



Update on Prescription Drug & Heroin Task Force Initiatives

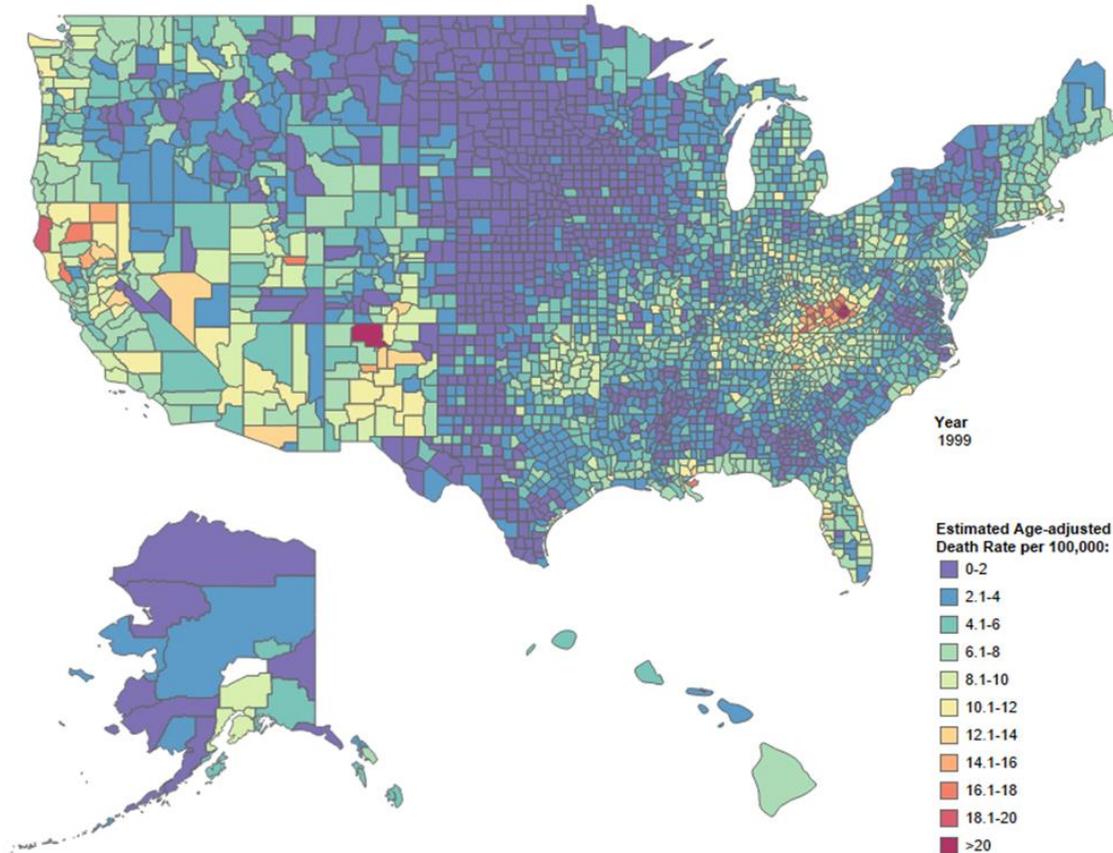
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October 5, 2016

