COMMONWEALTH of VIRGINIA

Substance Abuse Services Council

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

December 1, 2020

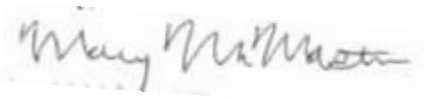
To: The Honorable Ralph Northam, Governor

and

Members, Virginia General Assembly

The 2004 Session of the General Assembly amended §2.2-2697.B. of the *Code of Virginia*, to direct the Substance Abuse Services Council to collect information about the impact and cost of substance abuse treatment provided by public agencies in the Commonwealth. In accordance with that language, please find attached the *Substance Abuse Services Council Report on Treatment Programs for FY 2020*.

Sincerely,



Mary Gresham McMasters, MD, DFASAM, Addiction Medicine

xc: The Honorable Daniel Carey, M.D., Secretary of Health and Human Resources
The Honorable Brian J. Moran, Secretary of Public Safety
Alison Land, Commissioner, Department of Behavioral Health and Developmental Services
Harold W. Clarke, Director, Department of Corrections
Valerie Boykin**,** Director, Department of Juvenile Justice

Enc.

SUBSTANCE ABUSE SERVICES COUNCIL REPORT ON TREATMENT PROGRAMS FOR FY 2020 (Code of Virginia § 2.2-2697)

to the Governor and

the

General Assembly

COMMONWEALTH OF VIRGINIA

December 1, 2020

Preface

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

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

B. Beginning in 2006, the Comprehensive Interagency State Plan shall include the following analysis for each agency-administered substance abuse treatment program:

- *(i). the amount of funding expended under the program for the prior fiscal year;*
- *(ii). the number of individuals served by the program using that funding;*
- *(iii). the extent to which program objectives have been accomplished as reflected by an evaluation of outcome measures;*
- *(iv). identifying the most effective substance abuse treatment, based on a combination of per person costs and success in meeting program objectives;*
- *(v). how effectiveness could be improved;*
- *(vi). an estimate of the cost effectiveness of these programs; and*
- *(vii). recommendations on the funding of programs based on these analyses.*

SUBSTANCE ABUSE SERVICES COUNCIL REPORT ON TREATMENT PROGRAMS FOR FY 2020

TABLE OF CONTENTS

Introduction 2

Department of Behavioral Health and Developmental Services 4

Department of Juvenile Justice 8

Department of Corrections 11

SUBSTANCE ABUSE SERVICES COUNCIL REPORT ON TREATMENT PROGRAMS FOR FY 2020

Introduction

This report summarizes information from the three executive branch agencies that provide substance abuse treatment services: The Department of Behavioral Health and Developmental Services (DBHDS), the Department of Juvenile Justice (DJJ), and the Department of Corrections (DOC). These agencies share the common goals of increasing abstinence from alcohol and other drug use and reducing criminal behavior. All of the agencies included in this report are invested in providing evidenced-based treatment to their populations within the specific constraints each has on its ability to provide effective treatment services. In this report, the following information is detailed concerning each of these three agencies' substance abuse treatment programs:

1. Amount of funding spent for the program in FY 2020;
2. Unduplicated number of individuals who received services in FY 2020;
3. Extent to which program objectives have been accomplished as reflected by an evaluation of outcome measures;
4. Identifying the most effective substance abuse 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 misuse or dependence disorders and does not include prevention services. This report provides information for Fiscal Year 2020, which covers the period from July 1, 2019 through June 30, 2020.

