Virginia Department of Behavioral Health & Developmental Services

Enhancing Virginia's System of Care through Adolescent Substance Use Treatment and Recovery Services

CSA Conference November 1st, 2022

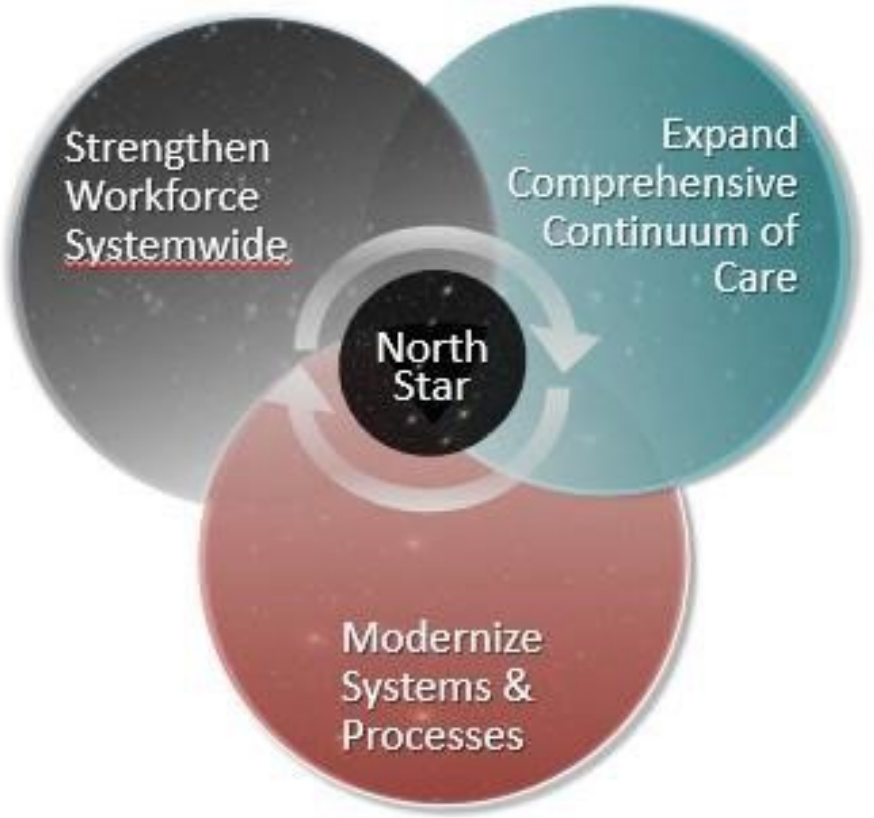
Nina Marino, LCSW, Director, Office of Child and Family Services, Department of Behavioral Health and Developmental Services

Mia McCoy, Adolescent and Young Adult Substance Use Coordinator, Department of Behavioral Health and Developmental Services

DBHDS Objectives and Key Results: 2022 - 2025

North Star Objectives by December 2025

1. Develop a robust, strong, well-trained, and sustainable workforce.
2. Increase access, grow capacity, and ensure quality of care in the most integrated setting across a comprehensive continuum of care for individuals with mental health disorders, substance use disorders, and developmental disabilities.
3. Modernize Systems and processes that leverage best practices to drive and sustain high-quality service outcomes.



Expanding the Continuum of Care (CoC)

Domain 2: Increase access, grow capacity, and ensure quality of care in the most integrated setting across a comprehensive continuum of care for individuals with mental health disorders, substance use disorders, and developmental disabilities.

Objective 3: Increase prevention, early intervention, and youth behavioral health services.
Key results:

A: Increase community capacity to prevent and respond to substance use, adverse childhood events, and mental health challenges by 2025 through annual training of:

- 3,500 individuals in Mental Health First Aid
- 3,600 individuals in Adverse Childhood Experiences (ACES)
- 1,500 individuals in Suicide Prevention

B: Increase the number of providers registered with the Virginia Mental Health Access Program by 10% by Dec. 2023

Expanding the Continuum of Care (CoC)

Domain 2: Increase access, grow capacity, and ensure quality of care in the most integrated setting across a comprehensive continuum of care for individuals with mental health disorders, substance use disorders, and developmental disabilities.

Objective 3 (Continued): Increase prevention, early intervention, and youth behavioral health services.
Key results:

C: Decrease opioid related deaths by 20% by Dec. 2025

D: Reduce lapses in care during transition from adolescent to adult services by Dec. 2024

E: Reduce teen substance use by 10% by Dec. 2025

Objective 4: Increase number and utilization of integrated settings and supports across populations to improve system accessibility.

Adolescent Substance Use Trends in Virginia

Self-Reported Substance Use Behavior Among 12–17-Year-Olds (NSDUH, 2020)

Indicator	Virginia	U.S.
Alcohol Use in Past Month	10.08%	8.83%
Alcohol Use Disorder in Past Year	3.27%	2.85%
Binge Drinking	4.96%	4.50%
Marijuana Use in Past Month	4.97%	6.63%
Illicit Drug Use (including marijuana) in Past Month	4.97%	6.63%
Illicit Drug Use (not including marijuana) in Past Month	1.54%	1.81%
Illicit Substance Use Disorder in Past Year	4.00%	4.85%
Tobacco Use in Past Month	2.88%	3.10%

*Orange shading indicates which number is higher than the comparative statistic.

These findings are also supported by local community services boards/behavioral health authorities noting an increase in substance use among transitional age youth, as well as the onset of mental health symptoms and substance use.

Adolescent Co-Occurring Disorders

Psychiatric comorbidity is the rule, rather than the exception, in adolescents with substance exposure, use, and disorders (Jainchill, 2012).

According to a 2008 study (Kaminer, Connor, & Curry, 2008), 70 to 80 percent of adolescents present with at least one nonsubstance diagnosis.

