The Centers for Medicare and Medicaid Services: SUPPORT Act Section 1003 Grant

SUPPORT ACT GRANT
MONTHLY STAKEHOLDER MEETING
SEPTEMBER 14, 2020

Department of Medical Assistance Services
Welcome and Meeting Information

• We have an ‘open’ meeting format to allow participation and questions

• Please make sure your line is muted if you are not speaking
  • We will mute all lines if there is a lot of background noise

• If you are having issues with audio, please type questions or comments in the chat box.
How to Mute and Unmute in WebEx

Everyone is muted at the beginning of the webinar – when you are ready to ask a question, please click the red microphone button to unmute. When you are finished, please click it again to mute your line.
<table>
<thead>
<tr>
<th>Item</th>
<th>Time</th>
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<tbody>
<tr>
<td>Webinar Set up</td>
<td>10:00 - 10:05</td>
</tr>
<tr>
<td>Welcome and SUPPORT Act Grant Overview</td>
<td>10:05 - 10:10</td>
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<tr>
<td>SUPPORT Act Grant Updates</td>
<td>10:10 - 10:25</td>
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<tr>
<td>State Health Partners: Stakeholder Engagement Updates</td>
<td>10:25 – 10:35</td>
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<tr>
<td>Behavioral Health Updates</td>
<td>10:35 -10:45</td>
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<tr>
<td>UDS for OBOTs</td>
<td>10:45-10:55</td>
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<tr>
<td>Upcoming webinars: “How to set up a Preferred OBOT”</td>
<td>10:55 – 11:00</td>
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<tr>
<td>Break</td>
<td>11:00 - 11:05</td>
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<tr>
<td>VCU DHBP: Member survey</td>
<td>11:05- 11:50</td>
</tr>
<tr>
<td>Q&amp;A</td>
<td>11:50 - 11:55</td>
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<tr>
<td>Next Steps</td>
<td>11:55 – 12:00</td>
</tr>
</tbody>
</table>
Virginia Medicaid’s SUPPORT Act Grant Goals:

- Learn from Addiction and Recovery Treatment Services (ARTS) program
  - Appreciate successes
  - Learn from challenges
- Decrease barriers to enter workforce
- Focus on specific subpopulations
  - Justice-involved
  - Pregnant and parenting members
- Maintain our core values
  - Person-centered, strengths-based, recovery-oriented
Overview of SUPPORT Grant Initiatives

Notice of Award: September 18, 2019

Period of Performance: September 30, 2019 to September 29, 2021 (18 months + 6 month no cost extension)

Approved Budget: $4.8 million

Components

1. Need assessment
2. Strengths-based assessment
3. Activities to increase provider capacity
Grant Team

- Alyssa Ward, Ph.D., LCP, Director, Division of Behavioral Health
- Ashley Harrell, LCSW, Project Director & ARTS Senior Program Advisor
- Jason Lowe, MSW, CPHQ, CPHRM, Grant Manager
- Christine Bethune, MSW, Grant Coordinator
- Paul Brasler, MA, MSW, LCSW, Behavioral Health Addiction Specialist
- John Palmieri, Data Analyst
- Tiarra Ross, Budget Analyst
- Trenece Wilson, Policy and Planning Specialist
- Adam Creveling, MSW, CPRS, Grant Program Specialist
Adam Creveling, MSW, CPRS

Adam was born and raised in Costa Mesa, California, and spent the majority of his life in Southern California and Oregon. He received his undergraduate degree from the University of Oregon studying Family and Human Services. After graduation, Adam relocated to Philadelphia to study social work at the University of Philadelphia and received his MSW in 2015. While in graduate school, he met his wife and moved to her home state of Virginia.

Over the last three years, Adam has worked for the Virginia Department of Behavioral Health and Developmental Services (DBHDS) in the Office of Recovery Services, and at the Daily Planet Health Center as a Behavioral Health Clinician focusing on Medication-Assisted Treatment, in addition to implementing evidence-based peer models. Adam is a Certified Peer Recovery Specialist and a "trainer of trainers" for peers as approved by DBHDS. In his spare time, he enjoys gardening, baking, hiking, and exploring the beautiful mountains of Virginia with his wife and their two rescue dogs.
SUPPORT ACT GRANT UPDATES
SEPTEMBER 2020
SUPPORT Act Grant Updates: September

Recent CMS Submissions:
• First Quarterly Progress Report – submitted July 30
• Discussed submission with Federal Project Officer, received very positive feedback

Staffing Changes:
• Adam Creveling started on August 10
• Considering addition of additional addiction medicine professional
Projects Underway

• Needs assessment: VCU Department of Health Behavior and Policy
  ▪ Continuum of care needs assessment
  ▪ Member surveys and interviews
  ▪ Buprenorphine-waivered prescriber analysis