Treatment Programs for FY 2020

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

---

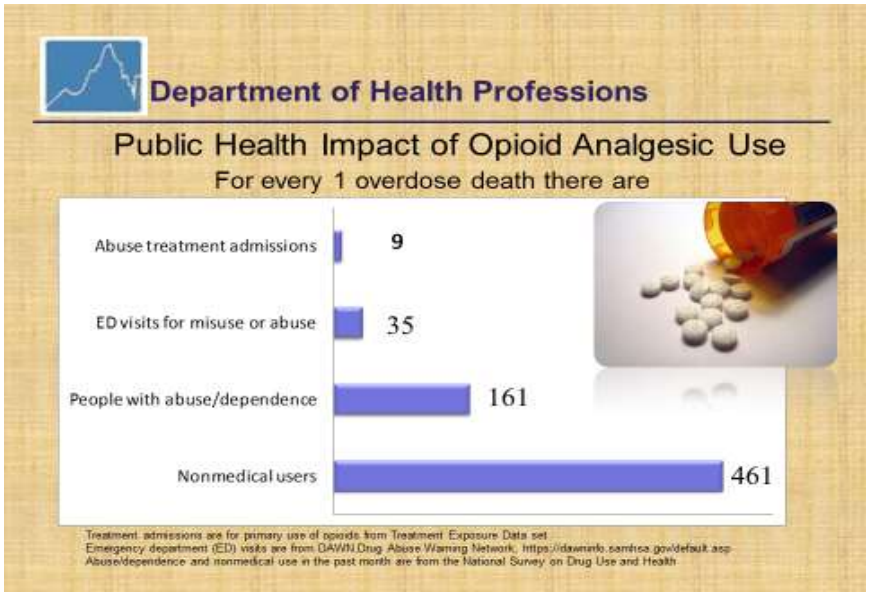
[1] Over the last 15 years, LFP fell more in counties where more opioids were prescribed." Alan B. Krueger; BPEA Article; Brookings Institute; Thursday, September 7, 2017; "Where have all the workers gone? An inquiry into the decline of the U.S. labor force participation rate"; https://www.brookings.edu/bpea-articles/where-have-all-the-workers-gone-an-inquiry-into-the-decline-of-the-u-s-labor-force-participation-rate/

[2] 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.

[3] 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 doi: 10.1097/QAI.0000000000001098 Epidemiology and Prevention

While we are thankful for the inclusion of Methamphetamine treatment in the monies allocated for 2020, it should be noted that singling out specific substances such as opioids, methamphetamines, or other "unfunded" substances, fails to recognize the disease of addiction as being non-substance specific. In turn, this leads to "chasing" one drug or another similar to squeezing a balloon – if it gets small on one end, it will get bigger on the other. This results in duplicated services, wasted money, and poor outcomes.

Figure 1: Public Impact of Opioid Analgesic Use



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, or co-occurring disorders through state hospitals and training centers operated by DBHDS, as well as 40 community services boards (CSBs). CSBs were established by Virginia's 133 cities or counties pursuant to Chapters 5 or 6 of Title 37.2 of the Code of Virginia. CSBs provide services directly to their population and through contracts with private providers, which are vital partners in delivering services.

Summary information regarding these services is presented below.

1. Amount of Funding Spent for the Program in FY 2020.

Expenditures for substance abuse treatment services totaled $176,832,234. 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	$52,033,097
Local Funds	$48,432,064*
Medicaid Fees	$19,666,548
Other Fees	$5,964,004*
Federal Funds	$47,036,405
Other Funds	$3,700,116*
Total Funds	**$176,832,234**

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

2. Unduplicated Number of Individuals Who Received Services in FY 2020.

A total of 28,776 unduplicated individuals received substance abuse treatment services supported by this funding in FY 2020.

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

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

- **Intensity of Engagement in Substance Abuse Outpatient Services**: Intensity of engagement is measured by calculating a percentage. The denominator is the number of adults admitted to the substance abuse services program area during the previous 12 months who received 45 minutes of outpatient treatment services after admission. The numerator is the number of these individuals who received at least an additional 1.5 hours of outpatient services within 90 days of admission. In FY20, almost two-thirds, 65 percent, of all adults received at least 1.5 hours of additional outpatient services within 90 days of admission.

