

DBHDS

Virginia Department of
Behavioral Health and
Developmental Services

Creating Opportunities for Recovery: Services for People with Substance Use Disorders

SJ 73 (2010)

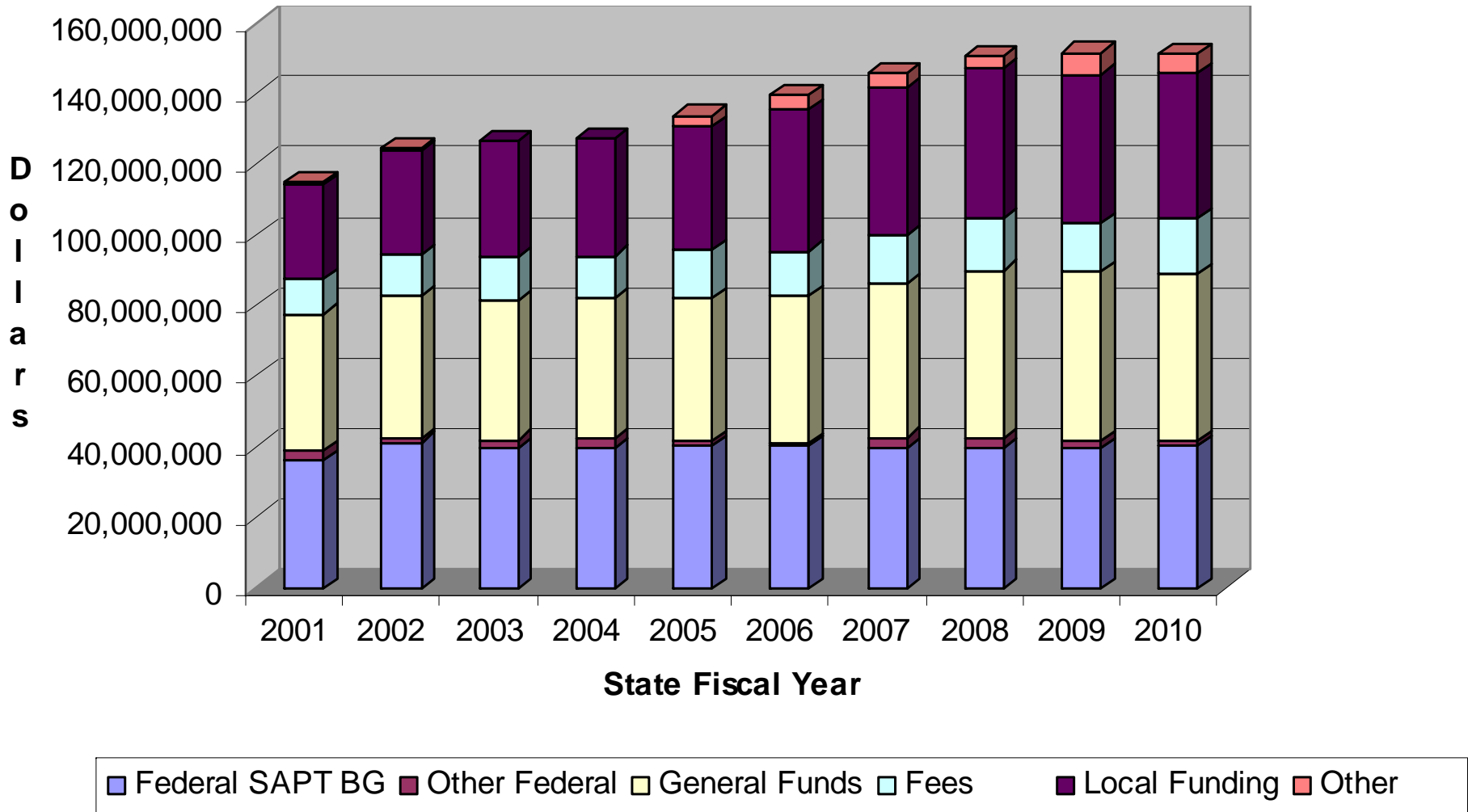
The Joint Subcommittee to Study Strategies and Models for
Substance Abuse Prevention and Treatment
Senator Emmet J. Hangar, Chair

James W. Stewart, III, Commissioner
Dept. of Behavioral Health and Developmental Services

