SUPPORT ACT GRANT
MONTHLY STAKEHOLDER MEETING
JUNE 8, 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.
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>
</tr>
</thead>
<tbody>
<tr>
<td>Webinar Set up</td>
<td>10:00-10:05</td>
</tr>
<tr>
<td>Behavioral Health Resources on Traumatic Stress and Race-Based Trauma</td>
<td>10:05-10:15</td>
</tr>
<tr>
<td>SUPPORT Act Grant Summary and Introduction of New Team Members</td>
<td>10:15-10:25</td>
</tr>
<tr>
<td>VCU DHBP and SUPPORT Act Grant</td>
<td>10:25-10:45</td>
</tr>
<tr>
<td>SUPPORT Act Grant Updates</td>
<td>10:45-11:00</td>
</tr>
<tr>
<td>Break</td>
<td>11:00-11:05</td>
</tr>
<tr>
<td>Introduction of Erin Austin and Inderbir Sohi from VDH</td>
<td>11:05</td>
</tr>
<tr>
<td>VDH Presentation</td>
<td>11:05-11:25</td>
</tr>
<tr>
<td>DMAS Behavioral Health Updates</td>
<td>11:25-11:35</td>
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<tr>
<td>SUD Provider Resources</td>
<td>11:35-11:45</td>
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<tr>
<td>Q&amp;A</td>
<td>11:45-11:55</td>
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<tr>
<td>Next Steps</td>
<td>11:55-12:00</td>
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BLA CK MENTAL HEALTH MATTERS
Principles of Health Equity

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible."

Goal: To put in place strategies that lead towards an equitable and lasting recovery

- Using data to evaluate impacts by age, race, gender, disability, diagnosis, service, and region
- Include multiple state agencies and decision makers in the discussion
- Establishing Teams dedicated to promoting equity and recovery
- Proactively identifying gaps and the need for additional policy level supports
- Investing in the strengthening of healthcare and the infrastructure to foster resilience and recovery
SAMHSA Disaster Distress Helpline

Incidents of Mass Violence

• The Disaster Distress Helpline, 1-800-985-5990, is a 24/7, 365-day-a-year, national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster.

• This toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories.

• Stress, anxiety, and other depression-like symptoms are common reactions after a disaster. Call 1-800-985-5990 or text TalkWithUs to 66746 to connect with a trained crisis counselor.

• https://www.samhsa.gov/types-disasters/incidents-mass-violence
Available nation-wide for physical and behavioral health care workers

- 1-800-327-7451 (TTY 711)
- Licensed Mental Health Providers Available

Veterans Crisis Line

HOW TO CONNECT WITH A RESPONDER

**Call**
1-800-273-8255
and Press 1

**Chat**
Connect online

**Text**
838255
Support for deaf and hard of hearing
1-800-799-4889

This free support is
- Confidential
- Available every day, 24/7

And serves
- All Veterans
- All Service members
- National Guard and Reserve
- Their family members and friends
Post-Traumatic Stress Awareness Month

COVID-19: Resources for Managing Stress

https://www.ptsd.va.gov/covid/index.asp
PTSD Consultation Program Lecture Series

- Monthly one-hour webinar for providers
- Free continuing education credits
- Register and sign up for notifications at [www.ptsd.va.gov/consult](http://www.ptsd.va.gov/consult)

**SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)**

**PAST TOPICS HAVE INCLUDED**

Concurrent Treatment of PTSD and SUD Using Prolonged Exposure

Dissociation, Somatization, and Other Challenging Presentations of PTSD

Moral Injury

PTSD Diagnostic Challenges
Self-care is important!!!

What have you done this past week for self-care?
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 March 29, 2021 (18 months)

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
• Anna Scialli, MPH, MSW, Grant Manager
• Jason Lowe, MSW, CPHQ, CPHRM, Grant Coordinator
• Paul Brasler, MA, MSW, LCSW, Behavioral Health Addiction Specialist
• John Palmieri, Data Analyst
• Tiarra Ross, Budget Analyst
• Christine Bethune, MSW, Policy Analyst
• Trenece Wilson, VCU MPH Intern
New DMAS Behavioral Health Members!