Treatment approaches that target both the substance use disorder and the co-occurring psychiatric disorders are recommended since, if left untreated, the latter will impede engagement, retention, and completion of treatment (Grella et al., 2001).

Substance Use & Risk to Health

Lasting effects on the developing adolescent brain.

Age at first use associated with developing a substance use disorder later in life.

Substance use during the adolescent years is associated with other unhealthy behaviors.

A Treatable Disease

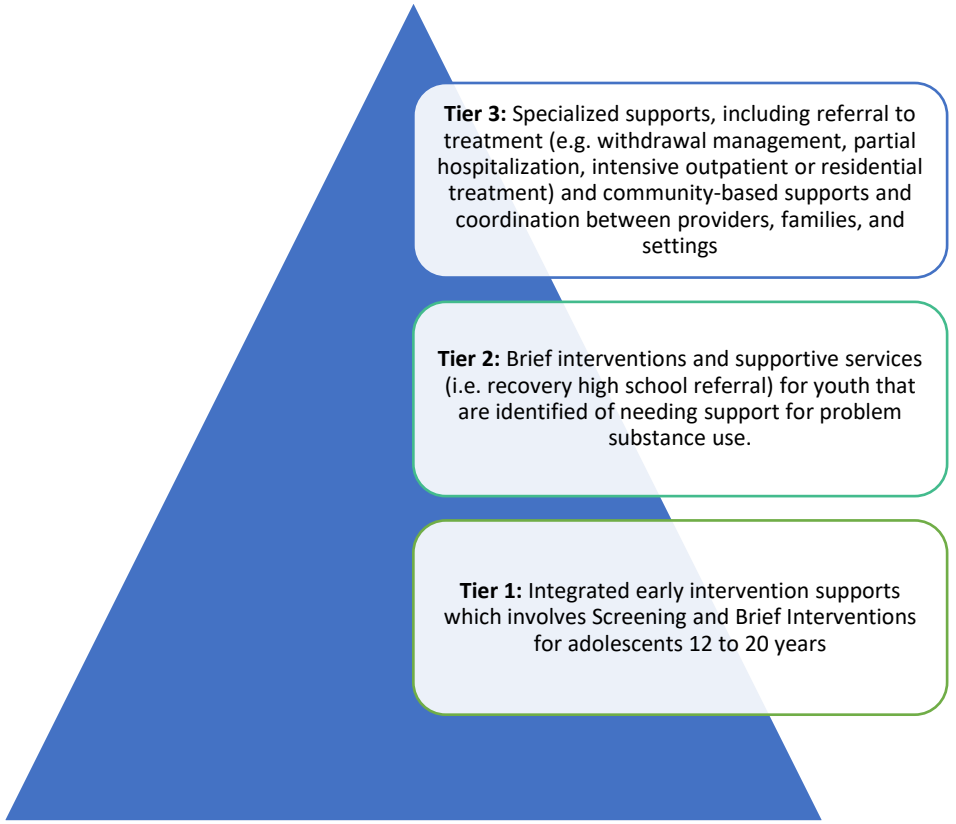
"Groundbreaking discoveries about the brain have *revolutionized* our understanding of addiction, enabling us to *respond effectively* to the problem"

- Dr. Nora Volkow, National Institute on Drug Abuse

- Substance use disorders are preventable and treatable
- Successful substance use disorder treatment is highly individualized and entails:
  - Medication
  - Behavioral interventions (including family interventions)
  - Peer support

(National Institute on Drug Abuse, 2018; Longo, 2016)

Office of Child and Family Services Programmatic Directions for Adolescent Substance Use



System of Care Enhancement

- Expand the existing model of care for substance use exposed or dependent youth up to age 25, including better coordination between children and adult services for transition age youth
- Increase screening and assessment for substance exposure, use, and disorders
- Enhance a collaborative care model between private providers and CSBs/BHA specializing in young adult/adolescent behavioral health
- Implement sustainable evidenced-based treatment models for SU exposed and dependent youth
- Improve health and social functioning through recovery-oriented programming

Current Initiatives Office of Child and Family Services

Community-based Workforce Development including clinical supervision

Youth Screening, Brief Intervention, and Referral to Treatment Implementation

Chesterfield Recovery Academy and national technical assistance

ASAM levels of care Adolescent focused training

Start-up funding for regional treatment programs

Virginia Adolescent Substance Use System Strategic Planning (state and regional level)

Peer Recovery Specialist- Adolescent and transition age youth

Adolescent Community Reinforcement Approach (A-CRA) implementation and sustainability

Virginia Department of Behavioral Health & Developmental Services

Virginia Statewide Needs Assessment on Adolescent Substance Use

Introduction

- In partnership with the Office of Child and Family Services (OCFS) within the Virginia Department of Behavioral Health and Developmental Services (DBHDS), OMNI Institute conducted a **statewide needs assessment focused on adolescent substance use behavior and related systems of care.**
- This needs assessment stemmed from anecdotal evidence gathered by OCFS that suggested system improvements were necessary to better address the needs of young people dealing with substance use issues and their families.
- OCFS sought to **gather and review best practices** in the field around adolescent substance use service provision to ensure that proposed changes to the existing system of care are grounded in research and evidence based.
- Findings from the needs assessment were incorporated into a comprehensive Needs Assessment report.