• Brightspot assessment: VCU Wright Center
  ▪ Training pre/post-test implemented – take part for your chance to win an Amazon gift card!
  ▪ Project ECHO opportunities
  ▪ Data visualization - HealthLandscape in development
Projects Underway

• Policy Landscape Analysis – analyze policy options for Virginia in response to changes introduced by the SUPPORT Act
  - Manatt Health and State Health Partners continue to meet with workgroups and interview stakeholders to inform policy landscape
  - Deep dive into telehealth policies, post-discharge planning, treatment gaps
  - Upcoming workgroup schedule:
Projects Underway

- Medication Assisted Treatment/Peer Recovery Services in EDs pilot – Virginia Hospital and Healthcare Association Foundation
  - Grant team understanding is that VHHAHF has determined that they can no longer perform these pilot programs due to the impact of COVID-19
  - Procurement and Contract Management is working with VHHAHF to terminate the contract
  - Grant team is reviewing options to reallocate funds to meet Grant goals
Projects about to begin

• Justice-involved environmental scan and pilot
  ▪ Contract has been awarded to Health Management Associates (HMA)
  ▪ Working on setting up initial meeting with HMA team
  ▪ Grant team continues to dialogue with Virginia Department of Corrections about implementation of contract in light of COVID-19 pandemic
Our goal is to provide training and technical assistance in-house sessions to two agencies/clinics within each of the six Virginia Medicaid Regions. Sessions will last up to three hours, with content and activities designed specifically for your clinic, agency and/or clients’ needs.

https://www.surveymonkey.com/r/SUD_TA_application_Fall2020

- Subject matter for these sessions will include but is not limited to: Creating an Office-based Opioid Treatment (OBOT) within an existing behavioral health/medical clinic, building capacity for your existing OBOT, improving behavioral health interventions for substance use disorder (SUD) treatment, incorporating certified peer recovery support specialists into your clinic.
- The sessions are offered at **no cost** to you or your organization
- **The deadline is 5:00 PM EDT today, September 14, 2020**
- Please contact the SUPPORT Act Grant Team with any questions or concerns at SUPPORTGrant@dmas.virginia.gov
New Website Location!
### SUPPORT Act Grant

#### Information
- Hepatitis C Webinar: September 8, 2020 - Information and Registration [pdf]
- August 2020 SUD Webinar Series Schedule [pdf]
- UCSF National Clinician Consultation Center Warmline [pdf]
- COVID-19 Resource Library [pdf]
- July 2020 Substance Use Disorder Webinar Series Schedule [pdf]
- Virginia Medicaid Agency Awarded Federal Grant to Combat Opioid Crisis [pdf]
- Summary of Virginia's SUPPORT Act Goals and Activities [pdf]
- Accessibility Notice [pdf]

#### Monthly Stakeholder Meetings
- August 2020 [pdf]
- July 2020 [pdf]
- June 2020 [pdf]
- May 2020 [pdf]
- April 2020 [pdf]
- March 2020 [pdf]

#### SUPPORT 101 Webinars
- Session Twenty: "Novel" Substances [pdf]
- Session Nineteen: SUD & LGBTQ+ Clients [pdf]
- Session Eighteen: SUD & Legally-Involved Clients [pdf]
- Session Seventeen: Alcohol & Cannabis [pdf]
- Session Sixteen: SUD and The Family [pdf]
- Session Fifteen: SUD & Cultural Humility [pdf]
- Session Fourteen: Addressing SUD Stigma and Building Provider Empathy [pdf]
- Dr. Mishka Terplan - Pregnant and Postpartum Care for SUD during COVID-19 [pdf]
- Dr. Mishka Terplan - HIV and HCV Updates [pdf]
- Dr. Mishka Terplan - Chronic Pain and Addiction Treatment [pdf]
- Session Thirteen: Group Therapy Skills [pdf]
- Session Twelve: Individual Therapy Skills [pdf]
- Session Eleven: Co-Occurring Disorders [pdf]
- Session Ten: Screening and Assessment for SUD [pdf]
- Session Nine: SUD Treatment Introduction [pdf]
- Session Eight: Opioids and Stimulants Overview [pdf]
- Session Seven: Substance Use Disorders (SUD) Overview [pdf]
- Session Six: Providing Trauma-Informed Care [pdf]
- Session Five: Withdrawal Syndromes [pdf]
- Session Four: Crisis and Deescalation [pdf]
- Session Three: Suicide Assessment and Screening [pdf]
- Session Two: Client Engagement [pdf]
- Session One: Tele-Behavioral Health in the time of COVID-19 [pdf]
Stakeholder Engagement Update

SUPPORT Act Grant, Substance Use Disorder (SUD) Policy Landscape Review

Manatt Health and State Health Partners

Suzanne Gore, Principal, State Health Partners

September 14, 2020
Increasing Capacity in Medicaid SUD Treatment

**SUPPORT Act Grant**

- On September 27, 2019, the Centers for Medicare and Medicaid Services (CMS) awarded the Department of Medical Assistance an 18-month SUPPORT Act planning grant.