• ARTS Supervisor: April St. John, LMFT, LPC

• SUPPORT Act Grant Intern: Trenece Wilson, 2nd Year VCU MPH Student
Medicaid Members with Opioid Use Disorder in Virginia: Early results of member surveys and interviews

Department of Health Behavior and Policy
Department of Family Medicine and Population Health
Virginia Commonwealth University

In partnership with the Virginia Department of Medical Assistance Services
Survey of Medicaid Members with Opioid Use Disorder

• Sampling (4,000 total surveys sent, 1,000 to each of the following groups)
  ➢ Members with OUD receiving treatment services at
    ➢ OBOTs
    ➢ OTPs
    ➢ ASAM Level 1
  ➢ Members with OUD with no claims for treatment (“Untreated”)

• Surveys were mailed to members and asked about:
  ➢ Overall healthcare experience
  ➢ Healthcare need
  ➢ Screening for behavioral healthcare use
  ➢ Type of treatment for alcohol or drug use
  ➢ Assessment of counseling and treatment
  ➢ Changes to personal and social life related to treatment
  ➢ Personal characteristics

• Preliminary data analysis: 1,070 survey responses so far, this presentation uses data from the first 898 (pre-Covid19)
Preliminary Survey Results
Demographic characteristics

- In general:
  - Most of the sample self-reported their race/ethnicity as White (75%), followed by African Americans (21%)
  - Nearly 50% of the sample are between the ages of 35 and 54 years old, with more women than men responding to the survey
- A preliminary analysis compared the 898 survey respondents and 3902 non-respondents in terms of age groups, race, and gender.
  - No differences were found between race/ethnicity or gender between respondents and non-respondents
  - As is typical of surveys, respondents tended to be older than and non-respondents
Characteristics across different groups among survey respondents

Across treated groups (OBOT, OTP, ASAM1)

- Respondents tended to be single (OBOT: 41%, OTP 47%, ASAM1: 52%), have completed high school (more than 40%), and were White (68% to 88%).
  - Statistically significant difference on race is found across the treated groups – African Americans more likely to be in the OTP sample of respondents and less likely to be in the OBOT or ASAM1 groups (p<0.05)

- Respondents were most likely to be “not employed, but looking for work (~40%),” followed by “employed”
  - On average, respondents in treated groups worked 27-28 hours per week for all jobs.
  - Statistically significant differences in employment status found across the treated groups, with OTP more likely to be not employed but looking for work (p<0.05).

- About 50-60% of respondents in one of the treatment groups had housing

- About 20% of respondents spent at least one night in jail last 12 months.
Characteristics across different groups among survey responses

Diagnosed, “untreated” group

• Similarly, these respondents tended to be single, completed high school, White, and had housing.
• However, with regards to employment status, almost half of them were retired
• Reported better access to care—“untreated” group utilized more clinic services, said it was easier to get care when needed and were less likely than the those with claims for treatment to report unmet need for any medical care, dental care, mental health/counseling, or counseling or treatment for alcohol or drug use (p<0.05)
• Less likely to report receiving behavioral health care or counseling for alcohol or drugs (p<0.05).
Experiences with different types of treatment for alcohol or drug use

- Among those with claims for OBOT/OTP/ASAM1 treatment
  - About half of respondents across the treated groups received treatment for “less than a year”
  - 40% of respondents in OTP groups paid cash for their treatment, 37% in ASAM1 group, and about 27% in the OBOT group
  - Most of respondents said they were assisted with health or personal needs (56% to 67%)
  - Statistically significant differences in receiving assistance for “medical problems” (OBOT 50%, ASAM1 and OTP 40%) and “mental health problems” across OBOT (61%), OTP (56%), ASAM1 (69%) groups (p<0.05).
  - Respondents in the ASAM1 group were most likely to report providers usually or always “explained things in a way they could understand” (90%), followed by those going to OBOTs (85%) and OTPs (75%, p<0.05)
  - No significant differences in reasons members reported for discontinuing treatment
Preliminary Survey Results:
Digging deeper into open-ended responses about treatment benefits
What aspect of treatment was the most beneficial?

