



The Opioid Epidemic in Virginia – The Public Treatment System Response

Mellie Randall

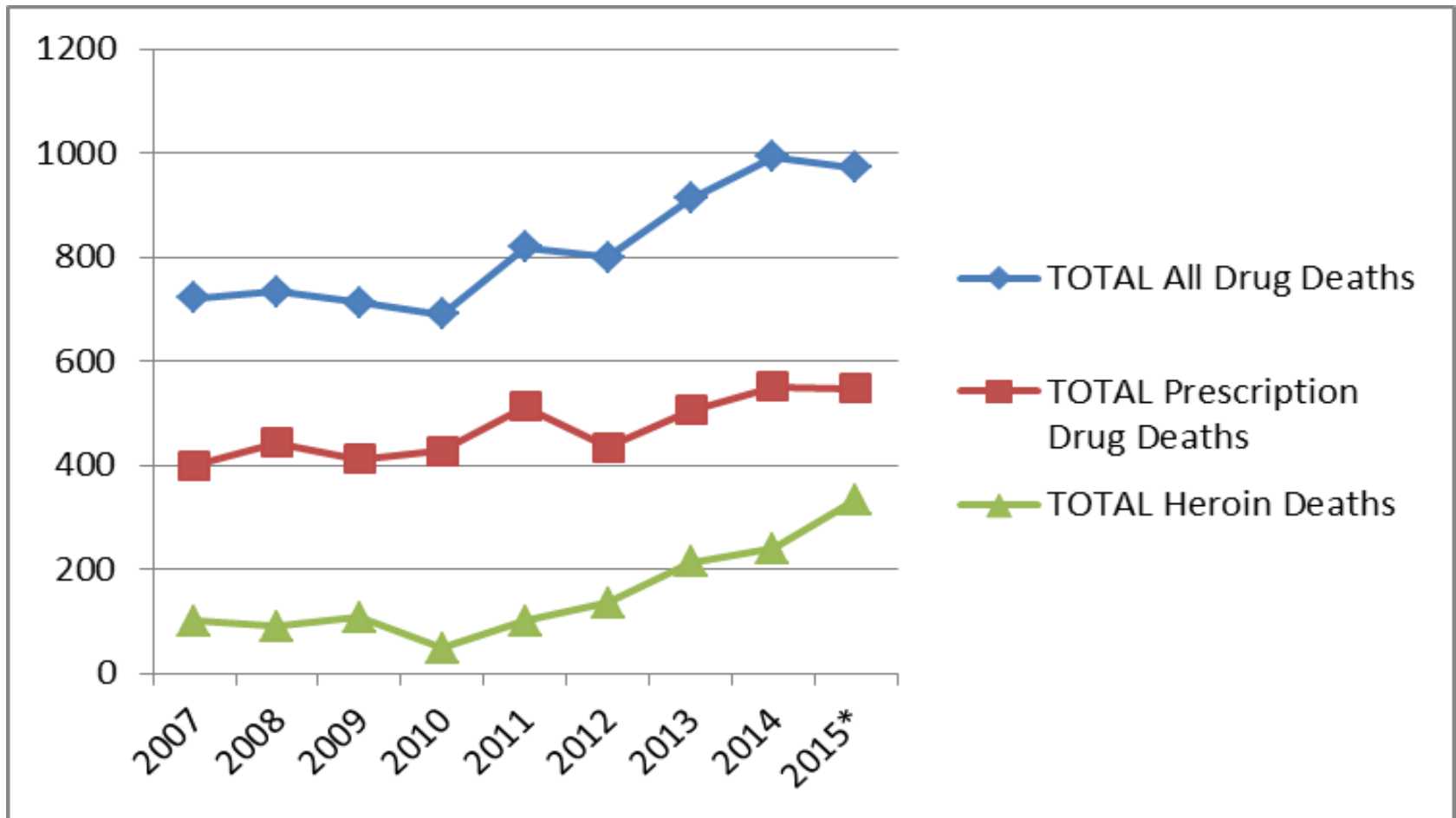
DBHDS

August 3, 2016

Substance Abuse Services Council

What is the Nature of the Problem in Virginia?

