COMMONWEALTH of VIRGINIA

Substance Abuse Services Council
P. O. Box 1797
Richmond, Virginia 23218-1797

October 7, 2016

To: The Honorable Terry R. McAuliffe, Governor

and

Members, Virginia General Assembly

The 2004 Session of the General Assembly amended §2.2-2697.B. of the *Code of Virginia*, to direct 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 *Substance Abuse Services Council Report on Treatment Programs for 2015*.

Sincerely,

Sandra O'Dell

Sandra O'Dell

Cc: The Honorable William A. Hazel, Jr., M.D., Secretary of Health and Human Resources
The Honorable Brian J. Moran, Secretary of Public Safety
Jack Barber, Interim Commissioner, Department of Behavioral Health and Developmental Services
Harold W. Clarke, Director, Department of Corrections
Andrew K. Block, Jr., Director, Department of Juvenile Justice

Enc.

Substance Abuse Services Council Report on Treatment Programs for 2015

(Code of Virginia § 2.2-2697)

December 1, 2016

DBHDS Vision: A Life of Possibilities for All Virginians

1220 BANK STREET • P.O. BOX 1797 • RICHMOND, VIRGINIA 23218-1797
PHONE: (804) 786-3921 • FAX: (804) 371-6638 • WEB SITE: WWW.DBHDS.VIRGINIA.GOV

Substance Abuse Services Council Report on Treatment Programs for 2015

Preface

Section 2.2-2697.B of the Code of Virginia directs the Substance Abuse Services Council to report by December 1 to the Governor and the General Assembly information about the impact and cost of substance abuse treatment provided by public agencies in the Commonwealth. The specific requirements of this section are below:

§ 2.2-2697. Review of state agency substance abuse treatment programs.

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.*

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Introduction

This report summarizes information from the three executive branch agencies that provide substance abuse treatment services: the Department of Behavioral Health and Developmental Services (DBHDS), the Department of Juvenile Justice (DJJ) and the Department of Corrections (DOC). These agencies share the common goals of increasing abstinence from alcohol and other drug use and reducing criminal behavior. All of the agencies are invested in providing treatment that is evidence-based, and each agency has specific constraints on its ability to provide the most effective treatment services to its population. Importantly, even within these constraints, each agency is delivering effective care and services.

In this report, the following information is detailed concerning each of these three agencies' substance abuse treatment programs:

1. Amount of Funding Spent for the Program in FY 2015
2. Unduplicated Number of Individuals Who Received Services in FY 2015
3. Extent Program Objectives Have Been Accomplished
4. Identifying the Most Effective Substance Abuse Treatment
5. How Effectiveness Could be Improved
6. An Estimate of the Cost Effectiveness of These Programs
7. Funding Recommendations

As used in this document, treatment means those services directed toward individuals with identified substance abuse or dependence disorders and does not include prevention services. As data is not available from all of the reporting agencies for the most recently-ended fiscal year by the required reporting period, this report provides information for Fiscal Year 2015, which covers the period from July 1, 2014 through June 30, 2015.

Department of Behavioral Health and Developmental Services (DBHDS)

The publicly funded behavioral health and developmental services system provides services to individuals with mental illnesses or substance use disorders, intellectual or developmental disabilities, or co-occurring disorders through state hospitals and training centers operated by DBHDS, and 40 community services boards (CSBs). CSBs were established by Virginia's 133 cities or counties pursuant to Chapters 5 or 6 of Title 37.2 of the Code of Virginia. CSBs provide services directly and through contracts with private providers, which are vital partners in delivering services. Summary information regarding these services is presented below.

1. Amount of Funding Spent for the Program in FY 2015 – Expenditures for substance abuse treatment services totaled $124,803,988, including state and federal funds, local funds, fees and funds from other sources.

2. Unduplicated Number of Individuals Who Received Services in FY 2015 – A total of 32,964 unduplicated individuals received substance abuse treatment services supported by this funding in FY 2015.

