

# Fairfax-Falls Church Community Services Board

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LOB #267:

## **ADULT RESIDENTIAL TREATMENT SERVICES**

### **Purpose**

Adult Residential Treatment Services provides residential treatment programs for adults with severe substance use disorders and/or co-occurring mental illness who have been unable to maintain safety and stability on an outpatient basis, even with extensive supports. The programming provides a safety net for individuals who are impaired by substance use, mental health and/or co-occurring disorders, low-income and/or indigence, lack of resources and/or insurance and who would otherwise be unable to access necessary treatment services to stabilize symptoms, develop recovery skills and regain functioning. The programs work in cooperation with Child Protective Services, the criminal justice system and other community agencies/service providers to mitigate barriers and provide supports needed to transition back to the community and live healthy, productive and responsible lives. At admission, individuals have significant impairments which may include homelessness, criminal justice involvement, mental illness, unemployment, poor or nonexistent family and social relationships, and significant health issues. Professional therapeutic interventions are provided to address these problem areas and improve functioning.

### **Description**

The Adult Residential Treatment Services LOB includes multiple programs and services. Each program area serves individuals with differing needs and therapeutic requirements. There is currently an extensive waiting list for all programs. Services include individual, group and family therapy; psychiatric services; medication management; behavioral monitoring and support; access to health care; and case management. Continuing care and outpatient services are provided to help people transition back to the community.

**A New Beginning Rehabilitation Treatment Services.** A New Beginning is a directly-operated residential rehabilitation program serving 235 individuals annually, including 155 individuals in the 24-hour, 35-bed residential component; 40 individuals in the supervised apartment component (named "A New Direction"); and 40 individuals in the continuing care outpatient component. The "step down" services of A New Direction and the continuing care outpatient component enhance therapeutic outcomes of the 24-hour programming and help individuals with the transition back into the community. Because the program is large, it offers an economy of scale that is very efficient when compared to other programs with similar intensity. The residential program is 8 - 12 weeks in length followed by the other components as clinically indicated. Individuals who are referred to A New Beginning have extensive problems with substance use and mental illness and cannot maintain stability in less intensive outpatient/day treatment services. Although individuals typically present with daily substance use, risky/criminal behaviors, unemployment and other problems, they differ from individuals who are referred to Habilitation Treatment Services in that they may have some strengths, including family support, history of employment, and history of stable housing. Some individuals are referred to Phoenix House, a similar contracted program funded primarily through a grant.

**Crossroads Habilitation Treatment Services.** Crossroads is a directly-operated 45-bed residential habilitation program followed by a 9-bed supervised apartment program and outpatient continuing care services. The gradual step down from 24-hour residential programming into community living is necessary due to the extensive severity of problems encountered by individuals served. The program typically serves 139 individuals annually in the 24-hour residential component, 42 individuals in the supervised apartment component and 37 individuals annually in the outpatient component. The program offers an economy of scale that is very efficient when compared to programs with similar intensity or in comparison to the cost of incarceration. In addition to the problems experienced by individuals referred to Residential Rehabilitation Treatment, individuals referred to Crossroads or similar contracted programs in this level of care also typically experience serious/chronic health problems, extensive mental illness, chronic homelessness, lack of family and/or social support, extensive criminal records, lack of employment history, behavior problems, history of hospitalizations, emergency room visits, crisis care admissions, suicide

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attempts and/or near fatal overdoses. Habitation treatment is often offered as an alternative to incarceration and serves to reduce the population at the Adult Detention Center while offering treatment and monitoring.

**New Generations Women's and Children's Residential Program.** New Generations is a directly-operated specialized treatment program for women and their children up to age five. The program works closely with Child Protective Services and Foster Care Services to provide treatment necessary to promote family reunification, when possible. In addition to substance abuse treatment and therapy, the program provides pregnancy wellness education, parenting observation and skill development, child care, and trauma services. The program focuses on breaking the family cycle of addiction and abuse by treating the family unit and providing early intervention to change the trajectory of a child's life. The program also focuses on connecting children of women in the program (including children not residing in the program) to appropriate health services to ensure required immunizations and checkups. By providing the option for a woman to bring her baby into services with her, a barrier to treatment and family reunification is removed. The 24-hour program component has 8 beds and is followed by a supervised apartment component and an outpatient component. Annually the 24-hour component serves 24 individuals, the supervised apartment program serves 15, and the outpatient component serves 8.

