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

SUPPORT ACT GRANT
MONTHLY STAKEHOLDER MEETING
AUGUST 10, 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.

Gray means you are NOT muted, red means you ARE muted.
<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 - 10:15</td>
</tr>
<tr>
<td>Department of Corrections and SUD Treatment</td>
<td>10:15 - 10:30</td>
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<tr>
<td>Virginia 2020 Quarter One Drug-Related Deaths</td>
<td>10:30 - 10:55</td>
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<tr>
<td>Break</td>
<td>10:55 - 11:00</td>
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<tr>
<td>SUPPORT Act Grant Updates</td>
<td>11:00 - 11:15</td>
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<tr>
<td>Behavioral Health Updates</td>
<td>11:15 - 11:30</td>
</tr>
<tr>
<td>Q&amp;A</td>
<td>11:30 - 11:40</td>
</tr>
<tr>
<td>Next Steps</td>
<td>11:40 - 11:50</td>
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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 Lead & ARTS Senior Program Advisor
- Jason Lowe, MSW, CPHQ, CPHRM, Grant Manager
- Paul Brasler, MA, MSW, LCSW, Behavioral Health Addiction Specialist
- John Palmieri, Data Analyst
- Tiarra Ross, Budget Analyst
- Christine Bethune, MSW, Grant Coordinator
- Trenece Wilson, VCU MPH Intern
Substance Use Disorder Services in Corrections

Presented by: Kathryn (Katie) Hartka, PharmD, PhD
MAT Coordinator
Virginia Department of Corrections
Substance Use Disorder Prevalence: Justice-Involved Populations

- Substance use disorder in US offenders estimated to be 14x higher than general population (Simpler 2005)
- Estimated 25% of people with OUD in the US pass through prisons and jails every year (Malta 2019)
- Estimated 20% of US offenders meet criteria for opioid use disorder (Joudrey 2019)
- Post-release opioid-related overdose mortality is leading cause of death among people released from jails or prisons (Joudrey 2019)
- High risk of death from opioid-related overdose found to be greatest in first 2 weeks after release (Binswanger 2010)
As of December 31, 2019:

- 33,475 State Responsible Offenders
- 69,643 community supervised probationers
- 26 Major Institutions
- 6 Community Correctional Alternative programs
- 8 Field Units
- 6 Work Centers
- 43 Probation and Parole Districts
- 2 Secure Medical Facilities
VADOC: Substance Use Disorder Services

Institutional Services
- Therapeutic Communities
- Community Corrections Alternative Programs
- Cognitive Behavioral Interventions for Substance Abuse, Recovery Route, AA/NA voluntary
- RSAT Rustburg Program
- Web-Based SA Program Halifax

Community Services
- Recovery Support Navigators
- Statewide Peer Recovery Specialist Program
- Intensive opioid recovery program
- Statewide behavioral treatment through SUD contract or CSB MOU

Re-entry
- Medication-Assisted Treatment Reentry Initiative
Identifying SUD needs at intake

- COMPAS (Correctional Offender Management and Profiling Alternative Sanctions) Risk & Needs Assessment identifies SUD treatment need
  - Computerized database and analysis system for criminal justice field to make decisions regarding placement, supervision and case-management of offenders in criminal justice system

- Intense SUD need → Therapeutic Communities

- All offenders throughout state can access SUD groups
  - Cognitive Behavioral Intervention for Substance Abuse (CBI-SA)
  - Recovery Route
  - Alcoholics Anonymous or Narcotics Anonymous (voluntary)
Cognitive Therapeutic Communities

- Community of incarcerated people living together with common goal of right living and recovery
- Eligibility: COMPAS Risk & Needs Assessment
- Specialized Programming: SUD, parenting, employment, cognitive behavioral interventions
- Medication-Assisted Treatment Reentry Initiative

<table>
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<tr>
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<th>Virginia Correctional Center for Women</th>
<th>Indian Creek Correctional Center</th>
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<tr>
<td>SUD Beds</td>
<td>82</td>
<td>1008</td>
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<tr>
<td>Population served</td>
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<td>Male</td>
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Community Corrections Alternative Programs