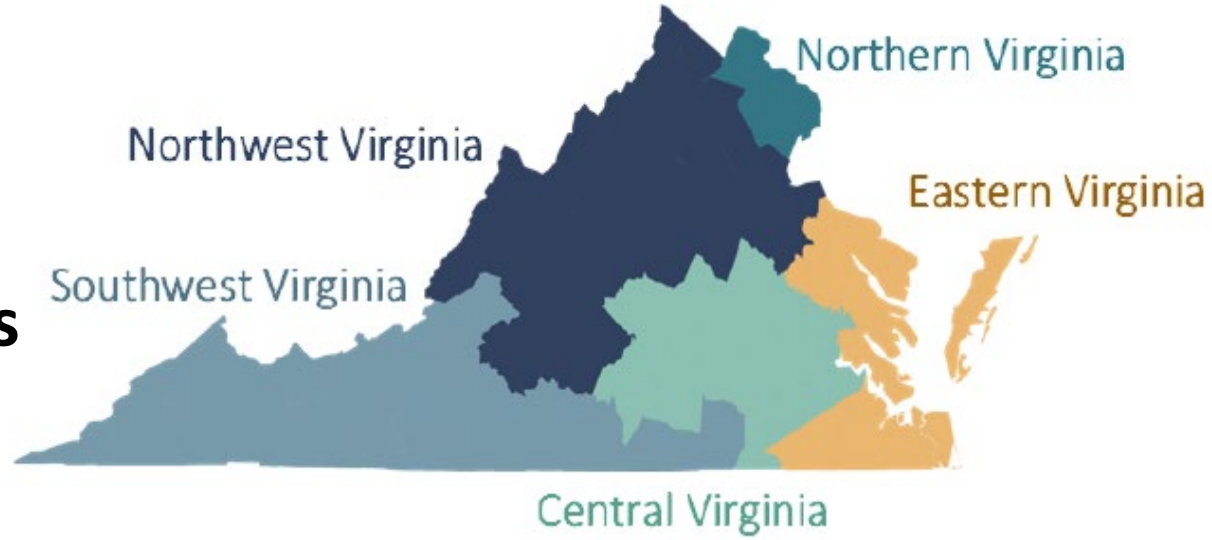
Overview of Report

The report is intended to:

1. **Describe the nature and prevalence** of adolescent alcohol and drug use in Virginia

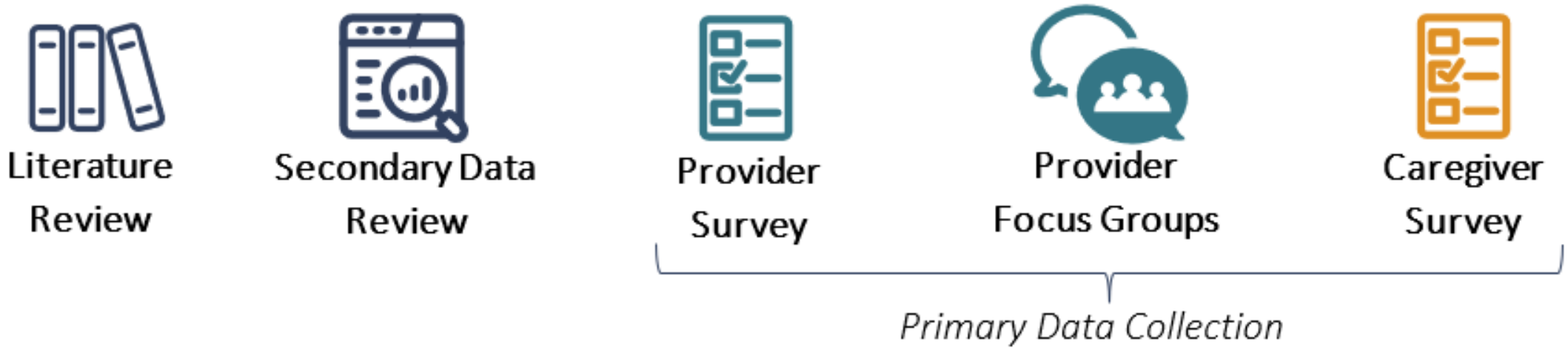
2. **Highlight barriers** to service access and delivery, as well as **service gaps**

3. **Provide recommendations** for addressing this important issue in Virginia



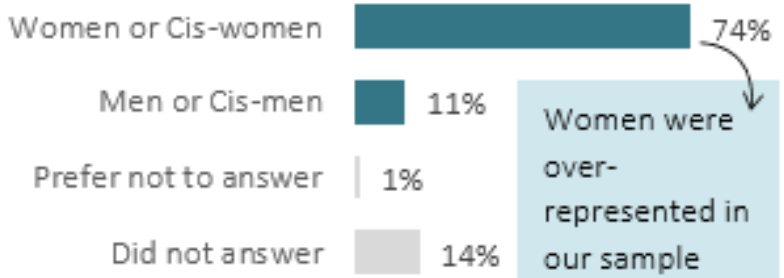
Methods

Data in this report include **primary** and **secondary data** gathered through **five stages of the research process:**