- The goal of this grant is to increase capacity of Medicaid-funded substance use disorder (SUD) treatment services in the commonwealth.

- DMAS engaged Manatt Health and State Health Partners to conduct a policy landscape review of Virginia’s SUD treatment services.

- Policy Landscape Review includes conducting interviews with key stakeholders to inform this review.
Purpose

- Solicit perspectives and information on successes, gaps, challenges, and recommendations related to Medicaid SUD treatment from those most directly impacted by current SUD treatment policies.
- Results will help guide the research, analysis, and recommendations of SUD policy landscape project.

Plan

- State Health Partners, in close collaboration with Manatt, will interview a diverse group of stakeholders.
- Interviewees will be selected to provide an array of perspectives and experiences to capture a comprehensive understanding of current services and service delivery.
- Approximately 20 – 35 interviews are anticipated.
- The majority will be conducted during August and September, but follow-up or new interviews may be scheduled as needed throughout the project.
- Interview findings will inform policies selected for review and recommendations for DMAS.
Specific Focus Areas

- Justice-involved individuals
- Pregnancy
- Health disparities and racial inequities
- Telehealth
- Benefits covered
- Methadone treatment
- Medication-Assisted Treatment
- Care coordination/continuity of services
- Managed care organizations and SUD treatment
- HIV/HCV coinfection
- Cost sharing requirements
- Prior Authorization and utilization management
- Privacy
Representative Organizations Interviewed to Date

Note: VCU is conducting a robust evaluation among individuals accessing services
We Would Love Your Input Too!

- We want to hear from you! Especially with recommendations related to the specific focus areas topics included on slide 20.
- If you are interested in contributing your insight or recommendations, please send an email to china@statehealthpartners.com with the following information:
  
  1. Name, role, contact information
  2. Explain your relationship to this topic (e.g., provider, local government administrator of SUD programs, etc.)
  3. From your perspective, what is (or are) the biggest challenge(s) related to Medicaid and substance use disorder treatment services?
  4. Do you have a specific recommendation to address this challenge(s)?
  5. If you could change one thing related to SUD treatment and Medicaid, what would it be?
VIRGINIA MEDICAID
BEHAVIORAL HEALTH
UPDATES

Ashley Harrell, LCSW, ARTS Senior Program Advisor
Virginia Department of Medical Assistance Services
456,969 newly eligible adults enrolled as of 8/31/2020

34,802 received an ARTS Service!

Medicaid plays a critical role in the lives of nearly 1.5 million Virginians
BEHAVIORAL HEALTH SERVICES
UTILIZATION DURING COVID
Overall Trend of Behavioral Health Services

Goal: Primary care (including adult PCP, Pediatricians, and OBGYNs), and behavioral health

- PCP service expenditures significantly decreased during COVID-19 emergency
  - Decreased by 31% in April
  - Decreased by 39% in May

- Behavioral health services remained largely stable during COVID-19 emergency
  - Decreased by 11% in April
  - Decreased by 2% in May
Addiction and Recovery Treatment Services (ARTS) Utilization During COVID

MCO Expenditure Report Category of Service

CLAIMS PAID THRU 6/30 | IBNR | AVG Incurred

# Telehealth Utilization

## Top 10 Diagnostic Categories

<table>
<thead>
<tr>
<th></th>
<th>Top 10 Diagnostic Categories</th>
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<tbody>
<tr>
<td>1.</td>
<td>ADHD</td>
</tr>
<tr>
<td>2.</td>
<td>Opioid Disorders</td>
</tr>
<tr>
<td>3.</td>
<td>Mood Disorders</td>
</tr>
<tr>
<td>4.</td>
<td>Autism</td>
</tr>
<tr>
<td>5.</td>
<td>Anxiety Disorders</td>
</tr>
<tr>
<td>6.</td>
<td>PTSD</td>
</tr>
<tr>
<td>7.</td>
<td>Psychosis (Schizophrenia)</td>
</tr>
<tr>
<td>8.</td>
<td>Adjustment Disorder</td>
</tr>
<tr>
<td>9.</td>
<td>Hypertension</td>
</tr>
<tr>
<td>10.</td>
<td>Oppositional Defiant Disorder</td>
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</tbody>
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## Top BH Telehealth providers:

- Community Services Boards (CSBs)

## Increase in the use of Telehealth within these services:

- Psychotherapy
- Therapeutic Day Treatment (TDT)
- Intensive In-Home Services (IIH)
- Opioid Counseling
- Psychosocial Rehabilitation (PSR)
Summary

• Overall, **BH service utilization has remained relatively stable**, likely due to telehealth allowances
  ▪ This is consistent with other states and national trends
• There are some areas of variability due to the nature/context of some services (group service limitations, school closures)
• We are not (yet) seeing a surge of new members seeking BH services in the current window of assessment, though anticipate those trends as the state of emergency and social distancing continues
• **Providers were able to adapt and use a combination of telehealth and face-to-face service delivery models** to continue to provide services.
Flexibilities During the Public Health Emergency

- Most flexibilities that DMAS has implemented depend on both state and federal authorities. DMAS is required to unwind the flexibilities obtained when either the federal or the state Public Health Emergency (PHE) declarations expire.