- Open-ended question in the member survey questionnaire
  - Nearly 50% of respondents wrote a response to this question
  - Initial groupings based on the first 255 responses

<table>
<thead>
<tr>
<th>Treatment components</th>
<th>Member Quote</th>
<th>N=255</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>“Suboxone has been my saving grace and has helped me get my life back”</td>
<td>96</td>
</tr>
<tr>
<td>Counseling</td>
<td>”Spending one on one time with my doctors and counselors, openly discussing my inner feelings with comfort”</td>
<td>77</td>
</tr>
<tr>
<td>Social Support</td>
<td>“Being around other people with the same problems as you have. It really changed my life.”</td>
<td>12</td>
</tr>
<tr>
<td>Learning coping skills</td>
<td>“There's groups where you can learn different ways to deal with life without being high or drunk.”</td>
<td>18</td>
</tr>
<tr>
<td>Treatment communication</td>
<td>“Finally having a doctor listen, believe, and have faith in me. I feel comfortable and able to be completely honest without judgment or fear of being kicked out.”</td>
<td>17</td>
</tr>
<tr>
<td>Specific mention of healthcare team</td>
<td>“Having a great doctor and team with that office saved my life.”</td>
<td>34</td>
</tr>
<tr>
<td>Unspecific, “It all helped”</td>
<td>“The entire process and experience has been beneficial.”</td>
<td>23</td>
</tr>
<tr>
<td>Code</td>
<td>Quote</td>
<td>N=255</td>
</tr>
<tr>
<td>-----------------------------</td>
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<tr>
<td>Medicaid Coverage of treatment</td>
<td>“Medicaid probably saved my life, without Medicaid I wouldn't have been able to afford the treatment that I am receiving today.”</td>
<td>22</td>
</tr>
<tr>
<td>Stability</td>
<td></td>
<td></td>
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<tr>
<td>• Stability in relationships</td>
<td>“I reconnected with my family and I felt like I had hope again.”</td>
<td>11</td>
</tr>
<tr>
<td>• Economic stability</td>
<td>“Secure housing and stable employment”</td>
<td>16</td>
</tr>
<tr>
<td>• Other Stability</td>
<td>“I feel better about myself. I'm not afraid. I like the person I am now that I'm sober”</td>
<td>34</td>
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<tr>
<td>Complaints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Complaint: treatment problem (dosage, transportation etc.)</td>
<td>“They cut me on my dosage, even after I said I wasn't ready”</td>
<td>6</td>
</tr>
<tr>
<td>• Complaint: kicked out of treatment, needs treatment</td>
<td>“I had a dirty drug screening and was placed on 0 tolerance and dismissed. My understanding is that relapse is part of recovery?”</td>
<td>7</td>
</tr>
<tr>
<td>• Complaint: other</td>
<td>“All my teeth are bad and I don't feel good about myself but there no help to get me dentures.”</td>
<td>8</td>
</tr>
<tr>
<td>Emerging codes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Help finding other resources (housing, PCP etc)</td>
<td>“Helping me with finding a PCP and employment”</td>
<td>3</td>
</tr>
<tr>
<td>• Being accountable to something/routine</td>
<td>“Stability because of routine methadone dosing. Accountability but maintained service with slight reprimand but for purpose of continue treatment but not dismissive action.”</td>
<td>10</td>
</tr>
<tr>
<td>• Meetings (NA/AA)</td>
<td>“Going to AA/NA groups”</td>
<td>7</td>
</tr>
<tr>
<td>• Other/unclear</td>
<td></td>
<td>21</td>
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</tbody>
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Preliminary Interview Results
ARTS member interviews

- 36 interviews completed
- High rate of non-respondents

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>Percent of respondents interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>47%</td>
</tr>
<tr>
<td>Female</td>
<td>53%</td>
</tr>
<tr>
<td>White</td>
<td>67%</td>
</tr>
<tr>
<td>Black</td>
<td>33%</td>
</tr>
<tr>
<td>OBOT</td>
<td>22%</td>
</tr>
<tr>
<td>ASAM1</td>
<td>17%</td>
</tr>
<tr>
<td>OTP</td>
<td>36%</td>
</tr>
<tr>
<td>No treatment</td>
<td>19%</td>
</tr>
</tbody>
</table>
ARTS member interviews

• Interviews were conducted over the phone and asked about:
  • Needed services
  • SUD treatment experiences
    • Pharmacotherapy
    • Counseling
    • Care coordination
    • Peer support
  • Treatment impact
  • Impact of Covid-19
ARTS member interviews

• No treatment group
  • Members unaware of any SUD diagnosis
  • Reported no treatment experiences