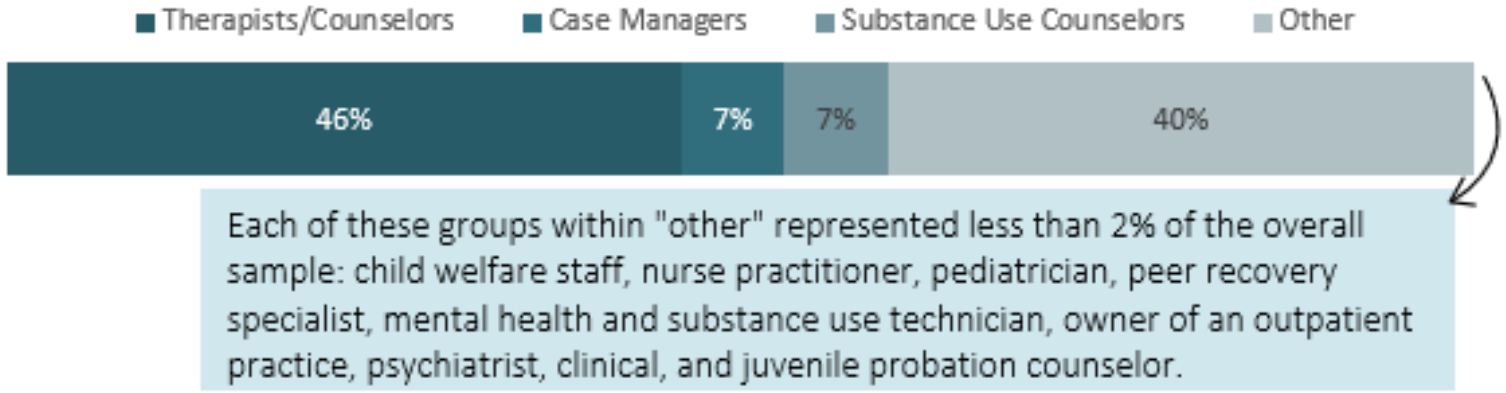


Methods: Provider Survey Demographics (n=69)

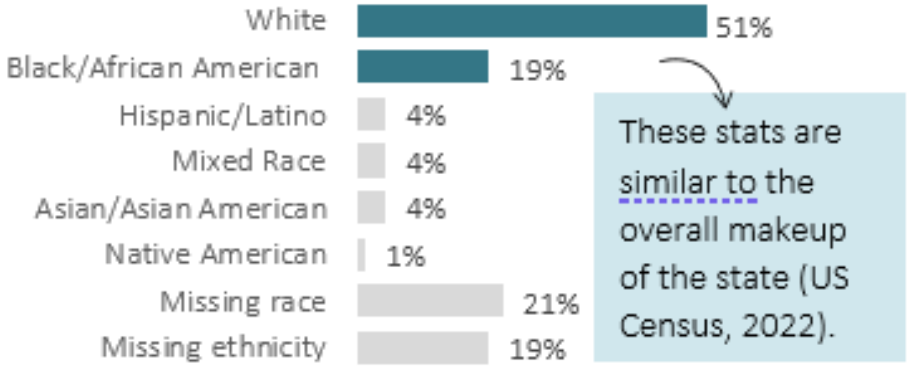
Most identified as **women or cis-women**, followed by **men or cis-men**.

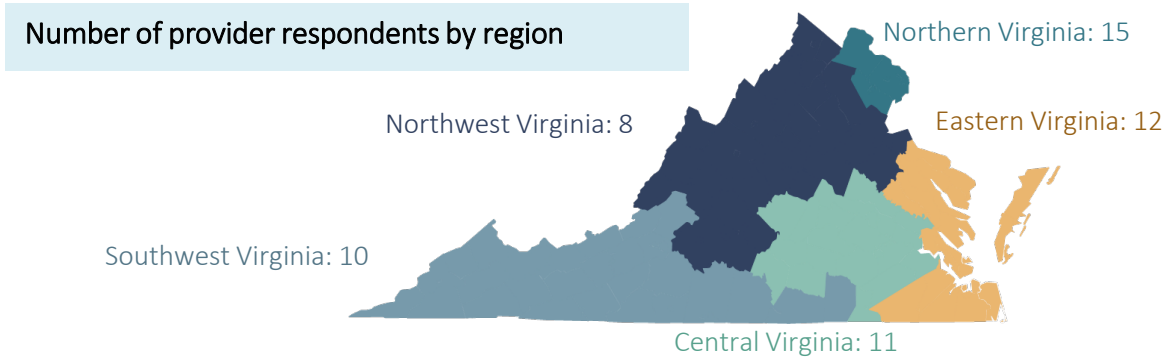


Nearly half of providers that responded to the survey were **therapists or counselors, followed by case managers and substance use counselors**.



Most respondents identified as **White** or **Black/African American.**



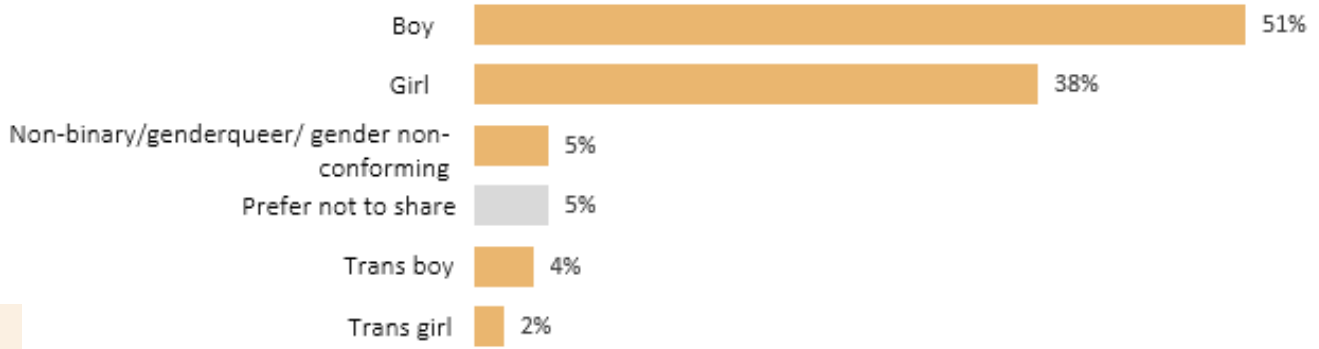


Methods: Caregiver Survey Demographics (n=56)