- On July 23, 2020, the Secretary of HHS renewed the federal PHE due to the continued consequences of the Coronavirus Disease (COVID-19), effective July 25, 2020:
  - This 90-day extension will expire on October 23, 2020 unless renewed.

- At the state level, Virginia Executive Orders (EO) 51 and 58 provide corresponding policy flexibilities associated with the state PHE declaration, which currently do not have an expiration date.
• Allow FAMIS MOMS access to SUD treatment in an Institution for Mental Diseases (MH/SUD facilities with more than 16 beds)
• Expand the Preferred Office-Based Opioid Treatment (OBOT) model to cover other substance use disorders like alcohol, cocaine, and methamphetamine.
• Authorize and fund an increase in the Reimbursement Rate for Licensed Mental Health Professionals.
• New care coordination benefit for incarcerated individuals who are Medicaid eligible and have pending release within 30 days
Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:

**Vision**

- **High Quality**: Quality care from quality providers in community settings such as home, schools and primary care.
- **Evidence-Based**: Proven practices that are preventive and offered in the least restrictive environment.
- **Trauma-Informed**: Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals.
- **Cost-Effective**: Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system.
Multi-Agency initiative in the Governor’s public health and public safety secretariats.

Goal:

- **Improving transitions** between levels of care
- **Coordination of payers** for families at risk of child removal
- Strategic planning for the **integration of high-quality, evidence-based behavioral treatments** (including co-occurring trauma and SUD at each level of care)
- **Coordination and improvement** in **data analytics** across state agencies
Effective July 1, 2020

- Retroactive requests for service authorizations will not be approved with the exception of retroactive Medicaid eligibility for the individual.

- When retroactive eligibility is obtained, the request for authorization must be submitted to the service authorization contractor no later than thirty (30) days from the date that the individual’s Medicaid was activated;
  - if the request is submitted later than thirty (30) days from the date of activation, the request will be authorized beginning on the date it was received.
DMAS Memo: IOP and PHP Service Delivery Updates

Effective August 1, 2020

- DMAS changed the intensive outpatient services (IOP) requirements (American Society of Addiction Medicine (ASAM) Level 2.1) to clarify that providers must offer:
  - a minimum of three service hours per service day for adults to achieve an average of nine (9) to nineteen (19) hours of services per week for adults and
  - a minimum of two (2) service hours per service day for children and adolescents to achieve an average of six (6) to nineteen (19) hours of services per week.
- If the member does not meet the minimum unit requirement consistently then they shall be reevaluated for a more appropriate level of care.
- The changes were made to align with the Mental Health Parity and Addiction Equity Act (MHPAEA), which requires that any limitations applied to mental health/substance use disorder benefits be no more restrictive than the limitations applied to medical/surgical benefits.
• One (1) unit of service for ASAM Level 2.5 reflects one day with a target of five (5) service hours per service day in order to achieve an average of twenty (20) hours per week or more for adults, children and adolescents.

• Providers can bill for one (1) unit when five (5) service hours are not achieved provided the reason for deviation is documented in the member’s medical record. If the member consistently does not meet the five (5) hours unit requirement then they shall be reevaluated for a more appropriate level of care.

• Providers shall notify the MCOs and/or Magellan of Virginia when a member does not attend an average hours per week for ASAM Level 2.1 or the minimum hourly requirement for ASAM Level 2.5, as the member’s level of care classification may need reevaluated in order to better meet the member’s needs.
UDT is used to monitor patients treated for SUD. Their use should be **supportive and non-punitive**: providers are encouraged to consider both **positive and negative UDT results** in shaping and informing current and future treatment to best support their patients.

Drug test frequency is based on the practitioner's best clinical judgment and **use of unannounced or random screening schedule** rather than a mandated or fixed schedule.

The Virginia practice guidelines **require** drug tests or serum medication levels for addiction treatment with buprenorphine **at least every three months for the first year of treatment** and at **least every six months thereafter**.
Sample Schedule

- Initially weekly for four to six weeks but no more than three per week, then biweekly to every three weeks for four to six weeks and then monthly as the patient becomes stable on buprenorphine.
- On a case-by-case basis, an individualized clinical review might be indicated to determine whether exceeding these limits is justified.
- Providers should consult with their respective MCOs for Medicaid members if they have additional questions about specific member situations. Services should be **based on individual patient needs** and may vary.

