



# COMMONWEALTH of VIRGINIA

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COMMISSIONER

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*January 14, 2022*

The Honorable Janet Howell, Chair  
Senate Finance and Appropriations Committee  
The Honorable Luke E. Torian, Chair  
House Appropriations Committee  
900 East Main Street  
Richmond, VA 23219

Senator Howell and Delegate Torian,

Item 320.BB (Special Session I, 2021) *Appropriations Act* directs the Department of Behavioral Health and Developmental Services (DBHDS) to report on participation in Substance Use Disorder (SUD) treatment utilizing non-narcotic, long-acting, injectable prescription drug treatment regimens used in conjunction with drug treatment court programs. The language states:

*BB. Included in this item is \$150,000 the first year and \$150,000 the second year from the general fund to support substance abuse treatment utilizing, appropriate, long-acting, injectable prescription drug treatment regimens ("treatment") used in conjunction with drug treatment court programs. Such treatment may be utilized in approved drug treatment court programs. In allocating such funding, the department shall consider the rate of fatalities within the locality, whether a drug treatment court program is available and whether such program utilizes medication-assisted treatment. The drug treatment court programs utilizing this funding shall use these resources to support provider fees, counseling and patient monitoring for participants, and medication to participants in which the costs of treatment services would not otherwise be covered. The Department of Behavioral Health and Developmental Services shall submit a report to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees no later than December 1 of each year for the preceding fiscal year that provides information on the*

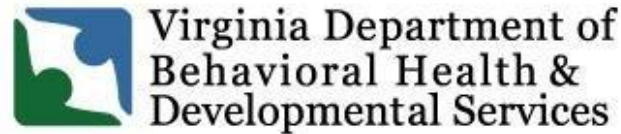
*number of participants, the number of drug courts that utilized the funding and the number of treatments administered. Any adult drug treatment court that accesses this funding shall provide all necessary information to the Department of Behavioral Health and Developmental Services to prepare this report.*

In accordance with this item, please find enclosed the report for Item 320.BB. Staff are available should you wish to discuss this request.

Sincerely,

Alison G. Land, FACHE  
Commissioner  
Department of Behavioral Health & Developmental Services

CC:  
Vanessa Walker Harris, MD  
Susan Massart  
Mike Tweedy



# **Report on Item 320.BB of the Special Session I, 2021 Appropriations Act**

Report on Drug Court Treatment Programs

To the Chairs of the Senate Finance and Appropriations Committee and House  
Appropriations Committee

*December 1, 2021*

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**Preface**

Item 320.BB of the Special Session I, 2021 *Appropriations Act, Chapter 552* directs the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to report the results of drug treatment programs utilizing *appropriate* long-acting, injectable prescription drug treatment regimens (“treatment”) used in conjunction with drug treatment court dockets, as well as recommendations for expansion of the program to other interested drug courts, to the General Assembly. This report includes the data collection beginning on January 1, 2021, through October 31, 2021 and reflects the expansion from the initial three pilot sites and the impact of access to appropriate long-acting injectable medication on the drug treatment court populations served. Additionally, updated information related to the Adult Drug Treatment Court (ADTC) selection process and payment structure developed for the Virginia (2020 – 2021) State Budget is provided for review. The current amended language states:

*Included in this item is \$150,000 the first year and \$150,000 the second year from the general fund to support substance abuse treatment utilizing ~~non-narcotic~~, appropriate, long-acting, injectable prescription drug treatment regimens ("treatment") used in conjunction with drug treatment court programs. Such treatment may be utilized in approved drug treatment court programs. In allocating such funding, the department shall consider the rate of fatalities within the locality, whether a drug treatment court*

*program is available and whether such program utilizes medication-assisted treatment. The drug treatment court programs utilizing this funding shall use these resources to support provider fees, counseling and patient monitoring for participants, and medication to participants in which the costs of treatment services would not otherwise be covered. The Department of Behavioral Health and Developmental Services shall submit a report to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees no later than December 1 of each year for the preceding fiscal year that provides information on the number of participants, the number of drug courts that utilized the funding and the number of treatments administered. Any adult drug treatment court that accesses this funding shall provide all necessary information to the Department of Behavioral Health and Developmental Services to prepare this report.*