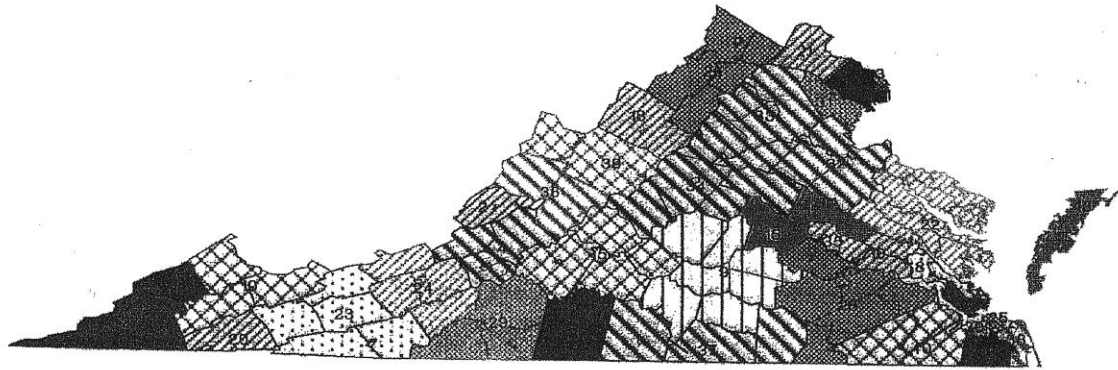
- Opioids – An epidemic of opioid use has resulted in more deaths from opioid overdose than number of deaths from motor vehicle collisions or guns.



How is Publicly-Funded Treatment Provided?

- The *Code* of Virginia (COV §37.2) established *community services boards* to be the single points of entry into publicly funded behavioral health and developmental services.
- Provide ID, MH and SUD services either directly or through contract
- DBHDS executes Performance Contract with each CSB
 - DBHDS allocates state general funds and SAPT BG based on formula and special needs
 - *Code* requires 10% local match
 - CSBs also bill Medicaid and private insurance
 - CSBs also charge fees

Where Are CSBs Located?



How is Opioid Addiction Treated?

- Medication for Opioid and Alcohol Addiction (“MAT”)
 - Methadone
 - Buprenorphine (Subutex[®]/Suboxone[®])
 - Naltrexone (including Vivitrol[®])
 - Fewer than half of the CSBs are providing MAT

How is Addiction Treated?

- Cognitive Behavioral Therapy
 - Scientifically researched “talk therapy”
 - Engages the person in the change process
 - Teaches the person about the illness
 - People, places, things
 - Triggers
 - Boundaries
 - Changes the way a person thinks about self, others, environment
 - Improves problem solving skills
 - Improves resilience

How is Addiction Treated?

- Social and Practical Supports
- Peer Recovery Coaches and Other Peer Supports
- Structured Peer Programs
 - 12 Step Programs
 - SMART Recovery
- Family and Friends Support

How is Addiction Treated?

- Levels of Care (American Society of Addiction Medicine Dimensions)
 1. Acute Intoxication/Withdrawal Potential
 2. Biomedical Conditions and Complications
 3. Emotional, Behavioral, or Cognitive Conditions and Complications
 4. Readiness to Change
 5. Relapse, Continued Use, or Continued Problem Potential
 6. Recovery/Living Environment

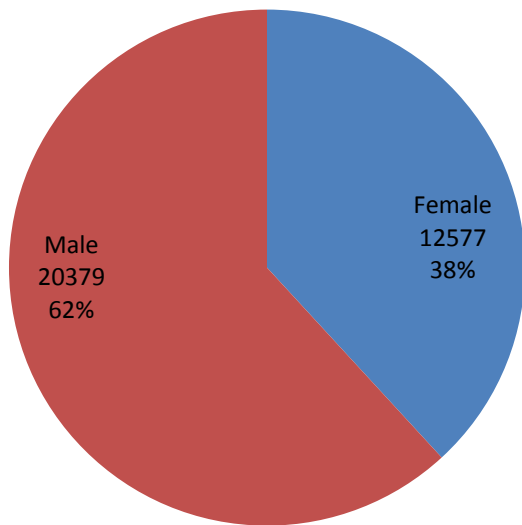
Appropriate to age and culture

How is Addiction Treated?

