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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.
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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.

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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 (NCE)) *

*Application for a second NCE is available. Possible extension through September 2022

**Approved Budget:** $4.9 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) benefit program
  ▪ Appreciate successes
  ▪ Learn from challenges

• Decrease barriers to enter workforce

• Focus on specific subpopulations
  ▪ Members who have legal/carceral experience
  ▪ Members who are pregnant and parenting

• 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, Senior Budget Analyst
- Trenece Wilson, MPH, Policy and Planning Specialist
- Adam Creveling, MSW, CPRS, Grant Program Specialist
Substance Use Disorder (SUD) Policy Landscape Review and Support: Key Findings and Opportunities

VA Medicaid SUPPORT Act Monthly Stakeholder Meeting

September 13, 2021
Agenda

- Project Overview
- Key Findings and Opportunities
- Questions/Discussion
Project Overview

Team

VA SUPPORT Act Grant Team  Manatt Health  State Health Partners

Project Priorities

- Identifying and addressing gaps in the state’s SUD delivery system
- Addressing racial/ethnic disparities in access to SUD treatment and recovery services
- Responding to SUD-related challenges and opportunities in light of COVID-19
- Helping to ensure Virginia is well-positioned to apply for and secure SUPPORT Act Phase Two (“Post-Planning Phase”) federal funding for its SUD delivery system (Section 1003 of the SUPPORT Act)
**Project Approach**

From July 2020 through August 2021, Manatt and State Health Partners, in partnership with DMAS’ SUPPORT Act Grant team, completed the following activities:

- Assessed SUPPORT Act and other federal SUD requirements and opportunities
- Interviewed 44 stakeholders (mostly providers and advocates)
- Identified promising practices implemented in other states related to SUD services
- Conducted monthly working sessions with DMAS, other state agencies, and additional stakeholders on opportunities to strengthen SUD services
- Presented findings and recommendations to DMAS leadership

**Areas of Focus**

- Justice-involved individuals
- Special populations (e.g., dual eligibles)
- Telehealth
- Benefits
- Peer Recovery Support Services
- Data, privacy, and confidentiality issues
- Care coordination/management
- Value-based payments/quality

VA Has Dramatically Expanded Access to SUD Treatment

Since implementing the Addiction and Recovery Treatment Services (ARTS) benefit in April 2017 and Medicaid Expansion in 2019, Virginia has increased access to SUD treatment services, resulting in increased utilization.

The number of members with a SUD Diagnosis has doubled since 2016.

Utilization of SUD treatment services has increased by 172% since 2016.

Between 2017 and 2019, many services experienced significant increases, including:

- Care coordination: 1837%
- Preferred OBOT and OTP: 1417%
- Residential treatment: 798%
- Early screening and intervention: 359%

Medicaid members using ARTS for opioid use disorder (OUD) report positive changes as a result of seeking treatment. For example,

- 82% are more confident about not being dependent on drugs or alcohol
- 81% are getting along better with family
- 63% report that their housing situation has improved

The supply of addiction treatment providers that serve Medicaid members continues to increase, across American Society of Addiction Medicine (ASAM) Level 2.1-4.0, OTPs and OBOTs.

59 providers before ARTS

564 as of 2020

1. OBOT: Preferred Office-Based Opioid Treatment; OTP: Outpatient Treatment Provider
Source: Addiction and Recovery Treatment Services: Access, Utilization, and Quality of Care 2016 - 2019 (July 2021);
https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/FinalARTS3yearcomprehensiveraportforPublishing_07142021(1).pdf
Deep Dive: Stakeholder Interviews

During the fall of 2020, State Health Partners conducted 27 interviews and spoke with 44 stakeholders to capture insights on current SUD treatment service delivery.

**Stakeholder Organizations**
- OBOT Providers
- OBOT Pharmacist
- University-affiliated OB/GYN
- Association of Free and Charitable Clinics
- VA Assn. of Community Services Boards
- Free Clinic (Hybrid – takes Medicaid)
- Free Clinic (Considering taking Medicaid)
- VA Community Health Care Association (FQHCs)
- Public Officials
- Local Juvenile Detention Center
- Local Sheriff Offices
- Local Jails
- Regional Jails
- Drug Court
- Defense Attorney
- VA Dept. of Corrections
- Dept. of Behavioral Health and Developmental Services
- Dept. of Medical Assistance Services
- Department of Aging and Rehabilitation Services
- MCO ARTS Care Coordinators

