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

SUPPORT ACT GRANT
MONTHLY STAKEHOLDER MEETING
JANUARY 11, 2021

Department of Medical Assistance Services

The Virginia Department of Medical Assistance Services (DMAS) SUPPORT Act Grant projects are supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,836,765 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.
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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>
</tr>
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<tbody>
<tr>
<td>Welcome and Overview</td>
<td>10:00 - 10:10</td>
</tr>
<tr>
<td>SUPPORT Act Grant Updates</td>
<td>10:10 - 10:20</td>
</tr>
<tr>
<td>VA-SBIRT: Working to Change the Trajectory of Substance Use and Depression in Virginia</td>
<td>10:20 – 10:45</td>
</tr>
<tr>
<td>Addiction and Recovery Treatment Services (ARTS): Access, Utilization, and Quality of Care 2016-2019</td>
<td>10:45 – 11:30</td>
</tr>
<tr>
<td>Q&amp;A and Next Steps</td>
<td>11:30 - 11:45</td>
</tr>
</tbody>
</table>
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
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
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, 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
SUPPORT ACT GRANT UPDATES
JANUARY 2021
SUPPORT Act Grant Updates: January

Projects Update

- Medication Assisted Treatment/Peer Recovery Services in EDs pilot – Virginia Hospital and Healthcare Association Foundation
  - The Settlement Agreement has been executed and the contract has been terminated.
  - Next Steps:
    - Continue reallocation plan/Contract Procurement
      - Subawards
      - Emergency Department Virtual Bridge Clinic Models
      - ASAM Waiver Trainings
Projects in Development

- Subawards
  - Seven applications were selected
  - Notice of Award was posted in December
  - All contracts have been signed
  - January Subaward Kick-Off Meeting
Projects Underway

• Needs assessment: VCU Department of Health Behavior and Policy
  ▪ Continuum of care needs assessment
  ▪ ARTS member surveys and interviews
  ▪ Buprenorphine-waivered prescriber analysis and survey
• 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
• Brightspot Analysis
  • Dr. Britz and Dr. Krist will be presenting on this in the February Stakeholder Meeting.
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
  ▪ Upcoming workgroup schedule:
    • January – Benefits and Cost Sharing
    • February – MCO Contracting Strategies
    • March – Data, Privacy, and Confidentiality Issues
SUPPORT Act Grant Updates: January

Projects Underway

- SUMS Project – Substance Use Disorder, Medicaid, and the Criminal Justice System
  - Contract lead: Health Management Associates (HMA)
  - HMA is currently working on literature review and environmental scan as well as developing a timeline for the demonstration
  - Grant team and HMA are working with DOC and related partners on demonstration site selections – two DOC facilities and two local/regional jails.
    - Site selection is underway
## SUPPORT Act Grant Updates: January

### Winter Webinars:

Full webinar Schedule: [https://www.dmas.virginia.gov/#/artssupport](https://www.dmas.virginia.gov/#/artssupport)

Under the “Information” banner

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, January 11, 2021</td>
<td>1:00 PM - 2:00 PM</td>
<td>Trauma-Informed Care</td>
</tr>
<tr>
<td>Tuesday, January 12, 2021</td>
<td>10:00 AM - 11:00 AM</td>
<td>SUD Treatment Basics</td>
</tr>
<tr>
<td>Tuesday, January 19, 2021</td>
<td>10:00 AM - 11:00 AM</td>
<td>Co-Occurring Disorders</td>
</tr>
<tr>
<td>Tuesday, January 19, 2021</td>
<td>1:00 PM - 2:00 PM</td>
<td>Screening &amp; Assessment for SUD</td>
</tr>
<tr>
<td>Monday, January 25, 2021</td>
<td>1:00 PM - 2:00 PM</td>
<td>Co-Occurring Disorders</td>
</tr>
<tr>
<td>Tuesday, January 26, 2021</td>
<td>10:00 AM - 11:00 AM</td>
<td>SUD Treatment Basics</td>
</tr>
</tbody>
</table>
SUPPORT Act Grant Updates: January

Upcoming Special Projects

• Buprenorphine Providers Workgroup
  ▪ Kickoff in early 2021
  ▪ Looking for volunteers
  ▪ Interested in front-line perspective
  ▪ Goal is to identify opportunities to increase provider capacity

• Peer Recovery Services Symposium
  ▪ Implementing PRS
  ▪ Overcoming obstacles
  ▪ Your input is appreciated! Please email the Grant inbox – SUPPORTgrant@dmas.virginia.gov
SUPPORT Act Grant is excited to be working with Carilion Health to offer a free Buprenorphine Waiver Training on February 12, 2021.

