

# **DBHDS**

Virginia Department of  
**Behavioral Health and  
Developmental Services**

**Report on Item 316 OO –  
Feasibility of Expanding the Use of  
Community Medical Detoxification and  
Opiate Maintenance Treatments  
for Jail Diversion**

**To the Chairmen of the  
House Appropriations and Senate Finance Committees**

**December 1, 2009**



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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December 15, 2009

To: The Honorable Timothy M. Kaine

and

Chairmen, House Appropriations and Senate Finance Committees

Pursuant to Item 316. OO. of the *2009 Appropriation Act*, DBHDS submits to you the enclosed report on the feasibility of expanding the use of community medical detoxification and opiate maintenance treatments to divert opioid dependent individuals from jails. The Department included efforts to maximize utilization of existing benefits accessed through the Aftercare Pharmacy and the Department of Medical Assistance Services (DMAS).

If you have any questions regarding the report, please feel free to contact me at (804) 786-3921.

Sincerely,



James S. Reinhard, M.D.

Enc.

Cc: Hon. Marilyn B. Tavenner  
Hon. Janet Howell  
Mr. Dick Hickman  
Mr. Joe Flores  
Ms. Susan Massart  
Mr. Paul Van Lenten  
Ken Batten  
Ruth Anne Walker

## Response to Item 316 00.

### I. Background

The 2009 General Assembly, through: Item 316 OO. of the 2009 Appropriation Act, directed the Department of Behavioral Health and Developmental Services (DBHDS; formerly the Department of Mental Health, Mental Retardation and Substance Abuse Services) in cooperation with the Virginia Association of Community Services Boards (VACSB) and with input from the Department of Corrections (DOC) and the Supreme Court of Virginia (SCV) to:

*...examine the feasibility of expanding the use of community medical detoxification and opiate maintenance treatments to divert opioid dependent individuals from jails. As part of its analysis, the Department shall include efforts to maximize the utilization of existing benefits accessed through the Aftercare Pharmacy (now the Community Resource Pharmacy) and the Department of Medical Assistance Services.*

### II. Process

DBHDS requested DOC to determine the number of potential cases that might be diverted from jails and prisons. DOC deferred to the Virginia Sentencing Commission, which provided a list of cases of possession of Schedule I or II Drugs. DBHDS requested the Office of the Executive Secretary (OES) of SCV with information and data requests.

### III. Discussion

The 2007 General Assembly through House Joint Resolution 683 and Senate Joint Resolution 395 directed the Joint Legislative Audit and Review Commission (JLARC) to study the impact of substance abuse on the state and localities. JLARC found that the adverse effects of substance abuse cost state and local governments at least \$613 million in 2006, and that the costs were incurred primarily in public safety.

To mitigate these effects, the state and localities spent \$102 million providing substance abuse services. Because of those investments, most populations that completed substance abuse treatment imposed lower net costs on the state and localities, and the majority experienced better outcomes. Further, a recent meta-analysis of cost effectiveness studies conducted by Henrick Harwood, Research Director of the National Association of State Alcohol and Drug Abuse Directors (NASADAD) reflected a seven dollar return for each dollar invested in substance abuse treatment services.

The nature of the population to be served - individuals addicted to narcotics, licit or illicit, and who have charges or criminal sentences pending - dictates that several elements are paramount in providing successful services. These are:

- assessment;
- induction/detoxification;
- appropriate monitoring and oversight of both physical and criminal justice aspects of cases;
- pharmaceutical services; and

- provision of appropriate treatment and continuing care services.

Consequently, since these cases require a blend of treatment and criminal justice oriented services, three systems are required to address each of the elements that serve individuals who are addicted to narcotics and who have pending criminal justice issues. These systems are community services boards (CSBs), which provide assessment and treatment services; drug courts (DCs), which provide monitoring and oversight of criminal justice issues through a specialized docket of offenders with substance abuse issues; and opioid treatment programs (OTPs), which provide pharmaceutical services, induction/detoxification services.

Using data provided by the Virginia Sentencing Commission, the SCV and the CSBs, ten areas currently contain each of the three systems necessary to provide the services listed above. These areas are:

1. Roanoke
2. Chesapeake
3. Chesterfield
4. Tazewell
5. Hampton
6. Henrico
7. Norfolk
8. Portsmouth
9. Charlottesville
10. Richmond

In addition, these regions serve approximately half of the consumers convicted of possession of a Schedule I or II drug in Virginia. DBHDS recommends that the preferred model of diverting opioid dependent individuals from jails and prisons would include each of the systems listed above.

#### **IV. Service Costs**

Using a year as a baseline for the delivery of services, costs are estimated on a per person basis per year as follows:

- Community Services Boards: \$4,828
- Drug Court: \$1,000
- Opioid Treatment Programs: \$4,563
- Total annualized cost per person: \$10,391

It is important to note that each of the estimated costs contains some duplication. The actual cost for this model would be less than the total of these numbers. The \$4,563 cost for OTPs is a bundled rate that includes a minimum level of treatment services in addition to the dosing costs for methadone. Costs for DCs also include a minimum amount of treatment costs. Costs for CSBs are for intensive outpatient and case management services.

## **V. Barriers**

Each of the systems, including CSBs and their parent state agency/coordinating authority, has been downsized due to the Commonwealth's budgetary issues. Consequently any new initiative would face significant fiscal barriers unless additional resources became available to support the activity.

