



Virginia Department of  
Behavioral Health &  
Developmental Services

# The Opioid Epidemic in Virginia – The Public Treatment System Response

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DBHDS

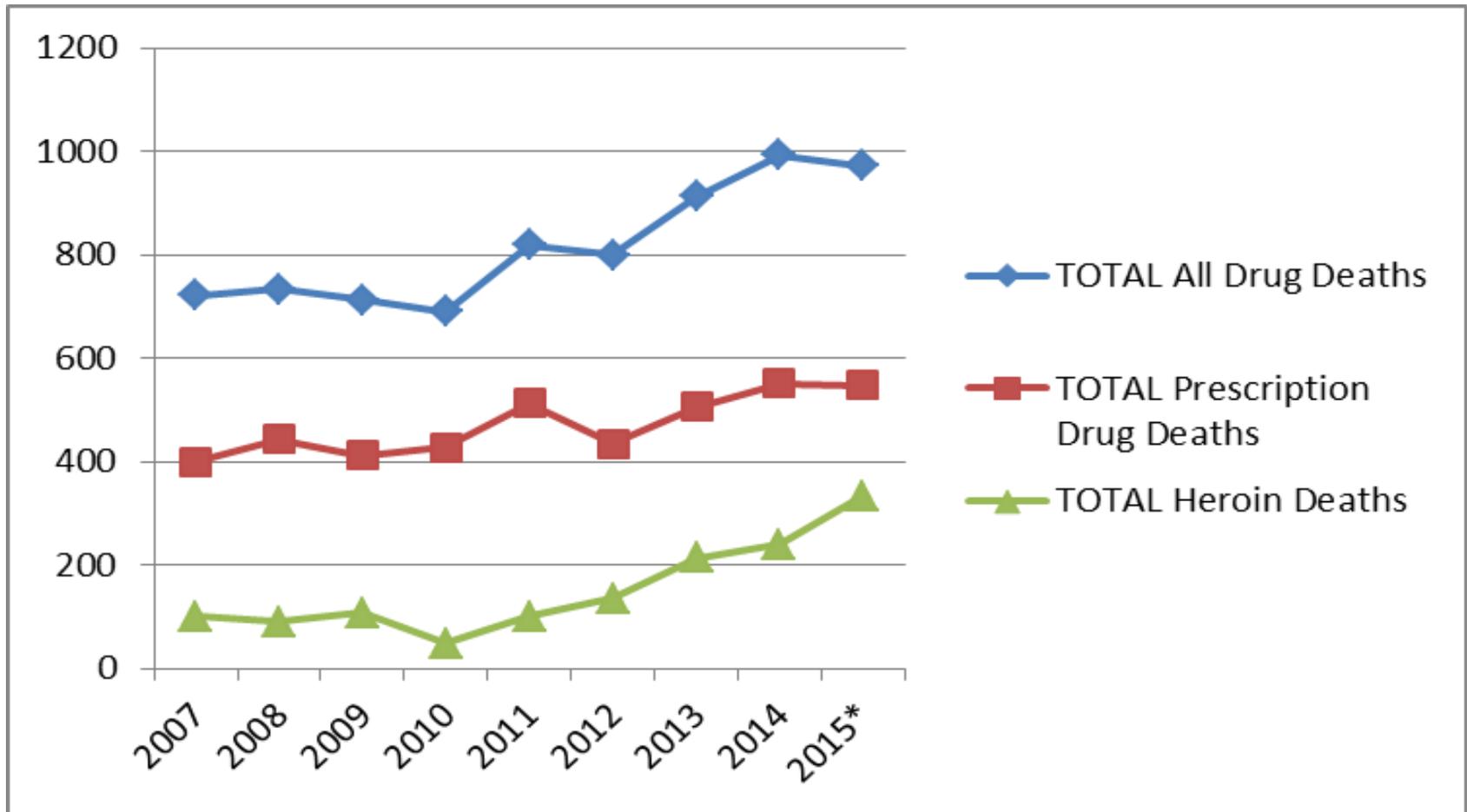
August 3, 2016

Substance Abuse Services Council

**DBHDS Vision: A life of possibilities for all Virginians**

# What is the Nature of the Problem in Virginia?

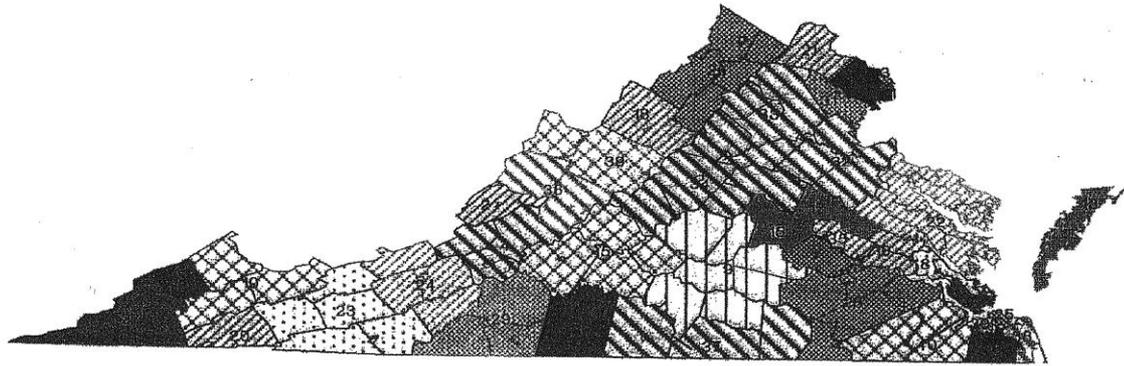
- Opioids – An epidemic of opioid use has resulted in more deaths from opioid overdose than number of deaths from motor vehicle collisions or guns.