More information about this training is coming soon, please email SUPPORTgrant@dmas.virginia.gov to be added to the mailing list to receive updates about this event.
Working to Change the Trajectory of Substance Use and Depression in Virginia

Patty Fersizidis, PhD
VA-SBIRT Project Director
Assistant Director, A Division for Advancing Treatment and Prevention (ADAPT), Center for Drug Policy & Prevention
Healthcare professionals will encounter patients who use alcohol, tobacco, and other drugs in a variety of settings.

- **23.4%** of patients in primary care are misusing alcohol or drugs
- **39.9%** of patients in emergency departments (EDs) are misusing alcohol or drugs

!! Only one in ten people in need of SUD treatment services receive them.

SAMHSA, 2018
Substance Use Is A Public Health Problem
The SBIRT Model

**Screening**
- Brief Universal Screen
  - Alcohol, Drugs, Tobacco, Depression
  - Secondary Screen to stratify risk

**Brief Intervention**
- Motivational change-based discussion
- Brief, 5-10 minutes

**Referral to Treatment**
- Active and Collaborative referral practices
  - On site outpatient therapy (MET/CBT)
  - Specialty Treatment in the Community

IDENTIFY
INTERVENE (Mild Risk)
CONNECT (Moderate & High Risk)
The Aim of SBIRT

SBIRT aims to identify patients whose substance use puts them at hazardous or harmful risk levels, even if diagnostic criteria of an SUD is not met.
Evidence Base

~ 70% decrease in harmful alcohol and drug use.

~ 48% decrease in injuries requiring hospitalization over the span of 3 years.

*Multiple studies have shown that investing in SBIRT can result in healthcare cost savings from* $3.81 - $5.60 *for each $1.00 spent.*

Studies have shown savings in downstream healthcare cost between $531 - $1,150 per person when SBIRT is applied in emergency departments.

Babor et al., 2017; USDHHS, 2016
VIRGINIA SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT PROJECT

- $8.3 million SAMHSA grant awarded to DBHDS
- Implemented by GMU & ADAPT
- 10 practice sites
  - EDs
  - Free Clinics
  - FQHCs
  - University Student Health Clinic
  - Health Departments
  - Family Practice
  - Urgent Care
SUBSTANCE RISK IN VIRGINIA

Based on Screening of 71,716 Virginians in Shenandoah Valley & Northern Virginia over a period of three years.
<table>
<thead>
<tr>
<th>Substance Use Risk by Site Type</th>
<th>Emergency Dept</th>
<th>Primary Care Practice</th>
<th>Clinic for Uninsured</th>
<th>Student Health Service</th>
<th>Health Dept – STI Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>High risk</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
<td>0.2%</td>
<td>2%</td>
</tr>
<tr>
<td>Moderate risk</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td>Mild risk</td>
<td>7%</td>
<td>7%</td>
<td>13%</td>
<td>13.8%</td>
<td>31%</td>
</tr>
<tr>
<td>No/Low risk</td>
<td>90%</td>
<td>90%</td>
<td>83%</td>
<td>83%</td>
<td>59%</td>
</tr>
</tbody>
</table>
RISK PREVALENCE ACROSS DEMOGRAPHICS

Age
- Younger adults (18-24) were at greatest risk for substance use and depression, mostly in the lower risk ranges
- Middle-aged adults (34-65) displayed the highest levels of risk, primarily for alcohol use

Gender
- Male - higher substance use risk
- Transgender/nonbinary – the greatest risk across substance use and depression

Ethno-racial Status
- American Indian/Alaskan Native/Hawaiian – highest risk across substance use and depression
- Black/African American – higher levels of illicit drug risk
- Hispanic/Latino & Asian – higher rates of depression
When people screen positive for past year drug use, what drugs are they using?