**Interview Focus Areas**
- Benefits and cost sharing, prior authorization, utilization management, and access
- Treatment of special populations such as pregnancy, cooccurring conditions, or justice system involvement
- Racial disparities in access and treatment
- Use of telehealth
- Data sharing/reporting
- Care coordination
Virginia is a national leader in Medicaid-based strategies for addressing SUD, and the ARTS program and other initiatives serve as a model for other states seeking to expand access to SUD services. Examples of VA’s strengths include:

- Offering a benefits package that covers the full spectrum of ASAM levels of care for substance use disorders
- Seeking to better understand and address the full scope of SUD disorders e.g., polysubstance use and the recent rise in deaths due to methamphetamines and cocaine use
- Leveraging data to better understand racial/ethnic disparities and inform future priorities
- Working to enroll eligible justice-involved individuals in coverage, including through creation of the Cover Virginia Incarcerated Unit (CVIU)
- Offering ongoing support to providers (e.g., training and webinars) to increase SUD knowledge and improve service delivery
The following opportunities and levers were identified for enhancing SUD treatment access and quality across the state.

**Opportunities**

- Strengthening the role of Medicaid for justice-involved populations
- Strengthening and evolving the current care coordination system
- Increasing the use of peer recovery support services
- Work with managed care organizations (MCOs) and community-based organizations (CBOs) to address racial/ethnic disparities related to SUD
- Advancing the use of telehealth for SUD treatment

**Levers**

- Policy Changes
- Managed Care Contract Requirements
- Stakeholder Engagement
- Trainings/Webinars
- Data Collection/Analysis
# Justice-Involved Populations

## Findings

DMAS and Virginia Department of Corrections (VADOC) are working together to strengthen Medicaid enrollment processes and linkages to post-release care for justice-involved individuals, including those with SUD.

While the CVIU has strengthened opportunities to enroll justice-involved individuals in coverage, there are additional opportunities for many jails in establishing and implementing standardized enrollment procedures.

These opportunities are necessary to improve outcomes as Medicaid-eligible individuals often are released without plans for their care despite high rates of chronic conditions, infectious disease, and SUD, as well as other behavioral health needs. These individuals may face:

- Numerous problems securing care (e.g., more pressing priorities, problems finding a provider, lack of information on medication/care received during incarceration)
- High rates of poverty, unemployment, and homelessness

Stakeholders reported specific concerns for pregnant people with SUD who often receive little or no treatment or, if they do receive medication for OUD or other forms of treatment, it may be terminated upon delivery despite ongoing need for SUD treatment.

VA has identified a need to do additional work on Medicaid suspension/pre-release processes for juveniles in Department of Juvenile Justice facilities and local juvenile detention centers.¹

Approximately 68% of the Department of Corrections prison and non-prison (probation/parole) population has a need for SUD treatment.²

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1. Interview with VADOC.
2. The SUPPORT Act requires states to suspend Medicaid enrollment for juveniles who are “inmates of public institutions” and were determined to be eligible for Medicaid before being entering a public institution.
Justice-Involved Populations

Opportunities for States

- Opportunities may be opening for states to use Medicaid as a tool for providing pre-release services to justice-involved individuals aimed at ensuring they return to the community with stable care.

- A growing number of states are pursuing Medicaid 1115 waivers to obtain federal reimbursement for services delivered to incarcerated individuals 30-days (or more) prior to release (AZ, CA, KY, NY, UT, VT and Washington DC).

- Several states require MCOs to conduct “in reach” where the plans sends a clinician into a jail or prison (or set up a video conference) to meet with an inmate prior to release. The meeting typically consists of a
  - A physical and behavioral health assessment
  - A medication review
  - Development of a post-release care plan identifying how the person will receive their health care and related social services, and where the inmate intends to live.

Ohio and New Mexico report costs savings for their in-reach programs
  - Ohio: $20 million decrease in the state’s corrections budget
  - New Mexico: ~$8,000 in Medicaid savings for every individual that participated in the pilot (e.g., decrease in emergency department visits, behavioral and physical health services, and pharmacy claims).

Sources:
Stakeholders identified opportunities to strengthen the current care coordination delivery system by increasing information sharing and taking a more coordinated and consistent approach to care coordination/management for ARTS members.

- VA has robust care coordination/management available for members with SUD at both the plan and provider levels that aim to help members navigate across critical transitions of care, promote coordination across providers, and address social determinants of health needs.