## **Background**

As of 2015, Adult Drug Treatment Court (ADTC) programs seeking federal funding were required to sign an attestation stating they would not deny individuals access to their programs due to the individual's use of an approved Food and Drug Administration (FDA) medication for the treatment of a Substance Use Disorder (SUD). Additionally, the attestation stated that the ADTCs do not require discontinuation of said medication as a criterion for program completion. It is important to note that this attestation only applies to drug court dockets receiving Bureau of Justice Assistance (BJA) or Substance Abuse Mental Health Services (SAMHSA) funding. This is consistent with the National Association of Drug Court Professionals' Best Practice Standards (2013, 2015) and the resolution of its board of directors on Medication-Assisted Treatment (MAT) (NADCP, 2011) requiring drug courts to evaluate requests for MAT services on a case-by-case basis.

The 2015 Governor's Task Force on Prescription Drug and Heroin Abuse recommended practical solutions to enhance access and availability of MAT services in the community and jail-based treatment services. Since ADTCs and jails often serve populations that overlap, initiatives have been implemented to address the intersection of these populations as well as best practices.

The current work continues to address and focus on improving public safety and public health. The General Assembly approved Medicaid expansion in 2018, which increased Virginia residents' access to medical and behavioral health care services. The Medicaid expansion enables individuals impacted by SUD greater access to medical services, specifically MAT services.

The Virginia Department of Medical Assistance (DMAS) through Addiction and Recovery Treatment Services (ARTS) provides oversight, guidance, and regulations to ensure that Medicaid members have appropriate behavioral health and medical coverage. Subsequently, Medicaid expansion has increased the number of practitioners and allied health professionals across the Commonwealth who specializes in SUD treatment. This increase in providers has provided additional opportunities for individuals to choose pathways to improved physical and mental wellbeing, prosocial behaviors as well as recovery.

In 2016, the initial pilot and associated funding were administered by the Office of the Executive Secretary (OES) with a focus on the use of non-narcotic long-acting injectable prescription drug treatment regimens used in conjunction with participants enrolled in ADTC programs. The Norfolk and Henrico ADTC were the initial participating docketets, and the Bristol ADTC was added in 2017 as a pilot participant.

In July 2020, the funding was transferred from the OES to DBHDS for administration and data collection. DBHDS, conducted surveys with the ADTCs, and a Request For Proposal (RFP) was issued in December 2020. Eight ADTC awards were finalized in April 2021 with stipulation that the award amounts retroactively covered costs for Fiscal Year (FY) 2020. The individual awards were established for reimbursement via a Memorandum of Agreement (MOA) for a period of two years (FY 21- FY 22) to enable the development of new programs with additional ADTCs or new awardees.

### **Status of Implementation**

Norfolk ADTC and Henrico ADTC indicated continued participation in the pilot program and had pre-existing capacity to absorb and use additional funding. Bristol ADTC had previously been unable to enroll participants and declined continued participation in the pilot. ADTCs that expressed an interest in providing access to a long-acting injectable prescribed medication for the treatment of an OUD and the logistics to admit participants into their respective programs in fiscal year 2021 entered into a reimbursement agreement with DBHDS. The following eight ADTCs are participating in the pilot program for the period of FY21 and in FY 2022: Norfolk, Henrico, Charlottesville/Albemarle, Dickenson County, Tazewell County, Russell County, and Smyth County Recovery Court.

The appropriations language for Item 320.BB was amended during Special Session I, 2021 authorizing the removal of the requirement for a *non-narcotic injectable* and allow for consideration of *an appropriate long-acting injectable prescription drug treatment regime*. The FDA approved medications for OUD currently available include Naltrexone and Buprenorphine. Additional long-acting injectable medications are under consideration by the FDA and will be included for funding as they become approved.

### **Naltrexone**

Naltrexone was approved by the FDA in 1994 for alcohol dependence and in 2006 for the prevention of relapse of opioid dependence after detoxification and or withdrawal (NIAAA.nih.gov). Although naltrexone is available in pill/oral form, the preferred administration is physician or clinician-administered injectable medication (SAMHSA.gov). These medications are covered under a Medicaid pharmacy benefit or medical benefit plan. Naltrexone is not a controlled substance, such as other medications approved for the treatment of OUD. Prescribers do not require any special training or certification other than learning how to appropriately inject the medication. It is not allowable as a self-administered injectable and there are limited concerns about misuse. The long-acting injectable extended-release naltrexone injection potentially allows individuals to gain a period of sobriety or sustained recovery that may have been previously unobtainable.