Many DCs do not support medication assisted treatment. Further, many OTPs do not use Suboxone but rely exclusively on methadone services, which may not be the most clinically appropriate medication in all cases. Resolving these issues will require education and coordination of services to insure full integration of care. Additionally, DBHDS is in the process of ending direct operation of the Community Resource Pharmacy and transferring pharmacy operation to CSBs around the state.

## **VI. Recommendations**

The study group members do not recommend that the three-system model be funded initially because of the barriers mentioned above. Costs to ensure appropriate education, coordination and integration of services would require designated, appropriately-trained staff at both SOV and DBHDS, and allow for travel to the sites. Those staff would also work to reduce duplicative services in each of the elements and reduce the total cost per participant.

DBHDS recommends establishing the two coordinating positions in the first year. This must be the first step to ensure that the proposed model can be fully implemented. The costs for this recommendation are:

- DBHDS = \$100,000 (position with travel expenses)
- Supreme Court = \$100,000 (position with travel expenses)

Diversion could begin when this integration of services occurs or at the beginning of the second year as funding support becomes available. (As previously stated, the recommendation for new staff is made with full understanding it would require a change in the state's economic environment.)

**Cases of Possession of a Schedule I or II Drug § 18.2-250 (FY2008) By Jurisdiction**

(Va. Sentencing Commission)			Total	Community Services Board	Drug Courts	Opioid Treatment Programs	Preferred Model	Est'd. # of participants
	Up to 12 mo	12+ mo						
No Incarceration								
12	21	4	37	ALEXANDRIA		Alexandria Substance Abuse Services		
14	1	1	16	ALLEGHANY HIGHLANDS				
65	23	15	103	ARLINGTON				
73	128	6	207	BLUE RIDGE	Roanoke City, Salem City & Roanoke County Adult Drug Court	Roanoke Treatment Center	1	207
89	117	31	237	CENTRAL VA				
184	102	55	341	CHESAPEAKE	Chesapeake Adult Drug Court	Virginia Beach Methadone Clinic (VBMC)	1	341
70	95	16	181	CHESTERFIELD	Chesterfield Adult Drug Court	Richmond Southside Treatment Center (RSTC)	1	181
32	17	6	55	COLONIAL				
34	16	6	56	CROSSROADS				
17	19	6	42	CUMBERLAND MOUNTAIN	Tazewell Adult Drug Court	Clinch Valley Treatment Center	1	42
21	50	15	86	DANVILLE-PITTSYLVANIA				
3	1	0	4	DICKENSON				
23	7	4	34	EASTERN SHORE				
184	75	19	278	FAIRFAX-FALLS CHURCH		Fairfax Methadone Treatment Center (FMTC) - Inova Comprehensive Addiction Treatment Services		
			0					
8	8	1	17	GOOCHLAND-POWHATAN				
417	196	71	684	HAMPTON-NEWPORT NEWS	Hampton Adult Drug Court -- Newport News Adult Drug Court	Hampton Roads Clinic/Opioid Treatment Program	1	684
23	21	5	49	HANOVER				
33	18	5	56	HARRISONBURG-ROCKINGHAM	Staunton Adult Drug Court			
113	126	21	260	HENRICO	Henrico County Adult Drug Court	FCCR* , Richmond Treatment Center (RTC)	1	260
44	7	5	56	HIGHLANDS		Human Resources Inc. (HRI)		
37	18	7	62	LOUDOUN	Loudoun County Adult Drug Court			
18	32	8	58	MIDDLE PENINSULA-NO				

				NECK				
81	29	6	116	MOUNT ROGERS		New River Treatment Center		
51	30	7	88	NEW RIVER VALLEY				
194	130	65	389	NORFOLK	Norfolk Adult Drug Court	Norfolk Community Services Board	1	389
82	84	15	181	NORTHWESTERN				
10	8	4	22	P.D. 1				
52	75	21	148	P.D. 19	Hopewell, Prince George & Surry Adult Drug Court			
30	15	10	55	PIEDMONT REGIONAL				
171	77	72	320	PORTSMOUTH	Portsmouth Adult Drug Court	City of Portsmouth, Woodbridge Methadone Treatment Center (WMTC)	1	320
120	41	12	173	PRINCE WILLIAM RAPPAHANNOCK AREA	Fredericksburg Adult Drug Court			
54	124	14	192	RAPPAHANNOCK-RAPIDAN				
67	25	9	101					
35	26	16	77	REGION TEN	Albemarle County, Charlottesville Adult Drug Court	ARS Pantops Clinic	1	77
241	368	73	682	RICHMOND	Richmond Adult Drug Court	Family Counseling Center for Recovery, Radford	1	682
						Family Counseling Center for Recovery-Southlake.		
						Human Resources, Inc. (HRI)		
						Richmond Treatment Center (RTC)		
11	7	0	18	ROCKBRIDGE		Richmond Southside Treatment Center (RSTC).		
35	13	12	60	SOUTHSIDE				
226	140	49	415	VA BEACH		Virginia Beach Methadone Clinic (VBMC)		
93	14	7	114	VALLEY				
94	37	35	166	WESTERN TIDEWATER				
3161	2341	734	6236				10	3183