- Medicaid enrollees with SUD may have multiple care coordinators, and they and their providers may not always know who to reach out to and when (e.g., MCO Care Coordinator, Regional Transitional Care Coordination, ARTS Care Coordinator, care coordinator based at an OBOT/OTP).

- There is significant variation across MCOs in how they structure and deploy ARTS Care Coordination.

As part of Project Cardinal, DMAS’ effort to merge the Commonwealth Coordinated Care Plus (CCC+) and Medallion 4.0 into one streamlined managed care program, Manatt is supporting the Department in identifying opportunities to strengthen the current care coordination system.
NC approach to care coordination/management

As North Carolina transitions its Medicaid and CHIP programs to managed care, the state has designed a care management model (Tailored Care Management) for individuals with significant behavioral health needs (including SUD), intellectual/developmental disabilities and traumatic brain injury where,

- The state has clearly defined its expectations for care management, including requiring face-to-face contacts
- Beneficiaries will receive integrated, whole-person care management from a single care manager
- Care managers will be embedded within provider organizations, to the maximum extent possible
- Care managers will be the primary point of contact for members, coordinating with a multidisciplinary care team
- Beneficiaries will have access to consistent, high-quality care management, regardless of geography or the type of organization providing care management

The state intends to stand-up an advisory group consisting of MCOs, care management providers, and other stakeholders to advise on policy decisions and share information on what is working and what is not.

Sources:
https://www.ncdhhs.gov/media/8235/download
https://medicaid.ncdhhs.gov/media/8017/download
Peer Recovery Support Services

Findings

Peer recovery specialists offer a key opportunity for providing culturally competent support to Medicaid enrollees with SUD. However, use of peers varies across the state, and the state is looking to build a bigger workforce.

Stakeholders report

- Peers as an extremely valuable resource for members, helping them develop and maintain a path to recovery and wellness
- Lack of general knowledge of the role and value of family support partners, including that the service is covered by Medicaid
- Providers face barriers in integrating peers into their practices
- Low reimbursement rates

In May 2021, DMAS delivered a report to the VA General Assembly with recommendations for changing Medicaid regulations to help with addressing barriers to providing peer services. DMAS also recently released a memo to remove administrative burden.

DMAS released guidance for peer recovery specialists to support implementation/utilization of the Recovery and Resiliency Wellness Plan, a framework to help set goals, strategies, and actions to help the member advance in their recovery journey.

Source:
https://rga.lis.virginia.gov/Published/2021/RD217/PDF
State approaches for strengthening the peer workforce

Texas offers a twelve-month program to help provider organizations incorporate peers into their practices. The program is designed as a learning community and focuses on changing organizational culture, defining and clarifying the peer support specialist role, and supervising these staff.

Georgia has expanded the role of peers and developed a new Medicaid reimbursable service for “Peer Support Whole Health and Wellness.” Peer support specialists complete additional trainings to work in both primary care and behavioral health settings, are certified in Whole Health Action Management.

Georgia has a range of reimbursement rates for peer services, with higher reimbursement for both more experienced/credentialed peers and services delivered out of a provider setting:

- Peer supports, adult, group, one hour: $13.20-$21.64
- Peer supports, adult, individual, per 15 minutes: $15.13-$24.36
- Peer Support Whole Health & Wellness, per 15 minutes: $15.13-$36.68

Rates for peer services range across states; a review of 11 states found the below ranges:

- 1 hour of group therapy: $4.36 (TX) - $21.64 (GA); VA reimburses $10.80 for an hour ($2.70 per 15 mins)
- 15 mins of individual therapy: $5.98 (SC) - $24.36 (GA); VA reimburses $6.50

Sources:
- Emerging Roles for Peer Providers in Mental Health and Substance Use Disorders; https://www.ajpmonline.org/article/S0749-3797(18)31605-2/pdf
Racial/Ethnic Disparities

Findings

Analysis of the ARTS program shows there are racial/ethnic disparities in SUD treatment rates in Virginia and Black members have somewhat less favorable experiences with treatment providers compared to White members.

Virginia is committed to identifying and addressing racial ethnic disparities in SUD treatment. Recent analyses of the ARTS program indicates

- Treatment rates for SUD are higher for Medicaid members who are White (56%) compared to Black (40%).
- Black members have shorter episodes of outpatient treatment for OUD (median of 86 days) compared to White members (median of 99 days).
- Compared to White members, Black members with OUD are only slightly less likely to receive any medication for OUD treatment, but are more likely to use methadone treatment (versus buprenorphine) when they do receive MOUD.
- Black members have somewhat less favorable experiences with treatment providers compared to White members. However, less favorable patient experiences are more strongly associated among both Black and White members who have housing or food insecurity, are unemployed, and have less social support.

