

***COMMONWEALTH of VIRGINIA***

***Substance Abuse Services Council***

**P. O. Box 1797** **Richmond, Virginia 23218-1797**

December 1, 2023 To: The Honorable Glenn Youngkin, 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 Virginia Addiction & Recovery Council, formerly named the Substance Abuse Services Council (referred to as the Council in this report), to collect information about the impact and cost of substance use disorder treatment provided by public agencies in the Commonwealth. In accordance with that language, please find attached the *Virginia Addiction & Recovery Council’s Report on Treatment Programs for FY 2023*.

Sincerely,



Senator John J. Bell, District 13, Senate of Virginia

xc: The Honorable John Littel, Secretary of Health and Human Resources

 The Honorable Terrance C. Cole, Secretary of Public Safety and Homeland Security

Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

Chadwick S. Dotson, Director, Department of Corrections

Amy Floriano**,** Director, Department of Juvenile Justice

Cheryl Roberts, Director, Department of Medical Assistance Services

Enc.

VIRGINIA ADDICTION & RECOVERY COUNCIL’S REPORT ON TREATMENT PROGRAMS FOR FY 2023

**(Code of Virginia § 2.2-2697)**

## to the Governor and the

***General Assembly***



***COMMONWEALTH OF VIRGINIA***

**December 1, 2023**

### Preface

Section 2.2-2697.B of the Code of Virginia directs the Council to report by December 1 to the Governor and the General Assembly information about the impact and cost of substance use disorder treatment provided by each agency in state government. The specific requirements of this section are below and have been revised to use non-stigmatizing language based on the Centers for Disease Control Health Equity Style Guide:

*§ 2.2-2697. Review of state agency substance use disorder treatment programs and recovery services.*

1. *Beginning in 2006, the Comprehensive Interagency State Plan shall include the following analysis for each agency-administered substance use disorder treatment program and recovery services:*

*(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 use disorder treatment and recovery services, 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.*

### VIRGINIA ADDICTION & RECOVERY COUNCIL REPORT ON TREATMENT PROGRAMS FOR FY 2023

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### VIRGINIA ADDICTION & RECOVERY COUNCIL REPORT ON TREATMENT PROGRAMS FOR FY 2023

### Introduction

This report summarizes information from the four executive branch agencies that provide substance use disorder treatment and recovery services: The Department of Behavioral Health and Developmental Services (DBHDS), the Department of Juvenile Justice (DJJ), the Department of Corrections (DOC) and the Department of Medical Assistance Services (DMAS). These agencies share the common goals of increasing the health and wellness of Virginia’s individuals, families, and communities, increasing access to substance use disorder treatment and recovery services, and reducing the impact of those with a substance use disorder and involvement in the criminal justice system. All of the agencies included in this report are invested in providing evidenced-based treatment and recovery services to respective populations within the specific constraints each has on its ability to provide these services. In this report, the following information is detailed concerning each of these four agencies’ substance use disorder treatment programs:

* 1. Amount of funding spent for the program in FY 2023;
	2. Unduplicated number of individuals who received services in FY 2023;
	3. Extent to which program objectives have been accomplished as reflected by an evaluation of outcome measures;
	4. Identifying the most effective substance use disorder treatment;
	5. How effectiveness could be improved;
	6. An estimate of the cost effectiveness of these programs; and
	7. Funding recommendations based on these analyses.

As used in this document, treatment means those services directed toward individuals with identified substance use disorders and does not include prevention services. This report provides information for Fiscal Year 2023, which covers the period from July 1, 2022 through June 30, 2023.

Information about the name change to the cross-agency council: At the request of the Council, Senator Bell patroned SB824 to change the name of the Council from the Substance Abuse Services Council to the Virginia Addiction Recovery Council.  The name change was to broaden the council’s scope to all problematic additions with the rise of gambling addiction as the primary focus.  The council also is seeking to improve the connection between addiction recovery communities as it is common for those suffering from addiction to have more than one problematic addiction.  SB824 also increased the number of council members from 29 to 32 and added two members representing the problem gambling recovery community and one member representing the Opioid Abatement Authority.  The three new members will be appointed by the Governor with the council providing recommendations to the Secretary of the Commonwealth.

### *Treatment Programs for FY 2023*

### This report provides focused data on specific outcomes. Every opioid overdose death associates to many affected individuals, and every individual who commits a crime associated with substance use disorder represents many others who are also involved.[[1]](#footnote-2) Many of these individuals are struggling with functional impairment due to their substance use disorder and this is reflected in decreased workforce participation,[[2]](#footnote-3) negative impact on the economy,[[3]](#footnote-4) the potential for dissemination of blood borne diseases,[[4]](#footnote-5) and recidivism.

Whereas the inclusion of Methamphetamine treatment funding allocated for 2020 allowed for a much-needed expansion for services, it should be noted that research indicates that singling out specific substances; rather than recognizing substance use as a non-substance specific condition increases stigma and results in singular drug policies that lacks coordinated care and comprehensive treatment. Consequently, this results in inadequate and disparity in treatment which leads to poor behavioral health outcomes.

### Department of Behavioral Health and Developmental Services (DBHDS)

The publicly funded behavioral health and developmental services system provides services to individuals with mental illness, substance use disorders, developmental disabilities, as well as co- occurring disorders through state hospitals and training centers operated by DBHDS, the 40 community services boards (CSBs) which three are designated Behavioral Health Authorities (BHAs), and a network of collaborative private providers. 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 are public health agencies that provide services directly to their population and through contracts with previously mentioned private providers.

Summary information regarding these services is presented below.

1. **Amount of Funding Spent for the Program in FY 2023.**

Expenditures for substance use disorder treatment services totaled $214,118,914. This amount includes state and federal funds, local funds, fees, and funding from other sources. The table below provides details about the sources of these funds.

|  |
| --- |
| **Expenditures for Substance Use Disorder Treatment Services by Source** |
| State Funds  | $58,667,404 |
| Local Funds  | $52,496,396\*  |
| Medicaid Fees  | $23,022,349  |
| Other Fees  | $9,035,803\*  |
| Federal Funds  | $65,785,495  |
| Other Funds  | $5,111,467\*  |
| **Total Funds** | **$214,118,914** |

\*Local Funds and Other Fees may have been utilized to support prevention activities.

1. **Unduplicated Number of Individuals Who Received Services in FY 2023.**

A total of 23,246 unduplicated individuals received substance use disorder treatment services supported by this funding in FY 2023.

1. **Extent Program Objectives Have Been Accomplished as Reflected by an Evaluation of Outcome Measures.**

Currently, DBHDS uses the following substance use disorder services quality measures for each CSB:

* **Initiation of Substance Use Disorder Services**: Initiation of services is measured by calculating a percentage. The denominator is the number of all individuals admitted to the substance use disorder services program area with a new substance use diagnosis during the fiscal year. The numerator is all individuals in the fiscal year who then received a first substance use service within 14 days of that new diagnosis. The state average for FY23 was 73% of all individuals being successfully initiated within 14 days of new substance use diagnosis. This far exceeds the latest national average for this measure of 37% indicated on the National Committee for Quality Assurance’s website.
* **Engagement in Substance Use Disorder Services**: Engagement is measured by calculating a percentage. The denominator is the number of all individuals admitted to the substance use disorder services program area with a new substance use diagnosis during the fiscal year. The numerator is all individuals in the fiscal year who then received a first substance use service within 14 days of that diagnosis and received an additional two substance use services 30 days thereafter. The state average in FY23 was 58% of individuals meeting the requirement for engagement. Similar to the initiation measure, this state average far surpasses the latest national average for the engagement measure of 14% listed on the National Committee for Quality Assurance’s website.
1. **Identifying the Most Effective Substance Use Disorder Treatment.**

The sometimes chronic, relapsing nature of substance use disorder, often resulting in non-linear pathways to sustained recovery, makes identifying the most effective type of treatment difficult. Evidence-based treatment for substance use disorders consists of an array of modalities and interventions provided to individuals in need based on many factors. These modalities are presented and implemented through a lens of person-centered treatment planning and therefore are tailored to the specific needs of each individual seeking treatment, coupled with their ASAM criteria (assessment of level of need) and partnered with their willingness to participate. Other factors, such as legal status, probation requirements, transportation difficulties, family expectations/responsibilities, and co-occurring behavioral health and medical issues further complicate measures of effectiveness across populations.

The lack of a consistently available and accessible array of services across Virginia may cause additional stressors to individuals seeking care as well their support systems. The factors mentioned above can make it difficult to match individuals to the appropriate level of care. Virginia continues to work on system transformation through initiatives and plans such as STEP VA, Right Help Right Now, and Project BRAVO in efforts to expand access to and effectively utilize behavioral health services.