3. Extent Program Objectives Have Been Accomplished – There are a number of factors that constrain the ability to apply outcome measures to treatment services for substance use disorders as a way to determine the extent to which program objectives have been accomplished. Substance use disorders are chronic, relapsing disorders, much like diabetes or heart disease, and this requires a different model for assessing outcomes that tracks the status of individuals receiving treatment beyond a single treatment episode. Moreover, a lack of capacity to provide evidence-based treatment appropriate for different levels of severity compromises the public system's ability to deliver quality care that would produce optimal outcomes. Currently, DBHDS uses the following substance abuse services measures for each CSB:

- **Intensity of Engagement in Substance Abuse Outpatient Services**: Percent of adults admitted to the substance abuse services program area during the previous 12 months who received 45 minutes of outpatient treatment services after admission who received at least an additional 1.5 hours of outpatient services within 30 days of admission. The last reporting period the rate was 70 percent, surpassing the current target of 63 percent.

- **Retention in Community Substance Abuse Services:** Percent of all individuals admitted to the substance abuse services program area during the previous 12 months who received at least one valid substance abuse or mental health service of any type, except residential detoxification services or those services provided in jails or juvenile detention centers, in the month following admission who received at least one valid mental health or substance abuse service of any type, except residential detoxification services or services provided in jails or juvenile detention centers, every month for at least the following two months. This is measured again for the five months following admission. The three month rate for this measure was 61 percent which surpassed the 60 percent target. The five month rate for this measure was 31 percent which surpassed the 26 percent target.

4. Identifying the Most Effective Substance Abuse Treatment – Identifying the most effective substance abuse treatment based on a combination of per person costs and success in meeting program objectives is difficult because substance use disorders are chronic relapsing conditions. Also, evidence-based treatment for substance use disorders consists of an array of modalities and interventions that are tailored to the specific needs of each individual seeking treatment, depending on severity and need for clinical services and supports. The lack of a consistently available array of services of various levels of intensity across Virginia makes it difficult to match individuals to the appropriate level of care, and this compromises outcomes. Comparisons of cost per person would result in comparing a meaningless average of the

treatment costs across many different individuals receiving very different combinations of services.

The deadly opioid epidemic that began in the mid-2000s resulted in 809 deaths[1] in calendar year 2015 has made access to appropriate treatment an urgent need. DBHDS strongly encouraged CSBs to help individuals access medication assisted treatment, such as methadone or buprenorphine. In the 2015 Session, the General Assembly expanded the naloxone project (REVIVE!) from a two-region pilot to statewide and also permitted law enforcement officers and firefighters to carry this lifesaving medication. In this way, the REVIVE! Project is continuing its efforts to combat Virginia's opioid epidemic.

5. How Effectiveness Could be Improved – Without access to the appropriate clinical level of care, the overall results individuals experience is diminished. Over the course of the last decade, CSBs have experienced level funding from federal and state sources. This has resulted in stagnant or reduced capacity while knowledge of evidence-based treatment for substance use disorders has expanded. These services require more time and skill to implement successfully and often require the services of medical and counseling staff trained in specific treatment models appropriate for the individual's issues, such as trauma informed care or co-occurring mental health disorders. Many individuals seeking services for their substance use disorder have other life issues that present barriers to successful recovery such as lack of transportation to treatment, lack of childcare while participating in treatment, unsafe housing, or serious health or mental health issues. Successful treatment programs require personnel and resources to help the individual address these problems.

These added demands have increased costs and, combined with level state and federal funding, have resulted in a gradual decline in the number of individuals receiving services each year. Anecdotal reports indicate considerable wait-times for treatment. Lacking additional funding, CSBs are unable to expand the array of services offered and are unable to provide necessary supports for successful engagement, limiting access to appropriate types and intensities of services for many individuals. These factors all negatively affect treatment outcomes and could be addressed with additional funding.

To support systems change, outcomes must be considered as part of an organized and committed quality improvement initiative at state and provider levels. DBHDS has developed a quality improvement process for CSBs and state facilities. While focused on process measures rather than outcomes, there is a substantial body of literature that supports the relationship between these measures and improved outcomes for individuals.