Stakeholders report that racism drives assumptions about the nature of and reasons for SUD among people of color, resulting in greater stigmatization and potentially contributing to a lack of effective treatment options for stimulants.

"Stigma is worse for individuals using methamphetamines, heroin, or cocaine. Opioid users are often viewed as victims of Big Pharma, whereas users of other drugs are viewed as having personal shortcomings. People of color are perceived to frequently use heroin and non-opioid drugs. This may contribute to the lack of treatment options for stimulants. Currently most stimulant use disorders use Cognitive Behavioral Therapy which is not effective."

Source: https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/FinalARTS3yearcomprehensivereportforPublishing_07142021(1).pdf
State approaches for addressing racial/ethnic disparities related to SUD

Managed care plans can help with addressing racial/ethnic disparities:

- Louisiana requires MCOs to stratify performance measures by race/ethnicity
- Minnesota requires MCOs to implement quality improvement projects to address disparities
- Michigan ties incentives/penalties for collecting data on racial/ethnic disparities and reporting on the effectiveness of interventions to reduce those disparities
- North Carolina requires plans to establish a “local community collaboration strategy” that must include an approach to understanding and seeking to address the needs of the counties/communities the plan is serving. While this requirement is broader than SUD, it provides a process for issues pertaining to SUD to be elevated (e.g., tailoring treatment to the racial/ethnic and cultural make-up of a community)

Some states are partnering with CBOs to scale and better support culturally relevant programming and services.

- The Detroit Recovery Project (DRP) is a multi-service effort designed to support black individuals with SUD, bringing together university partners, public safety officials, churches, local public schools, the Department of Health and Human Services and others, to increase its community reach and awareness and provide coordinated efforts through culturally relevant community events.
- DRP also coordinates with local emergency departments to foster linkages to care through a mobile outreach recovery van and peer recovery services that are engrained in communities most affected by SUD.

Sources:
DMAS has expanded telehealth flexibilities dramatically during the COVID-19 crisis; it is an opportune time to build on these actions to address SUD treatment gaps.

Stakeholders report that

- Providers are generally supportive of DMAS’ increased flexibility around telehealth and hope it remains on a permanent basis
- Telehealth has increased member participation and decreased “no show” rates
- Group work via telehealth is challenging
- Patients may need tablets or other hardware to engage in treatment via telehealth
- Rural areas may lack high-speed internet access
- Some providers are concerned that prolonged use of telehealth as the only mode of care can result in lack of engagement by members

Through new telehealth flexibilities, DMAS has expand access to medication-assisted treatment.
As states and federal agencies continue to combat the COVID-19 pandemic, they are also beginning to develop and implement permanent telehealth policy changes in order to continue to expand access to telehealth services beyond the pandemic period.

States are looking to continue covering and paying for audio-only telehealth, particularly in rural areas (where broadband may be an issue) and for some targeted services (e.g., behavioral health).

- California has committed to covering audio-only at full payment parity with video and in-person visits.

Health systems and providers are revamping their practices and workflows to include telehealth, helping to fill gaps in behavioral health provider capacity and make treatment more convenient and easier to access.

- In VA, Inova also has piloted a program in eight PCP offices that allows patients to access walk-in psychiatric services. PCPs who recommend psychiatric care for their patients can connect them via telehealth to behavioral health providers.

Sources:
CA: https://opendoorhealth.com/
Questions?
SUPPORT ACT GRANT UPDATES
SEPTEMBER 2021
SUPPORT Act Grant Updates:

Projects Update

• VCU Department of Health Behavior and Policy (DBHP)
  ▪ Continuum of care needs assessment
  ▪ ARTS Members and SUD treatment provider surveys and analysis
  ▪ Data analysis on Medicaid members who have experience with the legal/carceral systems.