It is important to note workforce shortages in behavioral healthcare play a significant role in one’s ability to engage in services. Virginia has a significant shortage of providers for substance use disorder related to services that is mirrored by many other states. In Virginia, the workforce issues have many causes and solutions, to include aging workforce, impacts of COVID-19, low wages for treating staff, increasing regulations and certifications, and a significant lack of engagement from younger individuals entering the field. These issues make for longer wait times to access services, larger group sizes, increased engagement issues, and higher caseloads. When this information is applied to a population of individuals who often seek to enter treatment services immediately to avoid addition use, there can be serious consequences.

The deadly opioid overdose epidemic that began in the mid-2000s and resulted in 1,915 deaths in calendar year 2020[[5]](#footnote-6) continues to drive home the need for comprehensive, expansive, and evidenced based treatment for all individuals and their families. Current information indicates a significant rise in opioid related overdoses across Virginia within the last year. While this data is still being collected and reviewed DBHDS continues to actively support our CSB partners in providing medication-assisted treatment (MAT), the evidence-based standard of care for opioid use disorder through time-limited federal grant funding, as it is costly to provide.

Furthermore, Virginia, like the rest of the United States, is seeing a rise in Methamphetamine use.[[6]](#footnote-7) This is to be expected, as substance use disorder is *not* substance specific. Failure to treat substance use disorder in its totality using Evidence Based practices will continue to result in the loss of life, misuse of resources due to being restricted to specific drug types, and community wide impact related to the continued spread of use and other complicating factors.

1. **How Effectiveness Could be Improved.**

Successful healthcare outcomes are dependent on individuals receiving the appropriate level of care for their needs as well as a holistic approach to them as an individual. CSBs continue to experience level funding from federal and state sources. DBHDS is moving toward significant changes in funding structure and has implemented as of July 1, 2022, the use of an invoicing system for payment of services related to federal dollars. This should allow for better use of funding across the state and better tracking at the state level. However, the funding streams used for services remain, in some cases, restrictive based on substance used and therefore create difficulties in the treatment system related to allocations for funds across all populations. It is important to note, 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 needs and concerns, such as trauma-informed care or co-occurring disorders. This leads to the rise in costs for service.

Furthermore, individuals seeking and needing services frequently experience other life issues that present barriers to successful recovery such as lack of transportation, lack of childcare, unsafe housing, or serious health or mental health issues create dynamics that may be difficult for providers to address depending on their available service array. Successful treatment programs require personnel and resources to help individuals in care address these problems across many populations. Increased access to safe and equitable transportation assistance that work across urban and rural areas, opportunities to participate in supportive employment programs, and secure housing options, and increased access to psychiatric care are imperative to successful engagement and sustainment in treatment options as well as helping to bolster a recovery-oriented approach to all services.

For providers to remain educated, supported, and clinical efficient ongoing dedicated funding related to continuing clinical training in support of the use of evidenced based practices across the Commonwealth is imperative to provide sustainable support of clinical expertise and goals within the existing workforce already heavily influenced by other factors in Virginia.

To support system change, DBHDS continues to move toward and support a data driven, outcomes-based approach coupled with quality improvement initiatives at state and provider levels. DBHDS has developed a quality improvement process for CSBs that includes technical assistance in a comprehensive way based on areas of need. A data driven platform to improve program effectiveness can be developed through focusing on quality improvement and funding substance abuse services at a level adequate to make an expanded continuum of care and array of evidence-based practices available across the state.

Continued work to move toward ongoing training and support of evidence-based models of treatment for individuals with the disease of addiction will initially require more resources but will result in lowered costs. Like any other disease, incorrect diagnosis results in incorrect treatment resulting in poor outcomes. With this in mind, DBHDS is partnering with DMAS to provide ongoing ASAM training for providers to ensure the appropriate levels of care for the individual being served. With increased access to evidence-based treatment for the disease of addiction, we expect to see better functioning workers and increased tax revenues, decreased crime, decreases associated medical costs (HIV, Hepatitis C, endocarditis resulting in valve replacement, Neonatal abstinence syndrome, trauma and accidents, etc.), improved life expectancy and a happier more productive population.

1. **An Estimate of the Cost Effectiveness of These Programs.**

It remains difficult to assess and make recommendations on the cost effectiveness of programs as they vary across the state and as those struggling with addition often involve levels of complexity which impacts care and treatment. However, the ability to access an appropriate level of care is a measure that impacts successful treatment and outcomes. It is recommended that cost effective evaluations focused on the use of evidence-based treatment and holistic outcomes for assertion the long term effectiveness of treatment.

It is also important to note the influence on service options from COVID-19. With the implementation of telehealth as a part of the pandemic response treatment services may now be available to individuals that were previously not served. Throughout the pandemic treatment providers have indicated an increase in retention and engagement from individuals in care, however it is important to keep in mind potential privacy issues related to telehealth and group services over telehealth vary by providers. Given the value provided by telehealth it is recommended that while privacy concerns remain a priority the opportunity provided service expansion outweigh any negatives and should continue to be a valuable option for Virginians. Additionally, though the initial costs of telehealth may be higher compared to other treatment options, the potential for long term savings, coupled with decreasing care timelines, telehealth offers a great opportunity.

1. **Funding Recommendations.**

The Department of Medical Assistance Services (DMAS) continues to offer a waiver that supports a wide array of treatment services for individuals with substance use disorders, based on criteria developed by the American Society of Addiction Medicine. This array included improved access to medication-assisted treatment for individual with opioid use disorder. DBHDS continues to use the SAMHSA SOR funds to support, improve, and develop services that are more comprehensive across prevention, treatment, and recovery services statewide where needed. It is important to note that FY23’s federal fiscal year related to SOR funding is not yet assured at the time of this report being written. An NOA has not been provided by SAMHSA related SOR funding. This delay may impact the state’s ability to process any funding awarded if the NOA does not arrive prior to the federal fiscal year beginning on October 1, 2022. In the long term, the systems and programs that SOR supports will need to be proactively planning for how to support services in case this funding is not renewed at the federal level.

Medicaid expansion, which became effective January 1, 2019, continues to help support some needed infrastructure development, such as provider training to support implementation of evidence-based practices. However, a portion of Virginia’s population has income greater than 138 percent of Federal Poverty Level (income eligibility threshold effective January 1, 2019) but cannot afford to purchase private insurance. This population combined with those who do not qualify for Medicaid Expansion remain in need of resources and services. DMAS is projected to begin their accessibility review of individuals included in Medicaid expansion in October 2022. It is important to note this may result in current Medicaid recipients no longer qualifying for insurance through expansion.

DBHDS also recently was awarded state funds in the amount of $5 million to be spent to support substance use treatment. This funding, not restricted by substance, will allow for innovative support of the substance use disorder services system in a comprehensive way and help to address several holes in services such as transition aged youth (18 – 25) and intellectually disabled individuals who are struggling with substance use. This funding has also been accessed to support Naloxone access in the Commonwealth.

**Department of Juvenile Justice (DJJ)**

The Department of Juvenile Justice (DJJ) provides and contracts with mental health / substance abuse treatment providers to provide substance abuse treatment services to youth under community supervision and in direct care status who are assessed as needing substance abuse treatment. Youth in the community receive mental health and substance abuse services through a variety of agencies, referral sources and funding entities. Those include services made available through local Community Services Boards, services arranged by local Family Assessment & Planning Teams and services contracted and funded by DJJ. In addition to youth in the community, youth in direct care status receive mental health and substance use services in a variety of settings including Bon Air Juvenile Correctional Center (JCC), Community Placement Programs at local detention facilities, and contracted residential treatment centers.

DJJ manages Virginia Juvenile Community Crime Control Act (VJCCCA) funds, which are administered through a formula grant to all 133 cities and counties in the Commonwealth. Each locality or grouping of localities develop biennial plans for the use of VJCCCA funds that are consistent with the needs of their communities. Code changes that went into effect in July 2019 allow localities to incorporate prevention services into future biennial plans. The current biennium began on July 1, 2022 and concludes on June 30, 2024. Some but not all localities, included substance abuse services on their FY2023-FY2024 biennial plans. Of the 76 local VJCCCA plans, during the first year of the biennium (FY2023), 30 local plans included funds budgeted for programming or services in the category of substance abuse assessments/ evaluations, substance abuse education and /or treatment.