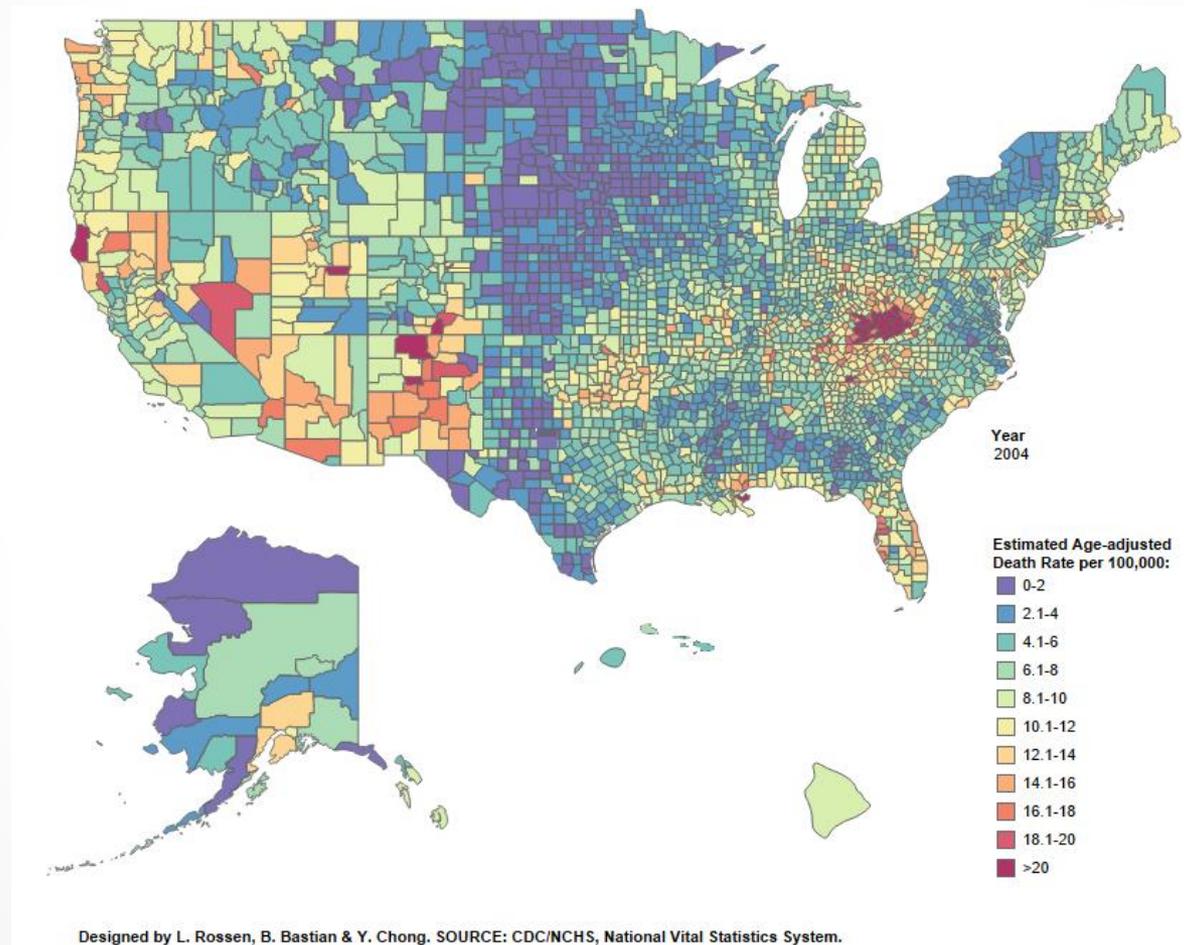


Overdose Deaths - 1999

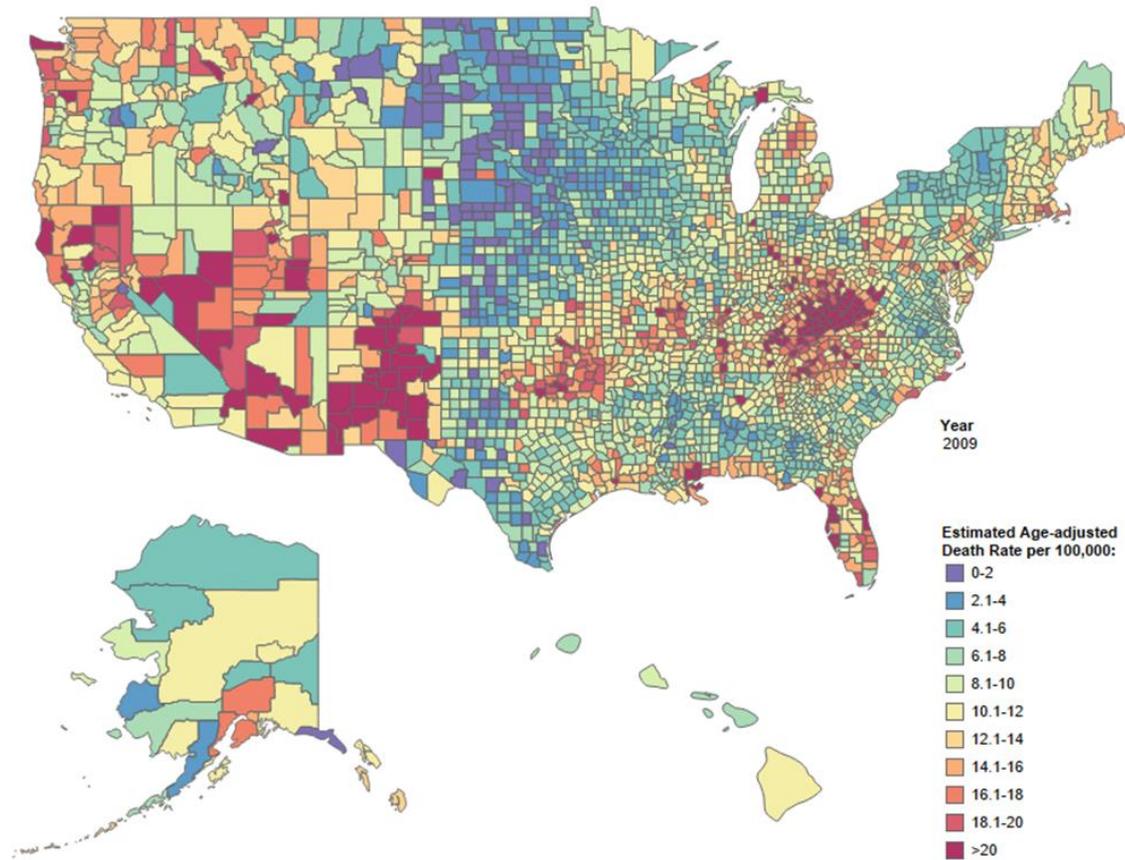


Designed by L. Rossen, B. Bastian & Y. Chong. SOURCE: CDC/NCHS, National Vital Statistics System.