6. An Estimate of the Cost Effectiveness of These Programs – 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. The resulting report, *Mitigating the Costs of Substance Abuse in Virginia*, indicated that the adverse consequences of substance abuse in 2006 cost Virginia and its localities between

[1] Virginia Department of Health Office of the Chief Medical Examiner: http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/Quarterly-Drug-Death-Report-FINAL_10.2016.pdf

$359 million and $1.3 billion.[2] The report states that "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."[3]

7. Funding Recommendations – Numerous reports, including the JLARC reported cited above, have called for additional funding to support the expansion of services and improved quality of care for individuals receiving services from CSBs. DBHDS initiated a stakeholder transformation process (completed in 2016) to comprehensively review the state behavioral health and developmental services system. This effort focuses on access, quality, consistency and accountability. This transformation process is grounded in the principles of recovery, resiliency, self-determination, and wellness for everyone who receives services supported by DBHDS. In addition, Governor McAuliffe's Task Force on Heroin and Prescription Drug Abuse (2014-2015) recommended funding to implement evidence-based strategies to address the opioid epidemic, specifically, improving access to medication assisted treatment and to naloxone, a life-saving medication that can be administered in emergencies to reverse opioid overdoses. [4]

Department of Juvenile Justice (DJJ)

DJJ provides substance abuse treatment services to residents meeting the appropriate criteria at its juvenile correctional centers (JCCs). The following information reflects these services.

1. Amount of Funding Spent for the Program in FY 2015

JCC Programs	
Substance Abuse Services Expenditures:	$907,875
Total Division Expenditures*:	$57,540,288

* *Total division expenditures exclude closed facilities as well as the Virginia Public Safety Training Center (VPSTC) and all related costs to the VPSTC.*

2. Unduplicated Number of Individuals Who Received Services in FY 2015 – In FY 2015, 320 (83.3 percent) of the 384 residents admitted to JCCs had a mandatory (37.5 percent) or recommended (45.8 percent) substance abuse treatment need. DJJ does not currently have treatment completion data to determine if a juvenile actually completed treatment.

3. Extent Program Objectives Have Been Accomplished – DJJ calculates 12-month re-arrest rates for residents who had a mandatory or recommended substance abuse treatment need. Rates are calculated based on a re-arrest for any offense. A mandatory treatment need indicates that the

[2] Joint Legislative Audit and Review Commission, Commonwealth of Virginia. Mitigating the Cost of Substance Abuse in Virginia (2007), p.39.
[3] Ibid., 129.
[4] Commonwealth of Virginia, Recommendations of the Governor's Task Force on Prescription Drug and Heroin Abuse, Implementation Plan – Update, Fall 2015, October 20, 2015, p.14, p. 27, p. 30, p. 32.

resident had to participate in and complete treatment before his or her release or remain until the statutory release date. A recommended treatment need indicates that a resident may be kept until his or her late release date if treatment is not completed. The re-arrest rates for juveniles released with a mandatory or recommended treatment need are compared to re-arrest rates for all juveniles released from DJJ. It should be noted that the juveniles with mandatory and recommended treatment needs are included in the comparison group of all juveniles released from DJJ.

Compared to all juveniles, re-arrest rates are slightly higher for those with a mandatory or recommended substance use disorder treatment need. In FY 2013, 52.3 percent of residents with a mandatory or recommended treatment need were rearrested within 12 months of release, as compared to 51.5 percent of all residents. In FY 2014, 50.7 percent of residents with a mandatory or recommended treatment need were rearrested within 12 months of release, as compared to 49.1 percent of all residents.

While recidivism rates provide some insight to the effectiveness of programs, the rates presented here cannot be interpreted as a sound program evaluation due to a number of limitations. DJJ does not currently have treatment completion data to determine if a juvenile actually completed treatment. Additionally, residents are assigned treatment needs based on their offenses, so they may have a predisposition to certain types of reoffending that cannot be measured. Also, because juveniles are assigned treatment needs based on certain characteristics that distinguish them from the rest of the population, there is no control group for treatment need.