# 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<sup>®</sup>/Suboxone<sup>®</sup>)
  - Naltrexone (including Vivitrol<sup>®</sup>)
  - 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

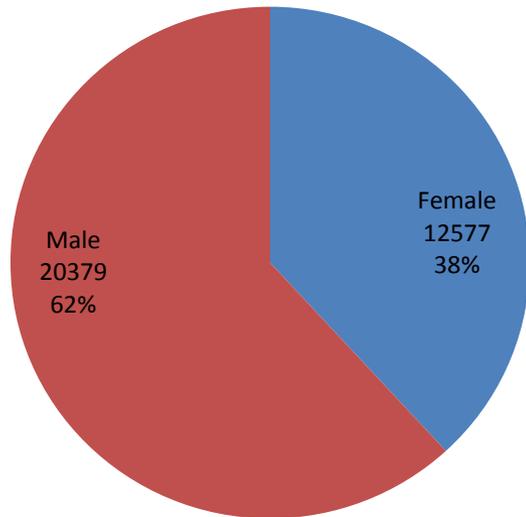
Appropriate to age and culture

# How is Addiction Treated?

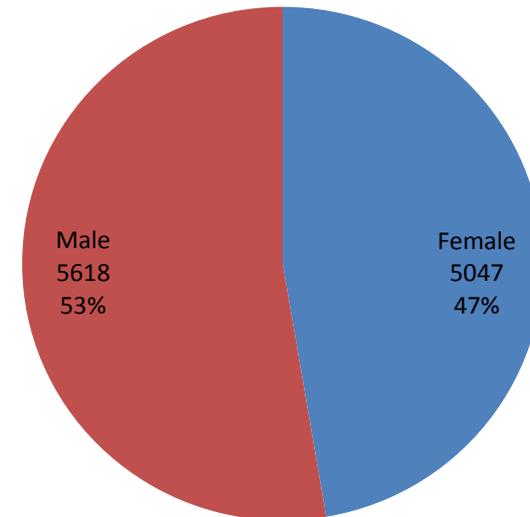
- Level 0.5 Early Intervention – Example: SBIRT
- Level 1: Outpatient Services – Example: Weekly counseling
- Level 2: Intensive Outpatient – Example: Multi-week group sessions of several hours duration
- Level 3: Residential Services – Includes a range of types of services, from Supportive Living with 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)**