- **Retention in Community Substance Abuse Services:** Retention is measured by calculating a percentage at two points in time, three months and six months following admission. The denominator is the number of all individuals admitted to the substance abuse services program area during the 12 months who received at least one valid substance abuse or mental health service of any type in the month following admission. The numerator for retention at three months is the number of these individuals who received at least one valid mental health or substance abuse service of any type every month for at least the following two months. The numerator for retention at six months is the number of these individuals who received at least one valid mental health or substance abuse service of any type every month for at least the following five months. The 2020 three-month percentage for this measure was 61 percent retention. The six-month percentage for this measure was 32 percent retention. In calculating this measure, valid substance abuse services do not include residential detoxification services or those services provided in jails or juvenile detention centers.

4. Identifying the Most Effective Substance Abuse Treatment.

Due to the sometimes chronic, relapsing nature of addiction, often resulting in non-linear pathways to sustained recovery identifying the most effective type of treatment can be difficult. Evidence-based treatment for substance use disorders consists of an array of modalities and interventions. Additionally, these modalities are presented and used 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. This further complicated by the lack of a consistently available array of services across Virginia. 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 such as STEP VA and Behavioral Health Enhancement in order to address and correct the inconsistency of available services and support individuals in care by ensuring appropriate reimbursement and coverage rates with Medicaid expansion.

The deadly opioid overdose epidemic that began in the mid-2000s and resulted in 1,230 deaths in calendar year 2017[4] continues to drive home the need for comprehensive, expansive, and evidenced based treatment for all individuals and their families. Current information indicate a 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 addiction 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 misuse.[5] This is to be expected, as addiction *is not* substance specific. Failure to treat the disease of Addiction in its totality using Evidence Based practices will continue to result in wasted lives and wasted resources.

[4] Office of the Chief Medical Examiner Forensic Epidemiology All Opioids Table available at: http://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/

[5] 116th Congress second session S4491 To designate methamphetamine as an emerging threat, introduced by Ms. Feinstein and Mr. Grassley

5. How Effectiveness Could be Improved.

Successful healthcare outcomes are dependent on individuals receiving the appropriate level of care for their needs. CSBs continue to experience level funding from federal and state sources. However, these funding streams are currently under review with data from social determinants of health being cross-compared with available funding. The long-standing lack of change in funding levels remains intact in the face of significant information and data that these funds need to increase as need increases in communities. Therefore, stagnation and reduced capacity continue to exist within providers as the expectation related to the use of evidence-based treatment for substance use disorders has expanded. These services require more time and skill to implement successfully and often require the services of medical and counseling staff trained in specific treatment models appropriate for the individual's issues, such as trauma-informed care or co-occurring mental health disorders. Because of this, the costs related to service rise. This coupled with individuals seeking and needing services frequently experiencing 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. Increased access to safe and equitable transportation assistance, opportunities to participate in supportive employment programs, and secure housing options are imperative to successful consumer 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, a data driven, outcomes based approach coupled with quality improvement initiatives at state and provider levels is imperative. DBHDS has developed a quality improvement process for CSBs that is evolving to include technical assistance in a more comprehensive way. 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. Additionally, ongoing education and training availability for the existing workforce within substance use services, especially dedicated to the training related to the use of evidenced base practices is imperative.

While the transition to evidence-based treatment of individuals with the disease of addiction will initially require more resources, eventually this will result in lowered costs. Like any other disease, incorrect diagnoses result in incorrect treatment resulting in poor outcomes. With the correct diagnoses and treatment, more individuals will achieve recovery resulting in improved functioning in all facets of life. This will also result in improved societal outcomes. 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.

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

As access to clinically appropriate levels care is variable across individuals served by the CSB system, it is difficult to measure cost effectiveness. Access to a level of care that does not provide adequate intensity or duration cannot produce cost effective outcomes. However, with a person centered approach and a holistic view of individuals, the choice of the individual seeking services and the level of care that meets their current life circumstances must be evaluated.