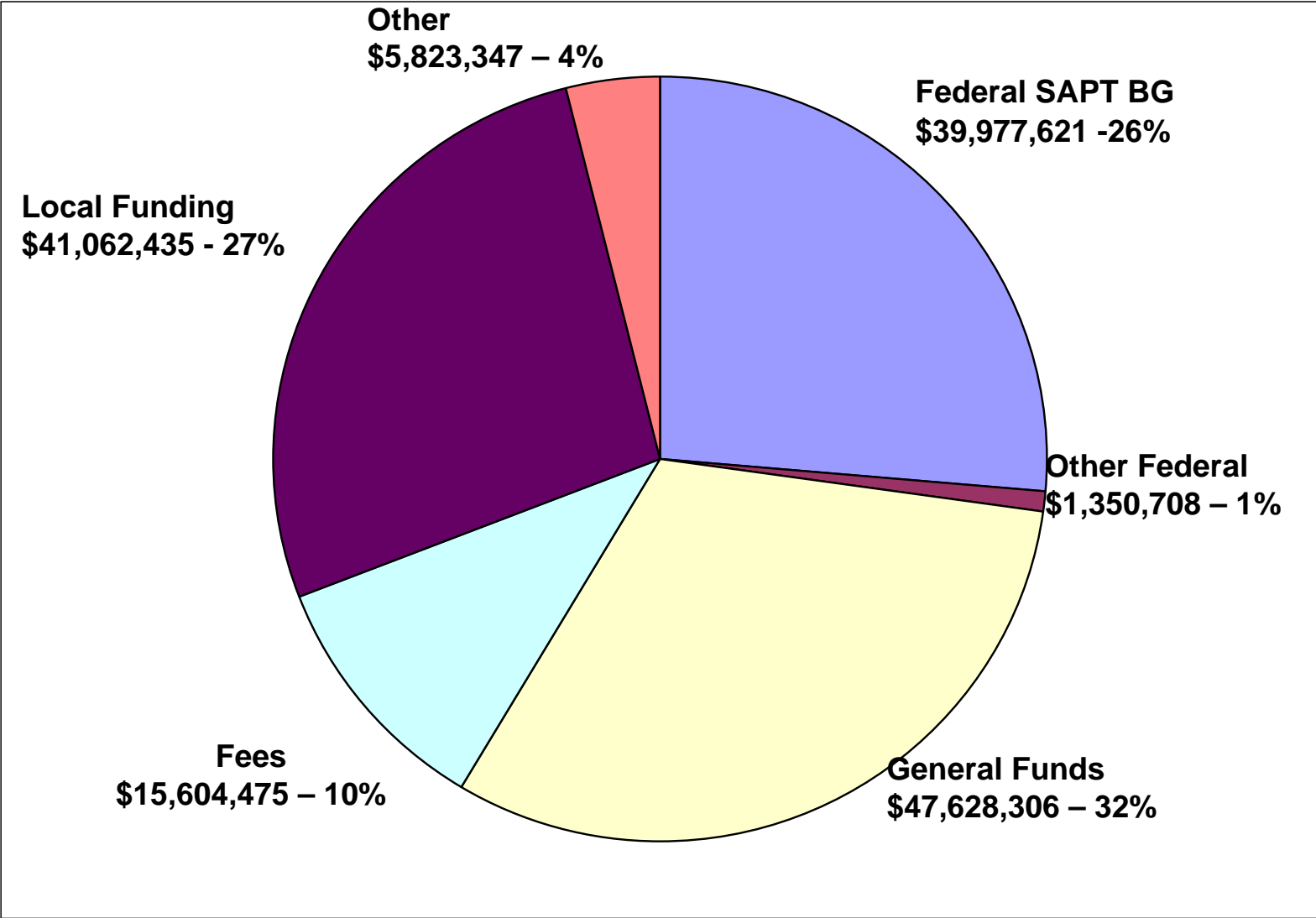
Overview

- Review funding, utilization and quality of care issues of our current publicly-funded substance abuse services system
- Review current initiatives
- Share information regarding DBHDS' strategic planning process

Funding Sources



FY 2010 Funding by Source



Federal SAPT Block Grant Influence on Policies and Programs

- FFY 2010 Federal Funding: \$43,237,320
 - Set-Asides (minimums)
 - Prevention – 20% = \$8,647,464
 - Treatment – 70% = \$30,266,124
 - Pregnant and Parenting Women – \$6,095,367
(contained in Treatment and Prevention)
 - Administration – 5% allowance
 - Maintenance of Effort (Requirement for General Funds)
 - General – \$45,709,507