• VCU Wright Center and Institute for Drug and Alcohol Studies
  ▪ Provider webinar survey
  ▪ Brightspot Assessment

• Manatt - Policy Design Sessions – Complete
  ▪ Priorities going forward
  ▪ Medicaid Managed Care Strategies
Projects Update

- Health Management Associates (HMA)- Legal/Carceral System, SUD, and Medicaid
  - Environmental Scan/Lit Review/SWOT Analysis - finalizing
  - Demonstration projects with two DOC sites and three local/regional jails

- Subawards
  - Seven awards total
  - Expand SUD treatment capacity
SUPPORT Act Grant Updates:

• Emergency Department Virtual Bridge Clinic Model
  ▪ VCU Emergency Department Virtual Bridge Clinic (VBC)
    ▪ Implementing a VBC at VCU ED to VCU MOTIVATE Clinic
  ▪ Carilion Clinic:
    • Expanding and enhancing current Bridge Clinic services
    • Developing a curriculum for EDs interested in building their own ED Bridge to Care program
Phase Two: Post-Planning Demonstration Cooperative Agreement

- **Notice of Funding Opportunity (NOFO) posted:** July 9th
- **Letter of Intent Due:** August 5th
- **Application Due:** August 20th
- **Notice of Award:** September 15th
  - Up to five states from the 15 planning grant states will be awarded Post-planning grant

**Phase Two Start Date:** October 1, 2021

**End Date:** September 29, 2024 (36 Months)
Planning and Post-Planning Grants Timeline

**July 2021 – Sept 30, 2021**
- Continuation of Planning Phase
- Planning Grant NCE Due: Sept 29th
- Post-Planning Application Due: Aug. 20th

**Oct 1, 2021 – Sept 30, 2022**
- Start of 12 month Planning Phase NCE
- Start of Post-Planning Phase

**Oct 1, 2022 – Sept 30, 2024**
- Continuation of Post-Planning Phase

Planning Grant and Post-Planning Grant will overlap by 12 months
Fall 2021 Webinars

- Topics that will be covered include:
  - Repeated Webinars:
    - Stigma in SUD & SUD Treatment
  - Opioids, Stimulants & Cannabis
  - Increasing Access for Opioid Treatment in OBOT Settings
  - Co-Occurring Disorders, Part 1
  - Co-Occurring Disorders, Part 2
  - Mental Health Exam
  - Urine Drug Screenings: Purpose & Practice
  - Behavioral Addictions: Gambling, Gaming & More
  - Contingency Management

Webinar dates and registration links will be emailed out soon!
AMERICAN RESCUE PLAN ACT (ARPA) FUNDING
**ARPA Funding – 12.5% Rate Increase**

**Home and Community-Based Services**

*Services Eligible for 12.5 Percent Rate Increase*

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ARPA Funding – 12.5% Rate Increase

SB7001 Hanger Amendment
1/1/22 to 6/30/22

DMAS values the important work of home and community-based care providers, including providers of services for physical and behavioral health needs. We understand the challenges they have faced over the past year as they continue to ensure our members have access to critical services during the COVID-19 pandemic. The budget passed during the August 2021 special session includes a 12.5% increase for community based service providers starting July 1, 2021. DMAS is currently assessing impacts across a variety of HCBS services and will issue guidance as soon as possible.
Richmond Behavioral Health

DMAS SUPPORT Act Grant Stakeholder Meeting
September 13, 2021
Who is Richmond Behavioral Health?

RBH promotes health, wellness and recovery for the people and communities we serve. We provide primary care and behavioral health services to people with mental health and substance use disorders, as well as persons with developmental disorders.

We provide a wide continuum of services for people with SUDs, including assessment, case management, outpatient, 24/7 crisis, medication-assisted treatment (MAT), residential withdrawal management and treatment (for men, women and women with children), and primary care services.
Please check out our new building mural - 107 S. 5th St!
DMAS Grant Project Overview:

• To expand and enhance our delivery of telehealth services and supports for Medicaid members diagnosed with a substance use disorder (SUD)

• To enhance RBHA’s telemedicine infrastructure and broadband connectivity for individuals served (e.g., phones, tablets, webcams) plus additional Zoom accounts for the organization

• To enhance the services provided by RBHA’s Certified Peer Recovery Specialists to include training on using equipment as well as how to access resources
COVID Impacts

18 months ago, our workforce had to shift quickly to deliver telehealth, including making adjustments within our residential service programs (e.g., reducing capacity to one person/room, quarantining in rooms, more online supports, etc.)

We know that many of our consumers are not able to engage in telehealth due to either not having equipment, lack of knowledge to use equipment, or lack of a safe space to communicate.

This project helped us address these barriers by providing equipment and infrastructure capabilities.
By the numbers...