• Needed services
  • Lack of access to a car or public transit most common reason cited for discontinuing treatment or not accessing needed services
  • MCO provided transportation services (i.e. taxi, Lyft, Uber) consistently unreliable
    • Ex. One woman routinely late to or missed PCP appointments. As a result, went without diabetes treatment, burdened with extra fees, and had disability claim delayed
  • Dental services
    • Ex. Man waiting nearly a year to have infected tooth extracted. Causes intense pain and poses risk of relapse.
ARTS member interviews

• SUD treatment experiences
  • Overall positive assessment of SUD treatment experiences

• Pharmacotherapy
  • Methadone and buprenorphine cited as life saving drugs
  • OTP patients largely unaware of buprenorphine option

• Counseling
  • Group counseling provides sympathetic and supportive relationships
  • Individual counseling allows for deeper introspection into personal life issues not possible in group settings, including contributing causes of addictive behavior

• Care coordination
  • MCO care coordinators appear to be making weekly telephone contact with members
    • Ex. One woman has had a years long relationship with MCO care coordinator who provides consistent support and motivation
  • Care coordination limited by availability of services in the community (e.g. housing support)

• Peer support
  • Limited use of peer support services
  • Where used, highly beneficial
ARTS member interviews

• Impact of Covid-19
  • Members largely aware of Covid-19 prevention strategies (e.g. social distancing, wearing masks in public spaces) and confident in ability to access medical treatment if needed
  • Covid-19 disrupting access to alternative pain management (e.g. physical therapy appointments)
  • Members aware of and using telehealth services to stay in contact with PCPs and addiction treatment providers
Next Steps

• Continue to unpack diagnosed but "untreated" group

• Examine what member characteristics are related to treated group membership and satisfaction with treatment and changes in personal and social life related to treatment.

• Field 4,400 more surveys to accrue an additional 1,000 completed respondents (including questions about COVID-19 and access to treatment).
Thank you!

Contact us at

• Andrew J. Barnes, PhD  
  abarnes3@vcu.edu

• E. Marshall Brooks, PhD

• Heather Saunders, MSW, PhDc.
Questions for VCU DHBP?

Please unmute yourself or use the chat feature in WebEx to submit your questions.
SUPPORT ACT GRANT UPDATES
JUNE 2020
As of May 26, DMAS has applied for a 6-month no-cost extension, which would extend the period of performance to **September 29, 2021**.

DMAS anticipates extending the period of performance for all projects and subcontracts to this date to account for COVID-19 delays.
Projects currently in progress

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

• Brightspot assessment: VCU Wright Center
  ▪ Training pre/post-test in development
  ▪ Project ECHO opportunities
  ▪ Data visualization - HealthLandscape being developed
• Medication Assisted Treatment in EDs pilot – Virginia Hospital and Healthcare Association Foundation
  ▪ COVID-19 delays continue
  ▪ Buprenorphine waiver trainings
Projects currently in procurement

• Policy Landscape Analysis – analyze policy options for Virginia in response to changes introduced by the SUPPORT Act
  ▪ Notice of Intent to Award Posted for Manatt, Phelps, and Phillips, LLP (5/29)

• Justice-involved environmental scan and pilot
  ▪ In final stages of procurement
Projects currently in development

• RFA/sub-awards for clinics/providers to expand access to telehealth, Peer Recovery Support Services
  ▪ Readjusting timeline and scope based on extended timeline

