RICHMOND BEHAVIORAL HEALTH AUTHORITY SUBSTANCE ABUSE SERVICES

Funding: Who pays for publicly-funded substance abuse services?

- **Federal Substance Abuse Prevention & Treatment (SAPT) Block Grant.** Approximately 49% of our total substance abuse funding.
- **State General Funds earmarked for substance abuse treatment.** Approximately 44% of our total substance abuse funding.
- **City (local) Tax Revenues.** Approximately 7% of our total substance abuse funding.
- **Miscellaneous other grants,** usually from other state agencies (varies tremendously from year-to-year).
- **Client Fees:** 0%  
- **Medicaid:** 0%

Critical Treatment Issues:

- Treatment engagement
- Treatment continuity
- Treatment comprehensiveness
- Treatment phases
- Continual reassessment and rediagnosis

Continuity of Care

- Need for effective linkages to aftercare treatment and support services is paramount
- Much progress in treatment is lost when persons leave jail or prison without solid aftercare linkages
- Special attention must be provided to ensure the continuation of psychotropic medications

Pre-release plans:

- Continuing psychotropic medication
- Preparation for stressors and high risk situations
- Offender–client involvement
- Involvement of family and friends
- Support services
- Case management
- Criminal justice supervision, if required
Disorders vary along several dimensions:

- Types
- Severity
- Chronicity
- Degree of impairment in functioning

Important categories of mental illness:

- Psychotic disorders
- Mood disorders
- Personality disorders
- Anxiety disorders

Psychotic Disorders:

- Disturbances in thinking, perception, communication, and behavior
- Usually first observed during adolescence or early adulthood
- Chronic, variable course
- Most common is schizophrenia

Psychosis

- Refers to the degree of severity of symptoms, not to a specific psychiatric disorder
- Thinking is so impaired that it interferes with ability to meet the ordinary demands of life

Two types of psychotic symptoms:

- Delusion - false belief that an individual holds in spite of logical proof to the contrary
- Hallucination - a false perception; a sensation of sight, hearing, smell, or taste that has no real world stimulus to cause it

Mood Disorders

- Disturbances of a person's mood which are not due to alcohol or drugs, physical illness, or other types of mental illness
- Two extreme abnormalities of mood – depression and mania – exist on either end of the continuum of the two basic, normal moods of sad and happy
Mood disorders are classified into two categories:

- Bipolar disorders (manic depression) are shown by distinct manic episodes that occur with or without the presence or history of depression.
- Depressive disorders involve depression symptoms only, not manic symptoms.

Manic Episode

A distinct period of abnormally and persistently elevated, expansive, or irritated mood that is severe enough to cause marked impairment in occupational, social, or interpersonal functioning.

Depressive Symptoms

May appear in emotional, cognitive, motivational, and physical ways including dejected mood, negative feelings toward self, withdrawal, crying, lack of energy, sleep and appetite disturbances.

Personality Disorders

Enduring patterns of inner experience and behavior that:
- deviate markedly from the expectations of the individual's culture
- are pervasive and inflexible
- often recognized in adolescence or early adulthood
- are stable over time
- lead to distress or impairment

Antisocial Personality Disorder

- A pervasive pattern of disregard for, and violation of, the rights of others
- Deceit and manipulation are central features
- Criminal justice staff might be more familiar with the related terms of "criminal thinking", "psychopathy" or "sociopathy"

Borderline Personality Disorder

- A pattern of instability in interpersonal relationships, shifting self-image and emotions, and frequent impulsive actions
- Impulsivity, difficulty tolerating boredom, and inappropriate anger combine to create situations that arouse the attention of law enforcement
Anxiety Disorders

- **Anxiety**: sensations of nervousness, tension, apprehension, and fear that come from the anticipation of danger, which may be internal or external
- **Panic attack**: distinct period of intense fear or discomfort that develops abruptly, usually peaking within a few minutes
- **Phobia**: the focus of anxiety is a person, thing or situation that is dreaded, feared, and probably avoided

Anxiety Disorders include:

- **Obsessive-compulsive disorder (OCD)**: obsessions or compulsive rituals or both
- **Post-traumatic stress disorder (PTSD)**: persistent re-experiencing of a psychologically traumatic stressor when the person experienced intense fear, helplessness, or horror; may experience recurrent and intrusive images and thoughts of the stressor

Anxiety Symptoms

- Most common psychiatric symptoms seen in individuals with substance use disorders
- Substance induced or withdrawal-related anxiety symptoms usually resolve within a few days or weeks. Most resolve with substance abuse treatment
- Coexisting anxiety disorders may range from mildly to seriously debilitating

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**What is substance abuse?**

Substance Abuse Disorders: (these are addressed through substance abuse treatment & rehabilitation)

**Substance Abuse** = repeated use in spite of known negative consequences in one or more areas of functioning.

**Substance Dependence** = repeated use with negative consequences in multiple areas of functioning, and typically involves loss of control of use, development of tolerance and potential for withdrawal if use is stopped.

**Addiction** = uncontrollable and compulsive drug use and drug seeking which is driven by craving and mediated by the reward systems of the brain.

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**What is substance abuse?**

Substance-Induced Disorders: (these are addressed through social interventions and detoxification)

**Intoxication** = syndrome of clinically significant medical, behavioral and/or psychological changes or symptoms that are directly related to the effects upon the central nervous system of a specific drug being in the system. Usually dose dependent.

**Withdrawal** = syndrome of clinically significant medical, behavioral and/or psychological changes or symptoms that are directly related to the effects upon the central nervous system of a specific drug being in the system.