It is important to note, naltrexone does have some risks and side effects. Naltrexone can cause liver damage. Individuals using naltrexone should refrain from the use of other illicit drugs and alcohol. Dizziness can occur when used together. If naltrexone treatment is stopped abruptly, an individual may be more sensitive to lower doses of opioids. This increases the risk of overdose if an opioid is taken.

## **Sublocade**

Sublocade, a buprenorphine product, was approved by the FDA in 2017 (FDA News Release, November 30, 2017) as a once monthly injection for the treatment of an OUD. This medication is not recommended for pain relief. Sublocade is an option for individuals that have started OUD treatment with an oral form of buprenorphine. Oral buprenorphine, which is placed under the tongue or inside the cheek, is administered at least seven days in a row before the initial injection of Sublocade. Sublocade is available only in certified healthcare settings. This medication is not intended to be self-administered and requires injection by a healthcare provider. The medication is injected under the skin once a month or about every 26 days. Sublocade may reduce the burden of taking daily medication and may hinder the diversion or abuse of oral buprenorphine. Sublocade is often presented as an option as there is no requirement for complete withdrawal management or abstinence prior to induction. It is important to note that Sublocade is covered by Medicaid insurance.

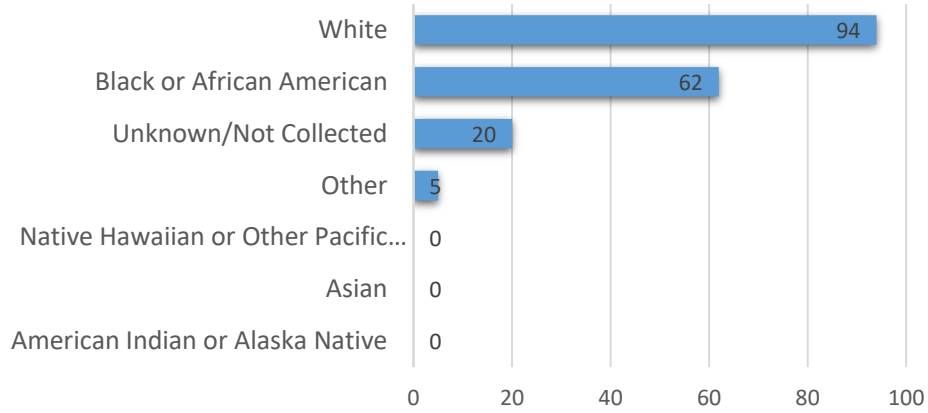
Sublocade also has side effects. Taking other opioid medicines, benzodiazepines, alcohol, or other central nervous system depressants while on Sublocade can cause severe drowsiness, decreased awareness, breathing problems, coma, and rarely death.

## **Outcomes**

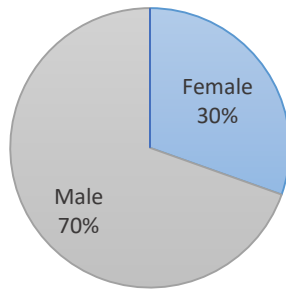
Information collected from the participating courts includes the total number of individuals served by this program during the reporting period, the number of monthly doses of naltrexone administered during the same period, information on insurance eligibility and if the individuals involved in the program applied for/were approved for insurance, outcomes of those participating, and demographic information for participants.

During the reporting period of January 1, 2021, to October 31, 2021, the eight courts reported serving a total of 181 individuals and administering 117 monthly doses of naltrexone. Since the inception of the program on July 1, 2019, 296 monthly doses of naltrexone were administered. The following charts describe the characteristics of the 181 individuals served during the current reporting period.