• [https://www.eva.virginia.gov/](https://www.eva.virginia.gov/)
Mission Statement
Theses 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.
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
<th>Presenter(s)</th>
<th>Links to Register and Access the Event</th>
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<tbody>
<tr>
<td>Monday, June 8, 2020</td>
<td>1:00 – 2:00 PM</td>
<td><strong>UPDATED: Crisis &amp; De-escalation Techniques</strong></td>
<td>Paul Brasler</td>
<td><a href="https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e6ebc1ce4fa5a138d403c7e94ddf0d9b">https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e6ebc1ce4fa5a138d403c7e94ddf0d9b</a></td>
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<tr>
<td>Tuesday, June 9, 2020</td>
<td>9:00 AM – 10:00 AM</td>
<td>Individual Therapy for Substance Use Disorder</td>
<td>Paul Brasler</td>
<td><a href="https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e82973181891190f99c9bac99797586ca">https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e82973181891190f99c9bac99797586ca</a></td>
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<tr>
<td>Wednesday, June 10, 2020</td>
<td>9:00 AM – 10:00 AM</td>
<td>Caring for Chronic Pain within Addiction Treatment</td>
<td>Dr. Mishka Terplan</td>
<td><a href="https://covaconf.webex.com/covaconf/j.php?MTID=m418a9ddc98ead525895209a7107c056">https://covaconf.webex.com/covaconf/j.php?MTID=m418a9ddc98ead525895209a7107c056</a></td>
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<tr>
<td></td>
<td>1:00 PM – 2:00 PM</td>
<td>Pregnant and Postpartum Care for People with Substance Use Disorder During the COVID-19 Pandemic</td>
<td>Dr. Mishka Terplan</td>
<td><a href="https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e32e47df3a9a22661c31ae0d3e60d7653">https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e32e47df3a9a22661c31ae0d3e60d7653</a></td>
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<tr>
<td>Thursday, June 11, 2020</td>
<td>2:00 PM – 3:00 PM</td>
<td>Substance Use Disorder Screening and Assessment</td>
<td>Paul Brasler</td>
<td><a href="https://covaconf.webex.com/covaconf/onstage/g.php?MTID=edcc447e91d53546a4e6acbf85e29">https://covaconf.webex.com/covaconf/onstage/g.php?MTID=edcc447e91d53546a4e6acbf85e29</a></td>
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<tr>
<td>Friday, June 12, 2020</td>
<td>11:00 AM – 12:00 PM</td>
<td>Weekly Question and Answer Session</td>
<td>Paul Brasler &amp; Dr. Mishka Terplan</td>
<td><a href="https://covaconf.webex.com/covaconf/j.php?MTID=mab0a66c6e54e29862399d24402952dad">https://covaconf.webex.com/covaconf/j.php?MTID=mab0a66c6e54e29862399d24402952dad</a></td>
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SUPPORT Act Grant Updates: June 2020

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”
BREAK TIME!

Please take a short – five minute – break
SYNDROMIC SURVEILLANCE IN VIRGINIA

Inderbir Sohi, MSPH - Enhanced Surveillance Data Analyst
Erin Austin, MPH – Enhanced Surveillance Coordinator
Division of Surveillance and Investigation
June 8, 2020
WHAT IS SYNDROMIC SURVEILLANCE?

• Uses health data sources to identify and monitor events of public health concern in near-real time
  ◦ Emergency department (ED) and urgent care (UC) data most commonly used
  ◦ Visit records are categorized into syndromes based on chief complaint or diagnosis

• Purpose: improve health of a community through earlier detection of emerging public health events
PUBLIC HEALTH AUTHORITY

- No regulation requiring reporting in Virginia
- VDH authorized to collect protected data under HIPAA and Code of Virginia
- Federal Electronic Health Record Incentive program (HITECH Act) provides reimbursements to healthcare facilities that report syndromic surveillance data
BACKGROUND

• Virginia began conducting syndromic surveillance shortly after 9/11/01
  ◦ Initially used for bioterrorism event and outbreak detection

• VDH has been utilizing **ESSENCE** since 2004 to monitor and detect events of public health concern
  ◦ Expanded to “all-hazards” approach and used for situational awareness
  ◦ Monitor infectious and chronic disease, injuries, mental, environmental exposures, etc.
ESSENCE

- Electronic Surveillance System for the Early Notification of Community-based Epidemics
- Access limited to VDH staff
- Data sources:
  - Visits to EDs and urgent cares (UCs)
  - Student absentee reported by public schools
- Conduct epidemiologic analyses and monitor trends over time, geography, and across multiple data sources
EDS and UCs in ESSENCE

- 163 total facilities = ~14,000 visits per day
- Data available in near-real time (within 24 hours of visit)
WHAT DATA ARE SENT TO ESSENCE?

- Facility Name

- Patient Demographics:
  - Patient Name, Date of Birth, Sex, Race, Ethnicity, Home Zip Code, Patient identifier (medical record number), Height/Weight/BMI, Pregnancy Status, Travel History, Smoking Status

- Visit Information:
  - Chief Complaint, Discharge Diagnosis, Discharge Disposition, Triage Notes
CHIEF COMPLAINT VS. DIAGNOSIS

Chief complaint:
• Patient-reported reason for visit
• Available very quickly (2-24 hours after visit)
• Lacks specificity (2-5 words)
• Captured using free-text field or pre-set menu list
• Available for 100% of visit records in ESSENCE