- Sentencing option for those convicted of non-violent crimes
- Emphasize re-entry and transitional services
- SUD programming
- Medication-Assisted Treatment Reentry Initiative

<table>
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<tr>
<th>Intensive Program</th>
<th>Moderate Program</th>
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<td>42-48 weeks; step down at moderate</td>
<td>22-48 weeks; opportunity for employment</td>
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<tr>
<td>Appalachian Men’s</td>
<td>Harrisonburg Men’s</td>
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<tr>
<td>Brunswick Men’s</td>
<td>Stafford Men’s</td>
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<tr>
<td>Cold Springs Men’s</td>
<td>Chesterfield Women’s</td>
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<tr>
<td>Chesterfield Women’s</td>
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</table>
Medication-Assisted Treatment Re-entry Initiative (MATRI): Vivitrol Pilot

- Offenders with opioid use disorder or alcohol use disorder
- SUD behavioral treatment during incarceration
- Vivitrol at re-entry and for 12 months post-release
- Seven pilot sites
- Eligible offenders who are returning to predetermined re-entry sites
  - Western: Tazewell
  - Central: Richmond, Chesterfield, Henrico, Petersburg
  - Eastern: Norfolk, Virginia Beach, Chesapeake, Hampton, Newport News, Portsmouth
- Recovery Support Navigator links client with community resources in District
Recovery Support Navigators

- Link between institution and community
- Three Recovery Support Navigators representing Western, Central and Eastern region
- RSN works closely with Community Service Boards to facilitate offenders transition of care from institution to community
- Coordination of appointments, troubleshooting, and educational activities
- COVID-19: Outreach to early releases to help link with SUD services
State Opioid Response Funding

Subrecipient funding agreement between DBHDS and VADOC

1. Medication for Opioid Use Disorder expansion
   - Planned expansion to offer buprenorphine-containing products at pilot sites

2. Statewide Peer Recovery Specialist services

3. Intensive Opioid Recovery Program for Probationers
Peer Recovery Specialist Services
Lashawnda Singleton
PRS Program Manager
lashwanda.singleton@vadoc.virginia.gov

- Initiated February 2020
- Statewide, peer recovery specialists with lived SUD experience and criminal justice involvement
- Stationed at Probation and Parole Districts to provide peer services to probationers
- Prior to COVID-19, Districts had assigned Peer Recovery Specialists who met with probationers weekly
- Currently, Districts are implementing virtual PRS services
- Planned PRS services for Community Corrections Alternative Program
Intensive Opioid Recovery Program for Probationers

Michell Sorrey
Chief, Chesapeake Probation and Parole District
michell.sorey@vadoc.virginia.gov

- Originated November 2019 at Chesapeake Probation & Parole
- Utilizes cognitive behavioral treatment to provide support to probationers with OUD
  - 2 Senior Probationer Officers (CSAC) conduct individual and group sessions
  - Rapid screening and referral process
- Probationers are linked to providers in the community for full recovery support (including MOUD)
- Currently providing virtual services
Statewide Probation and Parole Behavioral Treatment
Anna Burton
SUD Outpatient Program Manager
anna.burton@vadoc.Virginia.gov

- Statewide participation
- P&P District can partner with behavioral health vendor and/or CSB to provider services to probationers
- Currently 27 contracted behavioral health providers throughout Virginia
- Certified and/or licensed professionals provide assessments utilizing the ASAM or ASI, outpatient groups, intensive outpatient groups and individual sessions
Thank you - Questions?

Katie Hartka  
MAT Coordinator  
Kathryn.Hartka@vadoc.Virginia.gov

Lashawnda Singleton  
Peer Recovery Specialist Program Manager  
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Anna Burton  
SUD Outpatient Program Manager  
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Michell Sorrey  
Chief, Chesapeake Probation and Parole District  
michell.sorey@vadoc.virginia.gov
Virginia’s Fatal Drug Overdose Trends

Rosie Hobron, MPH
Statewide Forensic Epidemiologist
Virginia Department of Health, Office of the Chief Medical Examiner
August 10, 2020
What Makes a Death an OCME Case?