DJJ contracts with two service coordination agencies, AMIkids (AMI) and Evidence-Based Associates (EBA), to serve as Regional Service Coordinators (RSCs) and assist DJJ with continuing to build a statewide continuum of services for youth and families. The work of the RSCs is divided using DJJ’s five administrative regions. The RSCs support DJJ’s continuum of services by managing centralized referrals, service coordination, quality assurance, billing, and reporting. They are responsible for assessing existing programming, developing new service capacity, and selecting and subcontracting with Direct Service Providers (DSPs). They also are responsible for monitoring the quality of the DSPs and fidelity to evidence-based practices and programs, completing ongoing service gap analyses, and filling those service gaps.

The RSC Service Delivery Model has increased DJJ's access to evidence-based models. For example, Functional Family Therapy (FFT) and Multi-systemic Therapy (MST), two evidence-based family interventions, are now available in 97% of cities and counties in Virginia. In addition, DJJ continues to collaborate with other child-serving agencies to increase the availability of the Adolescent Community Reinforcement Approach (ACRA), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and High-Fidelity Wraparound (HFW).

In previous annual reports, the information available was limited to the substance abuse treatment services provided by DJJ to direct care youth meeting the appropriate criteria at Bon Air JCC. This year, the report is expanded to also include details regarding VJCCCA and RSC substance-related services.

1. **The Amount of Funding Expended for the Program.**

Bon Air JCC Programs in FY 2023:

Substance Abuse Services Expenditures: $989,104.67

Total Residential Division Expenditures\*: $58,741,934

\* Total division expenditures exclude closed facilities as well as the Virginia Public Safety Training Center (VPSTC) and all related costs. Substance abuse services expenditures at Bon Air JCC are estimated based on a percentage of treatment provider salaries. Substance-related expenditures at non-JCC direct care placements cannot be separated from overall expenditures; therefore, the total residential division expenditures are included to provide additional context.

 VJCCCA Substance-Related Programs in FY 2023: $417,280

Regional Service Coordinator (RSC) Programs in FY 2022:\*\*

Substance Abuse Evaluation Expenditures: $30,335

Substance Abuse Treatment Expenditures: $207,810

Total RSC Substance-Related Expenditures: $238,145

\*\* FY 2022 is the most recent year with available RSC service expenditure information.

1. **The Number of Individuals Served by the Program Using that Funding in FY 2023.**

In FY 2023, 159 (89.3%) of the 178 residents admitted to direct care were assigned a substance abuse treatment need. Youth can be assigned to Track I or Track II to reflect their individual needs. Track I is for juveniles meeting the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for Substance Use Disorder and in need of intensive services. Track II is for juveniles who have experimented with substances but do not meet the DSM criteria for Substance Use Disorder. Of the 178 youth admitted, 78.1% were assigned a Track I treatment need, and 11.2% were assigned a Track II treatment. These youth may have received treatment at Bon Air JCC or at other direct care placements.

In FY 2023, 803 youth received VJCCCA funding for substance abuse services to include assessments/evaluations, education, and treatment.

Additionally, many youth in contact with DJJ receive various services across the state through the RSC model, including youth on probation, on parole, and in direct care. As noted above, FY 2023 data is not available for RSC programs. Following referrals during FY 2022, 91 youth received substance abuse evaluations and 99 youth began one or more substance abuse treatment services through the RSCs. Most youth receiving substance abuse treatment through the RSCs received individual therapy for substance abuse (51.5%) and/or relapse prevention services (31.3%). Some youth receiving RSC services for substance use issues participated in the Seven Challenges® services (13.1%), substance abuse family therapy (4.0%), and/or a substance abuse intensive outpatient program (4.0%). In addition to services specifically labeled substance abuse treatment, many youth participating in FFT or MST had an identified need in the area of substance use, which may have been addressed by those services; however, FFT and MST are not included in the expenditures or counts above.

1. **Extent to Which Program Objectives Have Been Accomplished as Reflected by an Evaluation of Outcome Measures.**

DJJ calculates 12-month rearrest rates for residents who had an assigned substance abuse treatment need. Rates are calculated based on a rearrest for any offense, excluding technical violations. An assigned treatment need does not indicate treatment completion. The most recent rearrest rates available are for youth released during FY 2021. It is important to note that rearrest rates do not measure whether a youth used substances (or not) after discharge and is therefore not a direct outcome measure of treatment program success. Substance abuse treatment within DJJ primarily focuses on preventing and/or minimizing future substance use. Notwithstanding, while substance abuse treatment is not inherently focused on reducing reoffending behaviors, it directly addresses criminogenic risk factors related to decision-making, impulse control, emotion regulation, prosocial skills, etc. Additional limitations are described below.

In FY 2021, 40.4% of former residents with a substance abuse treatment need were rearrested within 12 months of release, as compared to 39.8% of all residents. In FY 2020, 54.9% of residents with a substance abuse treatment need were rearrested within 12 months of release, as compared to 52.7% of all residents. Rearrest rates for residents with a substance abuse treatment need reflect rearrests for any offense, not specifically a drug offense.

Additionally, youth with higher substance abuse treatment needs (Track I) had a slightly higher rearrest rates than those in Track II. Of youth released in FY 2021, 38.5% of Track II youth were rearrested in the 12 months following their release, as compared to 40.8% of Track I youth. 46.2% of Track II youth released in FY 2020 were rearrested in the 12 months following their release, as compared to 55.5% of Track I youth. DJJ will continue to collect information to understand potential differences between these two groups in order to properly address their needs.

Treatment completion may be related to lower recidivism rates among youth with treatment needs. For example, 38.2% of youth released in FY 2021 with completed substance abuse treatment were rearrested in the following 12 months, as compared to 55.0% of youth with incomplete substance abuse treatment. Meanwhile, 52.4% of youth released in FY 2020 with a completed substance abuse treatment were rearrested in the following 12 months, as compared to 64.6% of youth with incomplete substance abuse treatment.

In FY 2022, 103 youth receiving substance abuse treatment through DJJ’s RSC model had their services closed. Of those, 60 (58.3%) met all overarching and/or service goals while 25 (24.3%) met some overarching and/or service goals. Recidivism rates for youth receiving RSC substance abuse treatments are not currently available.

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. Residents with assigned treatment needs may have risk characteristics different from those not assigned a treatment need or those assigned a different level; 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. Additionally, data on whether reoffenses were substance-related are not available at this time. As mentioned above, rearrest rates do not reflect the focus of substance abuse treatment, which is to prevent and/or minimize future substance use rather than reoffending behaviors. Lastly, FY 2021 rearrest rates especially should not be used to evaluate program efficacy. Due to the COVID-19 pandemic, FY 2021 saw many changes across the juvenile justice system, impacting actual and tracked criminal and delinquent behaviors. Recidivism rates decreased system-wide for most groups in contact with DJJ in FY 2021 (see the Recidivism section of the [FY 2022 DJJ Data Resource Guide](https://www.djj.virginia.gov/documents/about-djj/drg/FY2022_DRG.pdf) for more information). FY 2021 groups are much smaller than previous years; therefore, FY 2021 rearrest rates compared to those of previous years are more strongly influenced by the reoffense of only a few youth.

The average recidivism rate for youth who received VJCCCA-funded substance abuse services was 15.6%. The methodology for this rate differs from the rates described above. For example, the rates for direct care and RSC services include rearrests after a juvenile reaches the age of 18, but that information is not available for service-specific VJCCCA recidivism rates.

1. **Identifying the Most Effective Substance Use Disorder Treatment.**

Committed youth are assessed for treatment services at the Juvenile Correctional Center (JCC) or the Juvenile Detention Center (JDC) by the Central Admission and Placement (CAP) Unit for the most appropriate level of substance use treatment. The process includes medical, psychological, behavioral, educational, and career readiness evaluations. Depending on the youth’s individual needs, youth may be assigned to one or more treatment programs to include aggression management, substance abuse and/or sex offender treatment.

Male youth in direct care who are assessed as having a substance use disorder as identified in the current version of the DSM are referred for Track 1 substance abuse treatment, which is addressed through the CBT-MET Cannabis Youth Treatment Program. CBT and MET, otherwise known as Cognitive Behavioral Therapy, and Motivational Enhancement Treatment, are well known throughout the research literature as evidence-based treatment models for adolescents.

Male youth who do not meet the DSM criteria for a substance use disorder but have a history of experimentation with marijuana and/or alcohol, are referred to Track 2 services, which are provided through an individualized treatment plan that may draw from various resource materials.

Female youth who are assessed as having a substance use disorder as indicated in the current version of the DSM are referred to Track 1 services and receive VOICES, a gender specific journaling-based program that focuses on a variety of topics. VOICES is designed using the foundational evidence-based practice of interactive journaling and is listed as a Legacy Program in the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidence-based Programs and Practices.