7. 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 has made use of the SAMHSA SOR funds to support, improve, and develop services that are more comprehensive across prevention, treatment, and recovery services state wide where needed. Thankfully, Virginia was just awarded an additional two years of this funding in 2020, with treatment for the use of stimulants considered appropriate for grant spending as well as Opioids. These resources, in addition to Medicaid expansion, which became effective January 1, 2019, help support some needed infrastructure development, such as provider training to support implementation of evidence-based practices. However, a significant 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. Additionally, treatment related to the use of alcohol and other substances remain unsupported by grants such as SOR. Substantive, sustainable resources remain a priority to address these growing issues especially in the face of increased rates of alcohol use within Virginia.

Department of Juvenile Justice (DJJ)

The Department of Juvenile Justice (DJJ) provides and contracts with mental health / substance abuse treatment providers to conduct substance abuse treatment services to youth under community supervision and in direct care status who are assessed as needing substance abuse treatment. Youth in direct care status receive those 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 also 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 next biennial began on July 1, 2020. Of the 76 local VJCCCA plans, during FY 2020, 13 local plans included funds budgeted for programming or services in the category of substance abuse education.

As in previous annual reports, the information below focuses on the substance abuse treatment services provided by DJJ to direct care youth meeting the appropriate criteria at Bon Air Juvenile Correctional Center (JCC).

1. The Amount of Funding Expended for the Program in FY 2020.

Bon Air JCC Programs:

Substance Abuse Services Expenditures:	$478,533
Total Residential Division Expenditures*:	$40,160,145

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

2. The Number of Individuals Served by the Program Using that Funding in FY 2020.

In FY 2020, 188 (80.0%) of the 235 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 235 youth admitted, 69.4% were assigned a Track I treatment need, and 10.6% were assigned a Track II treatment.

These youth may have received treatment at Bon Air JCC or at other direct care placements.

3. 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. The substance abuse treatment need subgroup of direct care releases includes juveniles with any type of substance abuse treatment need. An assigned treatment need does not indicate treatment completion. The most recent rearrest rates available are for youth released during FY 2018.

Rearrest rates are slightly lower for all juveniles than for those with a substance abuse treatment need. In FY 2018, 56.9% of residents with a substance abuse treatment need were rearrested within 12 months of release, as compared to 55.9% of all residents. In FY 2017, 56.5% of residents with a substance abuse treatment need were rearrested within 12 months of release, as compared to 55.0% of all residents. Rearrest rates for residents with a substance abuse treatment need reflect rearrests for any offense, not specifically a drug offense.

While recidivism rates provide some insight to the effectiveness of programs, the rates presented here cannot be interpreted as a sound program evaluation due to a number of limitations. DJJ has begun to collect treatment completion data to determine if a juvenile actually completed treatment, but recidivism rates based on treatment completion are not yet available. Additionally, residents with assigned treatment needs may have risk characteristics different from those not assigned a treatment need; 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. Finally, data on whether reoffenses are substance-related are not available at this time.

As treatment program completion data matures, DJJ will analyze recidivism rates of program completers compared to non-completers. DJJ is also working with its partners in recidivism data collection (State Police, Virginia Criminal Sentencing Commission, Department of Corrections, and the State Compensation Board) to collect reoffense description data that will allow for analyses based on substance-related reoffenses.

4. Identifying the Most Effective Substance Abuse Treatment.

Per person, costs cannot be determined because a large amount of the money allotted to substance abuse programming goes toward the salaries of staff who act as counselors and facilitators of the program. These staff also administer aggression management and sex offender treatment and perform other tasks within the behavioral services unit (BSU). Staff members perform different sets of duties based on their individual backgrounds and current abilities. Staff do not devote a clear-cut percentage of their time to each duty, but rather adjust these percentages as needed; therefore, there is no way to calculate how much of a staff member's pay goes directly toward substance abuse programming, and per person cost cannot be determined.

