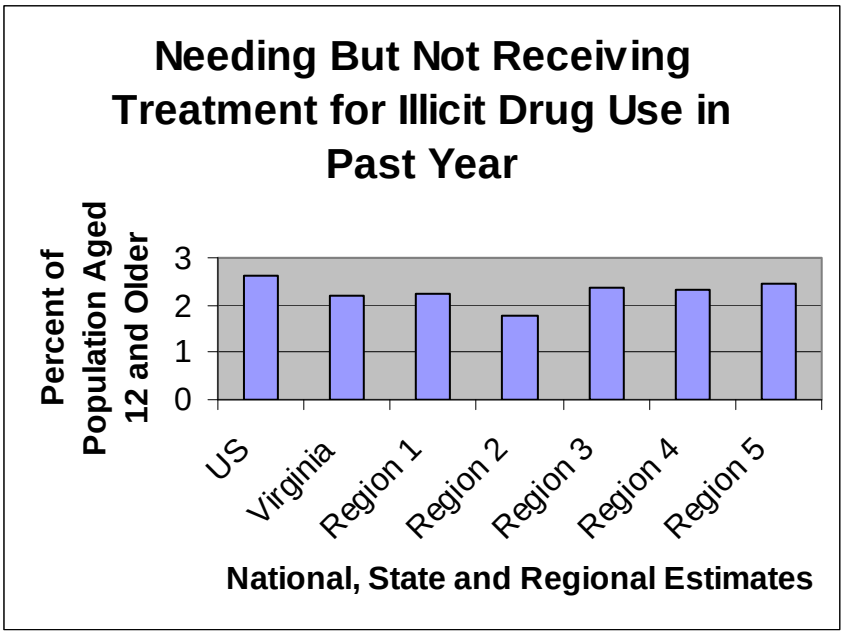
Figure 13



US	Virginia	Region 1	Region 2	Region 3	Region 4	Region 5
7.33	6.87	6.76	6.95	7.73	6.53	6.44

Figure 14 shows data regarding treatment for illicit drug use. Rates for Virginia (2.21 %) are better than the national average (2.62%) across the state.

Figure 14



US	Virginia	Region 1	Region 2	Region 3	Region 4	Region 5
2.61	2.21	2.24	1.77	2.38	2.31	2.46

Between January and April 2009, 2,049 individuals were on waiting lists for substance abuse treatment services at Virginia's CSBs. Of these, 1,272 waited between 1 and 3 months for an initial appointment (DRAFT Comprehensive Plan 2010-2016, pp. 16-17).

SPECIAL PROJECTS

Prevention

In the Department of Behavioral Health and Developmental Services (DBHDS) Office of Substance Abuse Services (OSAS), a high priority is placed on implementing evidence-based programs that are family-focused and that have been demonstrated to prevent substance abuse, increase academic achievement, improve family relationships and enhance social skills for participants. Over half of the services provided by CSBs in 2009 were evidence-based. Target populations are students in elementary, middle and high school, as well as persons living in high-risk environments. In order to accomplish this using evidence-based practices and programs, the prevention workforce community must have access to training and support in using this training.

State prevention staff provide technical assistance and training to prevention directors and staff in CSBs, devoting considerable resources to providing support to CSB prevention staff who have different levels of experience and knowledge, with a strong emphasis on implementing evidence-based prevention practices and programs.

CSBs often hire staff with limited direct experience, knowledge or training in prevention services. In response, DBHDS has established an orientation program for new CSB prevention directors including distribution of textbooks, manuals, and materials, and site visits. In addition, DBHDS prevention staff have developed a mentorship program in which experienced and certified CSB prevention directors were provide monthly supervision to new prevention directors. This program and 20 hours of prevention training annually are included as recommendations in the performance contract between DBHDS and CSBs.

DBHDS has established the CSB Prevention Personnel Certification and Presentation Scholarship Fund which supports the certification application process for new prevention directors. In addition, DBHDS Prevention Services Consultant has worked with national groups to establish standards for prevention professionals, including developing a national exam, and strongly encourages CSBs staff to participate. DBHDS also provides scholarships to CSB staff to support attendance at national prevention conferences.