Additionally, all direct care youth are assigned to a therapist, and those youth with a co-occurring disorder can receive mental health treatment to address individual needs as applicable to their assessed risk, needs and responsivity.

For justice-involved youth in the community, Probation or Parole Officers coordinate a variety of services to achieve a balanced evidence-based approach to public safety, accountability and competency development. For those youth in need of substance abuse treatment, community-based services are provided by public or private sector DSPs and may differ according to region and the availability of services.

1. **How Effectiveness Could be Improved.**

DJJ continues to implement CBT-MET Cannabis Youth Treatment, as well as individualized treatment for direct care youth with co-occurring disorders. Additionally, DJJ residential services is in the process of implementing prevention programming, which is focusing on vaping, e-cigarettes, and tobacco use via a Virginia Foundation for Healthy Youth (VFHY) grant. Residential services is also in the process of identifying prevention programming that targets fentanyl.

DJJ also utilizes RSCs that facilitate a series of continuum services to youth and families across the state. This service model has increased DJJ’s access to evidence-based models (e.g., Functional Family Therapy and Multi-Systemic Treatment). DJJ’s 2022 Data Resource Guide cites that those two services are available in 97% of cities and counties in Virginia. These reentry and community based services should continue their collaboration to ensure smooth transition of residents to the community, residential diversion and public safety.

Effectiveness could be improved by using additional evidence-based and evidence-informed models of substance abuse treatment. During FY 2023, DJJ partnered with the Department of Behavioral Health and Development Services to make training available to additional providers interested in adopting the Adolescent Community Reinforcement Approach (A-CRA). A-CRA is a developmentally-appropriate behavioral treatment for youth and young adults ages 12 to 24 years old with substance use disorders**.**[A-CRA](https://www.chestnut.org/ebtx/treatments-and-research/treatments/a-cra/) seeks to increase the family, social, and educational/vocational reinforcers to support recovery. The intervention has been implemented in outpatient, intensive outpatient, and residential treatment settings. According to the individual’s needs and self-assessment of happiness in multiple life areas, clinicians choose from a variety of [A-CRA](https://www.chestnut.org/ebtx/treatments-and-research/treatments/a-cra/) protocols that address, for example, problem-solving skills to cope with day-to-day stressors, communication skills, and active participation in positive social and recreational activities with the goal of improving life satisfaction and eliminating alcohol and substance use problems. The training will be afforded to additional provider agencies during FY 2024 and the model will be available to an expanded number of localities through DJJ’s service continuum.

In addition to expanding the service continuum to include additional models such as A-CRA, DJJ has also adopted and is implementing a program evaluation tool, the Standardized Program Evaluation Protocol, or SPEP. This tool will allow DJJ to evaluate additional programs and services for their effectiveness, including substance abuse programming.

1. **An Estimate of the Cost Effectiveness of These Programs.**

Due to an inability to calculate per person costs, estimates are not available to address this issue.

1. **Recommendations on the Funding of Programs.**

Program funding for youth in direct care with substance abuse treatment needs should continue. Addressing these needs is an important aspect of youth’s overall treatment and preparation for reentry to their home communities.

Funding for community-based treatment, including for substance abuse treatment, should continue. Addressing these needs in the community is critical so that youth’s usage does not worsen and lead to a need for in-patient treatment.

**Virginia Department of Corrections (VADOC)**

1. **Amount of Funding Spent for the Programs in FY 2023.**

Treatment services expenditures totaled $10,645,633for FY 2023. The table below displays how these funds were expended across VADOC programs.

|  |  |  |
| --- | --- | --- |
| Community Corrections Substance Abuse |   | $2,370,568  |
| Spectrum Health |  | $6,246,074  |
| Appalachian CCAP | $475.951 |   |
| Brunswick CCAP | $598,579 |  |
| Cold Springs CCAP | $598.579 |   |
| Chesterfield CCAP  | $598,579 |  |
| Indian Creek/Greenville Work Center | $2,573,702 |   |
| State Farm Work Center | $606,027 |   |
| VCCW | $525,002 |   |
| Nottoway Work Center  | $191,031 |  |
| Green Rock CC (start up date 2/15/23) | $78,624 |  |
| Facilities (previously RSAT funded) |  |  $892,482 |
| State Opioid Response Grant (federal funded) |  | $575,152 |
| MAT Navigators |  | $225,942 |
| Roving SUD Cognitive Counselors  |  | $220,733 |
| Statewide SUD Manager  |  | $114,681 |
| Total |   |  ***$10,645,633*** |

1. **Unduplicated Number of Individuals Who Received Services in FY 2023.**

As of June 30, 2023, there were 62,724 probationers/parolees under active supervision in the community. This data includes participants in the Community Corrections Alternative Programs (CCAPs) and those on Shadowtrack Supervision. The VADOC utilizes the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment tool for risk assessment and service planning. Data collected from this screening tool indicates that approximately 71% of those under active supervision have a history of substance use disorder as indicated by scores of probable or highly probable on the COMPAS substance abuse subscale. Substance use disorder (SUD) treatment services in the community are provided mainly by community services boards (CSB) and private vendors. During FY2023, 33 Probation and Parole Districts received SUD treatment services through contracted providers while 6 Probation and Parole Districts utilized Memorandum of Agreements (MOA) with their local CSB. Four Probation and Parole Districts used both private contractors and MOAs. Additionally, Probationers/parolees also have access to community support/mutual self-help groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups which are facilitated by community volunteers.

The Community Corrections Alternative Programs (CCAPs) continue to offer intensive and moderate SUD services at four locations.

The State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), of which VADOC receives as a sub-recipient through the Department of Behavioral Health and Developmental Services (DBHDS), continues to funding for a large portion of VADOC’s Medication Assisted Treatment (MAT) and Peer Recovery Specialist (PRS) initiatives.

Since launching the Medication Assisted Treatment Reentry Initiative (MATRI) in 2018, the Virginia Department of Corrections (VADOC) has been committed to growing the program and continuing its successes. Medication Assisted Treatment (MAT) in VADOC now includes Naltrexone/Vivitrol, Buprenorphine/Sublocade and Methadone pathways. In FY2023, the Naltrexone/Vivitrol program expanded to three facilities making the total number of pilot sites 15. In FY2023, seven MAT participants received at least one Vivitrol injection, while housed at an institution, work unit or Community Corrections Alternative Program, prior to release. A total of five individuals graduated the program by successfully completing a 12-month period of medication, substance use disorder programming and ongoing counseling. As of July 24, 2023, 14 participants are engaged in the MAT Vivitrol program and a total of 31 referrals are currently being processed. In FY2023, MATRI expanded to include a Buprenorphine/Sublocade pathway as a continuation program for individuals received from a local or regional jail, adult detention center, or community provider with a Buprenorphine product prescription. The VADOC grew this pathway in six institutions and six Community Corrections Alternative Programs, offering long-acting injectable Buprenorphine to inmates and probationers and 12 pilot sites. From program start on March 1, 2023 to July 24, 2023, 47 individuals are participating, or have participated in, the MAT Buprenorphine/Sublocade pilot. Although the VADOC could accommodate, FY2023 saw no continuations for Methadone.

VADOC continues to offer Naloxone/NARCAN to releasing inmates and probationers at its MAT pilot sites under a NARCAN Distribution Program. In FY2023, this program expanded to two additional sites: one work center and one institution. Each inmate or probationer is offered one rescue kit which contains two, 4mg doses of nasal spray. Prior to release, each program participant receives in-person REVIVE! Training and written materials to ensure awareness and proper administration. A total of 355 rescue kits have been distributed thus far in FY2023. VADOC had the honor of participating in the 2023 Naloxone Policy Academy hosted by The Substance Abuse and Mental Health Administration (SAMHSA), in collaboration with the Association of State and Territorial Health Officials (ASTHO), the National Association of Alcohol and Drug Abuse Directors (NASADAD), the Centers for Disease Control and Prevention (CDC), and A-G Associates. As efforts to expand continue, VADOC is exploring ways to provide additional services to more of its population.

During this reporting year, the VADOC continued to expand recovery services provided by state trained Peer Recovery Specialists servicing both institutions and community. Through SOR grant funding, VADOC created two full time PRS positions and one part time position which are employed in the Probation and Parole offices of Tazewell, Franklin, and Alexandria. These PRS’ can work directly with probationers who have opioid use disorder, stimulant use disorder, or a history of overdose engaging the difficult to reach probationer population at times of crisis and support the probation and parole staff in assisting the supervisee.