Diagnosis:
• Diagnosis used for billing purposes
• Diagnosis codes (ICD-10 or SNOMED Clinical Terms) are standardized
• Delay in availability (24 hours - 2 weeks after visit)
• Available for 91% of visit records
HOW DATA ARE USED

- Seasonal illnesses (influenza/ILI, norovirus, HFMD)
- Weather-related or natural disaster events (hurricane, heat wave, tornado)
- Mass-gathering events (UCI Cycling World Championships, Pres. Inauguration)
- Conditions of public health concern (vaccine preventable diseases, animal bites, drug overdose, injuries, environmental hazards)
- Emerging health concerns (COVID-19, Zika virus, lung injury associated with vaping) and outbreaks
PUBLIC HEALTH RESPONSE

• Information sharing
  ◦ Internal communication (situational awareness)
  ◦ External communication (media release)

• Information gathering
  ◦ Consult other surveillance data sources
  ◦ Follow up with infection control practitioner
  ◦ Review electronic health record
STRENGTHS AND LIMITATIONS

Strengths:
- Data available in near real-time (within 24 hours)
- Situational awareness of population health status
- Surveillance for a variety of public health issues

Limitations:
- Difficulty detecting small scale events – “strength in numbers”
- Lack of specificity in early health data
- Primary use of data is not for public health surveillance
- No regulations requiring reporting in VA
SYNDROMIC SURVEILLANCE FOR DRUG OVERDOSE
Monitor drug overdose morbidity using ED visits

VDH began surveillance in 2014

VDH declared opioid crisis a public health emergency in Nov 2016

CDC funding used to support and enhance reporting activities using syndromic surveillance data
**Overdose Indicator Categories**

- All drug overdose
- Heroin overdose
- Opioid (prescription) and unspecified substance overdose
- Opioid overdose (prescription)
- Stimulants
- Marijuana/synthetic cannabinoids
ED Visits for Drug Overdose

• VDH publishes ED visit statistics and trends among Virginia residents using the 3 drug overdose indicators


MONTHLY STATISTICS

- Published every month for ED visits in the prior month
- Provides monthly statistics for various geographies since 2015 for each of the 3 overdose indicators
  - ED visit count
  - 12 month moving average
  - Rate per 10,000 ED visits
  - Rate per 100,000 population

<table>
<thead>
<tr>
<th>Locality</th>
<th>FIPS</th>
<th>March 2020</th>
<th></th>
<th></th>
<th></th>
<th>April 2020</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Overdose Visits</td>
<td>Previous 12 Month Avg</td>
<td>10k ED Visits</td>
<td>Rate per 100k Pop</td>
<td>Overdose Visits</td>
<td>Previous 12 Month Avg</td>
<td>10k ED Visits</td>
<td>Rate per 100k Pop</td>
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<tr>
<td>Acomack County</td>
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<td>23</td>
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<tr>
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<td>15</td>
<td>48.7</td>
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<td>13</td>
<td>16</td>
<td>62.3</td>
<td>8.1</td>
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<tr>
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<td>5</td>
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<td>24.5</td>
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<td>5</td>
<td>150.4</td>
<td>49.1</td>
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<td>1</td>
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<td>9</td>
<td>16</td>
<td>40.4</td>
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<tr>
<td>Augusta County</td>
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<td>20</td>
<td>45.3</td>
<td>15.4</td>
<td>24</td>
<td>21</td>
<td>77.9</td>
<td>19.5</td>
<td></td>
</tr>
</tbody>
</table>
Published the month after each completed calendar quarter (July 2020 is next report for April - June)

Summarizes trends by sex, age group and VDH health region
VDH Opioid Dashboard

- Interactive dashboard released in Oct 2019
- Provides high level summary, useful entry point for stakeholders and data requests
**IMPACT DURING COVID-19**

- Large decrease in ED utilization across Virginia during COVID-19 pandemic
- VDH urges caution when using rate per 10,000 ED visits in reports since March 2020
- Unable to discern how much of the increase is due to
  1) Genuine increase in ED visits for drug overdose in context of reduced ED utilization
  2) Changes in healthcare seeking behavior among the public
March > April 2020: Visit counts for all 3 drug overdose indicators decreased but rates per 10k ED visits increased in April.