<table>
<thead>
<tr>
<th></th>
<th>Emergency Dept</th>
<th>Primary Care Practice</th>
<th>Health Dept - STI</th>
<th>Clinic for Uninsured</th>
<th>Student Health Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>84%</td>
<td>86%</td>
<td>88%</td>
<td>80%</td>
<td>89%</td>
</tr>
<tr>
<td>Prescription Misuse</td>
<td>14%</td>
<td>20%</td>
<td>26%</td>
<td>25%</td>
<td>12%</td>
</tr>
<tr>
<td>Other Illegal Drug Use</td>
<td>22%</td>
<td>13%</td>
<td>21%</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>Substance use</td>
<td>4,013 interventions</td>
<td>1 of every 2 people at risk received an intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressions</td>
<td>1,424 interventions</td>
<td>1 of every 2 people at risk received an intervention**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td>3,588 interventions</td>
<td>1 of every 4 people at risk received an intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TREATMENT ENGAGEMENT

National Survey on Drug Use & Health – 10.6% who needed treatment actually received it.
BI vs BT acceptance rate among moderate risk patients

<table>
<thead>
<tr>
<th>Service</th>
<th>BI Delivered</th>
<th>BT Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Dept</td>
<td>49%</td>
<td>12%</td>
</tr>
<tr>
<td>Primary Care Practice</td>
<td>78%</td>
<td>25%</td>
</tr>
<tr>
<td>Clinic for Uninsured</td>
<td>89%</td>
<td>23%</td>
</tr>
<tr>
<td>Health Dept</td>
<td>69%</td>
<td>15%</td>
</tr>
<tr>
<td>Student Health Service</td>
<td>87%</td>
<td>4%</td>
</tr>
</tbody>
</table>
BI vs RT acceptance rate among severe risk patients

<table>
<thead>
<tr>
<th>Service</th>
<th>BI delivered</th>
<th>BT/RT accepted</th>
<th>RT accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Dept</td>
<td>94%</td>
<td>45%</td>
<td>39%</td>
</tr>
<tr>
<td>Primary Care Practice</td>
<td>83%</td>
<td>37%</td>
<td>17%</td>
</tr>
<tr>
<td>Clinic for Uninsured</td>
<td>93%</td>
<td>46%</td>
<td>19%</td>
</tr>
<tr>
<td>Health Dept</td>
<td>76%</td>
<td>41%</td>
<td>33%</td>
</tr>
<tr>
<td>Student Health Service</td>
<td>86%</td>
<td>38%</td>
<td>24%</td>
</tr>
</tbody>
</table>
6 MONTHS LATER...

One of every 2 (52%) individuals who received an intervention for risky alcohol use were either within recommended drinking limits 6 months later (36%) or had decreased their level of risk (17%).

Two of every 5 (43%) individuals who received an intervention for risky drug use were abstinent 6 months later.
6 MONTHS LATER...

Three of every 5 (59%) individuals who received an intervention for depression were either at no risk (38%) or had decreased their level of risk (21%).
6 MONTHS LATER...

Patient satisfaction with SBIRT experience at follow-up interview (n=216 patients who recall discussion with staff.)

- Staff were respectful when talking with me about my alcohol/drug use. (n=210)
- Staff made me feel comfortable talking about my use of alcohol/drugs. (n=208)
- The discussion with staff made me think differently about my alcohol/drug use. (n=202)
- I know more about how my alcohol/drug use affects my physical health. (n=203)
- I plan to make/made changes to my substance use because of the discussion. (n=203)
"When you are sitting with someone and looking eye to eye it was like therapy....She told me the effects on my health and other things that could go wrong. She asked how I could have fun other ways without alcohol and gave me some examples. I pay more attention and know my limits and where to draw the line and stop."