Overdose Deaths – 2004

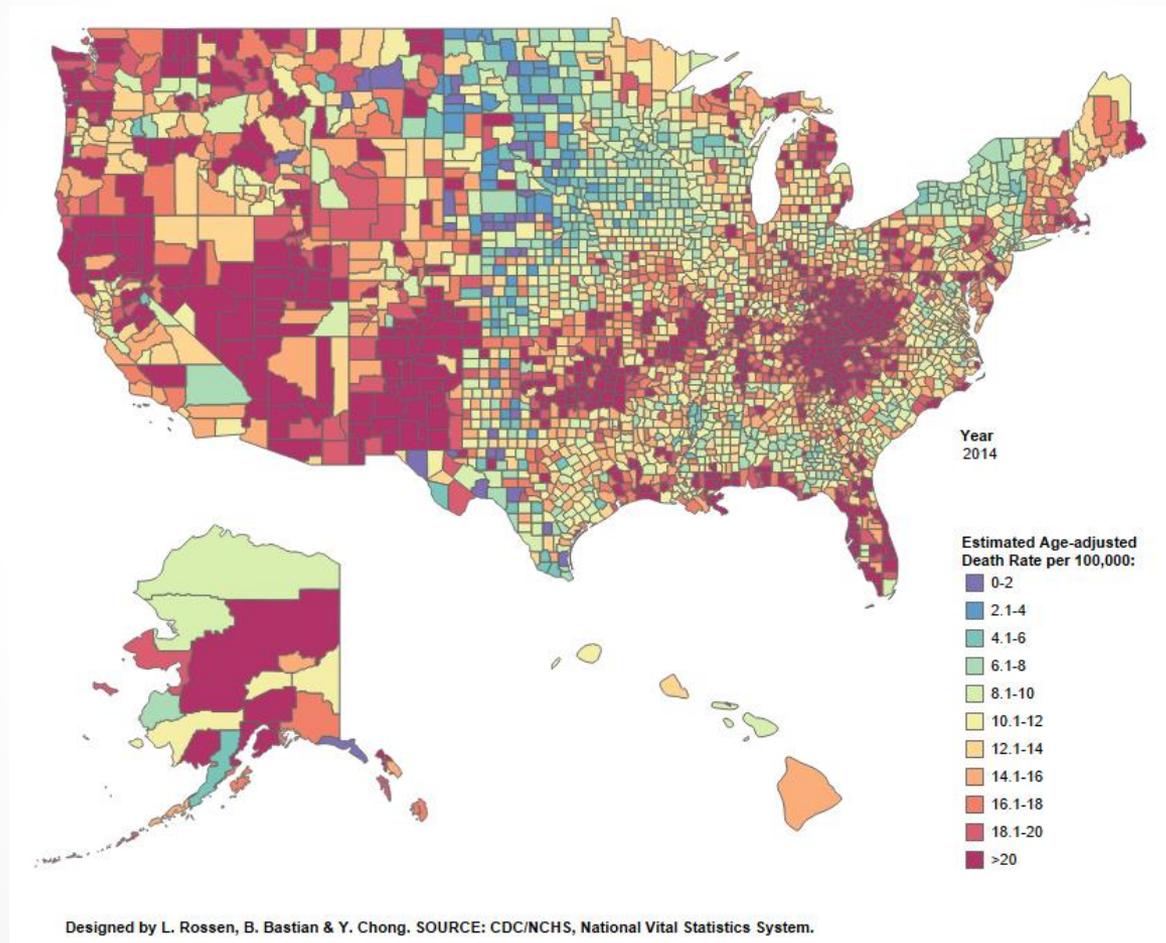


Overdose Deaths - 2009



Designed by L. Rossen, B. Bastian & Y. Chong. SOURCE: CDC/NCHS, National Vital Statistics System.

