

The second meeting of the Joint Subcommittee to Study Strategies and Models of Substance Abuse Treatment and Prevention pursuant to Senate Joint Resolution 77 (2008) was held Thursday, September 25, 2008, at the General Assembly Building in Richmond. Following opening remarks by Senator Emmett W. Hanger, Jr., the business of the joint subcommittee commenced.

DOC Response and Description of Services

The meeting opened with a presentation of the Virginia Department of Corrections' Response to the Joint Legislative Audit and Review Commission's study on mitigating the costs of substance abuse in the Commonwealth and an overview of substance abuse programming offered through the Department, with a focus on Therapeutic Communities and Transitional Therapeutic Communities. Mr. Dudley Bush first provided an overview of the development and history of the Therapeutic Community (TC) modality, noting that the TC model, which utilizes highly structured recovery practices including social learning and cognitive therapy as well as peer accountability to produce results, was introduced in the early 1960s and has been modified to meet the needs of modern prisons. In Virginia, the Department of Corrections currently provides just over 1600 TC beds in three institutions. The program includes five phases, with the inmate completing four phases in prison and one in the community. Mr. Bush then explained the Transitional Therapeutic Community (TTC) model, which provides additional cognitive and social learning therapy for inmates following release and while living in the community. Currently, there are 121 TTC beds available in Virginia. These models, Mr. Bush noted, are research-based best practice treatment modalities.

Dr. Jean Mottley, Ph.D., then explained the research and scientific evidence supporting the use of TC and TTC programs. She noted several national and Virginia-focused studies supporting the effectiveness of these models. Dr. Mottley pointed out that TTC participants were found to have lower re-arrest and reconviction rates than inmates who completed prison-based TC or nonprison-based TC alone. Inmates completing prison-based TC had lower re-arrest rates than non-prison TC program completers. Additionally, average number of days between release and re-arrest were higher for TTC and prison-based TC completers. Dr. Mottley concluded by highlighting several changes that have been made in the programs since 2005 that have increased the success of the TC and TTC programs including the following: staff levels have stabilized, TC administrator positions have been filled, the Indian Creek Correctional Center TC program has been fully implemented and is functioning at its full capacity, a cognitive behavioral skills curricula has been integrated into the TC programs, and transitional specialist positions have been filled at all facilities with TC programs.

VACSB Response and Overview of Services

Next, Ms. Mary Anne Bergeron presented the Virginia Association of Community Services Boards' response to the Joint Legislative Audit and Review Commission's report and information on substance abuse services offered through community services boards, including the history of community services boards' substance abuse services and recent legislative and budgetary changes affecting the provision of substance abuse services by community services boards. Ms. Bergeron noted that over 517,000 Virginians aged 12 or older are dependent on or abuse drugs or alcohol, or both. During FY 2007, community

services boards, the main source of public substance abuse treatment services in the Commonwealth, served 53,905 of these persons. Though it has been repeatedly proven that treatment reduces dependence on or abuse of drugs and alcohol, and also reduces incidents of crime, arrests, child abuse, child neglect, traffic crashes, and other social problems, many community services boards are limited in their ability to provide services. A study by the Office of the Inspector General for the Department of Mental Health, Mental Retardation and Substance Abuse Services found that over 70% of community services boards reported no capacity or inadequate capacity for substance abuse services. Moreover, in communities where community services boards are able to provide services, the average waiting period before services begin is 25.4 days. Some of this lack of capacity, contributing to the lack of capacity or inadequate capacity and long waiting times can be linked to the loss of SABRE funds, eliminated in FY 2002. This loss of funds resulted in the loss of 92 staff positions and the elimination of 36 service programs in the Commonwealth. This decrease in capacity has continued in the intervening years as the demand for services has increased and funding has failed to keep up with need. Ms. Bergeron concluded by offering several recommendations to increase community services boards services and address the growing problem of substance abuse in the Commonwealth, including full implementation of recovery focused systems of care, use of evidence-based practices and evaluation of services, stabilization of the private provider base, and increased funding for implementation of evidence-based prevention and treatment strategies. To fund these objectives, Ms. Bergeron recommended establishing a Substance Abuse Treatment and Prevention Fund funded with five percent of net proceeds of the Alcoholic Beverage Control Board, dedication of Tobacco Settlement funding for CSB prevention programs, direction of new revenue resulting from opening of new ABC stores and Sunday openings of existing stores for treatment and prevention services, and an increase in user fees on tobacco and alcohol products.

Drug Courts

Judge Catherine Hammond of the Henrico County Drug Court gave the final presentation of the meeting, providing information on drug courts generally and the Henrico County Drug Court specifically. Judge Hammond highlighted the need for drug courts as a tool to break the cycle of drug and alcohol abuse and incarceration. She then highlighted the link between substance abuse and incarceration noting that 50% of all convicted jail inmates were under the influence of drugs or alcohol at the time they committed the offense for which they were incarcerated. During the period 2001 through 2006, drug offenses made up 23% to 26% of all new court commitments to the Virginia Department of Corrections. In total, she noted, 29,352 persons were arrested in Virginia for drug offenses in 2006. Drug courts, Judge Hammond noted, offer a way to address underlying substance abuse problems and limit commitments to the Department, while also reducing crime. Evidence cited by Judge Hammond indicates that rates of recidivism can be drastically decreased through the use of drug courts. Moreover, studies indicate that drug court completers experience significantly better outcomes in the criminal justice system after treatment has ended, including higher rates of employment upon release.

Judge Hammond then described how drug courts work, stating that a drug court is a specialized docket within an existing court system that combines immediacy and

accountability of legal sanctions and the power of judicial supervision with comprehensive substance abuse treatment and case management to participating individuals. Each participant is required to appear in court once a week, maintain employment, undergo frequent urine screenings to ascertain whether the person continues to refrain from using drugs or alcohol, participate in group and individual therapy, and pay all restitution and court costs. The average period of involvement with a drug court is 12 to 18 months. Upon completion of the full program, some courts will reduce or dismiss the charges against a person. Currently, Judge Hammond stated, 15 adult drug courts operate in Virginia. In addition, there are eight juvenile drug courts, one DUI court and three family drug courts in the Commonwealth.

Next Meeting

The next meeting of the joint subcommittee will be held in Richmond, date and time to be announced.