Death must have occurred in VA

Pursuant to § 32.1-283 of the Code of Virginia, all of the following deaths are investigated by the OCME:

- any death from trauma, injury, violence, or poisoning attributable to accident, suicide or homicide;
- sudden deaths to persons in apparent good health or deaths unattended by a physician;
- deaths of persons in jail, prison, or another correctional institution, or in police custody (this includes deaths from legal intervention);
- deaths of patients/residents of state mental health facilities;
- the sudden death of any infant less than eighteen months of age whose death might be attributable to SIDS or SUID
- any other suspicious, unusual, or unnatural death
Unnatural deaths are those certified as accident, homicide, suicide, or undetermined manner of death.

Annually, approximately 10% of all deaths occurring in Virginia

Annually, approximately 7% of all deaths occurring in Virginia are unnatural deaths

* Unnatural deaths are those certified as accident, homicide, suicide, or undetermined manner of death
OCME Data Sources

Forensic Epidemiology

• All OCME cases

• Based on deaths that occur in VA
• Report on recent data
• Restricted details collected during death investigation

Surveillance and Fatality Review (FR)

• Specific types of OCME cases
  • FR-Multi disciplinary stakeholder committee review of cases

• Only residents of VA
• Delayed reporting of data (~2+ years behind)
• Strong data collection on risk factors, contributors, and decedent’s history
Surveillance and Fatality Review Projects

**Surveillance Projects**
- Family and Intimate Partner Homicide Surveillance
- Virginia Pregnancy-Associated Mortality Surveillance Systems (PAMSS)
- Virginia Violent Death Reporting System (VVDRS)
- Sudden Death in the Young (SDY)
- Infant and Child Mortality Surveillance System
- Enhanced State Opioid Overdose Surveillance (ESOOS)

**Fatality Review Teams (State Teams)**
- Child Fatality Review
- Domestic Violence Fatality Review
- Maternal Mortality Review

## Fatal Drug Overdose Considerations

<table>
<thead>
<tr>
<th>Virginia OCME</th>
<th>Vital Records/NCHS</th>
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</thead>
<tbody>
<tr>
<td>- Internal coding schema</td>
<td>- ICD-10 codes</td>
</tr>
<tr>
<td>- Coded for each individual drug using toxicology and COD statements</td>
<td>- Grouped drugs (ICD-10) based on COD statements</td>
</tr>
<tr>
<td>- Report on event location (location of OD)</td>
<td>- Location of residence</td>
</tr>
<tr>
<td>- Quarterly reporting</td>
<td>- 1+ years behind</td>
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TOP 3 METHODS OF UNNATURAL DEATH

Total Number of Motor Vehicle, Gun, and Drug Related Fatalities by Year of Death, 2007-2020*
*Data for 2020 is a Predicted Total for the Entire Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Motor Vehicle Related</th>
<th>Gun Related</th>
<th>Fatal Drug Overdose</th>
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</thead>
<tbody>
<tr>
<td>2007</td>
<td>1124</td>
<td>836</td>
<td>721</td>
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<tr>
<td>2008</td>
<td>928</td>
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<td>735</td>
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<tr>
<td>2009</td>
<td>841</td>
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<td>2011</td>
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<td>2013</td>
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<td>901</td>
<td>994</td>
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<td>2015</td>
<td>879</td>
<td>940</td>
<td>1028</td>
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<tr>
<td>2016</td>
<td>890</td>
<td>1058</td>
<td>1428</td>
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<tr>
<td>2017</td>
<td>955</td>
<td>1028</td>
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<td>2018</td>
<td>960</td>
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<td>2019</td>
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<td>1626</td>
</tr>
<tr>
<td>2020*</td>
<td>948</td>
<td>1116</td>
<td>1699</td>
</tr>
</tbody>
</table>

1 Top 3 methods of death (motor vehicles, guns, and drugs) include all manners of death (accident, homicide, suicide, and undetermined)
MANNERS OF DEATH IN FATAL OVERDOSES

Number of Fatal Overdoses, All Substances, by Manner and Year of Death, 2007-2019

- **Accident**: 548, 575, 554, 543, 646, 617, 746, 792, 890, 1278, 1395, 1333, 1495
- **Homicide**: 1, 1, 1, 1, 1, 0, 1, 1, 0, 1, 2, 0, 2
- **Suicide**: 157, 145, 143, 121, 147, 149, 142, 158, 121, 117, 133, 137, 120
- **Undetermined**: 15, 14, 15, 25, 25, 33, 25, 43, 17, 32, 7, 16, 9