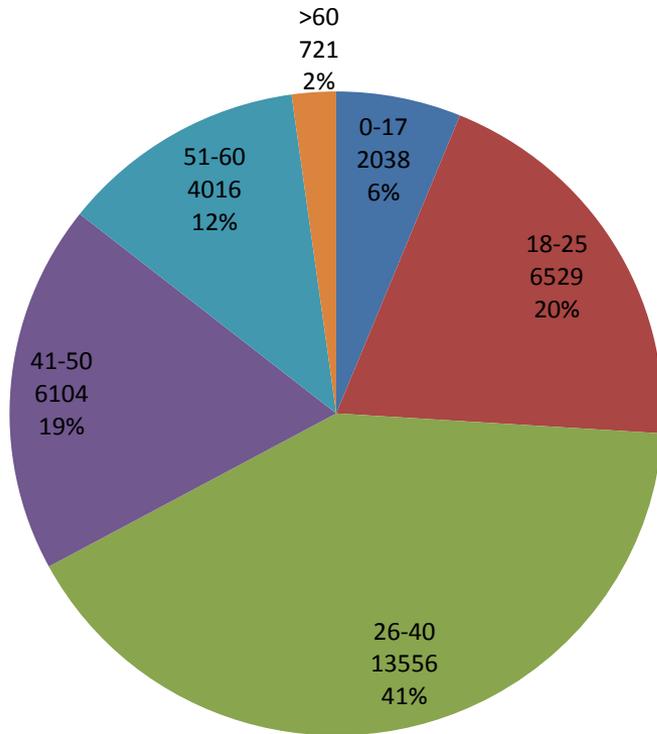


**Opiate Users Receiving CSB SA Services (n=10,666)**

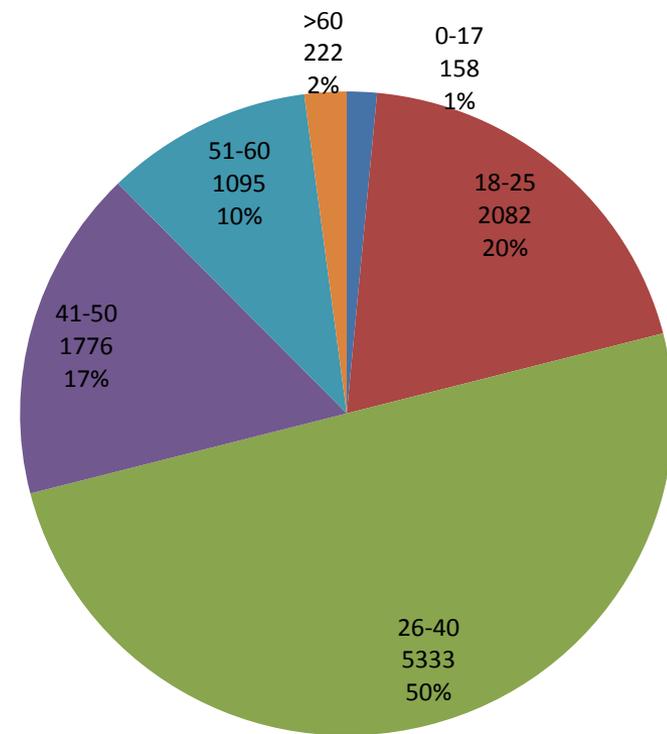


# Age of Individuals Receiving SA Services from CSBs 2015

## All Individuals Receiving CSB SA Services

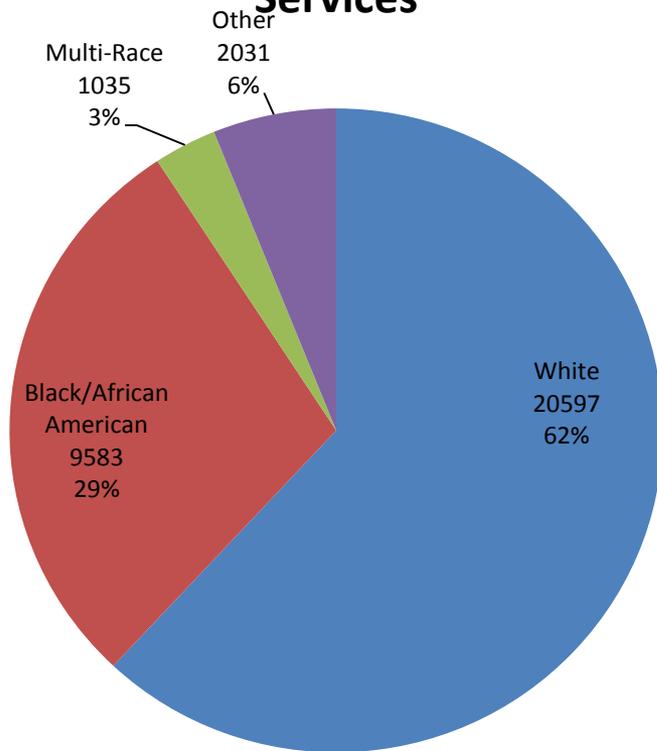