DJJ is currently in the process of reviewing treatment program completion data. Once this process is complete, available data from previous years will be collected, and staff will be trained to ensure current program completion information is up-to-date in the database. DJJ will then analyze institutional behavior before, during, and after the program as well as long-term recidivism rates of program completers.

4. Identifying the Most Effective Substance Abuse Treatment – Per person costs cannot be determined because a large amount of the money allotted to substance abuse services goes toward the salaries of staff who act as counselors and facilitators of the program. These staff also administer aggression management and sex offender treatment and perform other tasks within the behavioral services unit at each facility. Each staff member performs a different set of duties based on his or her background and current abilities. Staff do not devote a clear-cut percentage of their time to each duty, but rather adjust these percentages as needed; therefore, there is no way to calculate how much of a staff member's pay goes directly toward substance abuse services, and per person cost cannot be determined.

5. How Effectiveness Could be Improved – DJJ institutions should continue to implement the following evidence-based programming: Cannabis Youth Treatment, individualized treatment plans for residents with co-occurring disorders, and Voices, a gender-specific treatment program for female residents. Re-entry systems and collaboration with community resources and families should continue to be strengthened to ensure smooth transition of residents to the community. Currently, DJJ's electronic data system tracks community-based urine screens on residents released from JCCs who were assigned substance abuse programming. Data culled from this set

will hopefully prove useful to future programming.

6. An Estimate of the Cost Effectiveness of These Programs – Information to address this issue is not available due to the inability to calculate per person costs.

7. Funding Recommendations – Information to address this issue is not available due to the inability to calculate per person costs.

Department of Corrections (DOC)

DOC provides a tiered substance abuse services approach to address varying offender substance abuse treatment needs based on the severity of the problem. DOC has two areas of field operations: community corrections (community settings of probation and parole districts and detention and diversion centers) and institutions (prison facilities).

The Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment was implemented for use by community corrections staff statewide in October 2010 and in institutions as of April 2011. The instrument contains a substance abuse scale that is used to assist with determining treatment program referrals. Screening results have indicated that approximately 70 percent of the offender population has a need for some level of substance abuse treatment.

In community corrections, DOC contracts for many of its treatment services with CSBs and private vendors. The probation and parole districts and community corrections facilities provide services primarily through a memorandum of agreement or contract local services for substance abuse treatment, although some DOC staff also provide services.

In institutions, DOC provides substance abuse treatment programs and services. The Cognitive Therapeutic Community (CTC) program is an evidence-based, residential treatment modality designed to address substance addiction, criminal thinking, and anti-social behaviors. The CTC program is designed for offenders who are assessed as having high need for treatment. Some participants of the CTCs are Behavioral Correction Program (BCP) sentenced participants. This program, which is a sentencing option for judges presiding over circuit courts, was enacted by the General Assembly in 2009 in the Appropriation Act. Under this sentencing option, judges have the ability to place offenders directly into CTCs and to allow early release based on successful treatment participation.

DOC continues to operate the Matrix Model for offenders assessed as having moderate to lower range substance abuse treatment needs. The Matrix Model is an evidence-based, intensive outpatient substance abuse treatment modality. The program is operated at all Intensive Re-entry Programs along with a few other institutions and community correction sites. DOC also has support services such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).

1. Amount of Funding Spent for the Program in FY 2015 – Treatment services expenditures totaled $6,375,572 for FY 2015 with community corrections expending $2,853,281 and institutions expending $3,522,291. As of July 2015, there were 58,702 offenders under active supervision in the community and an active institution population of 30,408. Screenings conducted on all offenders entering DOC indicate that approximately 62 percent of the offender population may have a need for some level of substance abuse treatment.

2. **Unduplicated Number of Individuals Who Received Services in FY 2015 –** As of July 31, 2015 there were 58,702 offenders under active supervision in the community. DOC's COMPAS substance abuse scale scores indicate that approximately 70 percent of those under active supervision, which would equate to over 41,000 probationers or parolees, have some history of substance abuse and may require treatment or support services. These services are provided mainly by CSBs and private vendors. Offenders on probation or parole also access community AA and NA groups.