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment
OPIOIDS VS NON-OPIOIDS

Total Number of Fatal Opioid Overdoses vs. Non-Opioid Overdoses by Year of Death, 2007-2020*

Data for 2020 is a Predicted Total for the Entire Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Opioids</th>
<th>Non-Opioids</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>516</td>
<td>205</td>
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<tr>
<td>2008</td>
<td>538</td>
<td>197</td>
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<tr>
<td>2009</td>
<td>530</td>
<td>183</td>
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<td>2012</td>
<td>572</td>
<td>227</td>
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<td>2013</td>
<td>684</td>
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<td>2014</td>
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<td>2015</td>
<td>812</td>
<td>216</td>
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<td>2016</td>
<td>1138</td>
<td>290</td>
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<td>2017</td>
<td>1230</td>
<td>307</td>
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<td>2018</td>
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<td>2019</td>
<td>1289</td>
<td>328</td>
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<tr>
<td>2020*</td>
<td>1350</td>
<td>349</td>
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1. All Opioids include all versions of fentanyl, heroin, prescription opioids, and opioids unspecified
2. Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)
OPIOIDS- RX VS ILLICIT

Total Number of Fatal Opioid Overdoses by Drug Name and Year of Death, 2007-2020*

Data for 2020 is a Predicted Total for the Entire Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Fentanyl</th>
<th>Heroin</th>
<th>Oxycodone</th>
<th>Methadone</th>
<th>Morphine</th>
<th>Hydrocodone</th>
<th>Oxymorphone</th>
<th>Codeine</th>
<th>Tramadol</th>
<th>Hydromorphone</th>
<th>Buprenorphine</th>
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<td>48</td>
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</table>
Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.).

Levorphanol, meperidine, pentazocine, propoxyphene, and tapentadol were excluded from this analysis due low annual case counts (<20 deaths).

**OPIOIDS- RX VS ILLICIT**

**Total Number of Prescription Opioid (Excluding Fentanyl), Fentanyl and/or Heroin, and All Opioid Overdoses by Year of Death, 2007-2020*'

* Data for 2020 is a Predicted Total for the Entire Year

<table>
<thead>
<tr>
<th>Year</th>
<th>All Opioids</th>
<th>Prescription Opioids (excluding fentanyl)</th>
<th>Fentanyl and/or Heroin</th>
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<td>2020*</td>
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</tbody>
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Fatal Illicit Vs. Prescription Opioid Overdoses Compared to Rural Vs. Urban Localities of Virginia by Location of Overdose, 2016

Rural Vs. Urban Locality
- Rural
- Urban

Opioid Category
- Illicit Opioid(s)
- Illicit and Rx Opioids
- Rx Opioid(s)
- Unknown Opioid(s)
- U-47700

Source: Virginia Department of Health, Office of the Chief Medical Examiner
RX OPIOIDS (EXCLUDING FENTANYL)

Most Common Rx Opioids

- Buprenorphine
- Codeine
- Fentanyl
- Hydrocodone
- Hydromorphone
- Levorphanol
- Meperidine
- Methadone
- Morphine
- Oxycodone
- Oxymorphone
- Pentazocine
- Propoxyphene
- Tapentadol
- Tramadol

Total Number of Fatal Prescription Opioid Overdoses (Excluding Fentanyl) by Quarter and Year of Death, 2007-2020*

Data for 2020 is a Predicted Total for the Entire Year

Rate of Fatal Rx Opioid (Excluding Fentanyl) Overdoses by Locality of Overdose, 2019

Source: Virginia Department of Health, Office of the Chief Medical Examiner
In November 2016, DEA officials executed a search on a residence in Cottonwood Heights, Utah after investigating what was believed to be a fentanyl distribution operation manufacturing counterfeit fentanyl pills and other counterfeit medications. The search led to the seizure of $1.2 million United States Currency (USC); $2 million virtual currency (VC); 700 grams of fentanyl powder, 400 grams of alprazolam; approximately 200,000 counterfeit oxycodone pills containing fentanyl, approximately 100,000 counterfeit alprazolam pills, and four commercial-grade pill presses (see Figures 42 & 43).