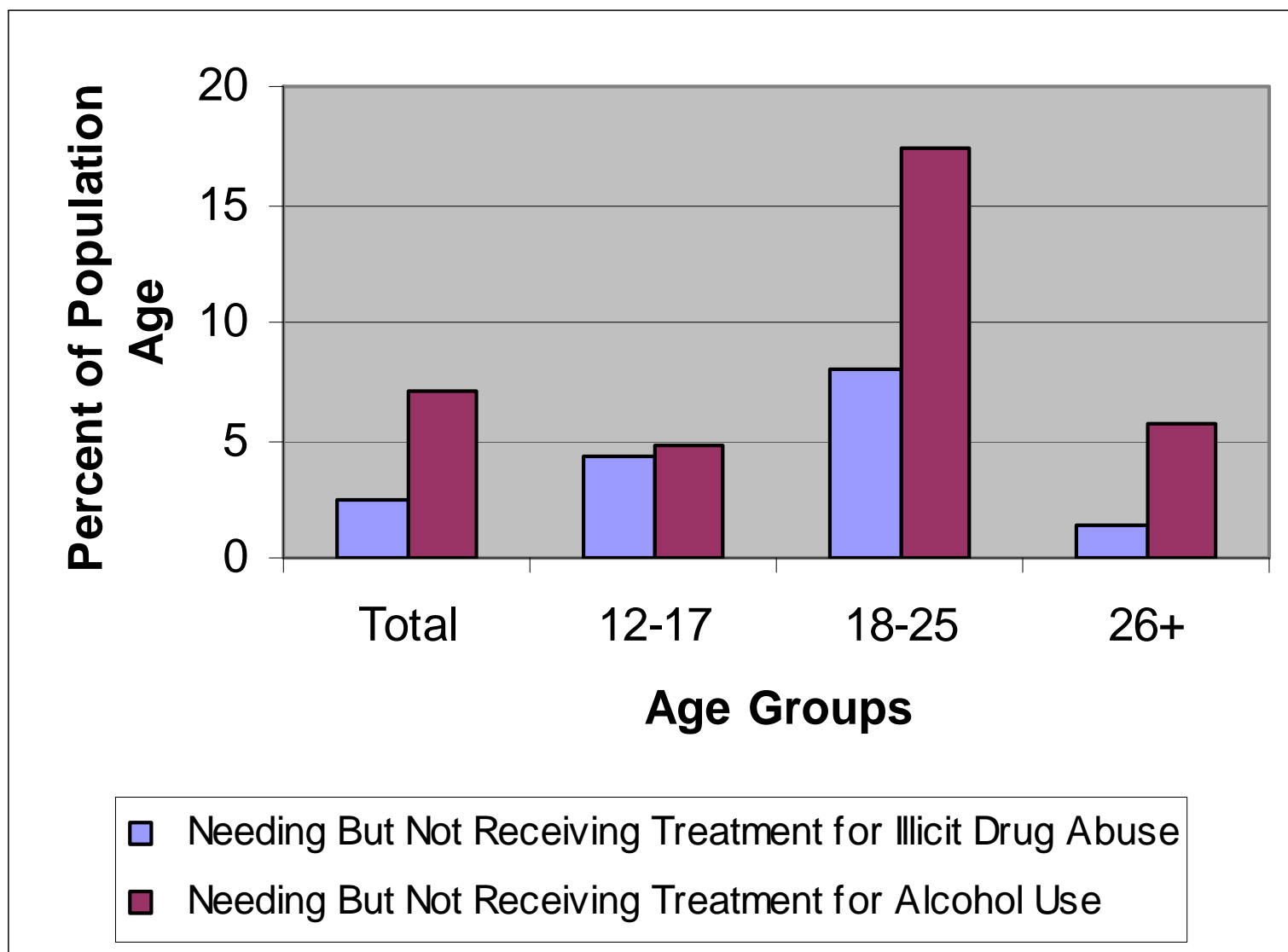
Prevention Program Initiatives

- Strategic Prevention Framework - State Incentive Grant (SPF-SIG) - \$2,135,724 through 2015
 - GOSAP, VCU and DBHDS
 - Reduce Community Risk Factors
 - Issuing Grants to Communities - 2011
- Strengthening Families
 - Parenting education and support implemented at 7 CSBs
- Reducing Tobacco Use Among Youth
 - Requirement of the SAPT Block Grant
 - Partner with ABC to conduct inspections of retail outlets
 - CSB prevention programs