"The clinician recommended a 28-day program. It was necessary or I would not be here."
How We Implement and Spread SBIRT with Fidelity

- Standardized evidence-based training exists for all healthcare providers (i.e., physicians, nurses, medical assistants, recovery support staff);

- Proven implementation process exists that will permit SBIRT application in any setting;

- Adaptable clinical protocols exist to permit linkage with substance use disorder treatment in a variety of ways.
Changing lives one screen at a time...
THANK YOU ON BEHALF OF THE VA-SBIRT TEAM

Ervina Baskerville-Allen, PI
ervina.baskerville-allen@dbhds.virginia.gov

Patty Ferssizidis, PD
pferssizidis@wb.hidta.org
Findings From the ARTS Evaluation Report, 2016-19

January, 2021

Peter Cunningham, Ph.D.
Dept. Health Behavior and Policy
VCU School of Medicine
ARTS and Medicaid expansion in Virginia

• Virginia received approval from CMS in December, 2016 for the Addiction and Recovery Treatment Services (ARTS) benefit, as part of a Section 1115 Demonstration Waiver
  – Extension through 2024 approved in December 2019.

• Implemented in April, 2017, ARTS expanded coverage of treatment services for substance use disorders (SUD) for Medicaid members.

• On January 1, 2019, Virginia expanded Medicaid eligibility for all people up to 138% of the federal poverty level. More than 500,000 enrolled as of January 1, 2021.
VCU Evaluation

• CMS waiver requires independent evaluation of ARTS (began in July, 2017)

• Goals of evaluation
  – Assess impact on access to and utilization of SUD treatment services
  – Assess impact on quality of treatment services
  – Assess impact on overdose deaths

• (Under waiver extension) Assess cumulative impact of ARTS and Medicaid expansion on Virginia population

• VCU conducting separate evaluation of Medicaid expansion
Evaluation Methods and Data Sources

- Analysis of Medicaid claims
- Medicaid Outcomes Distributed Research Network (MODRN)
- ARTS patient experience survey
- Other secondary data sources
Diagnosed Prevalence of SUD and OUD
PREVALENCE OF SUBSTANCE USE DISORDER

- Medicaid Expansion Members with a SUD Diagnosis
- Non-Expansion Medicaid Members with a SUD diagnosis **95,942**

<table>
<thead>
<tr>
<th>Year</th>
<th>Medicaid Expansion</th>
<th>Non-Expansion Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>48,341</td>
<td>48,341</td>
</tr>
<tr>
<td>2017 (ARTS)</td>
<td>52,992</td>
<td>52,992</td>
</tr>
<tr>
<td>2018</td>
<td>59,235</td>
<td>59,235</td>
</tr>
<tr>
<td>2019</td>
<td>53,976</td>
<td>41,966</td>
</tr>
</tbody>
</table>
PREVALENCE OF OPIOID USE DISORDER

- Medicaid Expansion Members with an OUD Diagnosis
- Non-Expansion Medicaid Members with an OUD diagnosis

<table>
<thead>
<tr>
<th>Year</th>
<th>Medicaid Expansion</th>
<th>Non-Expansion Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>17,129</td>
<td>40,361</td>
</tr>
<tr>
<td>2017 (ARTS)</td>
<td>20,930</td>
<td>40,361</td>
</tr>
<tr>
<td>2018</td>
<td>24,854</td>
<td>40,361</td>
</tr>
<tr>
<td>2019 (MEDICAID EXPANSION)</td>
<td>40,361 (40,361)</td>
<td>22,699 (17,662)</td>
</tr>
</tbody>
</table>
Prevalence of diagnosed substance use disorders for adult Medicaid members, by eligibility group, 2019

<table>
<thead>
<tr>
<th>eligibility group</th>
<th>Number of members</th>
<th>Percent with substance use disorder</th>
<th>Percent with opioid use disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid expansion</td>
<td>463,687</td>
<td>9.0%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Nondisabled adults</td>
<td>426,643</td>
<td>6.5%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Disabled adults</td>
<td>139,525</td>
<td>16.3%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Governor’s Access Plan (GAP)</td>
<td>18,713</td>
<td>39.9%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Former Foster Care Youth</td>
<td>4,221</td>
<td>4.9%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
Characteristics of Medicaid members ages 19-64 with substance use disorders, 2019