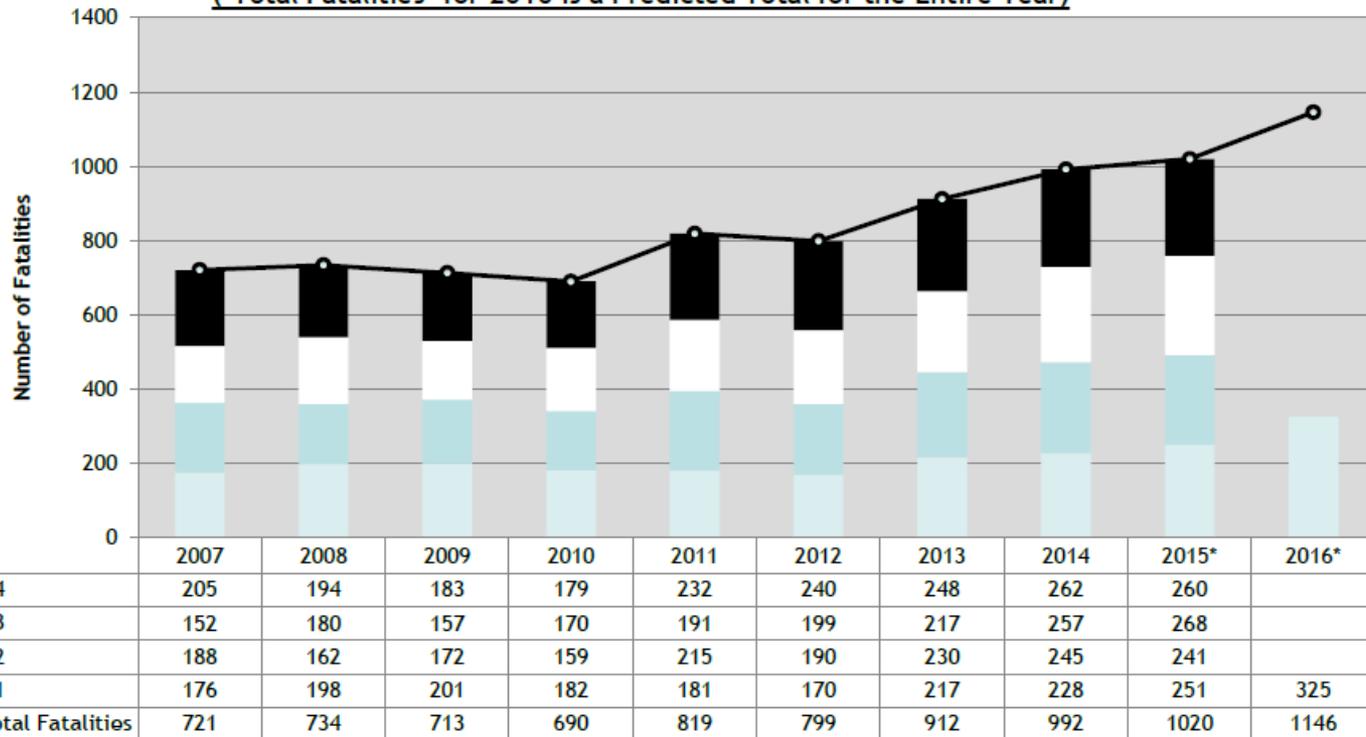
Overdose Deaths – 2014



Total Virginia Overdose Deaths, 2007 – 2016*

- 30% increase in number of deaths from Q1 2016 compared to Q1 2015
- Q1 2016 noticeable increases
 - Chesterfield (83.8%), Henrico (81.0%), Loudoun (233.3%), Newport News (143.5%), Norfolk (68.0%), and Prince William (85.8%)

Total Number of Fatal Drug Overdoses by Quarter and Year of Death, 2007-2016
 ('Total Fatalities' for 2016 is a Predicted Total for the Entire Year)



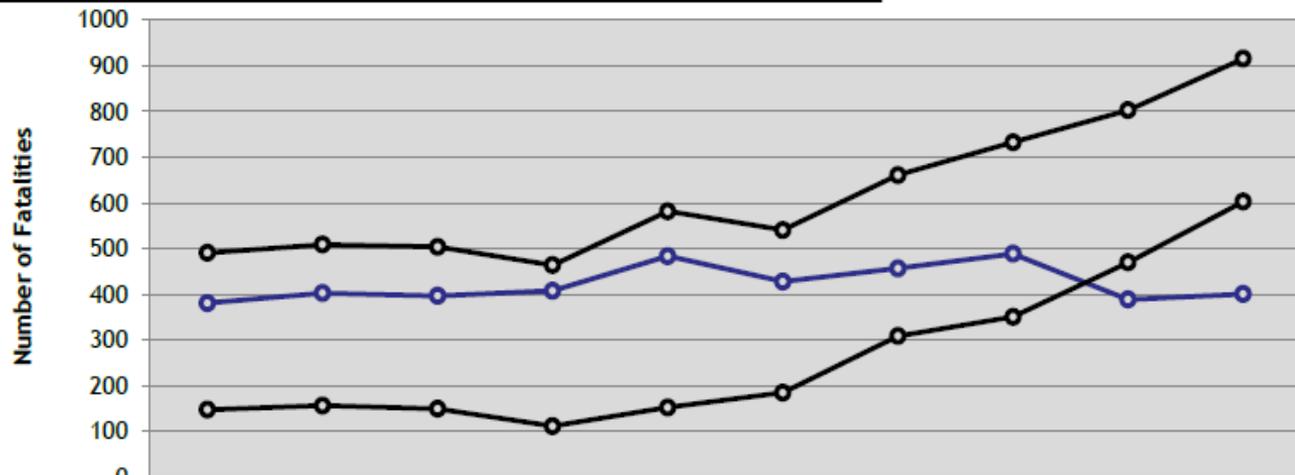
Licit v Illicit Opioid Deaths, 2007 - 2016