<table>
<thead>
<tr>
<th></th>
<th>March 2020</th>
<th>April 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ED Visit Count</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Drug</td>
<td>1374</td>
<td>1291</td>
</tr>
<tr>
<td>Opioid</td>
<td>745</td>
<td>702</td>
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<tr>
<td>Heroin</td>
<td>147</td>
<td>133</td>
</tr>
<tr>
<td>TOTAL Visits</td>
<td>256,762</td>
<td>160,823</td>
</tr>
<tr>
<td><strong>Rate per 10k ED Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Drug</td>
<td>53.5</td>
<td>80.3</td>
</tr>
<tr>
<td>Opioid</td>
<td>29.0</td>
<td>43.7</td>
</tr>
<tr>
<td>Heroin</td>
<td>5.7</td>
<td>8.3</td>
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</table>
CURRENT DRUG OVERDOSE TRENDS

- **April > May 2020:** No change among All Drug and Opioid overdose counts/rates, but observed sharp increase in Heroin overdose count. Total ED visits also increased.

<table>
<thead>
<tr>
<th>ED Visit Count</th>
<th>April 2020</th>
<th>May 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Drug</td>
<td>1291</td>
<td>1555</td>
</tr>
<tr>
<td>Opioid</td>
<td>702</td>
<td>827</td>
</tr>
<tr>
<td>Heroin</td>
<td>133</td>
<td>192</td>
</tr>
<tr>
<td>TOTAL Visits</td>
<td>160,823</td>
<td>195,203</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate per 10k ED Visits</th>
<th>April 2020</th>
<th>May 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Drug</td>
<td>80.3</td>
<td>79.7</td>
</tr>
<tr>
<td>Opioid</td>
<td>43.7</td>
<td>42.4</td>
</tr>
<tr>
<td>Heroin</td>
<td>8.3</td>
<td>9.8</td>
</tr>
</tbody>
</table>
DATA REPORTING TO CDC

- VDH submit data to CDC to contribute to national picture
- Used to track non-fatal overdose trends

https://www.cdc.gov/drugoverdose/data/nonfatal.html
QUESTIONS?

VDH Enhanced Surveillance Team
Syndromic@vdh.virginia.gov
Behavioral Health: Global Updates
LICENSING OF OUT-OF-STATE BEHAVIORAL HEALTH CARE PROFESSIONALS IN RESPONSE TO NOVEL CORONAVIRUS (COVID-19) - As of June 2, 2020

<table>
<thead>
<tr>
<th>Type of Temporary License</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Clinical Psychologist</td>
<td>123</td>
<td>180</td>
<td>5</td>
<td>308</td>
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<tr>
<td>Professional Counselor</td>
<td>96</td>
<td>138</td>
<td>7</td>
<td>241</td>
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<tr>
<td>Marriage and Family Therapist</td>
<td>19</td>
<td>36</td>
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<td>57</td>
</tr>
<tr>
<td>Clinical Social Worker</td>
<td>54</td>
<td>166</td>
<td>8</td>
<td>228</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>292</strong></td>
<td><strong>520</strong></td>
<td><strong>22</strong></td>
<td><strong>834</strong></td>
</tr>
</tbody>
</table>
Executive Order 51 Update

• The text for the amended Executive Order Fifty-One is available here.

• Executive Order 63 amended Executive Order 51 and states: the state of emergency shall remain in full force and effect until amended or rescinded by further executive order.

• This Order is in furtherance of Amended Executive Order 51 (2020) and Amended Executive Order 61 and Amended Order of Public Health Emergency Three (2020). Further, this Order shall be effective 12:00 a.m., Friday, May 29, 2020, and shall remain in full force and effect until amended or rescinded by further executive order.
Executive Order 51 & Provider Flexibilities

• The amendment to Executive Order Fifty-One allows the DMAS provider flexibilities and directives issued to remain effective until the Governor further amends or rescinds the state of emergency through executive order.

• None of the current flexibilities are now set to expire on June 10th, 2020; formal dates of expiration or permanent adoption of any flexibilities are not determined at this date.

• DMAS providers, managed care organizations (MCOs), and the Behavioral Health Services Administrator (BHSA) shall continue to operate under the published guidance, memos, and directives issued by DMAS until notified otherwise.
DMAS Preparation of Re-opening Guidance: Current Plans of Action

- DMAS is working in collaboration with other sister state agencies to develop re-opening guidance and analyzing what the data is telling us.
- Behavioral Health providers are reminded to review the DMAS 2014 Telehealth Memo and start preparing to use POS 02 and Modifier GT. The exact date of when it will be required to start using POS and Modifiers has not yet been determined.
- DMAS will be conducting a Part 2 Telehealth Survey to gather your feedback. Provider Participation is important.
- DMAS is working across the DMV to discuss ongoing Telehealth allowances and licensure reciprocity allowances.
- DMAS is working with consultants to monitor state and federal level authorities, for us to react and provide guidance appropriately.
- Developed Behavioral Health PPE Fact Sheet.
• Continue Evidence-Based Practices and best standards of care for all services.