The distribution network operated by purchasing fentanyl and pill presses over the dark web from China and subsequently selling counterfeit pills containing fentanyl over the dark web. The sales were conducted over AlphaBay, which at the time was the largest dark web market. During this time, the suspect was widely considered by customers to be the number one seller of fentanyl-containing pills on AlphaBay due to overwhelmingly positive customer feedback and the ability to ship drugs in bulk quantities. Customers would purchase fentanyl and other counterfeit pills using Bitcoin. The suspect used a close network of friends and associates in and around Salt Lake City to package and mail thousands of orders for customers across all 50 states.

Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.).

Levorphanol, meperidine, pentazocine, propoxyphene, and tapentadol were excluded from this analysis due low annual case counts (<20 deaths).

FENTANYL (RX, ILLICIT, AND ANALOGS)

Total Number of Fatal Fentanyl Overdoses by Quarter and Year of Death, 2007-2020*

Data for 2020 is a Predicted Total for the Entire Year

1 Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.).
2 Levorphanol, meperidine, pentazocine, propoxyphene, and tapentadol were excluded from this analysis due low annual case counts (<20 deaths)
FENTANYL ANALOGS

Total Number of Fatal Fentanyl Analog Overdoses by Quarter and Year of Death, 2014-2020*

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FENTANYL (RX, ILLICIT, AND ANALOGS)

Rate of Fatal Fentanyl (Rx, Illicit, and Analog) Overdoses by Locality of Overdose, 2019

Source: Virginia Department of Health, Office of the Chief Medical Examiner

Fentanyl Seizures vs. Fentanyl Deaths, 2018

Lethal Doses of Opioids (Dime for Scale)

Heroin 10-12mg
Fentanyl 1-2mg
Carfentanil .02mg
COCAINE

% of Cocaine Deaths with/without Fentanyl (n=488), 2019

No Fentanyl 32.2%
Fentanyl 67.8%

Rate of Fatal Cocaine Overdoses by Locality of Overdose, 2019

Source: Virginia Department of Health, Office of the Chief Medical Examiner
METHAMPHETAMINE

Total Number of Fatal Methamphetamine Overdoses by Quarter and Year of Death, 2007-2020*

Data for 2020 is a Predicted Total for the Entire Year

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% of Meth Deaths with/without Fentanyl (n=198), 2019

- Fentanyl: 32.2%
- No Fentanyl: 67.8%

Rate of Fatal Methamphetamine Overdoses by Locality of Overdose, 2017-2019

Source: Virginia Department of Health, Office of the Chief Medical Examiner
Who Uses OCME Data?

Death is worst case scenario

The public
VA General Assembly
Law enforcement (local and state)
State Agencies
  • Dept. of Health Professions, Prescription Monitoring Program
  • Dept. of Criminal Justice Services
  • Dept. of Forensic Science
  • Dept. of Behavioral Health and Developmental Services
Federal Agencies
  • DEA
  • FBI
  • Office of National Drug Control Policy
  • HIDTA

Media is a BIG friend of OCME and we use them to our advantage
A FEW THINGS TO CONSIDER

• ~75% of all overdose victims are dead on scene

• Death data only tells part of the story; utilize other sources

• Continually monitor international trends to see what’s on the horizon for USA and VA
CONTACT INFORMATION

Kathrin "Rosie" Hobron, MPH
VDH, Office of the Chief Medical Examiner
Statewide Forensic Epidemiologist
804-786-6063
kathrin.hobron@vdh.virginia.gov

Annual Reports: http://www.vdh.virginia.gov/medical-examiner/annual-reports/
BREAK TIME!