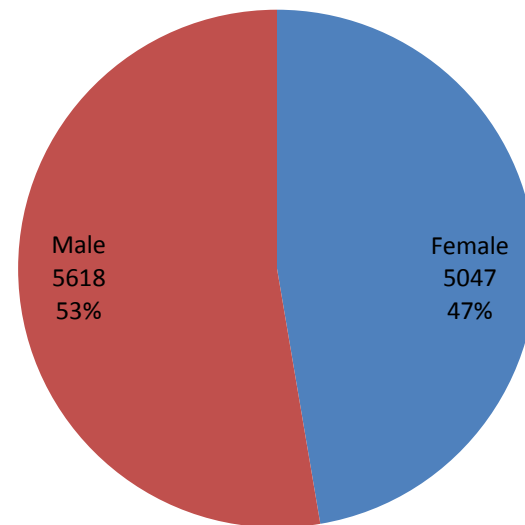
- Level 0.5 Early Intervention – Example: SBIRT
- Level 1: Outpatient Services – Example: Weekly counseling
- Level 2: Intensive Outpatient – Example: Multi-week group sessions of several hours duration
- Level 3: Residential Services – Includes a range of types of services, from Supportive Living with clinical staff to Medically Monitored Services (detoxification)
- Level 4: Medically-Managed Inpatient (hospital-based services)

Gender of Individuals Receiving SUD Services from CSBs 2015

All Individuals Receiving CSB SA Services (n=32,964)

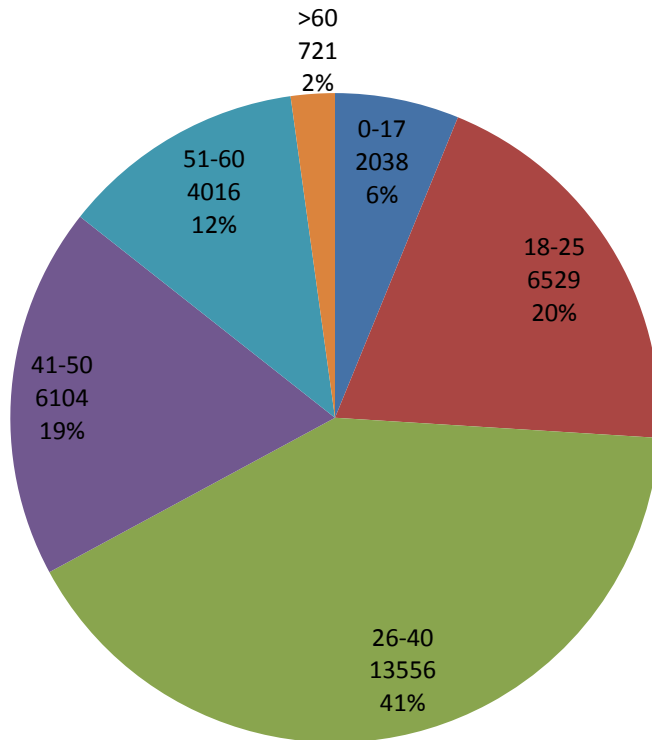


Opiate Users Receiving CSB SA Services (n=10,666)