COSIG/VASIP

According to NSDUH (2008), more than 25 percent of persons with serious mental illness were dependent on or abused illicit drugs or alcohol, as compared to 8.3 percent among those without a serious mental illness. Among persons with a major depressive episode, 20.8 percent were dependent on or abused alcohol or other drugs, as compared to 7.8 percent of those who had not experienced a major depressive episode. Clearly, having either a serious mental illness or major depressive episode increases the likelihood of abuse of dependence on alcohol or other drugs. Yet, the service system is organized in a way that segregates the issues, thus imposing barriers to successful treatment. In 2004, DBHDS received a $3.5 million five-year grant from the federal Substance Abuse and Mental Health Services Administration (Co-Occurring State Infrastructure Grant) to improve the commonwealth's capacity to serve persons with co-occurring mental illness and substance use disorders. This has become the Virginia Systems Integration Project (VASIP). This project, which has been extended into 2010 due to a no-cost extension of the grant, had three goals:

(1) Develop infrastructure to support service integration at all levels of the public mental health and substance abuse services system;
(2) Develop capacity to screen and assess consumers for co-occurring disorders; and
(3) Develop and enhance capabilities to provide treatment and other services to persons with dual diagnoses and promote the adoption of best practices.

Working closely with CSBs, VASIP has achieved significant systems improvements, including:

- Training and implementation of a systemic process to assess organizational readiness to address the needs of persons with co-occurring mental illness and substance use disorder at CSBs and facilities.
- Training in use of specific screening and assessment tools to identify co-occurring disorders in persons seeking services at CSBs.
- Implementation of a system-wide quality improvement process, including annual self assessments and the development of a quality improvement plans with measurable objectives.
- Establishment of an advisory team with representatives from throughout the system.
- Extensive training of CSB and facility staff in identifying persons with co-occurring mental illness and substance use disorders.
- Allocation of $1.1 million to CSBs and facilities for expert consultation in development of quality improvement plans, training in evidence based practices and programs, and purchase of training and other materials to assist staff providing services to consumers with co-occurring disorders.
- Implementation of a workforce survey of CSB and facility staff to assess training and professional development needs relative to providing services for consumers with co-occurring mental illness and substance use disorders.
- Training for peer support specialists in utilizing a self help model
- Student Stipend Initiative funding students at The College of William and Mary and Virginia Commonwealth University.

Joint Legislative Audit and Review Commission: Mitigating the Cost of Substance Abuse in the Commonwealth (2008)

This two-year study, prompted by legislative action, is based on data collected from ten CSBs and corresponding adult Probation and Parole offices. Findings include:

- Untreated substance abuse costs the Commonwealth $613 million in 2006.
  - This is a conservative estimate as it only accounted for actual costs, mostly absorbed by the criminal justice system. Costs for social services supports (e.g., foster care for children removed from custody due to parental substance abuse; costs of special education related to substance-exposed pregnancies; costs associated with lost productivity due to employee substance abuse) were not included in this estimate.
  - "Populations that completed substance abuse programs…. imposed lower net costs…. and experienced better recidivism and employment outcomes than similar groups who either did not enter or did not complete treatment"
  - Many populations do not have access to treatment, limiting the benefits of substance abuse treatment;
  - Many people in the criminal justice system who need services are not able to access them;

- Evaluation of prevention and treatment programs needs to be enhanced to assure that funds are expended efficiently.

- Recommendations specific to DBHDS include
  - Enhanced program evaluation, including conducting a needs assessment to determine IT and HR requirements to obtain accurate client outcomes information from CSBs and to adequately analyze these data to improve program results, conduct ongoing program evaluations; collaborate with DOE regarding resources necessary to evaluate school-based services.
  - Evaluate CSB fee structures to assure that financial barriers are not imposed on consumers seeking services;
  - Enhanced workforce development systems to insure access to evidence-based practices and programs that are delivered with fidelity (for both prevention and treatment), to include collaboration with DOE regarding school-based services.
  - Establishing a benchmarking system with financial incentives to encourage CSBs to utilize evidence-based practices and programs;
  - Providing training to judges about the benefits of treatment.
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SJR 77 (2008) and SJR 318 (2009) (Hanger)