Please take a short – five minute – break
SUPPORT ACT GRANT UPDATES
AUGUST 2020
Recent CMS Submissions:
• First Quarterly Progress Report – submitted July 30
• Needs Assessment Information for Annual Grantee Meeting – submitted August 5

Staffing Changes:
• Anna Scialli no longer with DMAS as of July 25
• Trenece Wilson has transitioned from intern to Policy and Planning Specialist
• Currently considering two additional additions
Projects Underway

• Needs assessment: VCU Department of Health Behavior and Policy
  ▪ Member surveys and interviews – will include questions regarding provision of care during COVID-19
  ▪ Buprenorphine-waivered prescriber analysis
  ▪ VCU report: Diagnosis and Treatment of Substance Use Disorders among Pregnant Women Covered by Medicaid

• Brightspot assessment: VCU Wright Center
  ▪ Training pre/post-test in development
  ▪ 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
  ▪ Began work with Manatt, Phelps, and Phillips, LLP
  ▪ Deep dive into telehealth policies, post-discharge planning, treatment gaps
  ▪ State Health Partners interviewing professionals across multiple disciplines to appreciate challenges of current policies
  ▪ Convening subject matter expert workgroups to review policy impacts for specific populations
Projects Underway

- Medication Assisted Treatment in EDs pilot – Virginia Hospital and Healthcare Association Foundation
  - COVID-19 has profoundly impacted the ability of VHHAHF and their partner hospitals and health groups to implement medication assisted treatment and peer recovery services in emergency departments as planned
  - Conversations ongoing with VHHAHF concerning best way to move forward
Projects currently in procurement

• Justice-involved environmental scan and pilot
  ▪ Grant team has chosen vendor and decision has been approved by agency
  ▪ Notice of Intent of Award to be posted this week
DMAS Requesting Applications for The Center of Medicare and Medicaid Services (CMS) SUPPORT Act Grant Section 1003 Sub-Awards to Expand Addiction and Recovery Treatment Provider Capacity for Virginia Medicaid Members

Eligible Applicants: Current Medicaid providers, providers who plan to become a Medicaid provider, or organizations that provide training and technical assistance to SUD treatment and recovery providers

Examples of potentially funded activities could include:

• Staff time, training, and/or other items necessary to become a “Preferred Office-Based Opioid Treatment (OBOT) Provider”
• Staff time associated with coordinating Hepatitis C treatment
• Technical assistance per hour (current staff time)
• Evidence-based SUD Training: ASAM, CCAR, Trauma-informed care, HIV, or Hepatitis C
• Costs related to performing targeted, community-focused needs assessments to understand specific challenges and barriers facing individuals attempting to access Medicaid-paid SUD treatment.
• Telemedicine infrastructure
• Office supplies, equipment, and furniture

For more information and to submit an application:
https://m.vendor.epro.cgipdc.com/Vendor/public/ADVSODetails.jsp?PageTitle=SO%20Details&DOC_CD=RFA&Details_Page=ADVSODetails.jsp&DEPT_CD=A602&BID_INTRNL_NO=31&BID_NO=31&BID_VERS_NO=1
Mission Statement

These technical assistance and training webinars are designed to increase SUD knowledge and to provide support to anyone who serves Medicaid members with substance use disorders. The overall goal of the webinars, as well as other grant activities, is to increase addiction and recovery workforce capacity while also creating a culture of understanding, empathy, and support for individuals with substance use disorder in various workforce settings.

Webinar Presenters:

Paul Brasler, MA, MSW, LCSW
Behavioral Health Addiction Specialist, DMAS

Paul Brasler is the Behavioral Health Addictions Specialist with the SUPPORT Grant Team at DMAS. Prior to working for DMAS, Paul was the Head of Behavioral Health at Daily Planet Health Services, a Federally-Qualified Health Center in Richmond, Virginia. Paul has worked in Emergency Departments conducting Psychiatric and Substance Use Disorder assessments, in private practice, in community mental health and in residential treatment. He is a national presenter for PESI, specializing in training for clinicians working with high risk clients.