5. How Effectiveness Could be Improved.

DJJ is continuing to implement evidence-based programming, including Cannabis Youth Treatment (CYT) and individualized treatment plans for residents with co-occurring disorders. Reentry systems and collaboration with community resources and families should continue to be strengthened to ensure smooth transition of residents to the community. For example, in 2020, DJJ partnered with the Department of Behavioral Health and Developmental Services (DBHDS) to bring the Lead and Seed intervention program into the JCC. Although staff were in the final planning stages of program implementation, postponement was necessary due to the COVID-19 pandemic.

6. 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.

7. 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.

Department of Corrections (DOC)

1. Amount of Funding Spent for the Program in FY 2020.

Treatment services expenditures totaled $8,213,513.16 for FY 2020. The table below displays how these funds were expended across VADOC programs. The significant reduction in spending from FY 2019 is largely attributed to the impact from the COVID-19 pandemic. Contract modifications were required that delayed services, reduced the size of treatment groups and provided teletherapy.

Community Corrections Substance Abuse		$2,320,524
Spectrum Health		$4,772,552
Appalachian CCAP	$505,512	
Brunswick CCAP	$196,020	
Cold Springs CCAP	$588,060	
Deerfield Work Center	$156,315	
Indian Creek/Greenville Work Center	$2,161,104	
State Farm Work Center	$641,357	
VCCW	$524,184	
Facilities (previously RSAT funded)		$977,526.68
RSAT Grant (state match)		$105,379.27
Web Based Substance Abuse Grant (state match)		$37,531.21
Total		***$8,213,513.16***

2. Unduplicated Number of Individuals Who Received Services in FY 2020.

As of June 30, 2020, there were 68,949 offenders under active supervision in the community. This data includes offenders at 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. Information collected from this process indicates that approximately 64.6 percent of those under active supervision have some history of substance use disorder according to COMPAS, indicated as probable or highly probably on the Substance Abuse subscale. Treatment services are provided mainly by community services boards (CSB) and private vendors. Offenders on probation or parole also have access to community support groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups.

In institutions, as of June 30, 2020, there were 943 participants in correctional therapeutic communities (CTC) programs. Throughout the VADOC, Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) is being offered as an evidence based cognitive behavioral approach to treatment. This curriculum has six specific components to the program. Group sizes are usually kept to 12 participants. The VADOC continues to phase out the Matrix Model treatment program. Approximately 805 offenders completed sections within CBI-SA program and Matrix Model program in a correctional institution during FY 2019. The number of offenders participating in

support groups such as NA and AA varies. Volunteers generally provide the support services. CCAPs within the VADOC have expanded to offer substance use intense services at four locations. In addition, grant funding has continued to allow for a web-based substance abuse program and a residential substance use program at a VADOC field unit. The VADOC has initiated a Medication Assisted Treatment (MAT) Program specific to opioid and alcohol use disorder. The MAT Program is supplemented with grant funding that allows for an MAT coordinator, peer recovery specialist initiative and the evolution of an intensive opioid recovery program. The implementation of these additional services are still in their infancy. It is noted that due to the COVID-19 pandemic, treatment services have been impacted due to limited offender transfers and modification of services.

3. Extent Program Objectives Have Been Accomplished.

In September 2005, the VADOC submitted the Report on Substance Abuse Treatment Programs that contained research information on the effectiveness of therapeutic communities and contractual residential substance abuse treatment programs. The findings from these studies suggest that VADOC's substance abuse treatment programs, when properly funded and implemented, are able to reduce recidivism for the substance abusing offender population. Due to a lack of evaluation resources, more up-to-date formal studies are not available. However, a one-year recommitment status check is performed annually for the CTC participants. The check completed for the calendar year 2012 cohort indicated a promising recommitment rate of eight percent. Since this status check is not a formal outcome evaluation, caution should be exercised in the interpretation of the data. In recent years, the VADOC has been working to improve the validity regarding data input within the offender management system. These efforts will result in updated research findings within the coming year.