In institutions, there are 1,175 CTC participants. The Matrix Model program has been implemented in the Intensive Re-entry Programs. There are four components to the program, and group sizes are usually kept to 12 participants. Approximately 1,500 offenders complete the Matrix program each year. The number of offenders participating in support services such as NA and AA varies. The support services are generally provided by volunteers.

3. Extent Program Objectives Have Been Accomplished – In September 2005, the DOC submitted the *Report on Substance Abuse Treatment Programs* that contained research information on the effectiveness of Therapeutic Communities and contractual residential substance abuse treatment programs. The findings from these studies suggest that DOC's substance abuse treatment programs, when properly funded and implemented, are able to reduce recidivism for the substance abusing offender population. Due to a lack of evaluation resources, more up-to-date formal studies are not available. However, a one-year recommitment status check is performed annually for the CTC participants. The check completed for the calendar year 2012 cohort indicated a promising recommitment rate of eight percent. Since this status check is not a formal outcome evaluation, caution should be exercised in the interpretation of the data.

4. Identifying the Most Effective Substance Abuse Treatment – Although DOC-specific information is not available at this time, a report from the Washington State Institute for Public Policy indicated that drug treatment in prison as well as the community has a positive monetary benefit. Of course, in order for evidence-based treatment programs to be cost effective and achieve positive outcomes, they must be implemented as designed, a concept referred to as fidelity. DOC has placed an emphasis on implementation fidelity and created program fidelity reviews for this purpose. This is an important first step that is necessary prior to performing any cost effectiveness studies. The DOC plans to conduct a more thorough evaluation of substance abuse programs during 2016.

5. How Effectiveness Could be Improved – DOC continues to face a number of challenges related to substance abuse services:

- Limited resources for clinical supervision to ensure program fidelity, provide

technical assistance, and enhance outcomes;

- Limited staff to review fidelity of contract substance abuse treatment in community corrections;
- Limited staff resources for programming, assessment, and data collection activities;
- Limited availability of evidence-based treatment services in community corrections for offenders with substance abuse problems;
- Limited special resources for offenders with co-occurring mental illnesses;
- Limited evaluation resources; and
- Sometimes a lack of optimal programming space in prisons and related security posts in prisons.

Fully funding DOC's substance use disorder treatment based on the needs listed above would increase the number of offenders who could receive treatment and enhance the quality of the programs, thus producing better outcomes.

6. An Estimate of the Cost Effectiveness of These Programs – In general terms, successful outcomes of substance abuse treatment programs include a reduction in drug and alcohol use which can produce a decrease in criminal activities and, thereby, an increase in public safety. The per capita cost of housing offenders for the entire agency was $27,928 in FY 2015. The cost avoidance and benefits to society that are achieved from offenders not returning or not coming into prison offset treatment costs. In addition, effective treatment benefits local communities as former offenders can become productive citizens by being employed, paying taxes, and supporting families and when former offenders can interrupt the generational cycle of crime by becoming effective parents and role models.

7. Funding Recommendations – Assessment results for the offender population have established the need for substance abuse treatment programs and services. DOC has implemented evidence-based substance abuse treatment programs including CTC for offenders assessed with higher treatment needs and the Matrix Model for those with moderate treatment needs. DOC has established a fidelity review process that can be used by community corrections to assess and monitor the quality of contracted programs and services, although the reviews are restricted by limited staff resources. In addition, the scope of services for community corrections vendor contracts is being restructured to require specific evidence-based curricula that will allow DOC to monitor offender progress and program fidelity more effectively. The implementation of Virginia CORIS, the DOC's offender management system, has improved the collection of data that can be used in future outcome and cost effectiveness studies. The DOC continually looks for grants to be able to expand substance abuse treatment, and treatment is particularly needed for those with opiate addiction and for offenders housed in DOC's minimum custody facilities where treatment resources are lacking. DOC will continue to make every effort within its resources to provide substance abuse services to offenders in need of them.