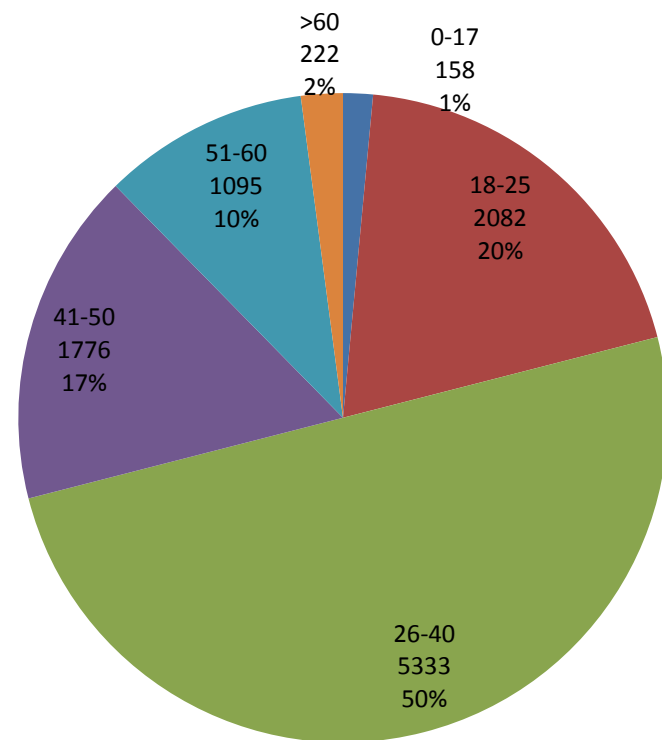


Age of Individuals Receiving SA Services from CSBs 2015

**All Individuals Receiving CSB SA
Services**

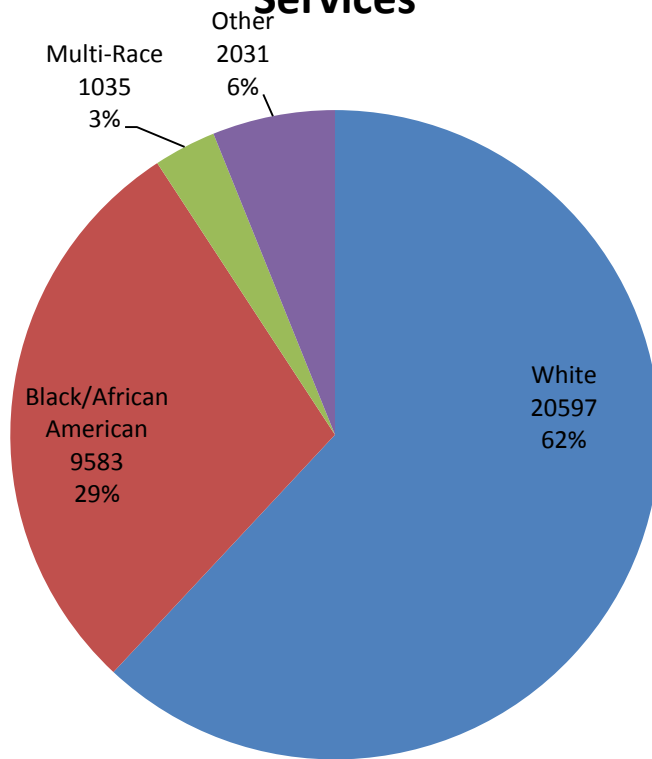


**Opiate Users Receiving CSB SA
Services**

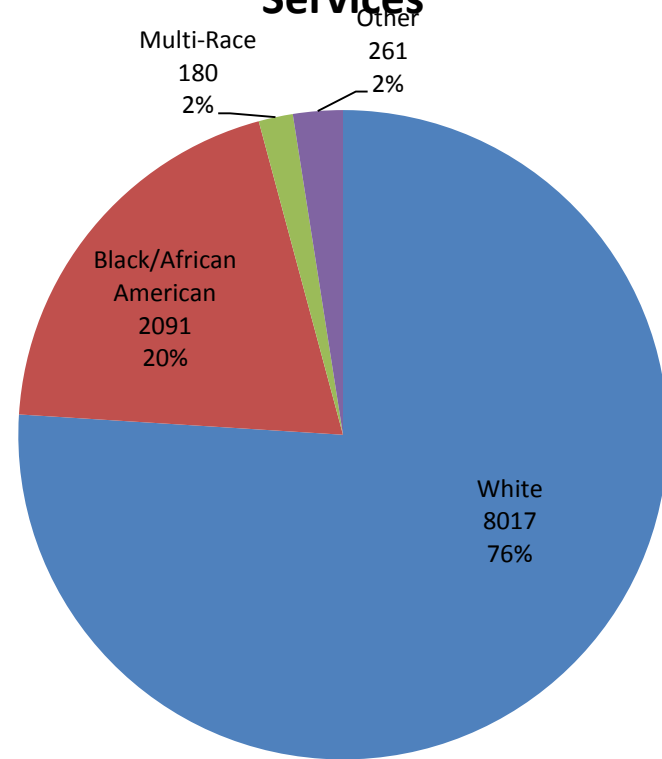