This legislative study has worked to identify policy and resource remedies for the issues identified in the JLARC study. Study commission members include representatives from DOC, DSS, DBHDS, as well as private providers, consumer/advocates, and legislators. The study commission is in the process of finalizing its report for SJR 318 (2009). Recommendations will likely focus on:

- Strengthening the Prescription Monitoring Program housed at the Department of Health Professions.
- Improving physician training in addiction.
- Assuring insurance parity.
- Increasing the number of drug courts.
- Supporting the development of jail-based services (including diversion programs for both local jail and state prisons).
- Improving access to all treatment, and especially medication-assisted treatment, services to youth, pregnant and parenting women, and the elderly.
- Improving access to school-based services for youth.
- Implementation of a statewide school-based survey to determine the prevention and treatment needs for youth, and measure the impact of prevention programs on school-aged populations.
- Improving access to recovery services.
- Improving CSB utilization of Medicaid as a funding sources for substance abuse treatment, and supporting changes in the federal regulation limiting reimbursement for residential treatment to facilities with 16 or fewer beds.
- Exploring other revenue sources to support treatment and prevention services.

The commission may ask to extend its work for another year.

Initiatives Targeted to Rural Opiate Abuse
Significant rates of death (some in excess of 50 per 100,000) related to opiates in the far southwestern region of the state prompted focused and innovative action on the part of the community services. Many of these mortalities were the result of misuse of prescription pain medication. Since 2002, a significant amount of resources have been allocated to address this issue. The 2006 Session of the General Assembly appropriated $534,000 to DBHDS to improve access to medication-assisted treatment for persons dependent on opiates; half of these funds was allocated to four community services boards in the far southwestern region of the state, and these funds have continued to be appropriated.

In the fall of 2006, DBHDS learned that it was the recipient of funding in the amount of $1.5 million over three years from the federal Substance Abuse and Mental Health Services Administration, resulting from a collaboration between DBHDS and the three CSBs serving areas most affected. This grant supported Project REMOTE, an innovative treatment capacity expansion program that not only improved access to medication assisted treatment but also concentrated on engaging the community, especially primary health care providers, in learning about pain management, addiction, and community treatment resources. Highlights of Project REMOTE's accomplishments include:

- Provided evidence-based treatment services to 229 individuals;
- Support for training for nearly 600 community members, counselors and health care providers about pain management, addiction and treatment, including training for more than 150 area physicians;
- Drafted an assessment and referral resource for physicians about addiction and pain management.

Consumers who completed Project REMOTE were four times more likely to be abstinent from substance use at six months after initiation of treatment or at discharge than before participating. In addition, 65% experienced increase levels of employment, and there was a 138% decrease in alcohol or illegal drug related health, behavioral, or social consequences

To continue the work of Project REMOTE when it ends (November 30, 2009), DBHDS successfully sought funding in the amount of $306,414 from the Office of the Attorney General to utilize civil settlement funds from Purdue-Pharma, manufacturer of OxyContin, one of the major pain medications abused.

In 2009, as a result of an earmark from Senator Webb, SAMSHA awarded DBHDS $285,000 for one year to provide treatment to coal miners who have lost their certification to work in Virginia mines due to abuse of pain medications. The same three CSBs have developed a treatment and monitoring protocol with the Department of Mines, Minerals and Energy, and DBHDS is providing evaluation, project direction and administration. This project will serve 82 miners.

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, DBHDS implemented the Diversion Process 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:

1. Southwestern Virginia Mental Health Institute/Region 3 (Marion),
2. Southern Virginia Mental Health Institute/Region 3 (Danville),
3. Catawba Hospital/Region 3 (Salem),
4. Western State Hospital/Region 1 (Staunton),
5. Central State Hospital/Region 4 (Dinwiddie County), and
6. Eastern State Hospital/Region 5 (Williamsburg).

The initial Diversion Project agreements between DBHDS 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.

Although the goals of this project remain intact, in many ways the project has been eclipsed by circumstance and finances. In FY 2003, due to state budget issues, state funds were reduced by $952,190. Federal funds remain steady at $595,809. The total amount including state and SAPT Block Grant funds allocated for this project now total $2,151,802. DBHDS has also initiated new Acute Care/Census Management Projects that have moved beyond the modest goals of this project and now encompass the entire system.

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