Services and Utilization

- **Services**
 - Outpatient
 - Day treatment
 - Residential
 - Prevention
- **Utilization: 44,670 individuals admitted to CSBs in FY 2009**

Unmet Need for Treatment for Illicit Drug Use and Alcohol Use by Age Group -Virginia – 2007



Wait Times Delay Access

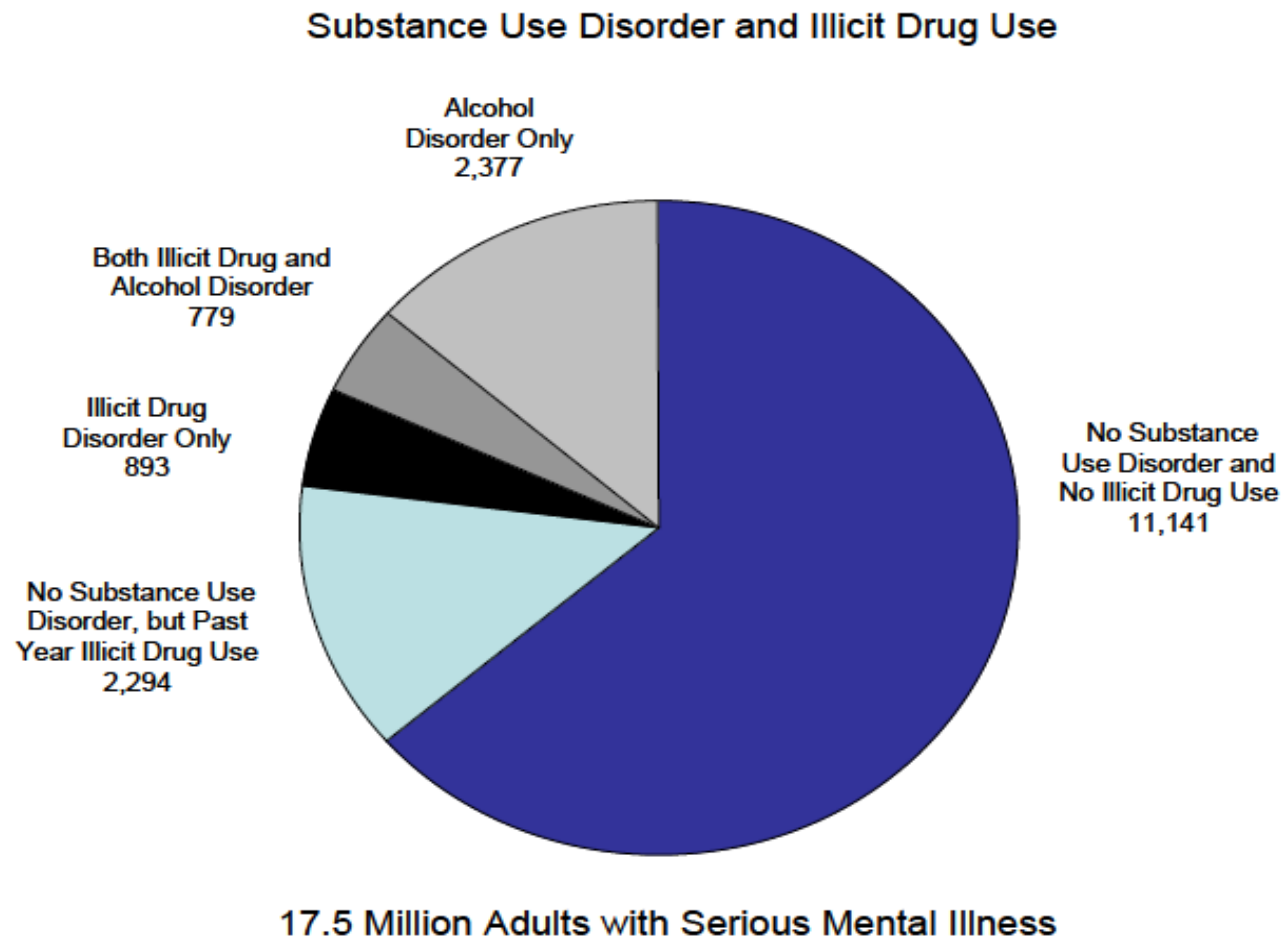
- Outpatient group and individual counseling were available at all CSBs
- Average wait time for consumers from the first call to enter active outpatient treatment was over 25 days.