Make the assumption that nearly all fentanyl (since appx 2014) is illicit; group fentanyl with heroin

- Rx opioid deaths DECREASING in 2015
- Illicit opioids (fentanyl and/or heroin) surpass Rx opioid deaths in 2015
- This is a first

Total Number of Prescription Opioid (excluding Fentanyl), Fentanyl and/or Heroin, and All Opioid Overdoses by Year of Death, 2007-2016

(‘Total Fatalities’ for 2016 is a Predicted Total for the Entire Year)



● All Opioids	491	509	504	464	582	541	661	733	803	916
● Prescription Opioids (excluding fentanyl)	381	403	397	408	484	428	457	489	389	401
● Fentanyl and/or Heroin	148	157	150	112	153	185	309	351	470	603

Task Force Initiatives Underway

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State Website

- *TF RECOMMENDATION:* Develop a State website as an informational hub on prescription drug and heroin abuse. (Sec IV, A)



Medicaid ARTS Activities

- *TF RECOMMENDATION:* Examine and enhance Medicaid reimbursement for substance abuse treatment services. (Sec IV, H)
- *TF RECOMMENDATION:* Explore and expand use of appropriate peer support services, with necessary oversight. (Sec IV, F)
- *TF RECOMMENDATION:* To reduce stigma and increase access to treatment services, provide education about addiction and MAT to health care providers, students, Community Service Boards, law enforcement, and communities. (Sec IV, E)



Addiction and Recovery Treatment Services (ARTS) Benefit

Changes to DMAS's Substance Use Disorder (SUD) Services for Medicaid and FAMIS Members

- 1 Expand short-term SUD inpatient detox to all Medicaid /FAMIS members
- 2 Expand short-term SUD residential treatment to all Medicaid members
- 3 Increase rates for existing Medicaid/FAMIS SUD treatment services
- 4 Add Peer Support services for individuals with SUD and/or mental health conditions
- 5 Require SUD Care Coordinators at DMAS contracted Managed Care Plans
- 6 Provide Provider Education, Training, and Recruitment Activities

MAT: Suboxone

- *TF RECOMMENDATION:* Enhance and enforce a standard of care for treatment with office-based buprenorphine. (Sec V, S)

Law Enforcement

- *TF RECOMMENDATION*: Expand access to naloxone for all first responders as optional, not mandatory, resource and include immunity from liability. (Sec III, A)
 - DCJS: \$34,000 in federal Byrne/JAG funds to 10 law enforcement agencies in rural and urban jurisdictions for the purchase of naloxone
 - DBHDS: recently hired a REVIVE! Training Coordinator.
 - DCJS: working with Washington/Baltimore High Intensity Drug Trafficking Area Task Force to bring federal resources to Virginia law enforcement and stakeholder, likely including focused drug enforcement and investigations, as well as providing training opportunities for law enforcement, schools, and campuses on the opioid epidemic.