An average of 30 active recovery groups statewide were facilitated by PRS’ on a weekly basis during FY2023 serving those under probation supervision. There were approximately 200 participants involved through community corrections who participated in recovery support services through 25 Probation Districts or Community Corrections Alternative Programs. Results from surveys throughout the year validate recovery services as an evidence-based practice, showing that 97% of recipients of PRS recovery services stated their PRS helped them to stay sober and helped them on their recovery journey.

The VADOC is now facilitating the Virginia Department of Behavioral Health & Developmental Services (DBHDS) PRS training correctional centers statewide, in addition to those under probation supervision. This program will provide inmate employment positions to incarcerated individuals who have completed the PRS training to offer recovery support to incarcerated inmates. This practice will decrease the risk of overdose, enhance recovery access and create healing environments for those incarcerated individuals with substance use disorders.

Through SOR grant funding, VADOC operates an Intensive Opioid Recovery (IOR) Program pilot at the District #31 Chesapeake Probation and Parole Office. The program uses evidence-based cognitive behavioral treatment to provide substance use disorder (SUD) treatment to probationers with Opioid Use Disorder (OUD). The IOR program serves individuals with either a history of and/or current opioid abuse and evaluate them for treatment services, including MAT and counseling services. This program allows individuals living in Chesapeake and in surrounding jurisdictions (Virginia Beach, Norfolk, and Portsmouth) to remain in the program and on supervision. Program participants also work closely with a Peer Recovery Specialist (PRS) for additional recovery support. The IOR program allows individuals on probation to receive specialized SUD supervision from probation officers who also have advanced training and education in substance use disorders and addiction. For FY2023, the IOR has admitted 13 new probationers to the program, for a total of 147 unduplicated individuals served since program inception, a ten person increase from FY2022. Since January 2023, five individuals have successfully completed the program. Of the five, three of those individuals have also successfully completed supervised probation and one individual is currently being considered for Early Release from probation.

In institutions, as of June 30, 2023, there were 799 inmates participating in Cognitive Therapeutic Communities (CTC) programs at Indian Creek Correctional Center and the Virginia Correctional Center for Women. The CTC Programs are designed for those inmates needing the most intensive level of substance use disorder services. The female CTC Program utilizes a gender responsive substance use disorder curriculum, Helping Women Recover, along with the additional curriculum of Criminal Conduct and Substance Abuse. Throughout the VADOC, Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) is offered as an evidence based cognitive behavioral approach to treatment. To address the growing number of inmates with moderate to low treatment needs and limited time remaining in prison sentence, Recovery Route is utilized as a program option. Approximately 334 inmates completed sections within CBI-SA and 189 completed Recovery Route in a correctional institution during FY 2023. This is an increase from 141 combined CBISA and RR completions in FY2022.

In FY2023, The Intensive Substance Use Program (ISUP) was enhanced and renamed the Voluntary Substance Use Disorder Program or V-SUDTP. The VSUDTP is located at Green Rock Correctional Center and Indian Creek Correctional Center for male inmates, and at Virginia Correctional Center for Women for female inmates. The VSUDTP provides intensive SUD programs, implementing a modified CTC model and provides treatment objectives, as appropriate, for a range of primary treatment services for alcohol and other drug use for inmates who self-admit to using substances while incarcerated and volunteer for this program. The program utilizes SUD assessments, individualized treatment plans, evidenced based programs including CBISA and Interactive Journaling, drug education, relapse prevention/management, and peer led groups. FY2023 had 32 inmates successfully complete sections of the VSUDTP at Green Rock Correctional Center. In March, 2023, a memo was sent to the entire inmate population regarding the voluntary program for those struggling with substance use disorders while incarcerated. A number of staff presentations, seminars, and trainings have been given for VADOC staff to educate regarding the benefits and availability of this program. As a result, FY2023 saw an increase in number of referrals to the program at Green Rock Correctional Center, Indian Creek Correctional Center, and Virginia Correctional Center for Women.

To continue to meet the SUD needs at the security level one facilities, a modified residential SUD program was implemented during FY FY2022, at the Nottoway Work Center. The 50-bed program is a modified therapeutic community program that consists of assessments, individualized treatment plans, Cognitive Behavioral Interventions for Substance Abuse supplemented with Spectrum Health curriculum, process groups and aftercare planning. For FY2023, the program had 19 completions.

In FY2022, VADOC hired 6 roving/mobile cognitive counselors specifically to provide SUD programming at institutions with higher ratios of inmates who score probable or highly probable of having an SUD as assessed by the COMPAS substance abuse scales. In FY2023, three of those positions have been filled, with a high likelihood that the remaining three will be filled in the first half of FY2024. The filled positions provide SUD programming in the form of Cognitive Behavioral Interventions for Substance Abuse (CBISA) which is 39 sessions, 1.5 hours each that focuses on helping participants look at the impact drugs and alcohol have had on their lives and develop tools to make different future choices.

Interactive Journals supplement SUD programs. Medication Assisted Treatment (MAT) workbook from the Change Companies, saw 32 completers in FY2023. MAT journals are for individuals who are actively participating in VADOC’s MAT programs.

In FY2022, the VADOC applied for a PRS COSSUP grant to receive mentor services from a Department of Corrections with a PRS initiative. VADOC was selected as a mentee site and was paired with The University of Alabama at Birmingham as the mentor site. VADOC completed virtual meetings and an in-person site visit in July 2023 as part of this initiative. The Department learned how to better recruit and retain Peers, strategic data collection, and applying for future COSSUP grants with a PRS focus for PRS sustainability within the Department.

In FY2022, VADOC received a Technical Assistance (TA) grant from the National Governors Association: Improving Outcomes for Individuals with Opioid Use Disorder on Community Supervision. The benefits and sustained collaborative relationship with Virginia stakeholders continued into FY2023 and will continue into FY2024. In FY2023, VADOC hosted a statewide conference with Community Services Boards throughout Virginia. This summit titled: Building Bridges: Co-Occurring Community Treatment Summit on Criminal Justice Populations, was held in person in Arlington, Big Stone Gap, Newport News, Hanover, and Lynchburg, while being simultaneously connected and broadcast virtually. Then, each site met individually to dialogue about how to improve services in their service area.

The VADOC plans to apply for a Bureau of Justice Assistance (BJA) Residential Substance Abuse Treatment (RSAT) grant through the Virginia Department of Criminal Justice Services (DCJS). The intent of this RSAT application is to create a CTC at a higher security level facility within correctional settings. The outcome of the grant application will be noted in FY2024’s report.

Implementation for a residential intensive substance use disorder residential program is scheduled for November 2023. This program, titled the Residential Illicit Drug Use Program, or RIDUP. RIDUP is a mandatory, intensive substance use disorder intervention program that will provide structure, education, peer support, SUD programming to inmates who struggle with illicit substance use and potential overdose while incarcerated to reduce the likelihood of additional overdose or other negative impacts due to illicit substance use. This SUD program will be a Therapeutic Intervention Program whose primary purpose is for inmate treatment in a secure setting and will create a robust SUD Targeted Environment that is safe, secure, impactful and supports the mental, emotional, social, and criminogenic needs of those screened into program participation. The objectives of the program are to provide an environment where illicit substances are highly unlikely to enter the space, removing the temptation, to provide an environment where programming is intensive for the duration of the program, providing structure, and to provide inmates with peer support and cognitive restructuring that will reduce illicit substance use while incarcerated and reduce instances of overdose within the inmate population.

1. **Extent Program Objectives Have Been Accomplished.**

The VSUDP has experienced a significant increase in referrals to the program in FY2023. Since the program is new in FY2023, data on outcomes of this program will be available in upcoming years.

Assessment results for the inmate population have established the need for substance use disorder treatment programs and services, with approximately 68% of inmates scoring probable or highly probable on the substance abuse scales of the COMPAS, and 71% of probationers/parolees with probable substance use disorders. This is compared with approximately 8.1% of the general population having a substance use disorder. The VADOC has implemented evidence-based substance use disorder treatment programs including CTC and ISUP for inmates assessed with higher treatment needs, CBI-SA Program for those with moderate treatment needs and Recovery Route for those with low to moderate treatment needs and limited time left in sentence. The VADOC has identified a fidelity review process to assess and monitor the quality of vendor SUD treatment services in Community Corrections. Reviews of this nature continue to be limited due to limited staff and the resources necessary to carry out these reviews, however more reviews are expected throughout FY2024. In FY2021, a Memorandum of Agreement boilerplate for the CSB was developed and in FY2022, implementation of the boilerplate and dissemination to the vendors was finalized. In FY2023, a significant update was made to the MOA with CSBs to bring reimbursement for services more in line with Medicaid reimbursement practices. The VADOC continues to utilize CORIS for data reporting/collection. The VADOC will continue to assess programs for fidelity and effectiveness and will continue to provide SUD treatment services to individuals that are identified as needing SUD treatment services.