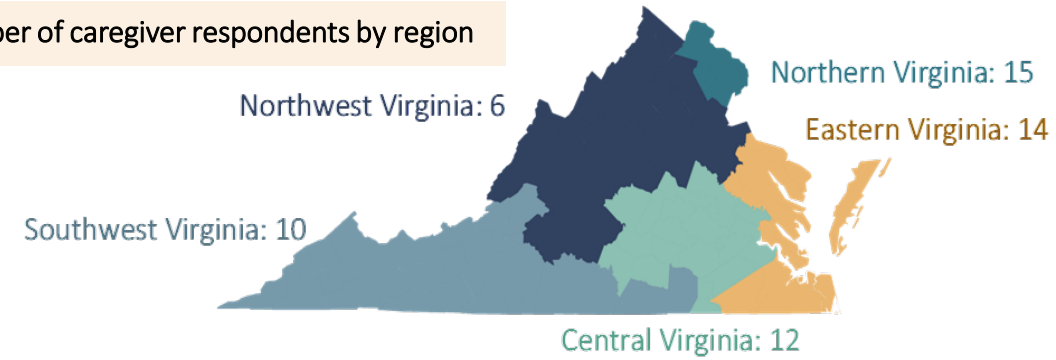
Of the caregivers who responded to the survey, **65% reported that they were the biological parent of the child, 49% reported that they were the child's legal guardian.**

Additional responses include relative caregiver (16%); adoptive parent (11%); non-relative caregiver (3.5%); foster parent (3.5%)

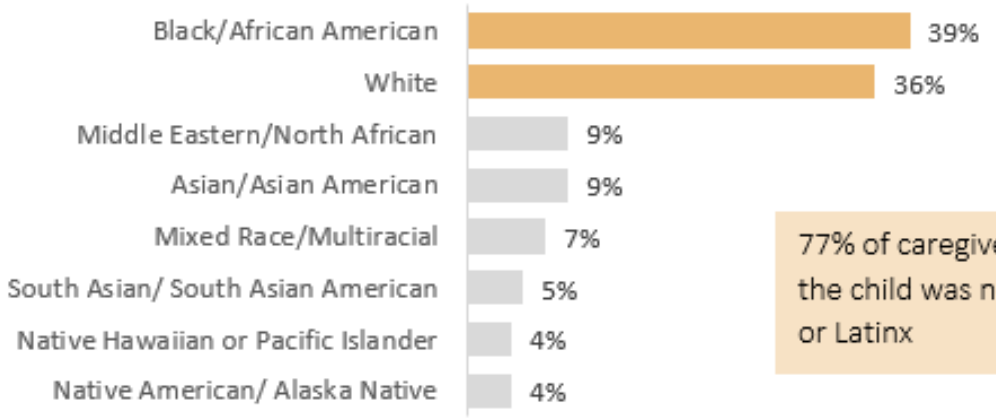
Caregivers reported that **51% of the children were boys, 38% of the children were girls. 11% reported the child was non-binary/genderqueer/gender non-conforming or trans.**



Number of caregiver respondents by region



Most respondents reported the race of the children as **Black/African American, or White**.



77% of caregivers reported the child was not Hispanic or Latinx

Key Findings: Nature and Prevalence of Need

Overall, adolescent **substance use trends in Virginia strongly parallel those found at the national level**, except for indicators of **problematic alcohol use, which were higher among Virginia youth**.

Top 3 Substances of Concern from Self-Report Data (VYS High School)

Approximately **20% of respondents reported electronic vaping** in the previous month

17% of youth report having used marijuana at least one day in the previous month

Nearly 13% reported binge drinking in the last 30 days

These were also the most concerning substances from the provider perspective

Key Findings: Nature and Prevalence of Need

Among adolescents aged 15-19, boys were admitted to the emergency department for drug overdoses at higher rates than girls consistently over the past five years (Virginia Department of Health, 2022).

Year	Girls	Boys
2017	70.5	86.1
2018	60.9	92.0
2019	65.1	85.2
2020	90.1	135.3
2021	98.1	111.7

While overdose rates among boys were consistently higher than rates among girls, the rates among boys have fluctuated—increasing some years and decreasing other years. However, overdose rates among girls have risen consistently since 2018.

Barriers to Accessing and Providing Services - Systemic

From the Perspective of Providers:

Top Five Barriers to Providing Adolescent Substance Use Services

Logistical barriers

Limited capacity

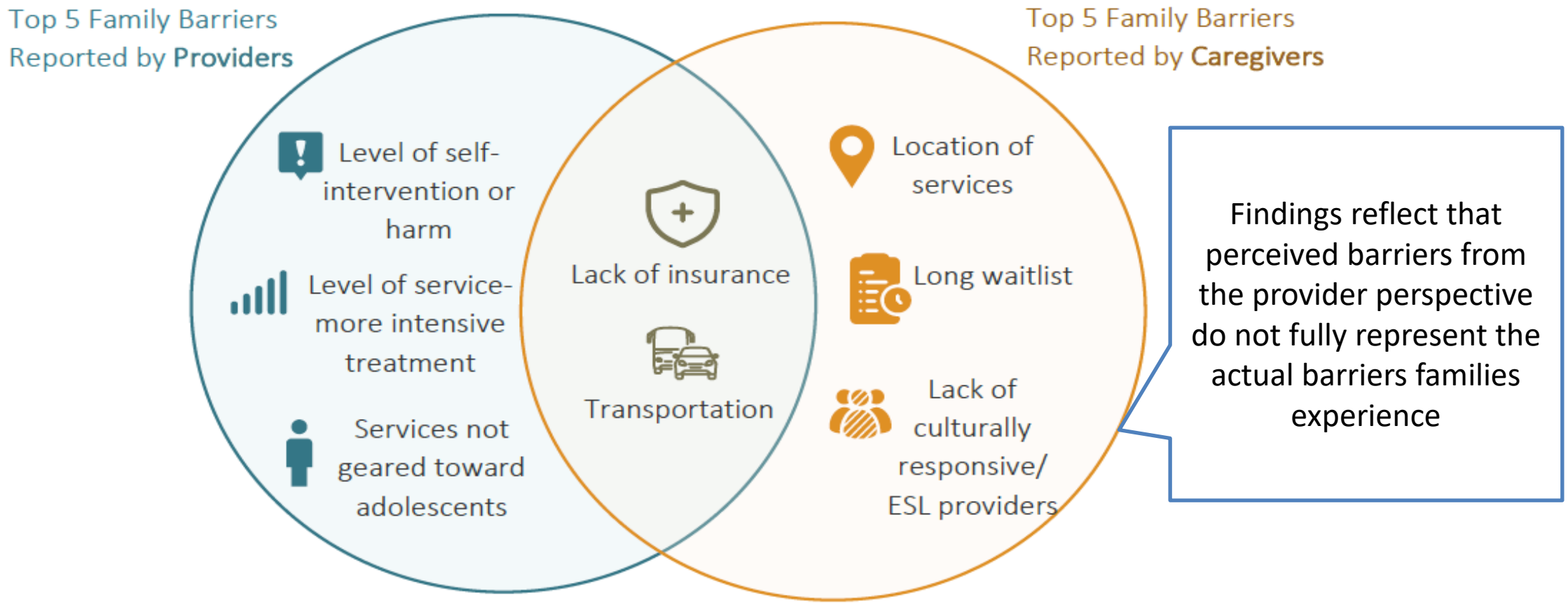
Lack of adolescent-specific and culturally relevant services