Race of Individuals Receiving SA Services from CSBs 2015

All Individuals Receiving CSB SA Services

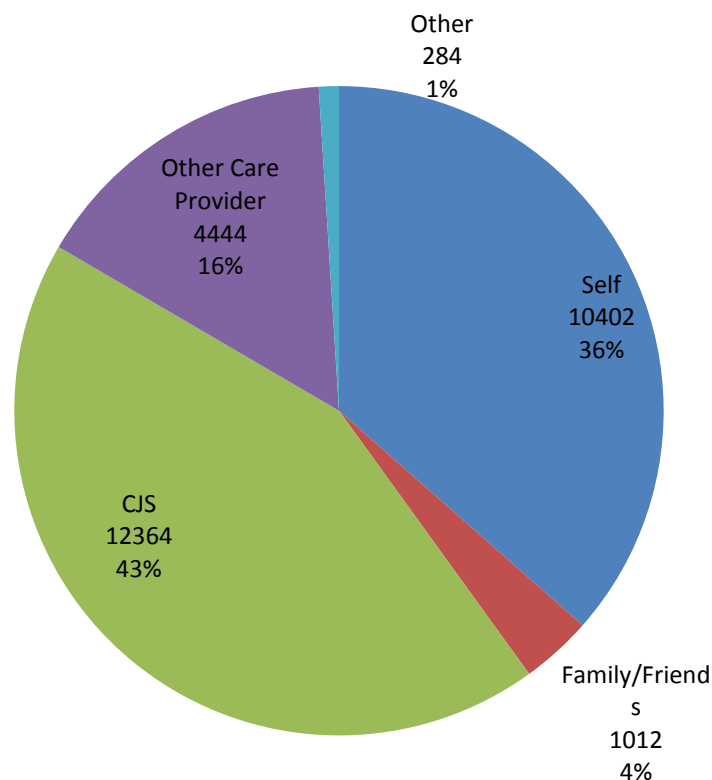


Opiate Users Receiving CSB SA Services

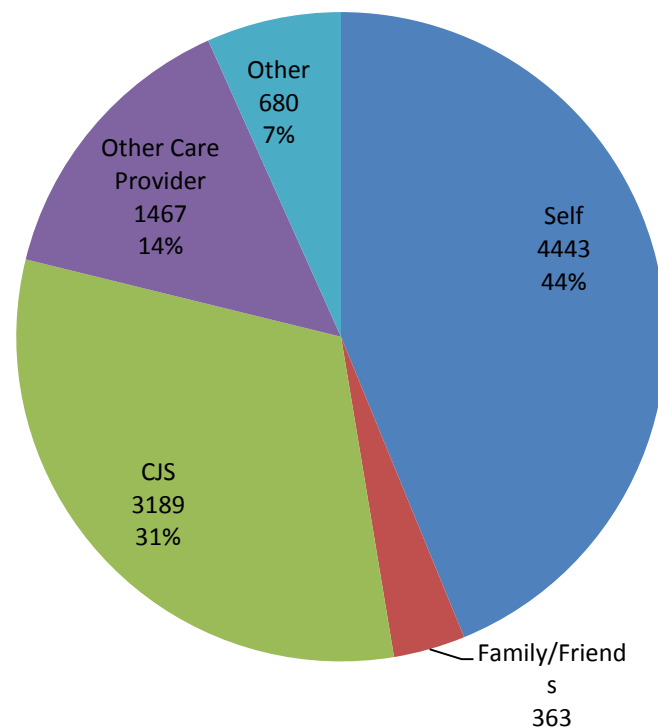


Referral Source for Individuals Receiving SA Services from CSBs 2015