Next: Urine Drug Screening for OBOTs
Urine Drug Screening for OBOTs
“Why are we asking our clients to submit to a Urine Drug Screen? How will a positive result impact treatment? What about a negative result?”
Remember

- Drug screens are not the only way to measure treatment program adherence
- Continued use of substances and/or positive drug screens is not a reason to terminate a client
  - In fact, these results highlight the need for the client to be in treatment
  - They could also suggest a need for a higher level of treatment.

Would you terminate a client with asthma from treatment because they are not using their nebulizer daily?
Purpose of Drug testing

- No form of drug testing is accurate 100% of the time
- Drug testing can be a part of the therapeutic process, and should **not** be used punitively in therapeutic settings
- From a therapeutic standpoint, a drug test can be used to provide opportunities for more effective treatment:
  
  - “I am glad that you consistently keep your appointments and you are working hard. I noticed that your UDS indicated that you have recently used cocaine. You mentioned to me last week and today that you stopped using weeks ago. Remember, I am not the police, so the results stay here, so help me understand what’s going on.”
Drug Screens
Urine Drug Screens

- The cheapest and easiest-to-use form of drug testing
- There should be a testing protocol in place for your agency before you use these tests
- UDS have limited value if the person is not directly observed giving the sample
- Randomized sampling, as opposed to scheduled testing, is more likely to limit tampering
Point-of-Care [POC] urine drug testing (e.g., immunoassay) uses antibodies to locate metabolites of drugs the person may have used.

The possibility of a false-positive (or a false negative) varies, so POC tests should be verified by lab tests (see next slide): **Do not make treatment or legal decisions based on a POC test alone!**

Be aware that many chemicals/agents are available to add or substitute in a sample to create a false reading.
Gas Chromatography/Mass Spectrometry Combined (GC/MS) is the industry-standard for drug testing

- Very sensitive and accurate
- Expensive and time-consuming
- GC/MS can also provide levels of a drug in the sample

Understand that levels can decrease and increase without the client consuming more of a substance between tests

- This variation in levels depends on several factors, including the person’s metabolism

Once a specific cut-off for the test is established the test should only be read as positive or negative
“How to Set Up a Preferred OBOT” Webinars

The Virginia Department of Medical Assistance Services (DMAS) is offering technical assistance webinars for providers who would like to learn more about how to become a Preferred Office-Based Opioid Treatment (OBOT) provider as outlined in DMAS policies, regulations and the Opioid Treatment Services Supplement of the Addiction and Recovery Treatment Services (ARTS) manual.

Event Dates:
September 23, 2020: 1:00 pm - 3:00 pm & October 5, 2020: 9:00 am - 11:00 am
https://www.surveymonkey.com/r/HowtoSetUpaPreferredOBOT_WebinarRegistration

• Presenters will include:
  ▪ Paul Brasler, DMAS SUPPORT Act Grant Behavioral Health Addiction Specialist
    • Covering topics: Administration, Medication, Behavioral Health
  ▪ Adam Creveling, DMAS SUPPORT Act Grant Program Specialist
    • Covering topics: Behavioral Health Components, Peer Recovery Support Specialist, Contingency Management
  ▪ Ke'Shawn Harper, DMAS ARTS Senior Policy Specialist
    • Covering topics: Preferred OBOT provider, service, documentation and billing requirements
Please take a short – five minute – break
ARTS Member Survey Results

Prepared by VCU Health Behavior and Policy
Fall 2020
Disclaimers and Conflicts of Interest

- Views and conclusions in this presentations are mine and those of our evaluation team, and should not be attributed to the Virginia Department of Medical Assistance Services, the Centers for Medicare and Medicaid Services, or Virginia Commonwealth University.

- The results presented are preliminary and subject to change as our analyses are finalized and as additional survey responses are received from members.

- I have no conflicts of interest to declare.
ARTS Evaluation

1. Virginia Department of Medical Assistance Service contracted VCU to develop an evaluation plan for the 1115 Waiver for the ARTS evaluation

2. After three years, the waiver been renewed by CMS and the evaluation continues to be conducted by VCU

Evaluation Methods: Mixed methods

Data sources:
- Claims data
- Provider surveys
- Member surveys
- Provider and member interview
ARTS Evaluation Focus

- Number and type of health care practitioners providing ARTS services
- Members’ access to and utilization of ARTS services
- Outcomes and quality of care, including emergency department and inpatient visits
- Performance of new models of care delivery, especially OBOT programs
Research Objective for the ARTS Member Survey: Understand the following

- Member characteristics associated with receiving treatment
- Perceptions of treatment in general and with specific treatments
- Experience with treatments in general and with specific treatments
ARTS Member Survey Method

- Between January 13 and March 9, 2020, 4,800 surveys mailed to a stratified random sample of Medicaid members (strata identified in the next slide).

- Members in the sample frames were included if they had a primary diagnosis of OUD at any point since July 1, 2019.