- 156 consumers have benefitted from the use of tablets
- 24 Webcams instituted
- 30 Zoom accounts added
- RBHA employs more than 25 Peer Recovery Specialists, most of which are Certified. For this project, Peers provide 1:1 support, teach computer basics, and guide consumers toward supportive warm lines, 24/7 12-step groups online, and other web-based supports.
Project Outcomes:

We are monitoring metrics such as number of consumers accessing services, consumer satisfaction with the enhanced telehealth services, and number of staff/consumers reporting ease of use.

*We recently conducted a satisfaction survey of staff and consumers*
Consumer Computer Activities

The following activities were conducted by consumers:

- Looking for community resources;
- Online recovery meetings;
- Virtual counseling group sessions;
- Searching for recovery resources;
- Looking/applying for jobs;
- Checking email
- Keeping in touch with friends/family
Consumer Satisfaction

How satisfied were you with the equipment?
61% consumers reported being very satisfied; 39% reported being satisfied

How helpful has the equipment been with your recovery?
74% consumers reported that the equipment was extremely helpful; 16% reported helpful; and 10% reported that the equipment was neither helpful nor unhelpful.
Consumer Satisfaction

How helpful was the RBHA staff in teaching you how to use the equipment?
63% consumers reported extremely helpful; 21% reported helpful; and 11% reported neither helpful or unhelpful; and 5% reported unhelpful.

How comfortable are you with using computers to explore recovery resources?
60% consumers reported extremely comfortable; 35% reported comfortable; and 5% neither comfortable/uncomfortable

55% of consumers completing this survey reported never using a computer prior to coming to RBHA to look for recovery resources.
Consumer Satisfaction

What was most helpful to you about having the equipment available to use?

“Talking with the housing specialist to find sober living opportunities in the area”

“Zoom meetings!!!!!! Great”

“Keeping in touch with my AA sponsor”

“Easy access”

“It was very useful because when my case worker was busy they gave me the opportunity to use iPad and staff would help me get things done”
Staff Satisfaction

**How satisfied were you with the equipment?**
33% staff reported being very satisfied; 50% reported being satisfied; 17% were neither satisfied nor dissatisfied

**How helpful has the equipment been with consumers’ recovery?**
58% staff reported that the equipment was extremely helpful; 41% reported that the equipment was helpful; and 1% reported that the equipment was neither helpful or unhelpful.
Staff Satisfaction

What do you feel was most helpful about having the equipment available to consumers to use?

“Having this equipment has been invaluable. It has allowed the clients to have access to valuable information and resources.”

“Consumers became more independent in seeking needed resources, and was another positive treatment component.”

“It really helped during COVID with individuals in isolation.”
Staff Satisfaction

*What do you feel was most helpful about having the equipment available to consumers to use?*

“The clients are able to participate in their recovery such as individual therapy, NA and AA groups, and IOP”

“During times of quarantine due to Covid-19”

“Promotes client independence and developing skills that will help them within the community. Provides additional opportunity to link clients to services during the pandemic.”
Thank you!
Questions and Answers

Please unmute yourself or use the chat feature in WebEx to submit your questions.
SUPPORT Grant: [https://www.dmas.virginia.gov/#/artssupport](https://www.dmas.virginia.gov/#/artssupport)
Want a copy of today’s slides?

* Monthly Stakeholder Meetings

- March 2021
- February 2021
- January 2021
- December 2020
- November 2020
- October 2020
- September 2020
- August 2020
- July 2020
- June 2020
- May 2020
- April 2020


*Reminder: Stakeholder Meetings are now held every other month! Our next meeting will be in November!
Addiction and Recovery Treatment Services (ARTS)

Contacts

**ARTS Questions:**
- ARTS Helpline number: [804-593-2453](tel:804-593-2453)
- Email: [SUD@dmas.Virginia.gov](mailto:SUD@dmas.Virginia.gov)
- Website: [https://www.dmas.virginia.gov/providers/addiction-and-recovery-treatment-services/](https://www.dmas.virginia.gov/providers/addiction-and-recovery-treatment-services/)

**SUPPORT Act Grant Questions:**
- [SUPPORTgrant@dmas.virginia.gov](mailto:SUPPORTgrant@dmas.virginia.gov)

**ARTS Treatment Questions:**
- SUD Behavioral Health: Paul Brasler
  - 804.401.5241
- Addiction Medicine: SUPPORT Team
  - [SUPPORTgrant@dmas.Virginia.gov](mailto: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, November 8th, 2021
10:00 AM – 11:30 AM