Insurance requirements and limitations

Difficulties accessing appropriate treatment due to services and financial constraints

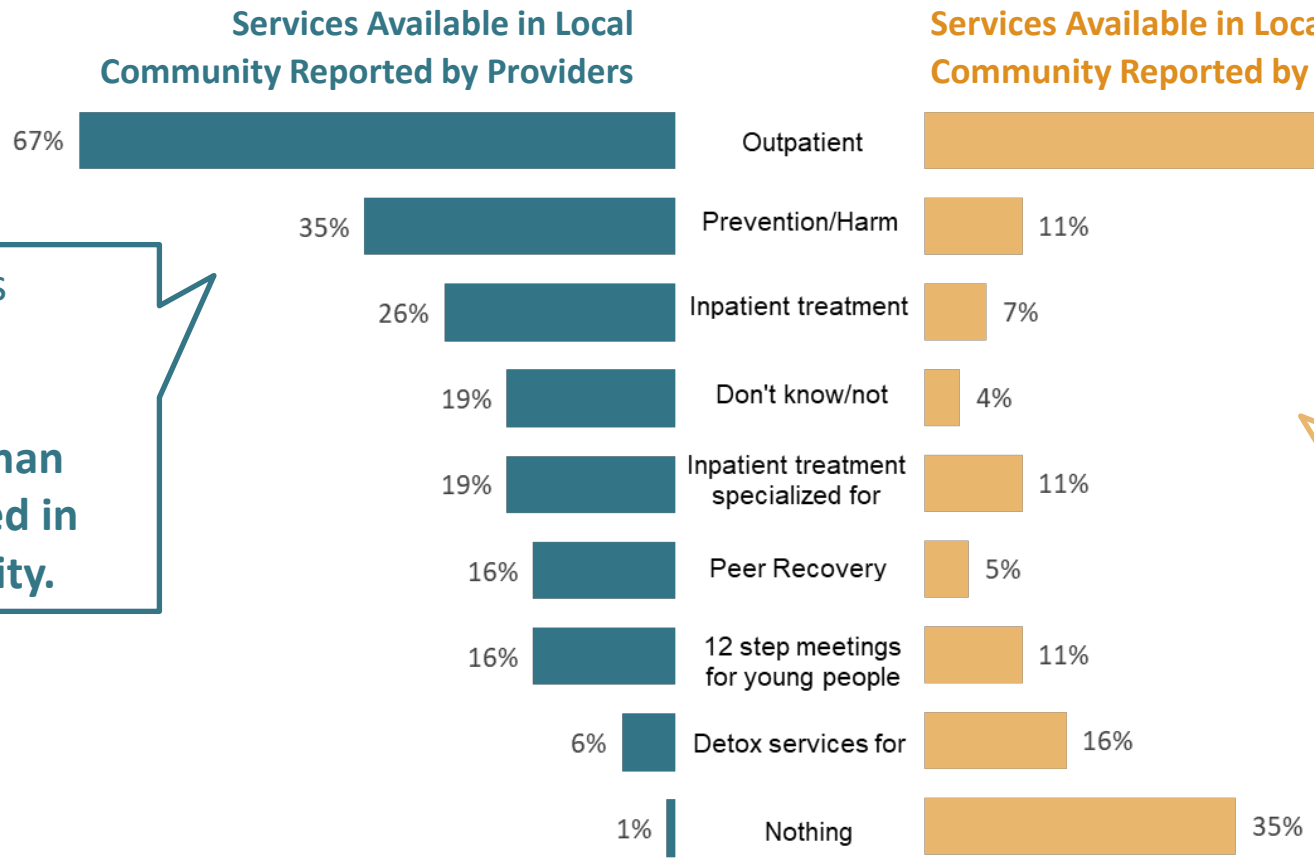
Barriers to Accessing and Providing Services – Personal/Family

Barriers to Accessing Adolescent Substance Use Services



Gaps in Services

Findings suggest that **caregivers have less overall knowledge and awareness of available services in their community**, indicating a need for greater parental education and support.