- The sample frames excluded members under age 21 years old as of January 1, 2019, unpaid claims, members who were deceased, members whose enrollment was canceled or had an end date later than January 31, 2020, who were homeless or had an address listed as a department of corrections facility.
<table>
<thead>
<tr>
<th>Group Name</th>
<th>Clinical Definition</th>
<th>Sample Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office based opioid treatment programs (OBOT)</td>
<td>Treatment is integrated into the regular medical practice</td>
<td>Members with two or more claims for OBOT treatment since July 1, 2019 (and no OBOT claims in the three months prior, regardless of whether the claim included OUD)</td>
</tr>
<tr>
<td>Opioid Treatment Programs (OTP)</td>
<td>It is the only way methadone is dispersed; requires regular (typically daily) clinic visits</td>
<td>Members with two or more claims for OTP visits since July 1, 2019 (and no OTP visit claims in the three months prior, regardless of whether the claim included OUD, and no OBOT claims)</td>
</tr>
<tr>
<td>American Society of Addiction Medicine Level 1 (ASAM 1)</td>
<td>Outpatient services that are less than 9 hours of service/week for adults.</td>
<td>Members with two or more claims for ASAM level 1 treatment since July 1, 2019 (and no ASAM level 1 claims in the three months prior, regardless of whether the claim included OUD, and no OBOT or OTP claims)</td>
</tr>
<tr>
<td>Untreated</td>
<td>No treatment received</td>
<td>Members that had received an OUD diagnosis but had no OBOT, OTP, or ASAM level 1 claims (“untreated”).</td>
</tr>
</tbody>
</table>
## Results: Response Rate

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of surveys mailed</th>
<th>Number of responses received</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4,800</td>
<td>1,097</td>
<td>22.8%</td>
</tr>
<tr>
<td>OBOT</td>
<td>1,200</td>
<td>264</td>
<td>22.0%</td>
</tr>
<tr>
<td>OTP</td>
<td>1,200</td>
<td>275</td>
<td>22.9%</td>
</tr>
<tr>
<td>ASAM 1</td>
<td>1,200</td>
<td>258</td>
<td>21.5%</td>
</tr>
<tr>
<td>Untreated</td>
<td>1,200</td>
<td>300</td>
<td>25.0%</td>
</tr>
</tbody>
</table>
Results: Characteristics of Survey Respondents

Age by Treatment Type

- Untreated (%)
- ASAM1 (%)
- OTP (%)
- OBOT (%)

Sex by Treatment Type

- Untreated (%)
- ASAM1 (%)
- OTP (%)
- OBOT (%)

[Bar charts showing percentage of respondents by age and treatment type, as well as by sex and treatment type.]
Results: Characteristics of Survey Respondents

Race and Ethnicity by Treatment Type

Marital Status by Treatment Type

- Untreated (%)
- ASAM1 (%)
- OTP (%)
- OBOT (%)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Untreated (%)</th>
<th>ASAM1 (%)</th>
<th>OTP (%)</th>
<th>OBOT (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>90.0%</td>
<td>80.0%</td>
<td>70.0%</td>
<td>80.0%</td>
</tr>
<tr>
<td>Non-Hispanic African American</td>
<td>80.0%</td>
<td>70.0%</td>
<td>60.0%</td>
<td>70.0%</td>
</tr>
<tr>
<td>Hispanics/Asians/Others</td>
<td>60.0%</td>
<td>50.0%</td>
<td>40.0%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Untreated (%)</th>
<th>ASAM1 (%)</th>
<th>OTP (%)</th>
<th>OBOT (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>50.0%</td>
<td>40.0%</td>
<td>30.0%</td>
<td>40.0%</td>
</tr>
<tr>
<td>Married</td>
<td>40.0%</td>
<td>30.0%</td>
<td>20.0%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Separated/Widowed/Divorced</td>
<td>30.0%</td>
<td>20.0%</td>
<td>10.0%</td>
<td>20.0%</td>
</tr>
</tbody>
</table>
Results: Characteristics of Survey Respondents

Education Level by Treatment Type

- Did not finish high school
- Highschool graduate
- Some college or more

PERCENTAGE OF RESPONDENTS

Employment by Treatment Type

- Employed/Self-Employed
- Not employed but looking for work
- Retired/Student/Homemaker

PERCENTAGE OF RESPONDENTS
Results: Characteristics of Survey Respondents

Housing Status by Treatment Type

- Untreated (%)
- ASAM1 (%)
- OTP (%)
- OBOT (%)

<table>
<thead>
<tr>
<th>Housing Status</th>
<th>Untreated (%)</th>
<th>ASAM1 (%)</th>
<th>OTP (%)</th>
<th>OBOT (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable housing</td>
<td>70.0%</td>
<td>60.0%</td>
<td>50.0%</td>
<td>40.0%</td>
</tr>
<tr>
<td>Unstable housing</td>
<td>60.0%</td>
<td>50.0%</td>
<td>40.0%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Homeless</td>
<td>50.0%</td>
<td>40.0%</td>
<td>30.0%</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