1. **Identifying the Most Effective Substance Use Disorder Treatment.**

The VADOC continues to utilize evidenced based programs for treatment of SUDs, as well as regular fidelity reviews of these programs. In order to maintain fidelity and effectiveness of SUD programs, the programs must be implemented as designed. The VADOC continues to emphasize fidelity, or quality control, to all SUD programs.

**5. How Effectiveness Could be Improved.**

The VADOC continues to face several challenges related to substance use disorder treatment services:

* Limited specialized staff to address the impact of SUD on those under the care of the VADOC
* Limited screening, assessment, and treatment resources for inmates with co-occurring (COD) mental illness SUD;
* Predominant reliance on grants and alternative sources of funding required for SUD services.
* Continued reliance on pilot programs due to lack of SUD specialized trained staff and resources necessary to implement programs on a broader scale;
* Lack of withdrawal management resources throughout the state;
* Limited staff to oversee expansion of the PRS initiative; reliance on SOR grant funding for the entirety of the PRS initiative
* Limited recovery housing options spread geographically throughout the Commonwealth, and limited funding for the housing options that do exist;
* Lack of funding to support the cost of medications for MAT within the VADOC.
* Unavailability of optimal programming space in VADOC institutions.

Fully funding the VADOC's substance use disorder treatment services based on the challenges listed above would increase the number of inmates/probationers who may receive treatment and enhance the quality of the programs, thereby producing better outcomes and likely reducing recidivism. Based on research cited below, the benefits of providing substance use disorder programs for the incarcerated population can decrease overall healthcare costs once the individual is released. This includes costs for inpatient and long-term hospitalizations and emergency room visits. Additionally, inmates who successful complete treatment and remain in active recovery are less likely to commit additional crimes which leads to reduced recidivism. This is a significant cost savings to the criminal justice system, as in Virginia, it costs approximately $41,000 per year, on average, to incarcerate an individual.

**6. An Estimate of the Cost Effectiveness of These Programs.**

Although specific information is not available for the VADOC currently, reports from other states show promise of the cost benefit of substance use disorder programs while an individual is incarcerated. For example, 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. In FY2017, Kentucky estimated that for every dollar spent on substance use treatment in correctional facilities, there was a return of over $4 in offset costs. According to a report by the National Governors Association: Expanding Access to Medications for Opioid Use Disorder in Corrections and Community Settings, “for MOUD treatment more broadly, states have found that treatment reduces overall health costs, due to avoided emergency department utilization and inpatient stays.”

Additional successful outcomes of SUD treatment and programs for incarcerated individuals and those involved with the justice system include a reduction in illicit substance use which leads to a reduction in recidivism, increase in public safety, and improved health outcomes. Treatment of opioid use disorder with medications and cognitive programming can lead to reduced fatal and nonfatal overdoses and decrease in infectious disease. Furthermore, by remaining in SUD treatment once released from incarceration, an individual is more likely to become and remain employed, both predictors of retention in treatment and decrease in future criminal involvement.

**7. Funding Recommendations.**

* Funding for three (3), designated regional support positions that would provide oversight to SUD programs, both in institutions and community corrections, regionally. These positions would report to the SUD Program Manager and be responsible for oversight of staff who are leading the SUD programs in their region.
* Funding to allow VADOC to implement a MAT expansion that would include availability of all three FDA-approved medications for OUD, medical and treatment staff necessary to implement a MAT expansion, and any variable costs associated with implementing a substantial MAT expansion.
* Sustainable funding for the PRS initiative, so that it is not reliant on the SOR grant.
* Funding for resources to provide co-occurring SUD and mental illness assessments, treatment, and post release continuum of care including recovery housing.
* Funding for transitional recovery housing to provide aftercare and stability post release from an incarceration SUD program.
* Funding for resources to develop a Cognitive Therapeutic Community Program at a high security facility to address SUD needs in collaboration with cognitive behavioral interventions and programming

**Department of Medical Assistance Services**

The Department of Medical Assistance Services (DMAS) implemented the Addiction and Recovery Treatment Services (ARTS) benefit in April 2017. ARTS expanded coverage of many substance use disorder (SUD) treatment and recovery services for members enrolled in Medicaid and Children's Health Insurance Program (referred to as Medicaid in this report), including Medications for Opioid Use Disorder (MOUD) treatment, outpatient treatment, short-term residential treatment, inpatient withdrawal management services and Peer Recovery Support Services. The Centers for Medicare and Medicaid Services (CMS) approved Virginia’s application for a Section 1115 Demonstration Waiver for SUD to allow federal Medicaid payment for addiction treatment services provided in short-term residential facilities in December 2016. CMS approved a five-year extension of the waiver in July 2020 giving DMAS funding authority through December 31, 2024. DMAS is in the process of preparing a renewal request for the 1115 Demonstration Waiver which will be submitted later this year.

Coverage of SUD services through ARTS is based on the American Society of Addiction Medicine (ASAM) National Practice Guidelines, which comprise a continuum of care from Early Intervention/Screening, Brief Intervention, and Referral to Treatment (ASAM Level 0.5) to medically-managed intensive inpatient services (ASAM Level 4). ARTS also emphasizes evidence-based treatment for opioid use disorder (OUD), which combines pharmacotherapy and counseling. Care coordination services provided by Preferred Office-Based Addiction Treatment providers (OBATs) and Opioid Treatment Programs facilitate integration of addiction treatment services with physical health and social service needs. "Preferred OBATs" refer to addiction treatment services provided by practitioners working in collaboration with licensed behavioral health practitioners providing co-located psychosocial treatment in public and private practice settings. The Preferred OBAT model was initially limited to individuals with a primary OUD diagnosis. Per requirements of Item 313 Section ZZZ of the 2020 Appropriations Act, DMAS expanded the model effective March 1, 2022, to allow for other primary SUDs.

CMS requires an independent evaluation for Section 1115 Demonstration Waivers, which includes the ARTS benefit. DMAS contracted with Virginia Commonwealth University (VCU) School of Medicine to conduct an independent evaluation of the ARTS program. Faculty and staff from the Department of Health Behavior and Policy have led the evaluation, which has focused primarily on how the ARTS benefit affected: (1) the number and type of health care practitioners providing ARTS services; (2) members’ access to and utilization of ARTS services; (3) outcomes and quality of care, including hospital emergency department and inpatient visits; and, (4) the performance of new models of care delivery, especially Preferred OBAT programs. For the purposes of this report to the Council, DMAS is reporting outcomes based on SUD treatment services utilization, access and quality of care among Medicaid members through the first half of state fiscal year (SFY) 2022 based on the VCU ARTS Year Five Comprehensive Evaluation, which includes SFYs 2020, 2021, and the first six months of SFY 2022 (July – December 2021).

**1. Amount of funding spent for the program in SFY 2022.**

|  |
| --- |
| SFY 2022 ARTS Expenditures |
| PROGRAM | **Fee-for-Service** | **Managed Care** | **TOTAL** |
| Base Medicaid  | $1,590,327 | $132,858,365 | **$134,448,692** |
| Medicaid Expansion | $6,500,683  | $325,326,748 | **$331,827,431** |
| FAMIS | $8,460 | $468,470 | **$476,930** |
| MCHIP | $3,999  | $760,347 | **$764,346** |
| Totals | **$8,103,469** | **$459,413,930** | **$467,517,399** |
| Figure 1*Figure 1* |

**2. Unduplicated number of individuals who received services in State Fiscal Year (SFY) 2021.**

VCU reported 116,451 members had a SUD diagnosis in SFY 2021, an increase of more than 14 percent from SFY 2020. This reflects both an increase in enrollment from Medicaid expansion during the year, as well as a higher SUD prevalence rate, suggesting more members are being screened and identified as having a SUD. SUD diagnoses increased from 6,168 per 100,000 members in SFY 2020, to 6,567 per 100,000 members in SFY 2021, a six percent increase. While opioid use disorder (OUD) continues to be the most frequently diagnosed SUD among Medicaid members (about 25 percent of all diagnosed SUD), the prevalence rate increased faster for other substances during SFY 2021, including for hallucinogens (45 percent increase), sedatives (13 percent increase), and stimulants (11 percent increase). OUD was the most frequently diagnosed SUD in SFY 2021 (48,008 members) followed by Alcohol Use Disorder (AUD) (44,038 members), cannabis (35,911 members), and stimulants, which includes the use of methamphetamines (27,226 members).

