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

SUPPORT ACT GRANT
MONTHLY STAKEHOLDER MEETING
NOVEMBER 8, 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 $4,997,093 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

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  • We will mute all lines if there is a lot of background noise

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When the microphone icon looks like this, you are muted

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Overview of SUPPORT Grant Initiatives

Notice of Award: September 18, 2019

Period of Performance: September 30, 2019 to September 29, 2022 (18 months + 18 month no cost extension (NCE))*

*Virginia was approved for a second NCE that will go from October 1, 2021 – September 30, 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
SUPPORT ACT GRANT UPDATES

NOVEMBER 2021
Timeline

• Phase Two: Post-Planning Demonstration Cooperative Agreement
  ▪ Virginia submitted an application and was notified that we were not one of the five states to be awarded the post-planning demonstration.

• No Cost Extension (NCE) – 10.01.21 – 09.30.22

Sept. 2019 – Sept 30, 2021
• Planning phase

Oct 1, 2021 – Sept 30, 2022
• 12 month NCE Planning Phase
SUPPORT Act Grant Updates:

Projects Update

- Two Contracts have been completed as of 09.30.21:
  - Policy Review – Manatt
  - Subaward – Richmond Behavioral Health Authority (RHBA)
- 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
SUPPORT Act Grant Updates:

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
  ▪ Stakeholder Convenings – Northern Shenandoah Valley and Norfolk

• Subawards
  ▪ Six awards remaining
  ▪ Expand SUD treatment capacity
  ▪ Will present on projects at the January and March Stakeholder meetings
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
    ▪ Referred over 100 individuals to the bridge program and seeing success with in-person follow up care and six-month treatment retention.

  ▪ Carilion Clinic:
    • Expanding and enhancing current Bridge Clinic services
    • Developing a curriculum for EDs interested in building their own ED Bridge to Care program
    • Offering technical assistance to up to four hospital systems interested in starting an ED Bridge Clinic
Fall 2021 Webinars

• Topics that will be covered include:
  ▪ Repeated Webinars:
    • Stigma in SUD & OUD 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

• Schedule available: https://www.dmas.virginia.gov/media/3845/fall-2021-webinar-schedule-09-17.pdf

• Slide decks are available on the DMAS SUPPORT Grant webpage: https://www.dmas.virginia.gov/providers/addiction-and-recovery-treatment-services/support-act-grant/
BRAVO UPDATE:

ENHANCED MEDICAID SERVICES IN 2021 AND BEYOND

November 2021
**Behavioral Health Redesign for Access, Value and Outcomes**

**Vision**

Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:

- **High Quality**: Quality care from quality providers in community settings such as home, schools and primary care.
- **Evidence-Based**: Proven practices that are preventive and offered in the least restrictive environment.
- **Trauma-Informed**: Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals.
- **Cost-Effective**: Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system.
This represents the long term vision for the development of a robust continuum.
BRAVO Enhancements & STEP-VA

- Transition funding to outpatient services, integrated services in primary care and schools, and intensive community-based and clinical-based supports
- Invest in workforce development including provision of adequate reimbursement to recruit and incentive providers to serve where most needed. Streamline licensure and reduce regulatory burdens that impede workforce development
- Implementation of high quality, high intensity and evidence-based SIX services that demonstrate high impact and value
- STEP-VA services improve access, increase quality, build consistency and strengthen accountability across Virginia’s public behavioral health system (CSBs)
Project BRAVO went LIVE 7/1/2021

What does this mean?

• 3 Enhanced Services LIVE now:
  - Assertive Community Treatment
  - MH Partial Hospitalization Program
  - MH Intensive Outpatient

• 6 Enhanced Services LIVE 12/1/2021
  - Multisystemic Therapy
  - Functional Family Therapy
  - Mobile Crisis Teams
  - Community Stabilization
  - 23 Hour Crisis Stabilization
  - Residential Crisis Stabilization
Thank you for your partnership, support and participation.

Additional Questions?