<table>
<thead>
<tr>
<th></th>
<th>Members with SUD enrolled through Medicaid expansion</th>
<th>Other Medicaid members with SUD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>42.8%</td>
<td>58.7%</td>
</tr>
<tr>
<td>Male</td>
<td>57.2%</td>
<td>41.3%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>64.6%</td>
<td>63.0%</td>
</tr>
<tr>
<td>Black</td>
<td>29.3%</td>
<td>35.0%</td>
</tr>
<tr>
<td>Hispanic and other race</td>
<td>6.1%</td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19-25</td>
<td>12.5%</td>
<td>9.2%</td>
</tr>
<tr>
<td>26-34</td>
<td>27.9%</td>
<td>23.6%</td>
</tr>
<tr>
<td>35-54</td>
<td>44.9%</td>
<td>42.1%</td>
</tr>
<tr>
<td>55-64</td>
<td>14.6%</td>
<td>25.1%</td>
</tr>
<tr>
<td><strong>Comorbidity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No comorbidity</td>
<td>15.3%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Mental health comorbidity</td>
<td>39.0%</td>
<td>53.6%</td>
</tr>
<tr>
<td>Other comorbidity</td>
<td>45.7%</td>
<td>37.2%</td>
</tr>
</tbody>
</table>
Utilization of ARTS services and treatment rates
### Number of members who used ARTS Services, 2017-2019

<table>
<thead>
<tr>
<th>Service Description</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>Percentage change, 2017 to 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members who had any ASAM level of service</td>
<td>17,120</td>
<td>25,923</td>
<td>46,520</td>
<td>172%</td>
</tr>
<tr>
<td>ASAM Level 0.5, Early Intervention</td>
<td>498</td>
<td>710</td>
<td>2,288</td>
<td>359%</td>
</tr>
<tr>
<td>Office-Based Opioid Treatment/Outpatient Treatment Providers</td>
<td>630</td>
<td>3,686</td>
<td>9,558</td>
<td>1417%</td>
</tr>
<tr>
<td>ASAM Level 1, Outpatient Services</td>
<td>12,208</td>
<td>18,498</td>
<td>34,077</td>
<td>179%</td>
</tr>
<tr>
<td>ASAM Level 2, Intensive Outpatient/Partial Hospitalization</td>
<td>1,115</td>
<td>1,807</td>
<td>4,096</td>
<td>267%</td>
</tr>
<tr>
<td>ASAM Level 3, Residential/Inpatient Services</td>
<td>388</td>
<td>1,049</td>
<td>3,483</td>
<td>798%</td>
</tr>
<tr>
<td>ASAM Level 4, Medically Managed Intensive Inpatient Services</td>
<td>2,350</td>
<td>4,441</td>
<td>9,569</td>
<td>307%</td>
</tr>
<tr>
<td>Peer Recovery Support</td>
<td>67</td>
<td>320</td>
<td>775</td>
<td>1057%</td>
</tr>
<tr>
<td>Substance Use Case Management</td>
<td>2,483</td>
<td>6,038</td>
<td>13,604</td>
<td>448%</td>
</tr>
<tr>
<td>Substance Use Care Coordination at Preferred OBOTs</td>
<td>209</td>
<td>1,024</td>
<td>4,048</td>
<td>1837%</td>
</tr>
</tbody>
</table>
Changes in treatment rates for base Medicaid members

Percent of members with SUD who received any ARTS treatment services

<table>
<thead>
<tr>
<th>Year</th>
<th>Treatment rate for SUD</th>
<th>Treatment rate for OUD</th>
<th>Treatment rate for AUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>19.9%</td>
<td>33.1%</td>
<td>44.4%</td>
</tr>
<tr>
<td>2017 ARTS</td>
<td>32.1%</td>
<td>47.3%</td>
<td>61.1%</td>
</tr>
<tr>
<td>2018</td>
<td>41.3%</td>
<td>44.4%</td>
<td>61.1%</td>
</tr>
<tr>
<td>2019 Medicaid Expansion</td>
<td>45.7%</td>
<td>47.4%</td>
<td>65.9%</td>
</tr>
</tbody>
</table>
SUD and OUD treatment rates, by eligibility group, 2019