Around 53,600 members used an ARTS service in SFY 2021, which is a 24 percent increase from SFY 2020. Most members who use ARTS services use ASAM 1.0 outpatient services (43,229 members, or 36 percent of all service users). Pharmacotherapy, including buprenorphine, methadone, and naltrexone, is the second most frequently used service (32,724 members, 27 percent). Overall service utilization per 100,000 members increased 11 percent, from 22,627 members in SFY 2020 to 2,912 members in SFY 2021 Increases in service use per 100,000 members were most notable for peer recovery support services (22 percent), care coordination (18 percent), and pharmacotherapy (15 percent). The average length of stay for residential treatment was 15.5 days, and the number of members using residential treatment increased 14.8% between SFY 2020 and SFY 2021, or a 6.9 percent increase of members using services per 100,000 members. (Note, CMS requires a statewide average of a maximum stay of 30 days in a residential setting.)

**3. Extent to which program objectives have been accomplished as reflected by an evaluation of outcome measures.**

The number and type of health care practitioners providing ARTS services:

Five years after ARTS implementation, the number of providers in the Medicaid network providing ARTS services to Medicaid members continues to increase. As of December 2021, there are more than 6,100 Medicaid-enrolled ARTS providers, an increase of almost 1,100 providers since 2020, and a nearly six-fold increase since ARTS was implemented in 2017. The greatest growth in provider types has been in inpatient detoxification facilities and outpatient services. The number of Preferred OBAT providers increased from 38 sites at the beginning of the ARTS benefit to 200 sites as of June 2022.

The supply of buprenorphine waivered providers has also seen an increase from 852 in 2019 to 1,540 in 2022 (an 81 percent increase). This includes significant increases in rates of waivers for medical doctors (21 percent), nurse practitioners (221 percent) and physician assistants (323 percent) since 2019. As of 2020, a majority (51.2 percent) of buprenorphine waivered prescribers in Virginia are either nurse practitioners or physician assistants.[[7]](#footnote-8)

The growth in waivered prescribers among nurse practitioners is especially important, as research has shown they are twice as likely to treat Virginia Medicaid patients compared to medical doctors, and almost three times as likely to treat large numbers of Medicaid patients.[[8]](#footnote-9) As only about 40% of buprenorphine-waivered prescribers treated any Medicaid patients in 2019, continued growth in nurse practitioners and physician assistants with waivers will likely help to address gaps in supply of and access to buprenorphine treatment among Medicaid members.

Outcomes and quality of care, including hospital emergency department (ED) and inpatient visits:

2020 continued the increasing trend of ED visits for SUD and OUD in the Commonwealth. In SFY 2021, there were 80,426 SUD-related ED visits, a 13 percent increase from SFY2020. In addition, there were 17,146 OUD-related ED visits, representing a 24 percent increase from the prior year. By comparison, ED visits for all causes decreased by 8.7 percent, amounting to 1,054,744 visits in SFY 2021.[[9]](#footnote-10)

As part of ARTS evaluation efforts, VCU released a report in April 2022 that summarized member experiences with OUD treatment services in the Commonwealth. This report found that overall most members were satisfied with the services they received from ARTS providers. Highlights included:

* 79 percent felt confident they were no longer dependent on alcohol or drugs and that they were able to deal more effectively with daily problems;
* 78 percent felt better about themselves, and 73 percent felt better able to deal with a crisis;
* 83 percent felt providers explained things in a way they could understand;
* 89 percent often felt safe at place of treatment; and
* 84 percent felt they were involved as much as they wanted in their treatment[[10]](#footnote-11)

The performance of new models of care delivery, especially Preferred OBAT programs:

In 2021, 32,724 members received MOUD services from Preferred OBAT or Opioid Treatment Programs (OTPs), a 21 percent increase since 2020. Increases were seen in all modalities of MOUD, including buprenorphine, methadone, and naltrexone.

To reduce barriers to MOUD, several additional guidance memos were issued in 2021 and 2022 detailing changes to the education requirements for buprenorphine waivered prescribers and changes to how drug acquisition costs and dispensing fees are paid. Additional barriers to MOUD arose as a result of the COVID-19 global pandemic, which began to affect the Commonwealth in 2020. DMAS worked with federal and state government partners to minimize the impact of COVID-19 on MOUD by implementing a series of measures, including allowing for 28-day take-home supplies of methadone and buprenorphine dispensed at OTPs, allowing a member’s home to serve as the originating site for a prescription of buprenorphine via telemedicine, and allowing for a 90-day supply of buprenorphine prescriptions.

DMAS has also been working with community providers and pharmacists to address issues of buprenorphine access from pharmacies. Multiple members have reported being unable to obtain buprenorphine from pharmacies despite presenting with legitimate prescriptions for this important medication. DMAS has been part of a cross-disciplinary effort convened by the Substance Abuse Mental Health Services Administration (SAMHSA) that called together Mid-Atlantic states to help determine the scope and cause of the problem and collaborate to identify opportunities to address them. Additionally, DMAS has worked directly with providers, pharmacies, and pharmacists to review buprenorphine access issues, including referrals to the DMAS Office of the Chief Medical Officer as well as Managed Care Organizations to monitor reported events to ensure that all policies are being followed.

**4. Identifying the most effective substance use disorder treatment.**

Treatment of OUD in the ARTS benefit is based on ASAM’s National Practice Guidelines including a special focus on same day access for MOUD treatment. MOUD includes the use of buprenorphine, methadone, and naltrexone as part of evidence-based treatment for OUD. This method is considered best practice for treating OUD and has been found to be the most effective treatment in preventing OUD-related overdoses. A previous report by VCU for the ARTS benefit showed MOUD treatment rates among members with OUD increased by over 20 percent following implementation of the ARTS benefit (from 33.6 percent in 2016 to 55.0 percent in 2018), compared to an 8.6 percent increase over the same time period for Medicaid members in other states that did not implement changes on the scale of the ARTS benefit. To further increase access to buprenorphine treatment beginning in March 2019, DMAS removed prior authorization requirements for Suboxone films for in-network prescribers. In Fall 2021, DMAS also added the generic buprenorphine/naloxone tablet to the formulary.

Members receiving MOUD treatment continued to increase during this reporting period. In SFY2021, 32,964 members received MOUD treatment, a 21 percent increase from SFY2020. As in prior years, buprenorphine treatment was the most common form of MOUD treatment (18,941 members, or 55 percent of all members receiving MOUD), followed by methadone treatment and naltrexone (11,278 and 4,227 members, respectively (see Figure 2).



Figure

**5. How effectiveness could be improved.**

Medicaid Expansion

Access to SUD treatment services through the Medicaid program was further expanded on January 1, 2019, when Virginia implemented the Affordable Care Act’s expansion of Medicaid eligibility for adults aged 19-64 to include those with family incomes of up to 138 percent of the federal poverty level. As of July 2023, 737,658 Virginians had enrolled in Medicaid through the expanded eligibility criteria, which resulted in around 84,835 receiving an ARTS service, who otherwise would have not had access to this benefit. Medicaid expansion has permitted thousands of Virginians access to treatment.

SUPPORT Act Section 1003

In September 2019, Virginia Medicaid was awarded a $4.9 million dollars from the Centers for Medicare and Medicaid Services (CMS) Section 1003 Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act Grant. The grant project’s goal is to increase addiction and recovery treatment provider capacity throughout Virginia that supports DMAS’s core values including person-centered, strengths-based and recovery-oriented care. The grant focuses on expanding access to treatment for two priority populations: Medicaid members who are pregnant and parenting and members who are involved in the legal/carceral system. The grant project ended in September 2022.

Activities of the grant included:

1) Completing a needs assessment to determine current SUD treatment needs and provider treatment capacity in the Commonwealth;

2) Completing a ‘Brightspot’ assessment to assess community strengths in SUD treatment; and

3) Additional activities such as clinician trainings and pilot programs focusing on expanding SUD treatment access.