## Opiate Users Receiving CSB SA Services

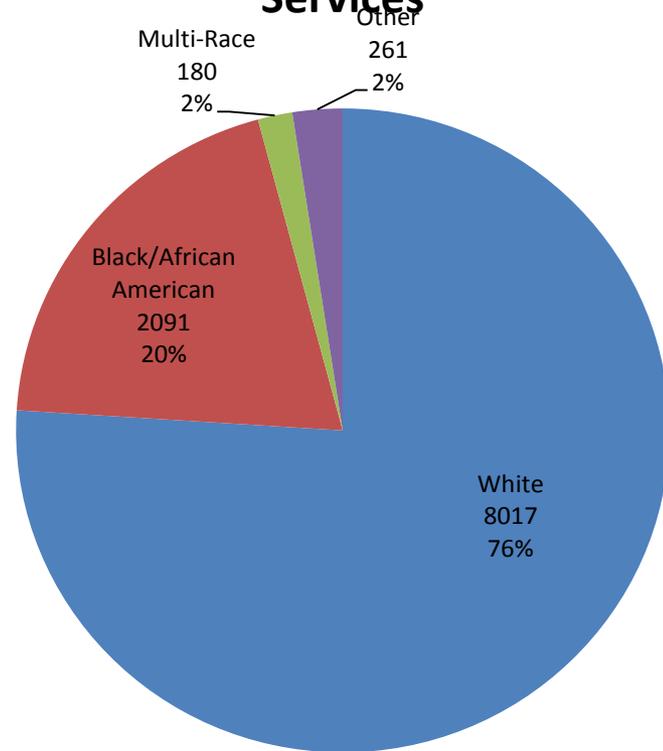


# Race of Individuals Receiving SA Services from CSBs 2015

## All Individuals Receiving CSB SA Services

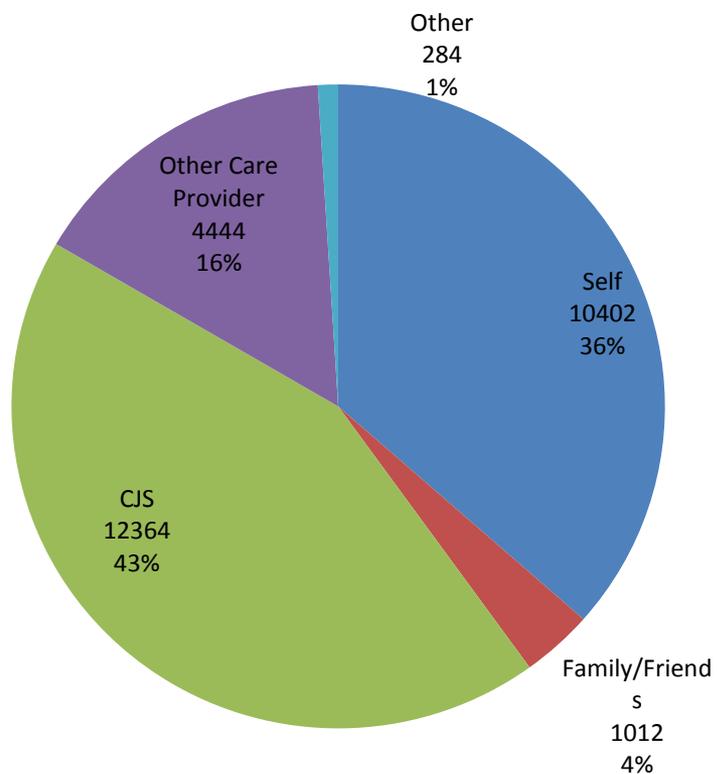