**Cornerstones Co-Occurring Residential Treatment Program.** Cornerstones a 16-bed directly-operated 24-hour residential program designed for individuals with both severe and persistent mental illness and severe substance abuse. Supervised apartments and continuing outpatient support are also offered as appropriate to assist with stable housing. This program offers the highest level of treatment intensity in the continuum for this population. Individuals served are severely disabled, most often homeless, and present with behaviors often including violence and self-harm. Extensive monitoring, support and supervision are necessary to ensure safety. Goals of the program include reduced hospitalizations and increased housing stability. Annually, the 24-hour component serves 35 individuals, and the supervised apartment component serves 9. Outpatient aftercare services are provided as necessary with most individuals transitioning to other lower intensity services within the CSB.

**Residential Treatment Support Services.** Residential Treatment Support Services is a small, directly-operated outpatient case management/case coordination unit that provides services to people on the waiting list for residential treatment programs. Approximately 110 people are on the waiting lists at any given time. Hospitalizations, crisis care admissions, incarceration, fatal accidents and/or overdose deaths can result while waiting. The goal of the Residential Treatment Support Unit is to provide services to avert crises and to facilitate admission into residential programs as treatment beds become available. The Federal Substance Abuse Prevention and Treatment block grant mandates that pregnant women receive treatment services within 48 hours of agency contact, and that opiate users/IV drug users receive services within two weeks. The Residential Treatment Support Unit ensures that these mandates are met and provides required interim services when the recommended level of care is not available during the mandated timeframes.

## Benefits

Residential Treatment Programs provide extensive benefits to individuals, their families and communities and to all County residents. Most individuals served are low-income and/or indigent, have no medical insurance and are not eligible for Medicaid. These services are often the only option for individuals and families to receive the critical help they need and provide a life-saving safety net. By addressing the treatment needs of these individuals, there is less strain on other community resources, including hospitals, crisis care units, law enforcement, and social services such as child protective services and foster care. Individuals and their families receive the treatment needed to restore health and become functioning members of the community. In *The Principles of Drug Addiction Treatment: A Research-Based Guide* (December 2012), the National Institute on Drug Abuse (NIDA) reported that, according to several estimates, every dollar invested in addiction treatment programs yields a return of between four to seven dollars in reduced drug-related crime, criminal justice costs, and theft. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.

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Program outcome measures are a key component, and programs conduct outcome surveys annually. In addition to the metrics included below, follow-up surveys at one-year post-discharge indicate that program outcomes/benefits include:

- Decreased drug/alcohol use: 92 percent (FY 2014)
- No new hospitalizations/crisis care admissions: 86 percent (FY 2014) 91 percent (preliminary for FY 2015)
- Have a primary health care provider: 100 percent (FY 2014/FY 2015)
- Parents in specialized New Generations programming with improved parenting skills: 83 percent (FY 2014)
- Percent of children served by New Generations with all required immunizations: 100 percent (FY 2014)
- Percent of parents in New Generations who regained or retained custody of child: 67 percent (FY 2014)
- Percent of individuals in Residential Treatment Support who were successfully transferred to treatment programs: 86 percent (FY 2014)