Please contact EnhancedBH@dmas.Virginia.gov
ARTS Member Experience Interviews:  
Results from Qualitative Interviews of ARTS Members receiving OUD services

Heather Saunders, Vimbai Dihwa, Huyen Pham, Lauren Guerra, Peter Cunningham  
Virginia Commonwealth University

November 2021

*Interview design and data collection by Marshall Brooks and team

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 $4,997,093 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.
Objective

Gain insights into member experiences in ARTS program including:

- An understanding of treatment experiences
- Barriers and facilitators to initiating and maintaining treatment
- The impact of treatment on overall health and wellbeing
Qualitative Interviews Sample

74 participants
Sample: Qualitative interviews

Treatment Type

- OTP 39%
- OBOT 31%
- Other 30%
Qualitative Data Analysis and Steps

Sample Identification

Thematic Analysis: Initial Theme/Code Development

Multiple Interviewers coded

Ensuring Coder Consistency
MAIN SECTIONS FOR TODAY’s DISCUSSION

I. Reasons for seeking treatment
II. Treatment experiences
III. MOUD
IV. Effects of treatment
V. Recurrence of SUD
VI. Telehealth
I. REASONS FOR SEEKING TREATMENT
• **Prescribed by physician:** 30 participants for chronic pain management or post-surgery recovery. Of these 30 there were 6 who mentioned that they were not advised about the risk of addiction.

• **Non-prescribed opioids:** 35 participants

• **Minor (under age 18) at the time of onset:** 13 participants. Many stated that friends or family members who were using provided them with opiates. Other reasons included injuries or accidents that led to them being prescribed, as well as just being curious and wanting to experiment.
Special Populations

42 participants

- **HIV/Hepatitis:** 7 participants disclosed current treatment for one or both.

- **Pregnancy:** 8 participants described their experiences with OUD treatment during pregnancy.

- **Incarceration:** 27 participants explained how being incarcerated affected their treatment experiences. Many described withdrawal symptoms and stigma from law enforcement.

“You're going to prison." Yes, I was an addict and you can't prove yourself innocent, but more likely you have to prove yourself. And if you're an addict, you will never prove yourself because you're an addict.”
Stigma

44 participants

- From healthcare providers: 28 participants
- From family and close friends: 20 participants
- Self-stigma or shame: 11 participants
- General societal stigma: 15 participants

“And even my doctor, the general practitioner or whatever. In their eyes I'm an ex-addict. Every doctor I've ever been to. So, I get treated differently. And that's frustrating. So, a lot of times I don't even bother going because I don’t want to deal with it.”

“One pharmacy made me wait, even though they had my medicine. They sat, they made me sit there for an hour, took care of people after me and was laughing and joking about me and my husband. The whole time we were sitting there.”
Finding a provider

59 participants

- **Family/Friend Referral**: 27 participants were referred by a friend or family member.

- **Healthcare referral**: 8 participants were referred by another provider or treatment center.

- **Other Sources**: 24 participants found their treatment other ways including through online searches, general familiarity, appointment availability, court mandates.
Future desire to taper off MOUD: 21 participants expressed desire to taper MOUD in the future. Members who received treatment outside of an OBOT or OTP were mostly likely to report a desire to taper.

Reasons for treatment initiation

- **Desire for a “better life”**: 18 participants initiated treatment because they were tired of how OUD impacted their lives and they desired a better life.

- **For loved ones and children**: 27 participants initiated treatment so they could be there for loved ones or children.

- **Avoiding future prison stays**: 3 participants motivated treatment initiation

  “I do want to wean my way off of it. I want to be free of all drugs. I feel like I could do it, but right now, with all everything that's going on with me, I think I'm going to stay where I'm at, because I don't want to go back. So I'm just going to continue taking them for right now.”
II. TREATMENT EXPERIENCES
### Overall treatment experiences

44 participants

<table>
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<tr>
<th>Positive experiences: 38 participants</th>
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<tr>
<td>• OTP: 16 of 23</td>
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<td>• OBOT: 12 of 15</td>
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<td>• Other treatment: 8 of 9</td>
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<table>
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<th>Negative experiences: 12 participants</th>
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<tr>
<td>• OTP: 7 of 23</td>
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<td>• OBOT: 3 of 15</td>
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<td>• Other treatment: 1 of 9</td>
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"They are extremely helpful people. They refer you to certain groups once a month. You've got relapse and recovery, an art group, they do acupuncture group and then it's like an NA meeting type group. I go to like two or three a week because it's helpful. And I made some friends there, some clean and sober friends."
Positive Experiences: 26 participants reported feeling understood and having their treatment needs adequately met

Negative Experiences: 6 participants felt they were being judged or that their needs were not being addressed

Interaction Frequency: 19 participants. This varied significantly, ranging from only once (when medication was first prescribed, and never again after that) to once a week.

“We sit and talk. She's not nobody that rushes you out of the office and stuff, and she's concerned about things that you talk to her about, and she'll try to give you good resources. If she can't help you with it, she'll give you resources of things to help you.”
Group therapy experiences

68 participants

**Positive Experiences:** 36 participants reported finding it helpful to hear about other’s experiences. 3 participants preferred groups therapy to individual therapy.