### Race of Program Participants Jan - Oct 2021

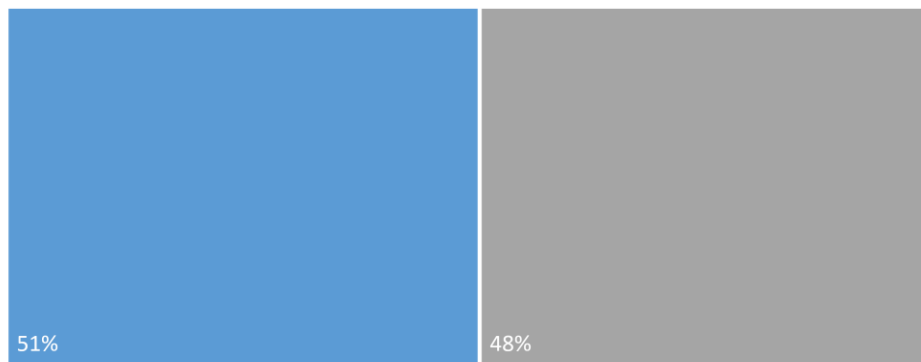


### Gender of Program Participants Jan - Oct 2021



### Insurance Eligibility of Program Participants Jan - Oct 2021

■ Unknown/Not Collected, Other ■ Medicaid Only ■ Medicare Only





## **COVID-19– Continuation of Impacts**

In March 2020, the Commonwealth of Virginia entered a state of emergency related to the COVID-19 pandemic. The state rapidly transitioned to a telework environment for those who were able, and changes occurred across services and employers throughout the federal, state, and local systems. These changes, designed to limit exposure and protect the health of all Virginians had several impacts on DBHDS as well as Adult Drug Team Court programs. The ADTCs were impacted by Judicial Emergency Notices, Department of Corrections, DBHDS, and local requirements. However, all Courts included below indicate that post the initial shut down period they were able to continue to provide services to their communities and have emerged 18 months later from the restrictions with varied protocols. The participating ADTCs continued to provide MAT services to participants during the state of emergency. Group therapy, individual psychotherapy, case management, and support meetings were provided via a hybrid model of telehealth, virtual meetings via approved platforms or smaller in person group settings with safety protocols in place. Although, for most courts, there was not a significant interruption in admissions because referrals have not returned to pre-pandemic numbers.

### *A. Buchanan Adult Drug Treatment Court*

The Buchanan Adult Drug Treatment Court consists of three phases of treatment and the length of stay is a minimum of eighteen months. The targeted population for this program is offenders with new felony charges and or/probationers who are diagnosed with primary substance use disorders, co-occurring disorders, pregnant/postpartum women, women with dependent/minor children, veterans, and individuals with histories of accidental overdoses. Cumberland Community Services Board is the designated treatment provider for Buchanan ADTC and the programs capacity is 20 participants. As of October 31, 2021, there are eight participants in the program. All participants either have Medicaid (7) or Medicare (1). Six of the participants are receiving MAT services that are covered by insurance. During this reporting period there are no participants being supported by Item 320.BB funding.

### *B. Henrico Adult Drug Treatment Court*

The Henrico Adult Drug Treatment Court works collaboratively with Henrico County Mental Health. Henrico County Mental Health medical staff provide the initial assessment and all subsequent injections if the participant is eligible for naltrexone. The program goal is to have the participants remain on naltrexone for a period of at least six months. Continued injections of naltrexone will not impede individuals from graduating the drug court program. During the review period for this report, Henrico Adult Treatment Drug Court has 69 ADTC participants. They have administered 15 monthly injections for two participating clients. Both clients' treatment services were covered by Medicaid. During this reporting period there are no participants being supported by Item 320.BB funding.

### *C. Norfolk Adult Drug Treatment Court*

The Adult Drug Treatment Court program is administered by the Norfolk Circuit Court. The program is a cooperative effort between Norfolk Community Services Board (NCSB), Commonwealth Attorney, Public Defender, Sherriff's Department, and Police Department. This program utilizes several community resources combined with treatment, probation, counseling, and case management to assist participants with SUD to maintain their sobriety. The ADTC is

designed as a five-phase system with a minimum of 18 months in length. The NCSB provides the following services to participants: outpatient substance use disorder and mental health disorder, individual, group, and family counseling, health education, and trauma counseling. The Norfolk Adult Drug Treatment Court docket continues to utilize the funds to enhance the NCSB's Opioid Treatment Program (OTP) with Naltrexone. The Norfolk ADTC has the capacity to serve 50 participants and currently has 31 participants. Invoices have been submitted to DBHDS Accounts Payable Department and 98 monthly doses of naltrexone have been administered during the reporting period. Eighteen participants have been served utilizing Item 320.BB funding.