Assessment results for the offender population have established the need for substance abuse treatment programs and services. The VADOC has implemented evidence-based substance abuse treatment programs including CTC for offenders assessed with higher treatment needs and the CBI-SA Program for those with moderate treatment needs. The VADOC has established a fidelity review process that can be used by Community Corrections to assess and monitor the quality of contracted programs and services, although the reviews are restricted by limited staff resources. In addition, the scope of services for Community Corrections vendor contracts to provide treatment services for individuals with substance use disorders have been restructured to require specific evidence-based programs that will allow VADOC to monitor offender progress and program fidelity more effectively. The implementation of the Virginia Corrections Information System (CORIS) has improved the collection of data that can be used in future outcome and cost effectiveness studies. The VADOC continually looks for grants to be able to expand substance abuse treatment; treatment is particularly needed for those with opioid addiction and for offenders housed in VADOC's minimum custody facilities where treatment resources are lacking. The VADOC will continue to make every effort within its resources to provide substance use disorder services to offenders in need of them.

4. Identifying the Most Effective Substance Abuse Treatment.

Although VADOC-specific information is not available at this time, a report from the Washington State Institute for Public Policy indicated that drug treatment in prison as well as the community

has a positive monetary benefit. Of course, in order for evidence-based treatment programs to be cost effective and achieve positive outcomes, they must be implemented as designed, a concept referred to as fidelity. The VADOC has placed an emphasis on implementation fidelity and created program fidelity reviews for this purpose; this is an important first step that is necessary prior to performing any cost effectiveness studies.

5. How Effectiveness Could be Improved.

The VADOC continues to face a number of challenges related to substance abuse services:

- Limited staff for fidelity reviews of the substance abuse treatment contract in community corrections;
- Limited resources for supervision of the peer recovery specialist pilot program;
- Limited resources for clinical supervision;
- Limited recovery housing options;
- Limited resources for a designated work center program;
- Limited staff resources for programming, assessment, and data collection activities;
- Limited availability of evidence-based treatment services in community corrections for offenders with substance abuse problems;
- Limited special resources for offenders with co-occurring mental illnesses;
- Limited special resources for offenders needing a shorter program;
- Lack of inpatient residential treatment services;
- Limited medication assisted treatment providers in community corrections; and
- Lack of optimal programming space in prisons.

The current pandemic impacts the delivery of programs in congregate settings; virtual services and a hybrid approach to treatment is a necessary modification.

Fully funding the VADOC's substance use disorder treatment services based on the challenges listed above would increase the number of offenders who may receive treatment and enhance the quality of the programs, thereby producing better outcomes.

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

In general, successful outcomes of substance abuse treatment programs include a reduction in drug and alcohol use, which can produce a decrease in criminal activities, and result in improved public safety. The per capita cost of housing offenders for the entire agency was $33,994 in FY 2020. The cost avoidance and benefits to society that are achieved from offenders not returning or not coming into prison offset treatment costs. In addition, effective treatment benefits local communities, as former offenders can become productive citizens by being employed, paying taxes, and supporting families. In addition, when former offenders can interrupt the generational cycle of crime by becoming effective parents and role models, the community is also enhanced.

7. Funding Recommendations.

- Funding for two (2) designated positions to conduct fidelity reviews of the VADOC’s

contracted outpatient treatment services in probation and parole districts as well as VADOC provided substance use disorder services;

- Funding for one (1) position to supervise the peer recovery specialist pilot program offered in probation and parole districts to enhance the program development;
- Funding for one (1) substance use disorder clinical supervisor to offer technical assistance and enhance professional development of substance use disorder staff certifications;
- Funding for transitional recovery housing to provide a seamless transition of services for persons reentering the community after completing prison intensive treatment programs;
- Funding for two (2) positions to provide substance use specific program for high treatment needs inmates at a VADOC work center.