Dr. Mishka Terplan, MD, MPH, FACOG, DFASAM
Addiction Medicine Specialist

Dr. Mishka Terplan is board certified in both obstetrics and gynecology and in addiction medicine. He is Senior Physician Research Scientist at Friends Research Institute and adjunct faculty at the University of California, San Francisco where he is a Substance Use Warmline clinician for the Clinical Consultation Center. He is also the Addiction Medicine Consultant for Virginia Medicaid and a consultant for the National Center on Substance Abuse and Child Welfare.
### SUPPORT Act Grant SUD Training & Technical Assistance Webinar Series

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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<th>Presenter</th>
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Fall 2020 Technical Assistance Applications

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 to apply is **August 31, 2020**

- Please contact the SUPPORT Act Grant Team with any questions or concerns at SUPPORTGrant@dmas.virginia.gov
On-Going Projects

- Technical Assistance Webinars with Paul Brasler and Dr. Mishka Terplan

To view schedule go to the ARTS page (dmas.Virginia.gov/#/ARTS)

Scroll down to “SUPPORT Act Grant”

- August 2020 SUD Webinar Series Schedule [pdf]
- UCSF National Clinician Consultation Center Warline [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]
Behavioral Health Updates

Ashley Harrell, LCSW
Senior Program Advisor, Grant Project Director

Expires: October 22, 2020

COVID-19 Policy Updates

- Extended Timelines for COVID-19 Flexibilities (07.21.2020) [pdf]
- COVID-19 Payment Increase for Medallion 4 Providers of Certain Evaluation and Management Codes (07.02.2020) [pdf]
- Home and Community Based Services Waivers COVID19 Policy Continuation and Timeline (06.26.2020) [pdf]
- Group-Based Service Delivery in Behavioral Health and ARTS Update (07.01.2020) [pdf]
- Per Diem COVID-19 Add-On Payment for Nursing Facility and Specialized Care Rates (06.24.2020) [pdf]
- Behavior Therapy Provider Flexibility Update (06.11.2020) [pdf]
- Provider Memo on Electronic Visit Verification Extension (06.11.2020) [pdf]
- New Emergency 1135 Waiver and Administrative Provider Flexibilities (05.26.2020) [pdf]
- Developmental Disabilities (DD) and Commonwealth Coordinated Care (CCC) Plus Waivers: Additional Provider Flexibilities and Retainer Payments Related to COVID-19 (05.15.2020) [pdf]
- Telehealth Flexibilities for Providers Related to COVID-19 (05.15.2020) [pdf]
- Authorization for Temporary Suspension of Payments Due Under Repayment Plans (04.30.2020) [pdf]
- Directives for Providers of Children's Residential and Group Care - COVID-19 Response (04.24.2020) [pdf]
- Developmental Disabilities (DD) and Commonwealth Coordinated Care (CCC) Plus Waivers: Provider Flexibilities Related to COVID-19 (04.22.2020) [pdf]
- Behavioral Health and ARTS Clarifications of Fee-for-Service and MCO Flexibilities for COVID-19 (03.27.2020) [pdf]
- Provider Flexibilities Related to COVID-19 (03.19.2020) [pdf]
Released on 07/21/2020

Topics Discussed:

- Service Authorizations
- Provider Enrollment
- Nursing Facilities
- Home Health and Hospice
- Durable Medical Equipment
- Pharmacy
- Fair Hearings/Appeals
- Eligibility and Enrollment
A clinical psychologist, professional counselor, marriage and family therapist, and clinical social worker with an active license issued by another state may be issued a temporary license.

Hospitals, licensed nursing facilities, and dialysis facilities in Virginia must submit each out-of-state health care practitioner’s name, license type, state of license and ID number to the Department of Health Professions on the Reporting Form.

Such temporary license shall expire September 8, 2020.

During such time, the practitioner may seek a full Virginia license or transition patients to Virginia-licensed practitioners.

* Please contact the Virginia Department of Health Professions for more information.

http://www.dhp.virginia.gov/

SAMHSA and CMS Guidance to States – June 29, 2020

Leveraging Existing Health and Disease Management Programs to Provide Mental Health and Substance Use Disorder Resources During the COVID-19 Public Health Emergency (PHE)

✓ Expanding coverage for mental health and substance use disorder (SUD) services delivered via telehealth platforms, telephone, and similar mechanisms to mitigate the impact of the COVID-19 PHE
✓ Providing mental health and SUD resources during the COVID-19 PHE using online health and disease management programs
✓ Connecting enrollees to community resources that provide mental health and SUD support during the COVID-19 PHE
✓ Using mobile apps to provide resources during the COVID-19 PHE
✓ Providing enrollees and providers with access to other COVID-19 resources