## Mandates

- Federal Substance Abuse Prevention and Treatment Block Grant, 45 CFR 96.131 mandates that pregnant women receive services within 48 hours of agency contact to intervene and interrupt the associated health risks for the women and their unborn children and that opiate/IV users receive services within 2 weeks. This LOB is partially funded by the Federal Substance Abuse Treatment and Prevention Block Grant. The programs in this LOB support this obligation.
- Code of Virginia § 37.2-500 mandates provision of case management services as a core service within the Community Services Board (CSB). Programs in this LOB provide case management services.
- Code of Virginia § 18.2-254 allows individuals to be sentenced to treatment programs in lieu of incarceration. Programs have extensive monitoring and reporting responsibility and must immediately inform the Court of the release of any such client. The programs in this LOB receive clients associated with this code.
- Code of Virginia § 18.2-251, persons charged with first offense may be placed on probation; conditions; screening assessment and education programs; drug tests; costs and fees; violations; discharge: Allows the court to order a substance abuse assessment and, if appropriate from the assessment findings, order substance abuse treatment and/or education for individuals who are first-time drug offenders. The programs in this LOB receive clients associated with this code.
- Code of Virginia § 18.2-252, suspended sentence conditioned upon substance abuse screening, assessment, testing and treatment or education: Allows the court to order a substance abuse assessment and, if appropriate from the assessment findings, substance abuse treatment and/or education. The programs in this LOB receive clients associated with this code.

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## Trends and Challenges

### **Opiate Epidemic – Increased Use of Heroin and other Opiates**

Use of heroin and other opiates is rising in all socioeconomic and ethnic groups and is especially prevalent among young adults ages 18- 30. The Centers for Disease Control (CDC) have declared prescription drug overdoses to be at epidemic proportions. Nationwide, the increase in deaths due to opiate overdose is staggering. According to the CDC, there is one death every 19 minutes. Between 2006 and 2010, deaths from heroin overdose increased 45 percent. According to the Virginia Office of the Chief Medical Examiner, in Northern Virginia, heroin related deaths increased 164 percent between 2011 and 2013. The Fairfax County Board of Supervisors has taken note of this problem and has created an opiate task force. This task force identifies the need for both law enforcement and treatment strategies to combat this problem.

Opiate addiction and trafficking represent a serious law enforcement challenge that affects the whole community. Treatment services to address addiction are essential to combat this crisis, yet long waiting lists for services exist. In the report, *National and State Findings on the Efficacy and Cost Savings of Drug Treatment Versus Imprisonment*, the Justice Policy Institute states that community-based substance abuse treatment generates \$3.30 of benefit for every dollar spent.

### **Waiting Lists for Services**

Long waiting lists for residential services exist. As of December 2015, there were 98 local residents on waiting lists for residential treatment programs. Waiting lists for services vary, and can range from one to six months. Without the level of service needed to address their substance abuse and mental health disorders, individuals remain in the community, experience crisis and continue risky and dangerous behaviors. This creates a drain on other community resources including hospitals, crisis care units, law enforcement, Child Protective Services and homeless shelters, yet does not address the core issue or help alleviate it. The total lifetime costs associated with caring for babies who were prematurely exposed to drugs or alcohol range from \$750,000 to \$1.4 million. These figures take into account the hospital and medical costs for drug exposed babies, housing costs, and outside care costs. According to the Substance Abuse and Mental Health Services Administration, the average cost per admission to a non-hospital residential treatment program is \$3,132.

As of December 2015:

- 51 individuals were waiting for bed space in A New Beginning/Rehabilitative Treatment services.
- 39 people were awaiting admission to Crossroads/Residential Habilitation Services.
- 8 people were awaiting admission to Cornerstones

Since most individuals served are low-income and/or indigent and have no medical insurance, there are few other treatment options. Without the CSB services, individuals would continue to go without treatment. While the CSB does bill insurance companies or Medicaid when possible, most insurance providers do not cover the cost of residential treatment.

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## Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
<b>LOB #267: Adult Residential Treatment Services</b>			
<b>FUNDING</b>			
<u>Expenditures:</u>			
Compensation	\$5,180,196	\$5,581,548	\$5,550,404
Benefits	2,016,829	2,354,507	2,372,110
Operating Expenses	1,207,014	1,251,193	1,346,550
Work Performed for Others	(152,119)	(217,416)	(200,000)
<b>Total Expenditures</b>	<b>\$8,251,920</b>	<b>\$8,969,832</b>	<b>\$9,069,064</b>
<b>Total Revenue</b>	<b>\$2,690,890</b>	<b>\$2,777,314</b>	<b>\$3,079,965</b>
<u>Transfers In:</u>			
Transfer In from General Fund	\$5,561,030	\$6,192,518	\$5,989,099
<b>Total Transfers In</b>	<b>\$5,561,030</b>	<b>\$6,192,518</b>	<b>\$5,989,099</b>
<b>POSITIONS</b>			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	92 / 91.5	92 / 91.5	91 / 90.5
<b>Total Positions</b>	<b>92 / 91.5</b>	<b>92 / 91.5</b>	<b>91 / 90.5</b>

## Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals served	459	462	447	450	450
Average cost per individual served	\$16,526	\$17,282	\$19,121	\$19,166	\$19,166
Percent of individuals with no new criminal charges at one-year post-discharge	89%	90%	88%	85%	85%
Percent of individuals employed at one-year post-discharge	80%	80%	76%	80%	80%
Percent of individuals in stable housing at one-year post-discharge	92%	92%	90%	90%	90%

In FY 2015, 447 individuals received Adult Residential Treatment Services. This represents people who received services through primary treatment, community re-entry and aftercare services, and does not include those who received Residential Support Services while waiting for residential treatment. The number served is slightly lower than in previous fiscal years (3.2 percent from FY 2014); though some variation in number served can be expected in residential programs. Modest fluctuations are typically due to the length of stay (as clinically indicated) and admissions and discharges that span across fiscal years. In addition, admissions at several programs were slowed for a period of time due to staff vacancies. The cost to serve each individual in FY 2015 was \$19,121, an increase of 10.6 percent over FY 2014 primarily due to increased staffing and personnel costs. Although many of the residential treatment programs in this service area are large in size, this allows the programs to produce an economy of scale that, combined with positive outcome measures, provides a positive return on investment.

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Follow-up surveys are routinely conducted at three-month and one-year intervals after an individual leaves an intensive 24-hour residential treatment program, and program outcomes reflect one-year follow up results. All outcome measures are consistent with SAMHSA's strategic initiatives and are part of their national outcome measures.

Of those served in residential programs, 88 percent had no new criminal involvement at one-year post-discharge. The population in need of residential services typically has a significant history of involvement with the criminal justice system, which is often a direct result of their alcohol and drug use. Eighty-eight percent with no new criminal charges is a significant outcome for those receiving residential services.

During the past fiscal year, 76 percent of those served were employed at one-year follow up, a slight decrease from 80 percent in FY 2014 primarily due to typical variance in local economic conditions for this population. Programs place a great deal of emphasis on the importance of employment and have solid linkages with employment supports. Through these supports, as well as case management activities, substantial efforts are made to bolster job skills and provide employment opportunities. Programs recognize the importance of employment to ensure economic stability, as well as the tremendous benefits of daily structure, responsibility and accountability. Employment tends to support overall recovery. Research indicates that people who are unemployed have higher rates of substance dependence and relapse to substance use. In addition, employment helps to integrate individuals in the community and the income employment produces enables people to improve their living situation.

In FY 2015, 90 percent of those served in residential programs were in stable housing at one-year follow-up. Linkages to stable housing are a program priority, and efforts are made to connect individuals to housing options that support their recovery. As a result of comprehensive, professional therapeutic interventions, individuals gain the recovery and life skills needed to transition back to the community and live healthy responsible lives. Individuals served enter the programs with a myriad of issues affecting their lives, their families and the community. Issues include inability to secure and maintain housing and/or unemployment, a history of/current criminal justice involvement and ongoing alcohol/drug use impacting daily functioning. Given the severity of impairment upon program admission, outcomes reflect substantial improvements in key life areas. Positive impacts are experienced by the individual, his/her family and the community at large.

### Grant Support

**FY 2016 Anticipated Grant Total Funding:** Federal Pass Through funding of \$410,000 and 1/1.0 FTE grant position supports the Adult Residential Treatment Services LOB. There is no Local Cash Match associated with this grant. The U.S. Office of National Drug Control Policy provides funding through a Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) grant via a sub-award with Mercyhurst University for residential, day treatment and medical detoxification services.