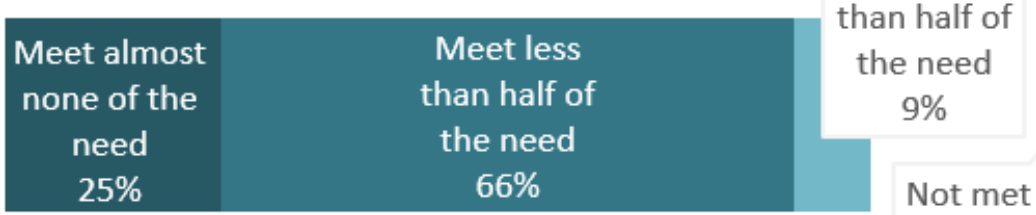
Most providers indicated that **services were meeting less than half of the need in their community.**

Only 1/3 of caregivers indicated that services there were no services available in their community.

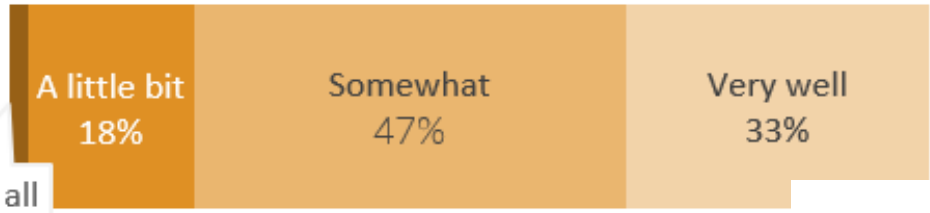
Gaps in Services

When asked the degree to which services are meeting the needs in the community, **most providers indicated that that the services were meeting less than half of the community need**. Similarly, **only 1/3 of caregivers** indicated that the services in their community are **meeting the needs of their child "very well."**

Providers report how well services meet the need in their community



Caregivers report how well the services in their community meet the child's need



Specific Gaps in Services

- Nearly every community represented in the provider focus groups raised a need for **more early intervention and harm reduction programs.**
  - Harm reduction programs focus on positive change and aim to minimize negative impacts from drug use.
- Providers expressed concern around **disjointed or nonexistent system of care, and overall lack of available substance use treatment for adolescents.**
- Need for more options for youth with **higher levels of care, specifically inpatient treatment options designed for adolescent clients.**
- Another important issue that was raised was the need for specialized treatment for youth with **co-occurring mental health and substance use issues**.

Key Recommendations

☑ Create an **adolescent-specific continuum of care** that spans prevention, early intervention, treatment, and recovery

- Providers in Virginia echo the best practice recommendations (SAMHSA, 2016) that suggest **services along that continuum need to be adolescent-focused and delivered by a well-trained and supported workforce.**
- To develop and implement an integrated continuum of care that can both prevent and address substance use among adolescents, it is important to reflect on **existing research and the broader evidence base on this topic** (additional data on best practices and the continuum of care available in the full report)

☑ Increase general **awareness around service availability** and **provide caregivers with easier access to resources** and supportive communication tools

- **Providers and caregivers differed in their perspectives around several issues pertinent to this topic,** including specific substances of concern, barriers to accessing services, and available services in their respective communities.
- These results suggest that **additional efforts are needed across the Commonwealth to increase general awareness around service availability and provide caregivers with easier access to resources and supportive communication tools**

Key Recommendations

Continue **prioritizing the family voice**

- Closely examine the barriers that were raised by caregivers here and **work with a local or state caregiver advisory board to further unpack those barriers and identify potential solutions** to ensure the system is truly being designed in an inclusive and informed way.

Ensure **equitable access** to services

- Focus on **providing services to those with limited financial resources or insurance coverage** (SAMHSA, 2016). Improving access to insurance coverage or eliminating financial barriers to accessing services could be a **key aspect of improving service provision and increasing utilization**.

Continue to **develop and implement services at the regional and community levels**

- A more localized approach allows the continuum of care to **consider the context of a region or community in the development and implementation of substance use services** for adolescents.

- These initial findings help illuminate **additional areas for research in and collaboration with local agencies, CSBs, and providers** to improve services in ways that target the gaps barriers and build on the strengths of local communities.

Virginia Adolescent Substance Use System Strategic Plan

Phase 2: Strategic Planning Phase

Capacity Assessment
(Months 1-12)

- *Key informant interviews*
- *Administer Capacity and Readiness Assessment tool*
- *Develop* ***State & Region Level Capacity Assessment Briefs***

Strategic Planning
(Months 9-18)

- *Review Needs Assessment & Capacity Assessments with Workgroups*
- *Conduct Strategic Planning Workshops with Stakeholder Groups*
- *Develop* ***State & Region Level Strategic Plans***

Implementation Planning
(Months 19-24)

- *Facilitate Implementation Planning sessions with Stakeholder Groups*
- *Develop* ***State & Region Level Implementation Plans***

Ongoing Meeting Facilitation & Capacity Building with State & Regional Workgroups

Integrated Recovery Service Plan

- A **robust** substance use response infrastructure
- A **strong continuum of care** includes integration of prevention, treatment, and recovery services.
- An **integrated recovery services** plan includes primary residential, extended care, mental health and wellness centers, teletherapy, recovery high schools, specialty clinics for MOUD induction and maintenance treatment, LGBTQ+ care, and psychological evaluation.

Integrated Service Plan

- Primary Residential
- Extended Care
- Mental Health and Wellness Centers
- Teletherapy
- Recovery High Schools
- Culturally-relevant services (LGBTQ+)
- Psychological Evaluation

Virginia Department of Behavioral Health & Developmental Services

System Integration in Practice

SWOT Analysis

Systems Integration in Practice

Key Lessons

- Many replicable strategies and tools
- Leadership is key
- Involve numerous stakeholders including families and young people with lived experience
- Provider-level programs are further developed than systems-level initiatives
- Regional, geographical, and demographic differences are significant

SWOT Analysis

- Designed to facilitate a realistic, fact-based, data-driven look at the strengths and weaknesses of an organization, initiatives, or within its industry.
- Strategic planning demands realistic and objective assessment.
- Empower everyone to gain visibility, conduct their own **analysis**, and take the action.
- Understanding where you are today is fundamental to achieving your future goals.