DBHDS Health and Safety & Re-Opening Recommendations

Letter Published July 17th, 2020

http://dbhds.virginia.gov/covid19/providerfaq

General information

- Health & Safety Recommendations for PSR Providers
- Health & Safety Recommendations for Transportation
- Behavioral Health Reopening Recommendations Non Clinic Based Providers
- Behavioral Health Reopening Recommendations Clinic Based Providers
- Reopening Recommendations for TDT Providers
- NEW: DMAS Memo on Group-Based Service Delivery (7/1/20)
- Directives for Providers of Children’s Residential and Group Care (4/24/2020)
- DBHDS Congregate Care Information (4/22/2020)
- For Virginia Medicaid members (3/28/2020)
- Updated Functional and Operational Guidance for Public and Private Providers (3/24/2020)
$644.6 Million in Federal Coronavirus Relief Fund Dollars Distributed to Local Governments

July 28th Announcement

- Similar to the first round, the second round of funding will be allotted proportionally based on population.
- The Secretary of Finance issued an updated memorandum to cities and counties regarding the second and final allocation of federal CRF dollars. The updated memorandum, which includes the distributions by locality, is available [here](#).
• Medicaid providers have the opportunity to receive coronavirus relief funds to support them during the COVID-19 health emergency.

• The U.S. Department of Health and Human Services (HHS) is allocating $15 billion to providers who participate in Medicaid and the Children's Health Insurance Program and have not received a payment from the Provider Relief Fund (PRF) General Allocation.

• **UPDATE: The application deadline for the General Distribution (Phase 2): Medicaid, CHIP and Dental Providers is August 28, 2020.** We encourage providers to apply even if you are uncertain whether you are eligible. The final amount each provider receives will be determined after the data is submitted, including information about the number of Medicaid patients providers serve.

• All providers receiving PRF payments will be **required to comply with the reporting requirements** described in the Terms and Conditions and specified in future directions issued by the Secretary. Detailed instructions regarding these reports will be released by August 17, 2020.

• HHS recently updated its [provider relief fund website](https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html) with information about these emergency payments.
DMAS Language and Disability Access Plan – Coming Soon!

Includes Language Access Guidance for DMAS Providers

- **DMAS is committed to ensure providers are responsible for providing free language access services to its patient population with competent interpreters/ translators.**

- Medicaid members who are limited English proficient (LEP) and/or deaf or hard of hearing are entitled to language access services. This includes the availability of language assistance services (as well as sign language) throughout the entire Medicaid process, including accessing information about the Medicaid program, completion of an application, obtaining medical services, and the appeals process.
Questions and Answers

Please unmute yourself or use the chat feature in WebEx to submit your questions.
Buprenorphine Waiver Training Sessions:
July 29th or August 26th | 9:00am – 1:00pm

TARGET AUDIENCE:
• This course is available for physicians, nurse practitioners, and physician assistants interested in seeking their waiver to prescribe buprenorphine in the treatment of opioid use disorders.
• This online session will deliver the required live portion of the total training hours.
• Following the training, participants who have successfully completed their course may apply to the Substance Abuse and Mental Health Services Administration (SAMHSA) to obtain their waiver.

DMAS, VDH and the American Society of Addiction Medicine

Register in advance for this meeting:
August 26:
https://echo.zoom.us/j/98113548887?pwd=enhHUHNzMUlKMnlrM25UamF3OUl6dz09

You will receive an email confirmation once you have registered. The ZOOM link and a reminder email will be sent prior to the training.

THERE IS NO CHARGE FOR THESE TRAININGS!

More information on additional dates: www.magellanofvirginia.com/media/5692/05-18-20-project-echo-buprenorphine-waiver-training-sessions.pdf
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://getnaloxonенow.org/](https://getnaloxonенow.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?sl=e522cf8b34e867e626ba19d229bb1b0&i=96A94A1A422](https://thecaf.acemlnb.com/lt.php?sl=e522cf8b34e867e626ba19d229bb1b0&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

- HHS Website – Delivering Care Safely during COVID-19
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.
Addiction and Recovery Treatment Services (ARTS) 

Background

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
Addiction and Recovery Treatment Services (ARTS)

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, September 14, 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/#/arts](https://www.dmas.virginia.gov/#/arts)