## Opiate Users Receiving CSB SA Services

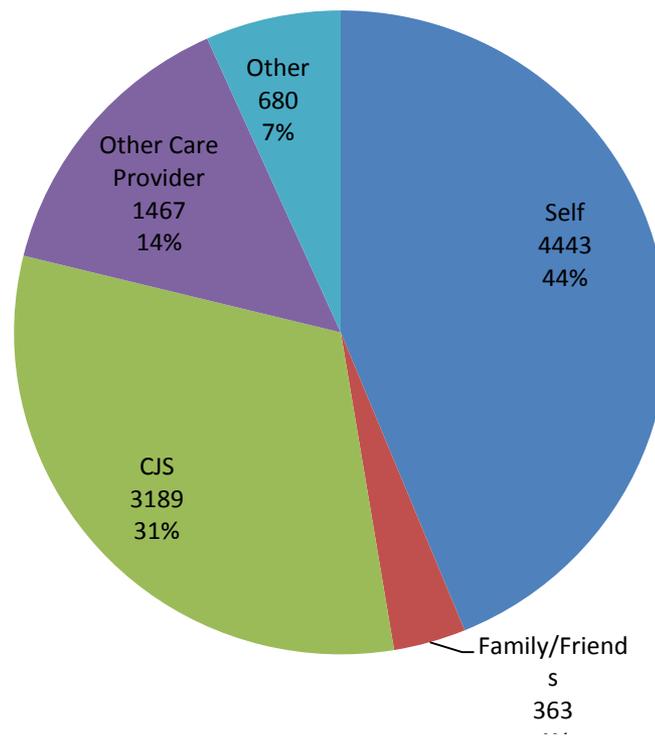


# Referral Source for Individuals Receiving SA Services from CSBs 2015

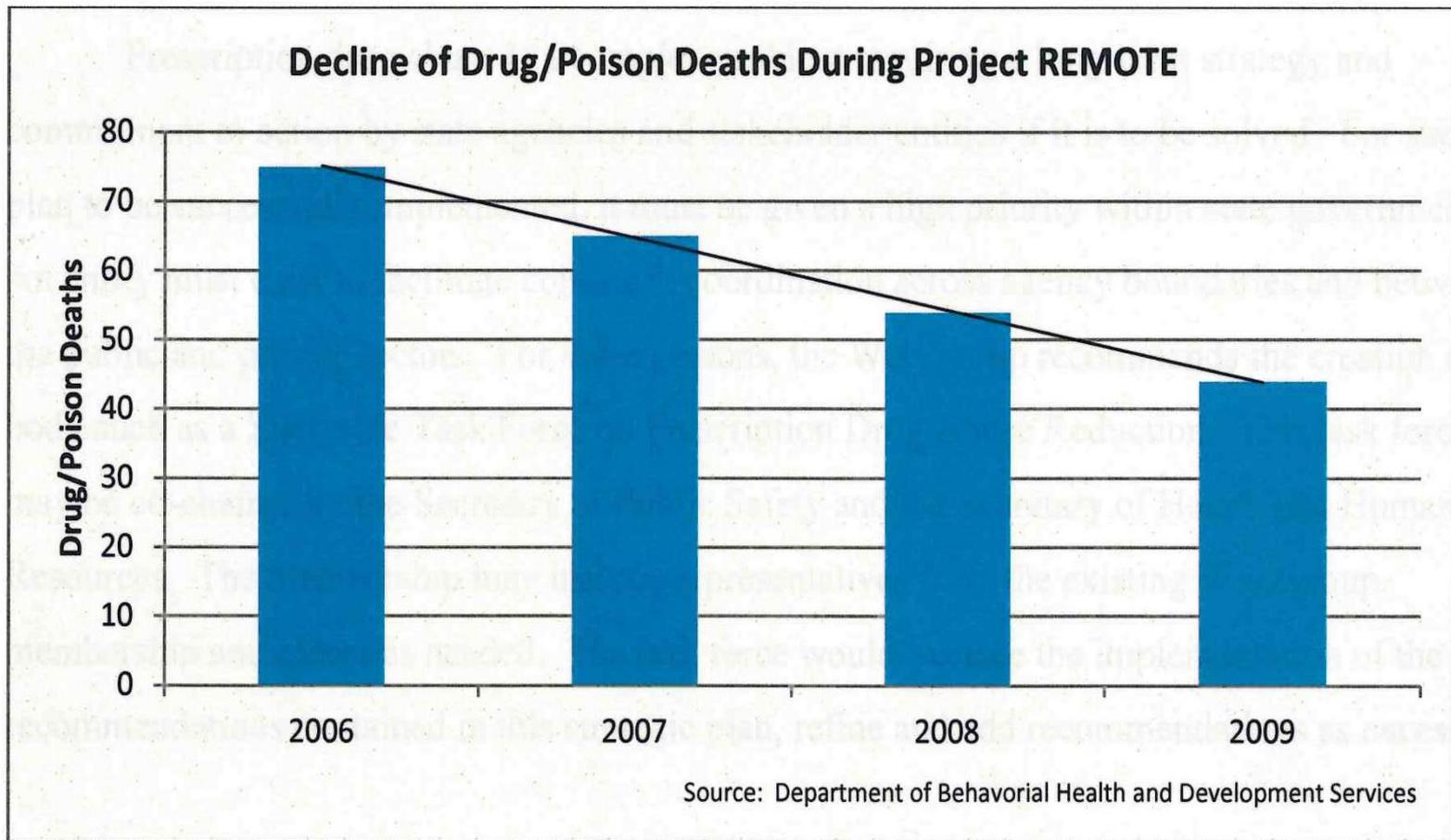
## All Individuals Receiving CSB SA Services



## 