SWOT Analysis

- The top two sections (STRENGTHS and WEAKNESSES) both originate internally. These are things that you can control. Strengths are helpful; Weaknesses are harmful.

- Explore possibilities for new initiatives or solutions to problems

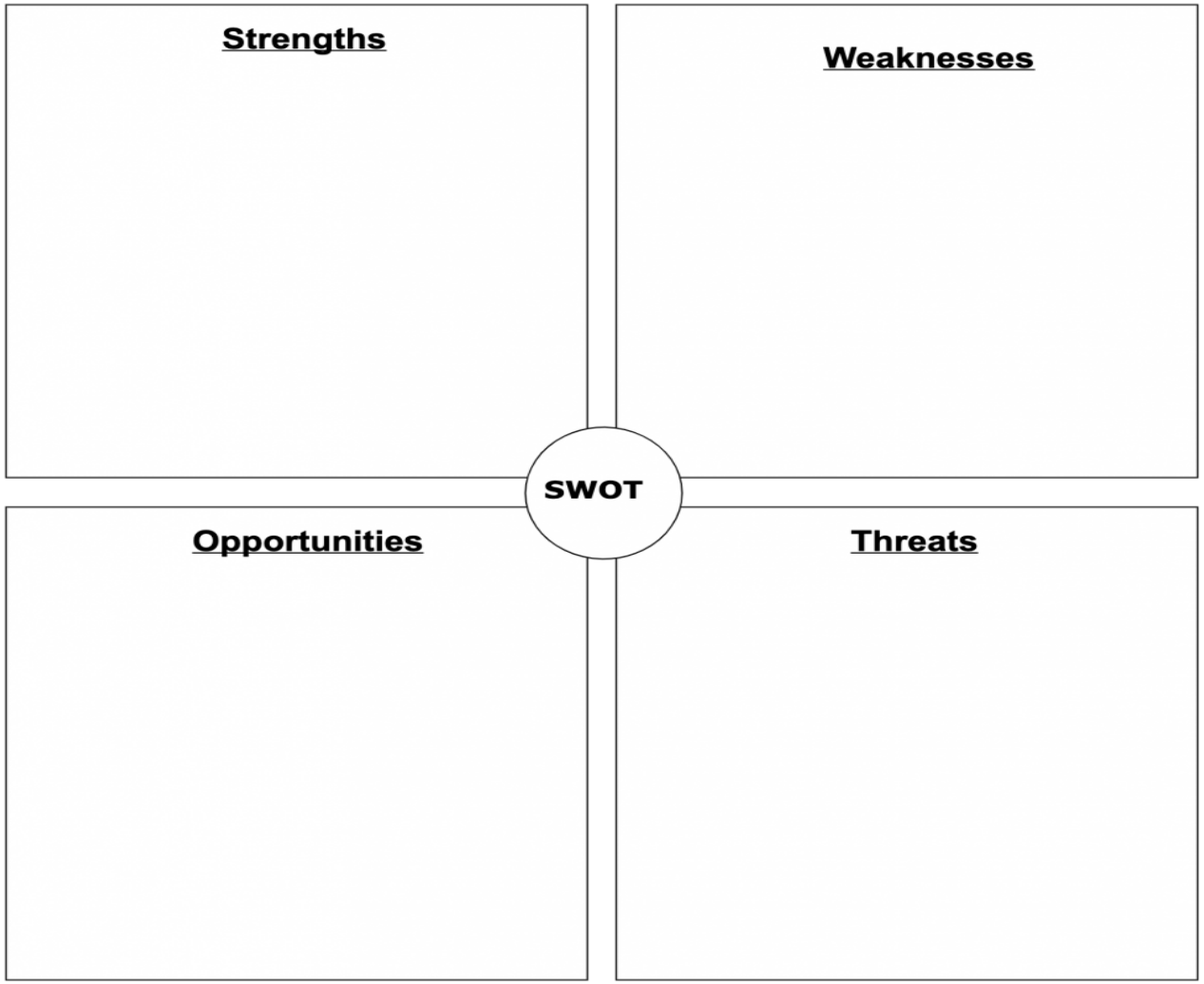
- Determine where change is possible. If you find yourself at a turning point, taking inventory of your strengths and weaknesses can reveal priorities along with possibilities.

- The bottom two sections (THREATS and OPPORTUNITIES) originate externally help you make choices about the best path for your organization by identifying your opportunities for success and warding off threats.

SWOT Analysis

STRENGTHS	WEAKNESSES
- Immediate support at point of need - 24/7 support - Social equity - Personalised service tailored to needs - Service access to more people - Consistency of service	- Choice overwhelm - No guidance on efficacy and suitability - Lack of empathetic human care
OPPORTUNITIES	**THREATS**
- Convenience - Anonymity - Introduction to care - Spreading awareness - Leveraging capacity of clinicians	- Lack of evidence-based effectiveness - Acceptance & usability issues - Risk of overreliance on technology - Privacy / Data security - Top-down design / no user-centricity

Let’s Give It a Try!



Questions?

Nina E. Marino, MSW, LCSW
Director, Office of Child and Family Services
Department of Behavioral Health and Developmental Services (DBHDS)
1220 Bank Street
Richmond, VA 23219
804-928-4017 (cell)
Nina.marino@dbhds.Virginia.gov

Mia L. McCoy, PhD, MS, MS
Young Adult and Adolescent Substance Use Coordinator
Department of Behavioral Health and Developmental Services (DBHDS)
1220 Bank Street
Richmond, VA 23219
804-920-7237
Mia.mccoy@dbhds.Virginia.gov

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