• Because of the substantial risk of coronavirus spread with congregation of individuals in a limited space such as in an inpatient or residential facility, SAMHSA is advising that outpatient treatment options, when clinically appropriate, be used to the greatest extent possible.

• Inpatient facilities and residential programs should be reserved for those for whom outpatient measures are not considered an adequate clinical option and the individual is experiencing life threatening conditions, such as suicidal ideations, high risk for overdose, complications of withdrawal, etc.

• DMAS recommends outpatient treatment services be utilized whenever possible as well as telehealth. Comprehensive long-term residential treatment programs, where COVID related precautions can be implemented (social distancing, isolating, testing, etc.) remain a viable treatment option when clinically indicated.
Buprenorphine Waiver Training Sessions:
June 24, July 29th, or August 26th | 9:00am – 1:00pm

DMAS, VDH and the American Society of Addiction Medicine

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.

Register in advance for this meeting:
June 24:
https://echo.zoom.us/j/97908010769?pwd=QXdDaVBJR3I4RXlYOFlvbUU0MUxHUT09
July 29:
https://echo.zoom.us/j/93133904411?pwd=QnJGVmpDc3JhRTRONS9HVFSsQ3J2UT09
August 26:
https://echo.zoom.us/j/98113548887?pwd=enHHUHNzMUlKAMnR25UamF3OUl6dz09

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

SUPPORT ACT GRANT
TECHNICAL ASSISTANCE WEBINAR SERIES
RESOURCE LIBRARY

Division of Behavioral Health
Department of Medical Assistance Services
Purpose

• The Grant team continues to collect various resources that providers may find helpful

• This slide deck has been developed to store and share these resources with the SUPPORT Act Grant community

• Please submit suggestions to the grant team at jason.lowe@dmas.Virginia.gov
General Resources

- **DMAS COVID-19 website**
  - [https://www.dmas.virginia.gov/#/emergencywaiver](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](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](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 every Wednesday
    - [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

- **HHS Website – Delivering Care Safely during COVID-19**
Help us make our meetings better!

What other topics would you like to see covered during Stakeholder Group Meetings?

- minority
- outreach
- trainings
- obot
- justice involved pop
- peer support anecdotes
- overcome racial disparity
- social justice and change
- health equity
- care coordinator vs csac
- go over https://connectvi
- 42 cfr
- 42 cfr part 2
- racial inequality
- housing stability
Questions and Answers

Please unmute yourself or use the chat feature in WebEx to submit your questions.
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
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
Department of Social Services AmeriCorps Job Opportunities

DSS is hiring three AmeriCorps VISTAs at the Virginia Department of Social Services to work on substance use disorder, as well as partnerships with the faith community.

- Substance Use Disorder Strategic Planning for Local Departments of Social Services VISTA member
- Substance Use Disorder Training Creation VISTA member
- Substance Use Disorder Community Partnership Development VISTA member

If you are interested in this AmeriCorps VISTA position, please contact Katy Shusta at kathryn.shusta@dss.virginia.gov and include your resume.
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 U1OHA30039-01-00 (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.
Contact Information

SUPPORT Act Grant Questions:
- Anna Scialli – anna.scialli@dmas.Virginia.gov
- Ashley Harrell – Ashley.Harrell@dmas.Virginia.gov
- Jason Lowe – Jason.Lowe@dmas.Virginia.gov
- Paul Brasler – Paul.Brasler@dmas.Virginia.gov
- Tiarra Ross – Tiarra.Ross@dmas.Virginia.gov
- Christine Bethune – Christine.Bethune@dmas.Virginia.gov
- Trenece Wilson – Trenece.Wilson@dmas.Virginia.gov

ARTS Questions:
- ARTS Helpline number: 804-593-2453
- Email: SUD@dmas.Virginia.gov
- Website: http://www.dmas.virginia.gov/#/arts
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
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, July 13, 2020
10:00 AM – 12:00 PM