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**Substance Use / Abuse / Dependence Continuum**

**Detoxification May Be Required Here**

**Recovery Continuum**

- Enhanced Life Functioning
- Total Abstinence
- Occasional Use
- Reduced Use

RICHMOND BEHAVIORAL HEALTH AUTHORITY SUBSTANCE ABUSE SERVICES
What does "dual diagnosis" mean?

The presence of two disorders

• Substance abuse or dependence
• A major mental disorder, usually Major Depression, Bipolar Disorder, or Schizophrenia

Terminology of Dual Disorders

• **Dual Diagnosis**: indicates the simultaneous presence of two independent medical disorders;
• **Dual Disorders**: also denotes the coexistence of two independent (but invariably interactive) disorders; CSAT-preferred term.

• Recently, within the fields of mental health, psychiatry, and addiction medicine, these terms have been popularly used to describe the coexistence of a mental health disorder and alcohol and other drug (AOD) problems.

AOD Use and Psychiatric Symptoms

• AOD use can cause psychiatric symptoms and mimic psychiatric syndromes;
• AOD use can initiate or exacerbate a psychiatric disorder;
• AOD use can mask psychiatric symptoms and syndromes;
• AOD withdrawal can cause psychiatric symptoms and mimic psychiatric syndromes;
• Psychiatric and AOD use disorders can independently coexist;
• Psychiatric behaviors can mimic AOD use problems.

Relapse: the result of a predictable series of events

• High risk situations which have led to substance abuse in the past
• Does not know the skills to cope with the situation
• Not aware of the conditions or warning signals which typically precede substance abuse
• Chooses to use drugs/alcohol instead of other coping skills

Differing views of relapse:

• Substance abuse staff: Predictable step in recovery
• Mental health staff: Gateway to decompensation of the mental status
• Criminal justice staff: Violation of the law or conditions of supervision

Suicide Screening in Jails

• Number one cause of death in jails and lockups
• Most jail suicides can be prevented
Major Issues in Treating Persons with Dual Disorders

The Role of Abstinence: Within parts of the addiction treatment system, abstinence from psychoactive drugs is a precondition to participate in treatment. For some persons with dual disorders, requiring abstinence as a condition of treatment may hinder or discourage engagement in the treatment process.

Philosophical Differences About the Nature of Dual Disorders and How to Treat Them:

- Should addiction treatment be initiated first? Must the individual be in a stage of abstinence recovery from addiction before treatment for the psychiatric disorder?
- Should mental health and addiction treatment be administered in a serial (sequential) fashion? Should it utilize a parallel (simultaneous) approach? Should elements of both mental health and addiction treatment be integrated into a unified and comprehensive program?
- If the mental health case manager minimizes negative consequences to the individual in order to engage or maintain him/her in treatment, will the traditional addiction treatment personnel view this as an "enabling" activity?
- How is the role of confrontation (for persons who deny that they have an AOD disorder or who minimize the severity of their problems) modified in the treatment of disorganized or psychotic consumers, who may tolerate confrontation only when their symptoms are stable and they are engaged in the treatment process?
- How do State and local administrators develop linkages across systems in order to improve service delivery and treatment outcomes? How do conventional boundaries between single focus agencies or programs impede clinical progress?
RESOURCE ISSUES

• Depreciation of community-based infrastructure has never been addressed.
• Medicaid expansion never reached substance use disorder treatment in VA.
• Contracting for services with private providers is appropriate, in certain instances, and can be expanded beyond its present levels.
• Concerns exist over potential development of parallel systems of care for offenders and juveniles (i.e., duplication).
ACCESS TO CARE

• Substance use disorders do not easily separate into clear priority populations, as is the case with mental illness
• Serving only the worst cases of addiction is counter-productive from a cost-offset and cost-efficiency perspective, and doesn’t address the criminal justice system’s needs
• Many SA consumers currently arrive for services upon referral from other service agencies
• Be wary of the potential impact of parity legislation on ACCESS, due to “medical necessity”

PERFORMANCE MEASUREMENT

• SA services somewhat ahead of other disabilities, in terms of consistency in the literature
• Addiction Severity Index (ASI)
• Access to services measures
• Development of quality indicators is advancing, but much work yet to be done

FUNDING PRIORITIES

• Women’s Services, including “wrap-around” services for pregnant and post-partum women and their dependent children
• Community-based substance use disorder treatment services for offender populations, with immediate access for transitioning offenders
• Treatment services for adolescents, including assessment, referral, case management, juvenile drug courts, detox & residential
• Services for adults at risk for placement in state facilities.

What is a Family Drug Treatment Court?

• Family Drug Treatment Courts represent a promising approach to child abuse and neglect related to parental substance abuse.
• Incorporating key features of other drug treatment court programs, this specialized docket addresses mothers whose infant children are in imminent danger of removal from their custody as a result of their drug and/or alcohol use during their pregnancy and/or at the time of birth.
• To Goal of FDTC is protect the safety and welfare of the children of the affected family through provision of expanded and enhanced treatment services according to the structure of the drug court model.

Why a Family Drug Treatment Court in the City of Richmond?

• Per capita, the City of Richmond has more children in foster care than other jurisdictions in the state.
• Of these cases, over 80% originate from abuse/neglect related to substance abuse by the parent or caretaker.
• The majority of children not reunified with their parent / caretaker involve substance-abuse-afflicted families.

Overview of the Family Drug Treatment Court Program

• Treatment focus with a goal toward reunifying families where possible to do so safely.
• Team approach.
• Regular court appearances before Drug Treatment Court Judge.
  − Sanctions
  − Incentives
• Separate track for foster care review hearings (drug court judge same judge for FC hearing).
Treatment Components

- Four phases with decreasing intensity.
- Inpatient and outpatient availability.
- Guaranteed priority for treatment.