Jail/Prison Stay Overnight by Treatment Type

- Untreated (%)
- ASAM1 (%)
- OTP (%)
- OBOT (%)

<table>
<thead>
<tr>
<th>Stay Overnight</th>
<th>Untreated (%)</th>
<th>ASAM1 (%)</th>
<th>OTP (%)</th>
<th>OBOT (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>90.0%</td>
<td>80.0%</td>
<td>70.0%</td>
<td>60.0%</td>
</tr>
<tr>
<td>Yes</td>
<td>80.0%</td>
<td>70.0%</td>
<td>60.0%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>
Results: Characteristics of Survey Respondents

Health Status by Treatment Type

- Good/very good/excellent
- Fair/poor

Psychological Distress by Treatment Type

- Untreated
- ASAM1
- OTP
- OBOT

Kessler 6 item distress scale
Results: Characteristics of Survey Respondents

Drug Use by Treatment Type

<table>
<thead>
<tr>
<th></th>
<th>Untreated (%)</th>
<th>ASAM1 (%)</th>
<th>OTP (%)</th>
<th>OBOT (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 or 1 drug</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 or more drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PERCENTAGE OF RESPONDENTS
Results: Respondent experiences with treatment

- They were able to refuse a specific type of treatment: 72%
- They were provided information on different types of treatment: 73%
- They usually or always felt they were involved in their treatment as much as they wanted: 85%
- Treatment providers usually or always showed respect for what they had to say: 85%
- Treatment was usually or always explained to them in a way that was easy to understand: 83%
Results: Perceived efficacy of treatment

73% Agree they are better able to deal with a crisis

81% Agree that they are more confident about avoiding dependence on alcohol or drugs in the future

33.3% Agree that they perform better in social situations
Results: Perceived efficacy of treatment

- 80% agree that they get along better with family members.
- 61% agree that their housing situation has improved.
- 42% agree that their employment situation has improved.
Next Steps

- Unpack which member characteristics are associated with the use of OBOT vs. OTP vs. ASAM 1

- Examine whether these different treatment pathways are associated with members’ experiences with, perceptions of, and satisfaction with OUD treatment as well as whether these different treatment modalities differentially influence the impact of treatment on members’ lives

- Field 4,000+ more surveys to accrue an additional 1,000 completed respondents (including questions about COVID-19 and access to treatment).
One finding that really stands out to us is that members with OUD who report higher psychological distress seem to have worse perceptions of, experiences with, and report they benefit less from treatment. Clearly mental health and SUD are intertwined and this population is particularly vulnerable.

What are the barriers to treating this high-need group and what thoughts to you have on how treatment experiences could be improved for Medicaid members with OUD and symptoms of mental illness?
Please unmute yourself or use the chat feature in WebEx to submit your questions.
General Resources

• DMAS COVID-19 website
  ▪ https://www.dmas.virginia.gov/#/emergencywaiver
  ▪ Includes policy updates and other agency responses and information

• DMAS ARTS/SUPPORT Act website
  ▪ https://www.dmas.virginia.gov/#/arts
  ▪ SUPPORT 101 webinar series slide decks
  ▪ Monthly Stakeholder Group slide decks

• SAMHSA COVID-19 Resource Page
  ▪ https://www.samhsa.gov/coronavirus
  ▪ Guidance for providers and OTPs
  ▪ Policy updates and grant opportunities
Naloxone Resources

• Get trained now on naloxone distribution
  ▪ REVIVE! Online training provided by DBHDS
  ▪ [https://getnaloxonenow.org/](https://getnaloxonenow.org/)
    • Register and enter your zip code to access free online training

• Getting naloxone via mail
  ▪ Contact the Chris Atwood Foundation
  ▪ [https://thecaf.acemlnb.com/lt.php?s=e522cf8b34e867e626ba19d229bbb1b0&i=96A94A1A422](https://thecaf.acemlnb.com/lt.php?s=e522cf8b34e867e626ba19d229bbb1b0&i=96A94A1A422)
  ▪ Available only to Virginia residents, intramuscular administration

• Medicaid provides naloxone to members at no cost and without prior authorization!