#### *D. Charlottesville/Albemarle Drug Treatment Court*

PROGRAM OAR- Jefferson Area Community Corrections and Region Ten Community Services Board collaborate to provide SUD treatment and intensive supervision to non-violent substance dependent felony offenders in the Circuit Courts of Charlottesville and Albemarle County.

As of 2021, the Charlottesville-Albemarle ADTC has been in existence for 24 years and over 400 participants have graduated from the program. The program is staffed by a team consisting of a coordinator, two case managers, part-time law enforcement officer, and part-time Certified Peer Support Specialist. The Charlottesville/Albemarle ADTC collaborates with the following community stakeholders to provide participants with comprehensive services: Region Ten Community Services Board, Addiction Allies, Charlottesville-Albemarle Regional Jail, University of Virginia, and other community stakeholders to provide a holistic approach for recovery. The Charlottesville-Albemarle ADTC has 82 participants, and all were reported to be Medicaid recipients. There were no participants funded by Item 320.BB funding.

#### *E. Dickenson County Adult Drug*

In July 2019, Dickenson ADTC implemented the National Drug Court Institute's (NDCI) Five Phase model program, and it is anticipated that participants graduate after a minimum of 14 months. The targeted population for this program is offenders with new felony charges and or/probationers who are diagnosed with primary substance use disorders, co-occurring disorders, pregnant/postpartum women, women with dependent/minor children, veterans, and individuals with histories of accidental overdoses. Dickenson County Behavioral Health Services is the designated treatment provider, and the program's capacity is 20 participants.

As of October 31, 2021, there are 13 participants in the program. All 13 participants have insurance, either Medicaid (12) or Medicare (1). Ten of the participants are receiving MAT services and two of those participants are receiving oral Naltrexone, which is covered by insurance. There are no participants receiving Item 320.BB funding.

#### *F. Russell County Adult Drug Treatment Court*

The Russell County Adult Drug Treatment Court team is comprised of the Judge, Commonwealth Attorney for Russell County, defense attorneys, probation officials, the Sheriff, and Chief of Police. Cumberland Mountain Community Services Board serves as a support mechanism and provides administrative oversight. The Russell County ADTC consists of four

phases of treatment and the length of stay is a minimum of twelve months. The targeted population for this program is offenders with new felony charges and or/probationers who are diagnosed with a primary SUD, co-occurring disorders, pregnant/postpartum women, women with dependent/minor children, veterans, and individuals with histories of accidental overdoses. Cumberland Mountain Community Services Board is the designated treatment provider for Russell ADTC and the program's capacity is 20 participants. As of October 31, there are 10 participants in the program. Two of the participants are receiving MAT (naltrexone/oral) services. Insurance information was not collected for this program but currently there are no participants that have expressed an interest in a long-acting injectable medication. There are no participants supported by Item 320.BB funds.

#### *G. Smyth County Recovery Court*

The Smyth County Recovery Court is an Adult Drug Treatment Court located in rural Southwest Virginia. The program is available for individuals who are classified as high-risk offenders who are impacted by substance use disorders and are under the jurisdiction of Smyth County Circuit Court. Participants in the program receive treatment for SUD and mental health disorders, have intensive supervision, submit random alcohol and urine drug screens, and have frequent court appearances.

Smyth County Recovery Court administered two monthly doses during the reporting period. There were 21 participants enrolled as Medicaid recipients. There are no participants supported by Item 320.BB funds.