All Individuals Receiving CSB SA Services



Opiate Users Receiving CSB SA Services



Impact of Treatment on Community

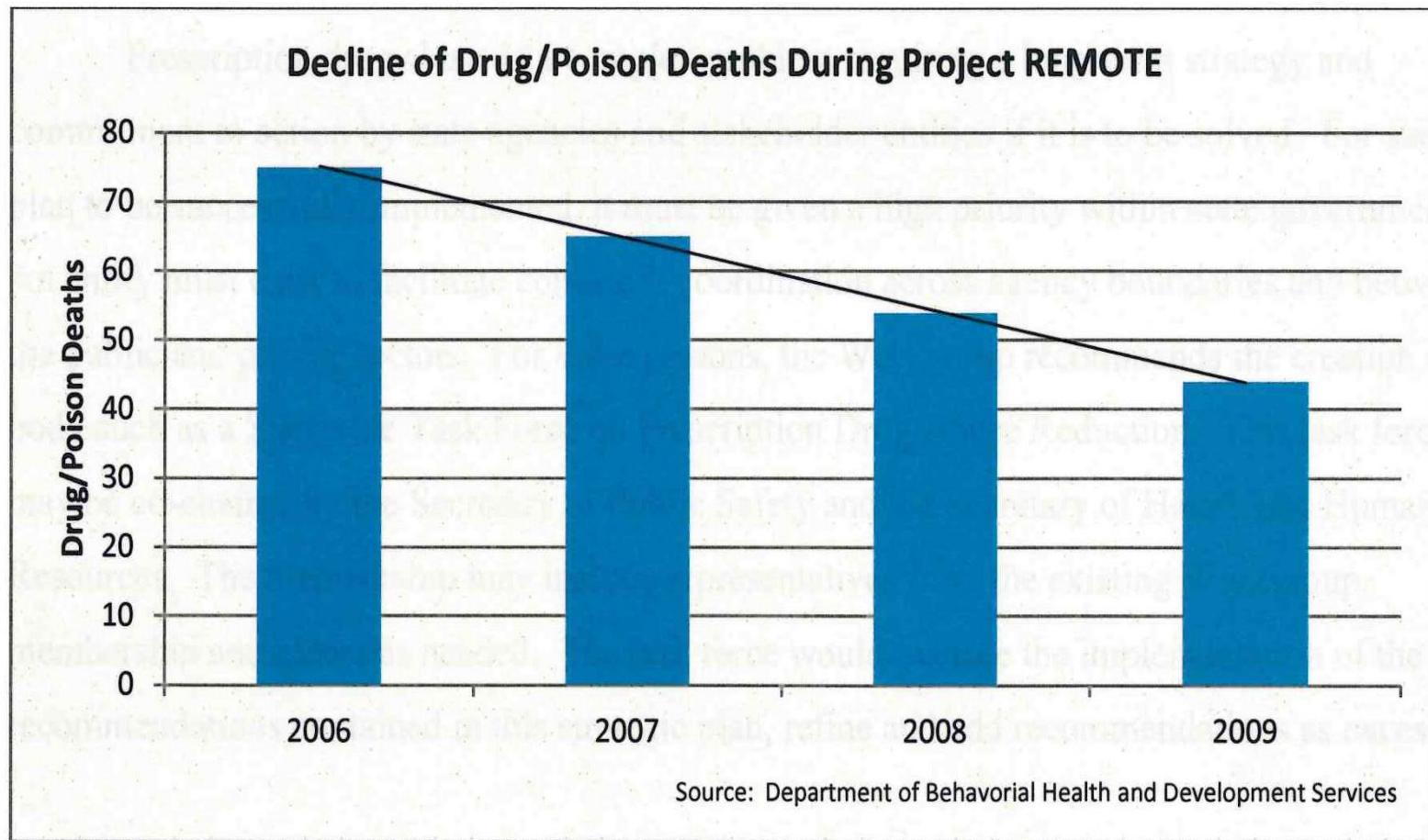


Figure 6

Between 2006 and 2009 Project Remote contributed to the decline in drug/poison deaths in the communities where it was piloted.