**Negative/Uncomfortable Experiences:** 23 participants described feeling uncomfortable discussing their lives in a group or did not find it helpful to hear people talk about their past.

**Interaction Frequency:** 19 participants. Group therapy attendance ranged from twice a week to twice a month.

“We had to do group once a week, and it just made me feel not so, I guess, ostracized in a way, just to hear everyone else's stories and to see how everyone came from all different walks of life and upbringings, we were all here at the same place seeking the same thing.”
Individual therapy experiences

68 participants

**Positive Experiences:** 45 participants expressed positive experiences, such as having someone objective to discuss thoughts, feelings, and challenges. 22 preferred individual to group.

**Negative/Unsatisfied Experiences:** 10 participants described that it was unhelpful or felt that counselor was inexperienced could not understand without lived experience of SUD.

**Interaction Frequency:** Group therapy attendance ranged from twice a week to twice a month.

“I really liked the safe space to just openly talk without there being any judgment or preconceived notions of people thinking they know you better than you know yourself. So just to have that safe space, to have someone with an unbiased opinion talk to me and to get it out, I found most helpful.”
Case Manager/Care Coordinator experiences

33 participants

**Positive Experiences:** 11 participants expressed positive experiences, such as help finding transportation and housing.

**Broad Role Variation:** 21 participants described broad variation in the support offered by the care coordinator.

**Interaction Frequency:** 10 participants reported a range of very easy access their care coordinator to having difficulty reaching them at all.

“They offered transportation, they offer counseling, they offer help trying to get you a place to live if you need it. They help you do your paperwork if you don't understand it. They got all kinds of services.”
Positive Experiences: 16 participants expressed positive experiences with overall appreciation for receiving treatment support from people who are also in recovery.

Interaction Frequency: 5 participants reported receiving these services from the OUD clinic, while 14 shared experiences from self-help groups, such as AA, NA, MARA.

“Yeah, because they've been through it and they know. It's more or less like when you talk to somebody who has never done it and they just got the book sense. They can help you with the mind part, but as far as when it comes to actually going through it, they can help you with the physical addiction.”
Community Resources and Support: 13 participants shared sources of support they relied on outside of the treatment facility including wrap around community services, religious communities, post-incarceration transition programs, and charity organizations.

Friend and Family Support: 34 participants shared experiences about how family and friends provided essential support during treatment, particularly initiation.

“My mom kept my daughter for me to get clean. So she kept her for a whole week for me to get clean and get the treatment I needed. So that's pretty much how my family, they just helped me the best they could.”
III. MOUD Positives and Negatives
Methadone

26 participants

**Positives: 18 participants**
- Role in Maintaining Sobriety
- Improves Stability in Life

**Negatives: 8 participants**
- Physical side effects (constipation, sluggish, tired)
- Too strong
- Logistic challenges with daily clinic trips

“I feel like Methadone has kept me out of jail. It's kept me stable and it's got me to a point. I'm able to get up, do what I have to do, it keeps my cravings down.”

“And methadone it didn't allow me to have a job as easily. It didn't allow me to do a lot of things. It made me sluggish it made me gain a lot of weight.”
Buprenorphine

44 participants

**Positives:** 34 participants
- Role in Maintaining Sobriety
- Improves Stability in Life

**Negatives:** 8 participants
- Physical side effects (constipation, sluggish)
- Interaction with other comorbidities/medication (blood sugar, pain medicine)
- Insufficient dose

"Nobody wants to be hooked on opiates. No matter what they say, no matter how many times they keep going back to, it's an addiction, it's a disease. So I feel so much better that I don't have to do that, running around, and I mean every day was a struggle. Just trying to get some more so you don't get sick. So just that first day just being on Suboxone is just like, you can just breathe. And then on top of that, my confidence level goes up, I'm looking better. Everyone's more respectful. Everything."

"The problem was they wasn't giving you a high enough dosage. A whole lot of times your stomach messed up or something."
IV. Effects of Treatment and Ongoing Challenges
Effects of sobriety

60 participants

**Stronger relationships:** 41 participants felt that their relationships with loved ones were stronger, and 5 members attributed regaining custody of their children to their treatment and sobriety.

**Employment:** 14 participants had an easier time finding and keeping employment as a result of sobriety.

**Feeling good:** 36 participants expressed that they generally felt healthier and/or felt good about who they are due to sobriety.