#### *H. Tazewell County Adult Drug Treatment Court*

Tazewell ADTC utilizes the National Drug Court Institute's (NDCI) Five Phase model program that has a minimum of 20 months to complete. The targeted population for this program is offenders with new felony charges and or/probationers who are diagnosed with a primary SUD, co-occurring disorders, pregnant/postpartum women, women with dependent/minor children, veterans, and individuals with histories of accidental overdoses. Cumberland Mountain Community Services Board is the designated treatment provider, and the program's capacity is 20 participants. As of October 31, 2021, there are 17 participants in the program. All participants have insurance either Medicaid (15), Medicare (1) or coverage is provided through the Veterans Administration (1). Eleven of the participants are receiving MAT services. There are no participants receiving Item 320.BB funding.

### **Participant Comments/Feedback**

Drug Court participants have varied reasons to accept or decline medication assisted treatment, as well as varied reasons regarding their preferred treatment modality and path to recovery. There were two individuals who reported choosing naltrexone (oral). One presented the choice based on safety and the other indicated that the naltrexone injection was a trigger, so they opted for naltrexone (oral). A few participants that received the naltrexone injections eventually opted out because the individual felt stable or had decreased cravings. A few individuals preferred

buprenorphine derivatives. Some participants indicated that they just preferred to taper and/or not use any medication. There were individuals that described MAT as helpful and others that indicated it was not their preference or it was not helpful.

## **Recommendations**

Recommendations in previous reports were reviewed as future goals. An expectation of increased enrollment was pursued through a focus on enhanced supports, technical assistance, and increased accessibility to long-acting injectable prescribed medications within the ADTC programs. The ADTCs were provided an opportunity to request participation in the Item 320.BB funding to support initially the non-narcotic long-acting injectable medication and in July 2021 any appropriate long-acting injectable medications. Eight interested ADTCs submitted a Scope of Work (SOW) identifying goals, objectives, and a budget to establish a MOA. An invoicing system was initiated in April 2021 and participating ADTC dockets provide reporting with each submitted invoice and reporting at the end of period.

Participating ADTCs reported that competing factors impacted utilizing the Item 320.BB appropriations funding. In addition to the above participant comments and feedback, participants in general are hesitant to utilize MAT. Although MAT is an evidence-based practice, there is still stigma in the recovery community of using MAT. In some instances, the lack of support from the ADTC team and a reluctance to utilize the continuum of FDA approved medications for OUD. Since the expansion of Medicaid, an increasing number of ADTC participants apply and are quickly enrolled in Medicaid. In addition to access to medical and behavioral health coverage, Medicaid covers the cost of medications and counseling for the treatment of an OUD. During the January-October 2021 reporting period, Naltrexone has been provided to 181 ADTC participants. At least 87 participants were identified as eligible for Medicaid and two were eligible for Medicare. At least 48 percent of ADTC participants have enrolled in Medicaid and therefore even if interested in MAT the participant would be ineligible for Item 320.BB funding. During this reporting period, Norfolk ADTC was the only program that submitted invoices (May 2021-September 2021) for reimbursement for eligible participants.

The expectation of the appropriation Item 320.BB funding is to provide long-acting injectable prescribed medications to uninsured ADTC participants. The prior survey suggested the following ADTC dockets had an interest in Item 320.BB funding, but required community education, training and/or technical assistance. These ADTC programs include Arlington County, Fluvanna, Hampton and Newport News, Loudon County, 24TH Judicial Circuit (Lynchburg, VA), Alexandria and Rappahannock Regional and Juvenile Drug Treatment Court.

The Hampton and Newport News ADTC docket declined at this time to participate in this funding opportunity. There will be continued outreach to previously identified ADTCs and to new ADTC dockets that have been established since July 1, 2021. The expectation is to continue to provide an opportunity for ADTCs to participate in education and training related to the medications as well as the implementation of the treatment regime. The benefits of naltrexone as a treatment option for individuals with an Alcohol Use Disorder (AUD) will be promoted as part of outreach efforts. An extended targeted focus with Virginia Alcohol Safety Action Program (VASAP) and the Driving Under the Influence (DUI) dockets regarding utilization of long-

acting injectable prescribed medication is planned prior to July 1, 2021. It was noted that some drug court teams need continued education regarding the benefits and efficacy of MAT. Targeted stigma reduction campaigns for both participants, communities, and ADTC teams will remain an essential element in growing participants.

If selected to participate in the funding opportunity in the next fiscal year all ADTC and DUI dockets will be held to the same standards as the other Courts listed above that have previously participated.