<table>
<thead>
<tr>
<th>Eligibility Group</th>
<th>SUD treatment rate(^1)</th>
<th>OUD treatment rate(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid expansion</td>
<td>53.4%</td>
<td>72.8%</td>
</tr>
<tr>
<td>Nondisabled adults</td>
<td>52.7%</td>
<td>72.8%</td>
</tr>
<tr>
<td>Disabled adults</td>
<td>42.7%</td>
<td>57.1%</td>
</tr>
<tr>
<td>Governor’s Access Plan (GAP)</td>
<td>72.4%</td>
<td>81.6%</td>
</tr>
<tr>
<td>Former Foster Care Youth</td>
<td>4.9%</td>
<td>Not reportable</td>
</tr>
</tbody>
</table>
SUD treatment rates by region, 2019

- Southwest: 61%
- Roanoke: 56%
- Northern: 50%
- Charlottesville: 49%
- Central: 49%
- Tidewater: 41%
<table>
<thead>
<tr>
<th>Number of members who used MOUD</th>
<th>2016</th>
<th>2017 (ARTS)</th>
<th>2018</th>
<th>2019 (Medicaid Expansion)</th>
<th>% Change 2016 to 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members who received any MOUD</td>
<td>6,031</td>
<td>8,233</td>
<td>11,806</td>
<td>23,257</td>
<td>286%</td>
</tr>
<tr>
<td>Members who received buprenorphine treatment</td>
<td>4,972</td>
<td>6,089</td>
<td>7,212</td>
<td>13,099</td>
<td>163%</td>
</tr>
<tr>
<td>Members who received methadone treatment</td>
<td>419</td>
<td>1,325</td>
<td>3,544</td>
<td>7,945</td>
<td>1796%</td>
</tr>
<tr>
<td>Members who received naltrexone or other medication treatment</td>
<td>686</td>
<td>968</td>
<td>1,496</td>
<td>3,238</td>
<td>372%</td>
</tr>
</tbody>
</table>
## MOUD treatment for pregnant women with OUD

<table>
<thead>
<tr>
<th>MOUD treatment</th>
<th>2016-2017 (18 months)</th>
<th>2017-2018 (24 months)</th>
<th>2018-2019 (18 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MOUD treatment in 12 months prior to delivery</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent with any MOUD treatment</td>
<td>52.4%</td>
<td>57.0%</td>
<td>62.1%</td>
</tr>
<tr>
<td>Average number of months with any MOUD treatment before delivery</td>
<td>5.0</td>
<td>5.1</td>
<td>5.4</td>
</tr>
<tr>
<td><strong>MOUD treatment in 12 months after delivery</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent with any MOUD treatment</td>
<td>69.5%</td>
<td>71.0%</td>
<td>74.5%</td>
</tr>
<tr>
<td>Average number of months with any MOUD treatment after delivery</td>
<td>5.9</td>
<td>6.4</td>
<td>7.0</td>
</tr>
</tbody>
</table>
Comparisons with other states
Medicaid Outcomes Distributed Research Network (MODRN)

- Collaboration of state-university partnerships in 13 states through AcademyHealth (DE, KY, MD, MA, ME, MI, NC, OH, PA, UT, VA, WV, WI).

- Funded by NIDA grant to develop common data model for state Medicaid claims to facilitate cross-state comparisons.

- Permits an assessment of how trends in SUD treatment and utilization in Virginia compares with other states.
MOUD treatment rates, 2016-2018

Percent of members with OUD who received MOUD treatment

- **2016**: Virginia - 34%, Other MODRN states - 49%
- **2017**: Virginia - 44%, Other MODRN states - 53%
- **2018**: Virginia - 55%, Other MODRN states - 57%
Use of counseling services for OUD, 2016-18

Percent of members with OUD who received any counseling services

- **2016**: 44%
- **2017**: 57%
- **2018**: 76%

**Other MODRN states**
- **2016**: 78%
- **2017**: 83%
- **2018**: 85%

Legend:
- **Virginia**
- **Other MODRN states**
Co-prescribing of opioids for members with OUD, 2016-18