**Hopes for the future:** 14 participants shared plans for the future that were linked to them staying sober.

“My relationship with the family has been extremely, extremely good after I got on maintenance. We were actually on super bad terms at a certain point because of my drug addiction. And I was stealing from them and doing all types of their back stuff. So ever since I've been on it, it's been probably three or four years I've been on a straight path now. And I would say we're actually really, really close today, me and my brothers and my parents”
Ongoing Challenges

66 participants

Financial challenges: 36 participants

• Most commonly mentioned challenge: affordability of services, housing insecurity and/or insurance lapses as obstacles to treatment.

• Some participants specifically mentioned challenges with Medicaid approvals or lapses in coverage.

“But right now, I don't have anything. I have no job, I don't have no money, I don't have nothing right now. But myself and my health. And that's not too good. That's why I hope the disability go through for me because if not, I don't know what to do. “

“So if I were to lose this place, just one room for rent is 650. So I would not be able to live. No way. I couldn't. And I've done the section eight and all that investigating. And there's no applications being accepted for section eight. Like I said, just one room for rent is 650.”
Ongoing Challenges

66 participants

Physical health challenges: 34 participants

- Other physical health concerns (in addition to OUD) that complicated their treatment experience. Difficulties with unresolved and ongoing pain was frequently mentioned.

- Unmet dental needs were also often discussed, with many leading to severe dental problems.

“I have a pain issue. My discs have deteriorated, so my spine is like bone on bone grinding----so I don't have to move and I'm in excruciating pain. Like right now, it sounds like I'm straining myself, but I'm literally in pain. Because my back sometimes, when it goes out, I can't even take a baby step because the pain is so bad.”
Facility related challenges: 26 participants experienced obstacles related to provider changes, inflexible clinic policies, scheduling, and clinic delays.

Transportation challenges: 26 participants explained how unreliable transportation jeopardizes treatment retention.

“The driver didn't get here until about 9:30 or a quarter until 10:00, and I told them that I had to be at the clinic by 10:00. I get to the clinic, Might have been five or 10 minutes late. The girl at the receptionist desk told me that ... I explained to her what was going on. She said, "Well, about you being late, you're going to have to make another appointment." I was like, I said, "Ma'am, I can't make another appointment, because I'm about to ran out of my script. I need to see the doctor so I can get my script. Let me tell you what they did. They did have a opening at 1:00, so I had to sit in there from 10:00, and mind you, I didn't see the doctor until after 1:00. I didn't get home until after 5:00 something that dag gone evening.”
Behavioral health challenges: 25 participants reported ongoing challenges with behavioral health conditions, including:

- Frustration trying to find the right treatment
- Untreated mental health conditions,
- Difficulty finding mental health provider
- Provider mistrust
- Challenges with other Substance Use Disorders

“I actually lost my psychiatrist here about a year ago. So my primary care had to take over prescribing my medications and she's making me find another psychiatrist. And that's another hurdle I'm just going to have to try and overcome, is finding one that's in the area that's taking patients.”
**Relationship challenges:** 19 participants described how they had strained relationships because of OUD, or strained relationships that preceded their opioid use.

“Well, my daughter, me and her grew up as sisters, really. And then we have, she is currently addicted and you can't tell her. I remember being like her and you can't tell her nothing, and I know that all I can do is be there for her and be supportive. But I can't be around her. And it's hard. And my son, when I went to prison, he was so scared to death that I was going to go back”
V. Reasons for Recurrence
Not First Treatment Experience: 31 participants describe experiences with prior treatment experiences.

Physical Side Effects from MOUD:
• 16 participants shared Methadone side effects
• 17 participants shared negative side effects from Buprenorphine

Other Reasons:
• Unreliable Transportation
• MOUD Cost
• Mistrust or negative experience with treatment provider/facility

“I've been in and out of rehab since I was 18. I'm 39 now, I'll be 40 in August. And the first time I went into detox it was because I had a cocaine addiction at the age of 18 and I had a suicide attempt. And that's how I found my first Alcoholics Anonymous meeting. And that's more when I started my journey into recovery. I've been sober for two and a half years now.”
Withdrawal

25 participants

Rapid decreases in prescribed opioids
Patient-led attempts to taper
Pharmacy problems
Withdrawals in prison

“It's on the pharmacy side thing. They don't really order the medication too often. So they won't have the medication, so they'll have to deliver it and then I'll have to wait a couple of days, which on Suboxone, that's not good because you can get sick if you go a certain amount of days without it.”

“I did not wean off. I went cold turkey. I laid and sweated and there was parts of my body that I never knew could hurt, hurt. The only thing that would ease it was a hot shower and then back to bed. But it took, and no lie, right at two and a half months before I felt like eating and getting up. That's how bad it was.”
Facility Refuses to Treat Current Patient

Problems with Insurance Coverage. Loss of coverage, changes to Medicaid MCO.