REVIVE! – Opioid Overdose Reversal for Virginia

Card 1 Index #: 0472

1. Please indicate the date and time of naloxone administration:
Date: _____ Time: _____ a.m./p.m.
Location (city): _____

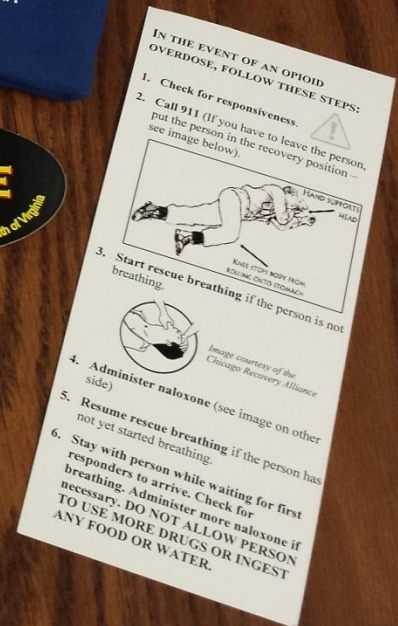
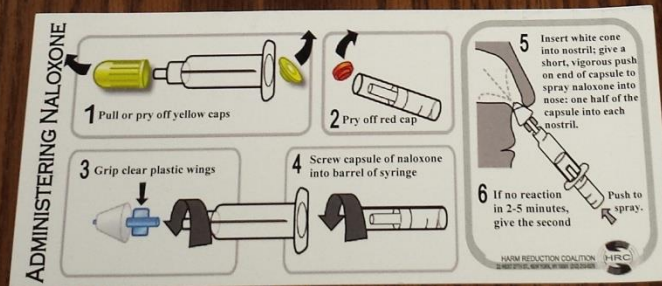
2. Did you call 911? ☐ Yes ☐ No

3. Did the person experiencing the overdose survive? ☐ Yes ☐ No

4. How many times did you administer naloxone to the person experiencing the overdose? _____

5. Explain any problems you had administering the naloxone.

6. Do you need another naloxone kit? ☐ Yes ☐ No
If yes, please provide the following:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____



Handle with CARE

- Maternal substance use is highly correlated with infant mortality and founded CPS complaints of neglect.
- In SW Va, parental substance use is the leading cause of removing children from the home.
- Handle with CARE is statewide collaborative led by DBHDS to develop a work plan to reduce maternal SA.
- Includes SUD treatment providers, local physicians, local and state health departments, NICU nurses, Medical Society, health plans, Medicaid, local and state social services.
- DBHDS awarded In Depth TA from National Center for Substance Use and Child Welfare to develop an implementation plan.
- <http://www.dbhds.virginia.gov/individuals-and-families/substance-abuse/handle-with-care>

Medicaid Addiction and Recovery Treatment Services (SUD Waiver)

- Expands the number and types of services reimbursed by Medicaid
- Removes the capacity restriction (16 beds) for residential services
- Increases rates for services
- Establishes ASAM Levels of Care as the placement standard
- Begins April 2017
- http://www.dmas.virginia.gov/Content_Pgs/bh-sud.aspx

Other Initiatives

- Strategic Prevention Framework – Prescription Drugs – DBHDS
- Provider's Clinical Support System for Medication Assisted Treatment (PCSS-MAT) Training Initiative – VDH
- VaAWARE website (to be launched) – Gov. TF
- YSAT – SAMHSA Planning Grant focusing on youth 16-25