Percent of members with OUD who received opioid pain medications

- **2016**: Virginia 51, Other MODRN states 51
- **2017**: Virginia 45, Other MODRN states 45
- **2018**: Virginia 38, Other MODRN states 35
Other notable results from evaluation report

• Continued disparities in SUD treatment rates between White and Black Medicaid members.
  • Blacks less likely to engage with treatment
  • Length of treatment episodes much shorter for Blacks
  • Blacks with OUD somewhat less likely to have MOUD treatment (but more likely to use methadone treatment when they do use MOUD)

• Increase in SUD-related ED visits between 2018 and 2019

• Care transitions after ED visit and stay in residential treatment are improving

• Patient experience with treatment generally positive, but less so for members with co-morbid mental health problems and social needs
Conclusions

• Strong evidence that ARTS has substantially increased access to and utilization of SUD treatment services.

• Medicaid expansion has dramatically increased the “demand” for ARTS services, and the volume of services provided.

• Evidence of improved quality of treatment services and patient satisfaction with treatment.

• Disparities in treatment by race, region, mental health co-morbidity, social factors

• TBD
  • Impact of ARTS and Medicaid expansion on overdose deaths
  • Consequences of COVID-19?
Please unmute yourself or use the chat feature in WebEx to submit your questions.
Website Update

DMAS Home Page:
https://www.dmas.virginia.gov/#/index

ARTS Home Page:
https://www.dmas.virginia.gov/#/arts

SUPPORT Grant:
https://www.dmas.virginia.gov/#/artssupport
The Virginia Department of Medical Assistance Services (DMAS) was awarded the Centers for Medicare & Medicaid Services SUPPORT Act Section 1003 Grant in September 2019. The purpose of this grant is to decrease substance use disorder (SUD) provider workforce barriers and increase the treatment capacity of providers participating under the state Medicaid program to provide SUD treatment or recovery services.

**Grant Goals**
- Learn from Addiction and Recovery Treatment Services (ARTS) program
- Decrease barriers to enter workforce
- Focus on specific subpopulations: justice-involved members and pregnant and parenting members
- Maintain our core values: person-centered, strengths-based, recovery-oriented

**Grant Components**
- Needs assessment
- Strengths-based assessment
- Activities to increase provider capacity

**Period of Performance**
September 2019 - September 2021

**Grant Email**
SUPPORTgrant@dmas.virginia.gov
Want a copy of today’s slides?

Stakeholder meeting slides will be posted on the SUPPORT Act Grant Website: https://www.dmas.virginia.gov/#/artssupport

- Virginia Medicaid Agency Awarded Federal Grant to Combat Opioid Crisis [pdf]
- Summary of Virginia’s SUPPORT Act Goals and Activities [pdf]
- Accessibility Notice [pdf]

Resources

- UCSF National Clinician Consultation Center Warmline [pdf]
- COVID-19 Resource Library [pdf]

Monthly Stakeholder Meetings

- October 2020 [pdf]
- September 2020 [pdf]
- 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]
- 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]
- 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]

Fall 2020 Webinars

- Video: How to Set Up a Preferred OBOT Webinar
- Slide Deck: How to Set Up a Preferred OBOT Webinar [pdf]
- Video: Hepatitis C Treatment Webinar
- Slide Deck: Hepatitis C Treatment Webinar [pdf]
- Fall 2020 Webinar Schedule [pdf]
ARTS Questions:
- ARTS Helpline number: 804-593-2453
- Email: SUD@dmas.Virginia.gov
- Website: http://www.dmas.virginia.gov/#/arts

SUPPORT Act Grant Questions:
- SUPPORTgrant@dmas.virginia.gov

ARTS Treatment Questions:
- SUD Behavioral Health: Paul Brasler
  - Paul.Brasler@dmas.Virginia.gov
  - 804.401.5241
- Addiction Medicine: SUPPORT Team
  - 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.

**Next Meeting**
Monday, February 8, 2021
10:00 AM – 12:00 PM