Initiation Dose too Low

“They gave me 10 milligrams of methadone and tell me that's my last dose. So I go out here, and because I'm not feeling good, I end up going out here trying to score some drugs and end up scoring some fentanyl. And after that, I ended up OD ing.”

“When I first got on it, the dosage that they give you wasn't sustaining me. It took a couple of times of me going back out reusing drugs because I wasn't getting what I needed or what I felt I needed to sustain me through the night.”
VI. Telehealth Experiences
Telehealth Likes

20 participants

- Telehealth makes it easier to juggle other life responsibilities like work and children.
- Telehealth feels more private
- More comfortable and convenient to receive services at home.
- Positive experiences with receiving treatment from providers over telehealth
- Increased ease of access to treatment services and supportive services.

“So I just make them [treatment appointments] fit no matter what. I'll get up, I'll go to work. Right after work, I'll get on the bus and go to a meeting. If I have to call my sponsor on the bus, I'll do that. With therapy, that's once a week. We’ve been doing it via Zoom because of corona, so that helps me tremendously with time management.”
Telehealth Dislikes

- Group therapy can be chaotic and often has low participation.
- Technology challenges. Videoconferencing platform or reception problems.
- Concerns that telehealth communication will lead to ineffective communication or inaccurate diagnoses

“I don't think somebody can really diagnose you over the phone, or really get a good understanding of who they're talking to over the phone. So I'm doing a lot of restructuring myself, so I want to come off as authentic and truthful as I possibly can. On the phone trying to get some help, I can't sugarcoat stuff to the people that I really need help from. I try to be as transparent and open as possible, and it's hard to do that over the phone.”
About half of members report that a family member or friend referred them to their current OUD treatment facility. Surprisingly, only about 13 percent were referred by another provider or treatment center.

Members experience stigma from various sources, but health care providers are the most frequently reported source of stigma.

A substantial number of members suggest that they would like to taper off their MOUD in the future (most often reported in non-OBOT/OTP treatment settings).

Although members are typically pleased with therapy experiences, members in group therapy are more likely to mention negative experiences (40 percent) compared to individual therapy (18 percent). Members who share experiences about individual therapy are more likely to report a preference for individual therapy (22 of 55) compared to members who experience group therapy (3 of 59).
Main Takeaways

• MOUD plays an essential role in helping members maintain sobriety, which leads to increased stability in other areas of life. Members report unique physical reactions methadone and buprenorphine, resulting in strong preferences for one drug over the other.

• Financial, physical health, facility, transportation, and behavioral health challenges were commonly reported ongoing challenges. Members also struggled with strained personal and family relationship problems.

• Recurrence of SUD or overdose were precipitated by facility refusing their patient treatment, problems with insurance coverage, pharmacy problems, or initiation dose too low.

• Members report generally positive experiences with telehealth and sometimes report a preference for telehealth over in-person services. Members who report less positive experiences find telehealth group therapy challenging, experience technology challenges, and find it more difficult to communicate effectively over telehealth.
Questions for discussion:

How do we engage providers to increase referrals to care? What are the barriers?

How can healthcare providers, within and outside of SUD treatment, address stigma?

What is your common practice of tapering? Does your practice encourage/discourage tapering?

What are other external barriers that can impact recurrence of SUD and/or overdose? Can you share experiences?

How do patient preferences elicited regarding therapy preferences? What are the barriers to providing a choice?
Acknowledgements:

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- DMAS Team: Jason Lowe, MSW, CPHQ, Ashley Harrell, LCSW and Christine Bethune, MSW
- VCU Team: Peter Cunningham, PhD, Huyen Pham, PhD, Lauren Guerra, BS and Andrew Barnes, PhD
- E. Marshall Brooks, PhD and Team
THANK YOU!

Heather Saunders
heather.saunders@vcuhealth.org

Vimbai Dihwa
dihwav@vcu.edu

PI: Peter Cunningham, PhD
peter.cunningham@vcuhealth.org
Questions and Answers

Please unmute yourself or use the chat feature in WebEx to submit your questions.
DMAS Home Page: https://www.dmas.virginia.gov/
SUPPORT Grant: 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 January!"
Addiction and Recovery Treatment Services (ARTS) Contacts

ARTS Questions:
• ARTS Helpline number: **804-593-2453**
• Email: **SUD@dmas.Virginia.gov**
• Website: https://www.dmas.virginia.gov/for-providers/addiction-and-recovery-treatment-services/

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, January 10, 2022
10:00 AM – 11:30 AM