Quality of Treatment Varies

- Comfortable and welcoming treatment environment
- Overall consumer satisfaction was acceptable
- Lack of capacity limits treatment options
- Lack of consumer involvement in treatment planning
- Restrictive program policies inhibit consumer participation

Prevalence of Co-Occurring Disorders: 35.5% Among Those With SMI

Figure 12. Substance Use Disorders and Illicit Drug Use among Adults Aged 18 or Older with Serious Mental Illness: Numbers in Thousands, 2002



Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002.

Co-Occurring MI/SUD Among Adolescents

- Major Depressive Episodes
 - 2X more likely to use inhalants
 - who use nonmedical stimulants are almost 3X more likely to have experienced a major depression
 - 1/3 initiate alcohol use after major depression
 - Twice as likely to initiate illicit drug use
- Girls receiving treatment for Substance Use Disorders are more likely than boys to have a co-occurring disorder (23% vs 18%)

Integrated Treatment - Adults

Systems changes

- Reorganization of separate disability offices into Behavioral Health
- 27 CSBs and 5 MH facilities participated extensively
 - Conducted organizational assessment of readiness to integrate SA/MH
 - Included integration in quality improvement plan
 - Established a “change team”
- Included requirement to conduct ongoing organizational assessment in CSB Performance Contract
- Piloted clinical assessment (diagnostic) instruments appropriate for co-occurring disorders
- Recognition by DMAS that individuals should be dually screened (DBHDS provided recommendations to DMAS for specific screening instruments)

Creating Opportunities Plan Intent

DBHDS has begun a planning process to determine targeted initiatives that can be realistically addressed during the next three and a half years to:

- Build on and continue progress in advancing the DBHDS vision.
- Support the Governor’s expressed intentions to achieve a Commonwealth of Opportunity for all Virginians, including individuals with substance use disorders.
- Promote services system efficiencies and performance of core functions in a manner that is effective and responsive to the needs of individuals receiving services and their families.

Creating Opportunities: Behavioral Health Services Initiatives

1. Strengthen the responsiveness of Virginia's emergency response system.
2. Develop infrastructure to increase direct service roles for peers and expand recovery support services.
3. Address housing needs through involvement in the Governor's initiative to reduce homelessness and expand affordable housing.
4. Create employment opportunities through coordination with the Governor's Economic Development and Job Creation Commission.
5. Enhance accessibility to a consistent array of substance abuse treatment services across Virginia.
6. Review and develop strategies to enhance the effectiveness and efficiency of state hospital services.
7. Strengthen the capability of the case management system.
8. Develop and implement a comprehensive plan for child and adolescent mental health services.

Creating Opportunities: Substance Abuse Services

Enhance accessibility to a consistent array of substance abuse treatment services across Virginia:

- Assess and identify gaps in the array of evidence-based substance abuse treatment services and develop proposals for addressing them
- Assess the extent to which CSBs have the capability to provide integrated substance abuse and mental health assessment and treatment for individuals with co-occurring disorders and provide technical assistance and training to enhance that capability
- Expand partnerships with the criminal justice system to include substance abuse treatment in jails and re-entry programs for offenders.

Creating Opportunities/Substance Abuse Services: Identify Gaps and Develop Proposals

- Detox
 - 50% of CSBs lacked social detox
 - 25% lack medical detox services
- Medication Assisted Treatment – although the incidence of opioid dependence is increasing -
 - 50% lacked any access to MAT for addiction to opioids, yet dependence on opioids is increasing
 - Only 14 CSBs are currently using Suboxone
- Case Management – 66% of CSBs report inadequate capacity
- All Residential Treatment – fewer than 50% of CSBs

Creating Opportunities/Substance Abuse Services: Integrated SA and MH Treatment

Build on success of federally funded Virginia Services Integration Project (VASIP)

- Assure clinical assessments that assess for both MH and SA problems
- Strengthen Workforce Development
- Identify and eliminate organizational barriers to integrated services

Creating Opportunities/Substance Abuse Services: Treatment in the Criminal Justice System

- Services in local jails
 - CSBs provide SA treatment services in 11 local jails
 - \$1,253,626 in General Funds
 - \$391,792 in SAPT BG Funds
- Re-entry programs for offenders
 - Assessment
 - Case management
 - Treatment

Implementing Creating Opportunities Plan

- Developing Implementation Teams for each Initiative:
 - Co-conveners (DBHDS and Community)
 - Members who are facilitative and knowledgeable about subject matter
- Tasks
 - Clearly defined strategic objectives
 - Detailed action steps
 - Established milestones and benchmarks
 - Resource requirements
 - Performance measures
 - Quarterly reports