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): \_\_\_\_\_

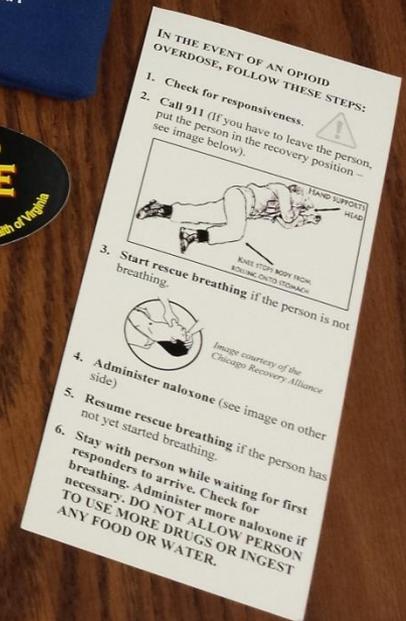
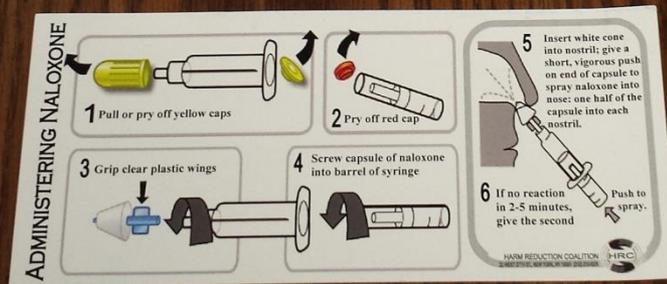
2. Did you call 911?  Yes  No

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](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