Successes of the grant included:

* Landscape reviews of Medicaid policies for SUD, including a review specifically focused on members with legal or carceral experience and the specific challenges that they face as they transition out of and back into community settings;
* Bright-spotting communities who have been successful in addressing SUD and OUD in their communities (see below for more details);
* A “first of its kind” survey of members who have accessed ARTS services to help understand ARTS successes and opportunities for growth;
* A review of buprenorphine waivered prescribers, that informed some of the information provided above;
* Providing over 230 training and technical assistance sessions and webinars that were attended by more than 12,300 individuals throughout the state, that included provider-specific technical assistance and training programs provided for the Virginia Department of Social Services;
* Supporting the creation and expansion of bridge clinic efforts, which connect individuals to community-based treatment after they have been in the ED for an overdose, an initiative that includes utilizing telehealth to help “bridge the gap” (see below for more details);
* In collaboration with VDH, developing a curriculum that hospitals and health groups can use to implement a bridge clinic program themselves;
* Working with state agencies to promote the utilization of peer recovery services, including developing a symposium designed to help expand capacity for this important service;
* Awarding grants to providers to support expansion of telehealth, peer recovery support, and harm reduction services as well as the development of a member navigation program for pregnant and parenting members; and
* Supporting Comprehensive Harm Reduction programs to increasing enrollment and access to treatment for members as they access harm reduction services.

Access to Peer Recovery Support Services

A number of strategies have been implemented over the past year by DMAS, in partnership with public and private partners, to increase the utilization of Peer Recovery Support Services (PRSS). One of the main strategies was an increase in the reimbursement rate for PRSS that was passed by the Virginia General Assembly in the 2022 session, allowing the Commonwealth to significantly increase the amount that providers receive for providing PRSS, from $6.50 to $19.50 per 15 minutes for individuals and from $2.70 to $8.10 per 15 minutes for groups.[[11]](#footnote-12) Through the SUPPORT Act Grant, DMAS has provided both general and provider-specific training and technical assistance to help providers navigate the challenges of onboarding PRSS as part of their continuum of care. DMAS held a PRSS symposium in October 2022 to continue to publicize this rate change and help providers implement this important service.

Emergency Department (ED) Bridge Clinics

One of the main goals of the SUPPORT Act Grant was to address a key gap in the continuum of care for individuals with OUD in the Commonwealth – the transition from post-overdose ED care to community-based treatment (for those individuals who chose to begin their recovery). This transition is a dangerous time for individuals with OUD, and it can be challenging to access this treatment due to logistical barriers such as housing instability, transportation issues, and similar concerns. One way to address this gap is the development of bridge clinics. These unique clinic models utilize care coordination, electronic health records integration, telehealth, and other means to provide a direct link for an individual to follow-up community-based care, including a follow-up appointment that is scheduled for the individual before they leave the ED. Telehealth-compliant devices are also provided to the individual to facilitate their participation in the follow-up appointment.

The SUPPORT Act Grant engaged with two separate hospitals in the Commonwealth – Carilion Clinic in Roanoke and VCU Health in Richmond to support the implementation of this bridge clinic model. DMAS worked with Carilion Clinic to expand their existing bridge clinic, including the addition of key social work and PRSS staff and the addition of telehealth devices. Additionally, Carilion developed a curriculum that other hospitals and health groups can use to implement their own bridge clinic program. Finally, Carilion has convened a group of hospitals and health groups that want to be early adopters of the bridge clinic model and will share their knowledge and expertise with these organizations who are looking to implement bridge clinics of their own.

DMAS worked with VCU Health to support the creation of a bridge clinic program, the Addiction Bridge Clinic (ABC). DMAS supported multiple components of the project, including electronic health record modification, obtaining telehealth devices, and providing other technical assistance. ABC staff work with individuals both pre- and post-discharge to help ensure that they have every opportunity to follow-up with community-based care if they choose to pursue recovery. Provisional data for this project is very encouraging, with higher-than-expected rates of both engagement and retention in community-based MOUD.

“Brightspots” – A Strengths-based Analysis

In collaboration with the C. Kenneth and Dianne Wright Center for Clinical and Translational Research at VCU, DMAS engaged in a strengths-based community assessment that was collectively termed Bright-spotting. Many assessments that are performed to identify opportunities for growth in SUD treatment in communities focus on needs, on lack, and on other negatively framed metrics. In one of the first studies of its kind, DMAS worked with the Wright Center to take a different approach, one that looked at strengths. The Wright Center performed an analysis of communities in the Commonwealth that have effectively addressed OUD and SUD and examined those communities to determine how they were successful, in the hopes that lessons could be learned and shared with other communities so that success could be replicated. This work is ongoing and will continue to be supported by other grant initiatives, but provisional data suggest that there are communities enjoying success in addressing OUD and SUD, with hopes that other communities will be able to identify and implement similar efforts of their own.

Reduction of Drug Overdoses

Strategies that DMAS focused on to impact fatal and non-fatal overdoses include but are not limited to the following: increasing the number of SUD and MOUD treatment providers; increasing access to MOUD in EDs and bridging access to out-patient care; increasing access to Medicaid enrollment and supporting re-entry transition of care for members are experiencing incarceration; increasing access to harm reduction services; increasing access to peer recovery support services; and adding treatment options for polysubstance use. The Commonwealth has been able to make important advances in these strategies. DMAS supported these strategies through the efforts of the SUPPORT Act Grant described above. In addition, DMAS collaborated with pharmacists to develop an Innovative Pilot Project to place a naloxone vending machine at a community service location.

**6. An estimate of the cost effectiveness of these programs.**

DMAS is monitoring expenditures for ARTS services and measuring quality of care through quality measures reported quarterly to CMS. As part of upcoming program evaluations, VCU, an independent evaluator for the ARTS program, will be including cost analyses into overall program evaluation design. VCU also has prior year ARTS evaluation reports available that provide more details about evaluation activities, which can be found here: <https://hbp.vcu.edu/policy-briefs/arts-policy-briefs/>.

**7. Funding recommendations based on these analyses.**

* Continued expansion of ARTS services as aligned with Right Help Right Now through provider and community engagement efforts
* Expanded person-centered treatment approaches that address the social and psychological risk factors for the recurrence of drug use
* Continued workforce training for evidence-based practices for SUD treatment and recovery.
* Continued expansion of ED Bridge Clinic programs
* Continued partnership with state and local legal/carceral organizations to strengthen transitions for members through carceral settings
* Continued expansion of access to and provider/member understanding of best practices in telemedicine treatment services
* Continued expansion of Peer Recovery Support Services provider capacity and service utilization
* Support harm reduction providers to promote Medicaid enrollment and service engagement for eligible individuals
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2. Over the last 15 years, LFP fell more in counties where more opioids were prescribed.” Alan B. Krueger; BPEA Article; Brookings Institute; Thursday, September 7, 2017; “Where have all the workers gone? An inquiry into the decline of the U.S. labor force participation rate”; https://www.brookings.edu/bpea-articles/where-have-all-the-workers-gone-an-inquiry-into-the-decline-of-the-u-s-labor-force-participation-rate/ [↑](#footnote-ref-3)
3. Midgette, Gregory, Steven Davenport, Jonathan P. Caulkins, and Beau Kilmer, What America's Users Spend on Illegal Drugs, 2006–2016. Santa Monica, CA: RAND Corporation, 2019. https://www.rand.org/pubs/research\_reports/RR3140.html. Also available in print form. [↑](#footnote-ref-4)
4. County-Level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections Among Persons Who Inject Drugs, United States; Buchanan et. al. MJAIDS Journal of Acquired Immune Deficiency Syndromes: [November 1, 2016 - Volume 73 - Issue 3 - p 323–331](https://journals.lww.com/jaids/toc/2016/11010) doi: 10.1097/QAI.0000000000001098 Epidemiology and Prevention [↑](#footnote-ref-5)
5. Office of the Chief Medical Examiner Forensic Epidemiology All Opioids Table available at:

<http://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/> [↑](#footnote-ref-6)
6. 116th Congress second session S4491 To designate methamphetamine as an emerging threat, introduced by Ms. Feinstein and Mr. Grassley [↑](#footnote-ref-7)
7. Virginia Commonwealth University, Department of Health Behavior and Policy. Addiction and Recovery Treatment Services: Evaluation Report for State Fiscal Years 2020, 2021, and the first half of 2022. Available at https://hbp.vcu.edu/media/hbp/about-us/pictures/FinalARTSComprehensiveReport.4.27.23.docx.pdf [↑](#footnote-ref-8)
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10. Virginia Commonwealth University, Department of Health Behavior and Policy. Member Experiences with Opioid Use Disorder Treatment Services in the Virginia Medicaid Program: Results from a survey of Medicaid members receiving treatment services through the Addiction and Recovery Treatment Services program. April 2022, Available at: <https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/ARTSmembersurveyreport.5.5.22.pdf> [↑](#footnote-ref-11)
11. <https://budget.lis.virginia.gov/amendment/2022/1/SB30/Introduced/MR/304/2s/> [↑](#footnote-ref-12)