• Call your pharmacy before you go to pick it up!
Peer and Member Resources

• Peers
  ▪ Virginia Peer Recovery Specialist Network
  ▪ [https://virginiapeerspecialistnetwork.org/resources/](https://virginiapeerspecialistnetwork.org/resources/)

• Harm Reduction
  ▪ Virginia Department of Health - Comprehensive Harm Reduction

• Advocacy
  ▪ Substance Abuse Addiction and Recovery Alliance (SAARA)
  ▪ [https://www.saara.org/](https://www.saara.org/)
  ▪ VOCAL Virginia
  ▪ [https://vocalvirginia.org/](https://vocalvirginia.org/)

• DBHDS Office of Recovery Services
Telehealth Resources

• Virginia Public Wifi Hotspot Map
  ▪ [https://virginiatech.maps.arcgis.com/apps/webappviewer/index.html?id=825546b05bba47048470e1cfa7364de3](https://virginiatech.maps.arcgis.com/apps/webappviewer/index.html?id=825546b05bba47048470e1cfa7364de3) – updated regularly

![Virginia Public Wifi Hotspot Map](image)

• HHS Website – Delivering Care Safely during COVID-19
Discover the rewards of treating patients with Opioid Use Disorders

Start Training
Learn More

While PCSS provides trainings on a broad range of substance use disorder treatments, its primary focus is on treatment of opioid use disorders (OUD). Opioids include a class of drugs often prescribed for pain—morphine, fentanyl, oxycodone, and hydrocodone—as well as illicit drugs, such as heroin. The Federal Drug Administration (FDA) has approved three medications for the treatment of OUD: methadone, buprenorphine, and naltrexone.
Substance Use Warmline
9 am – 8 pm (ET), Monday – Friday

1.855.300.3595

Free and confidential clinician-to-clinician telephone advice focusing on substance use evaluation and management for primary care clinicians.

Consultants include addiction medicine-certified physicians, clinical pharmacists, and advanced practice nurses who are available to discuss options and approaches in clinical care, from the most common problems to particularly challenging and complex cases.

Learn more at http://nccc.ucsf.edu/clinical-resources/substance-use-management/

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U10HA30039-01-00 (AIDS Education and Training Centers National Clinician Consultation Center) in partnership with the HRSA Bureau of Primary Health Care (BPHC) awarded to the University of California, San Francisco.
Visit the DMAS ARTS website to locate providers with Google Maps: http://www.dmas.virginia.gov/#/arts

New! Indicates if ARTS providers treat pregnant members
ARTS Questions:
- ARTS Helpline number: **804-593-2453**
- Email: **SUD@dmas.Virginia.gov**
- Website: **http://www.dmas.virginia.gov/#/arts**

ARTS Treatment Questions:
- SUD Behavioral Health: Paul Brasler
  - Paul.Brasler@dmas.Virginia.gov
  - 804.401.5241
- Addiction Medicine: Dr. Mishka Terplan
  - Mishka.Terplan@dmas.Virginia.gov
  - 804.638.0699
Contact Information

SUPPORT Act Grant Questions:

New! SUPPORTgrant@dmas.virginia.gov
Thank you for calling in!

Your participation in the Monthly Stakeholder meetings is vital to the success of the SUPPORT Act Grant in Virginia.

Please note our following meetings will be call-in ONLY!

**Next Meeting**
Monday, October 12, 2020
10:00 AM – 12:00 PM
Want a copy of today’s slides?

Stakeholder meeting slides along with previous SUPPORT 101 webinar slides will be uploaded to the DMAS ARTS webpage under the “SUPPORT Act Grant” Banner.

https://www.dmas.virginia.gov/#/artstraining

**Information**
- COVID-19 Resource Library [pdf]
- July 2020 Substance Use Disorder Webinar Series Schedule [pdf]
- June 2020 Substance Use Disorder Training and Technical Assistance Webinar Series [pdf]
- Virginia Medicaid Agency Awarded Federal Grant to Combat Opioid Crisis [pdf]
- Summary of Virginia’s SUPPORT Act Goals and Activities [pdf]
- Accessibility Notice [pdf]

**Monthly Stakeholder Meetings**
- June 2020 [pdf]
- May 2020 [pdf]
- April 2020 [pdf]
- March 2020 [pdf]

**SUPPORT 101 Webinars**
- Dr. Mishka Terplan - Pregnant and Postpartum Care for SUD during COVID-19 [pdf]
- Dr. Mishka Terplan - HIV and HCV Updates [pdf]
- Dr. Mishka Terplan - Chronic Pain and Addiction Treatment [pdf]
- Session Thirteen: Group Therapy Skills [pdf]
- Session Twelve: Individual Therapy Skills [pdf]
- Session Eleven: Co-Occurring Disorders [pdf]
- Session Ten: Screening and Assessment for SUD [pdf]
- Session Nine: SUD Treatment Introduction [pdf]
- Session Eight: Opioids and Stimulants Overview [pdf]
- Session Seven: Substance Use Disorders (SUD) Overview [pdf]
- Session Six: Providing Trauma-Informed Care [pdf]
- Session Five: Withdrawal Syndromes [pdf]
- Session Four: Crisis and Deescalation [pdf]
- Session Three: Suicide Assessment and Screening [pdf]
- Session Two: Client Engagement [pdf]
- Session One: Tele-Behavioral Health in the time of COVID-19 [pdf]