Workforce Development

- *TF RECOMMENDATION:* Work with schools of social work to encourage education on addiction, treatment resources, and resource coordination for students going on to work as mental health providers. (Sec V, B)
- *TF RECOMMENDATION:* Evaluate options for continuing medical education (CME), including incentives and consequences to encourage participation in CME of opioids to treat pain while minimizing the risk of addiction and substance abuse. (Sec V, D)

VCU Interdisciplinary Addiction Education

PhD Health Related Sciences In Rehabilitation Leadership

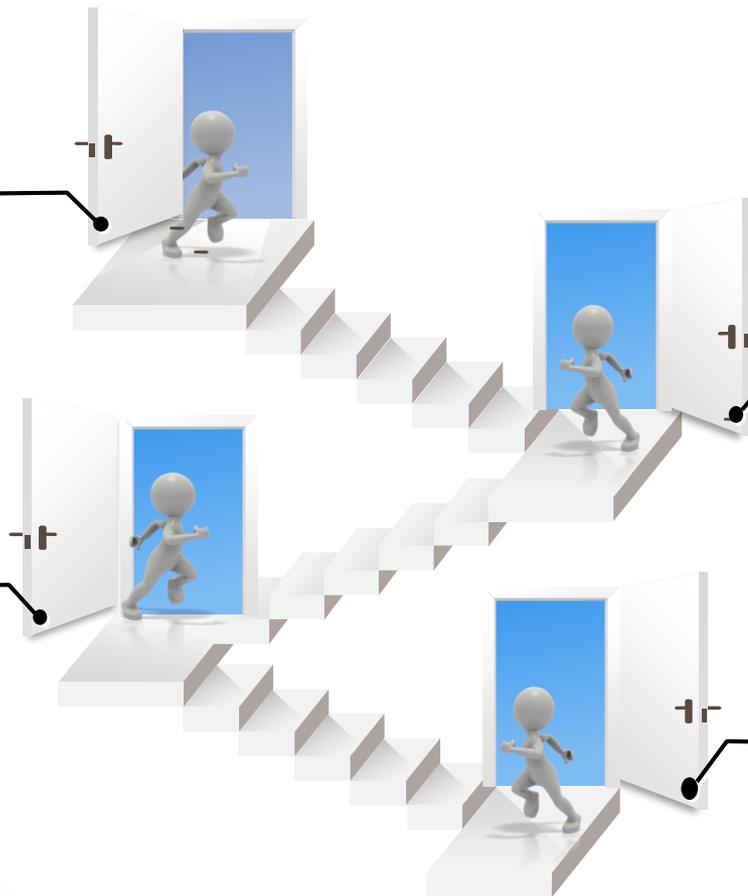
Advanced workforce
development

PhD Psychology (Clinical, Counseling Developmental, Health, Social)

Existing workforce
Development (CSAC)

Continuing Education

240 contact hours fully
implemented within 24 months.
Interdisciplinary.
F2F, F2F with live feed, Online
distance. Statewide



Post-Masters In Professional Counseling Certificate In Addiction (RHAB) (clinical)

Master of Science In Rehabilitation and Mental Health Counseling (clinical)

Advanced workforce
development (LSATP, CSAC)

Master of Science In Addiction Studies International Programme In Addiction Studies (non-clinical)

BS In Health Sciences
with existing addiction courses
New workforce
Development
(pathway to CSAC, LSATP)

BS Psychology with concentration In Addiction Studies

Goals and Objectives

Overarching Goal: To develop and provide a comprehensive, graduated and interdisciplinary addictions workforce development initiative to prepare students and increase availability of advanced educational options for existing personnel across the Commonwealth of Virginia.

Undergraduate Education

Develop new addiction workforce through the provision of an interdisciplinary BS in Health Sciences (School of Allied Health Professions) and an addiction studies concentration within the B.S. in Psychology, College of Humanities and Sciences.

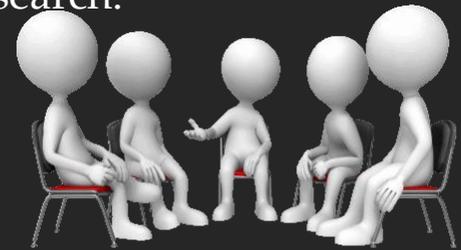


Continuing Education

Develop a statewide continuing education program that meets the certification and licensure requirements for the existing addiction counseling workforce utilizing distance education, combination distance/on campus and on campus teaching options.

Graduate Education

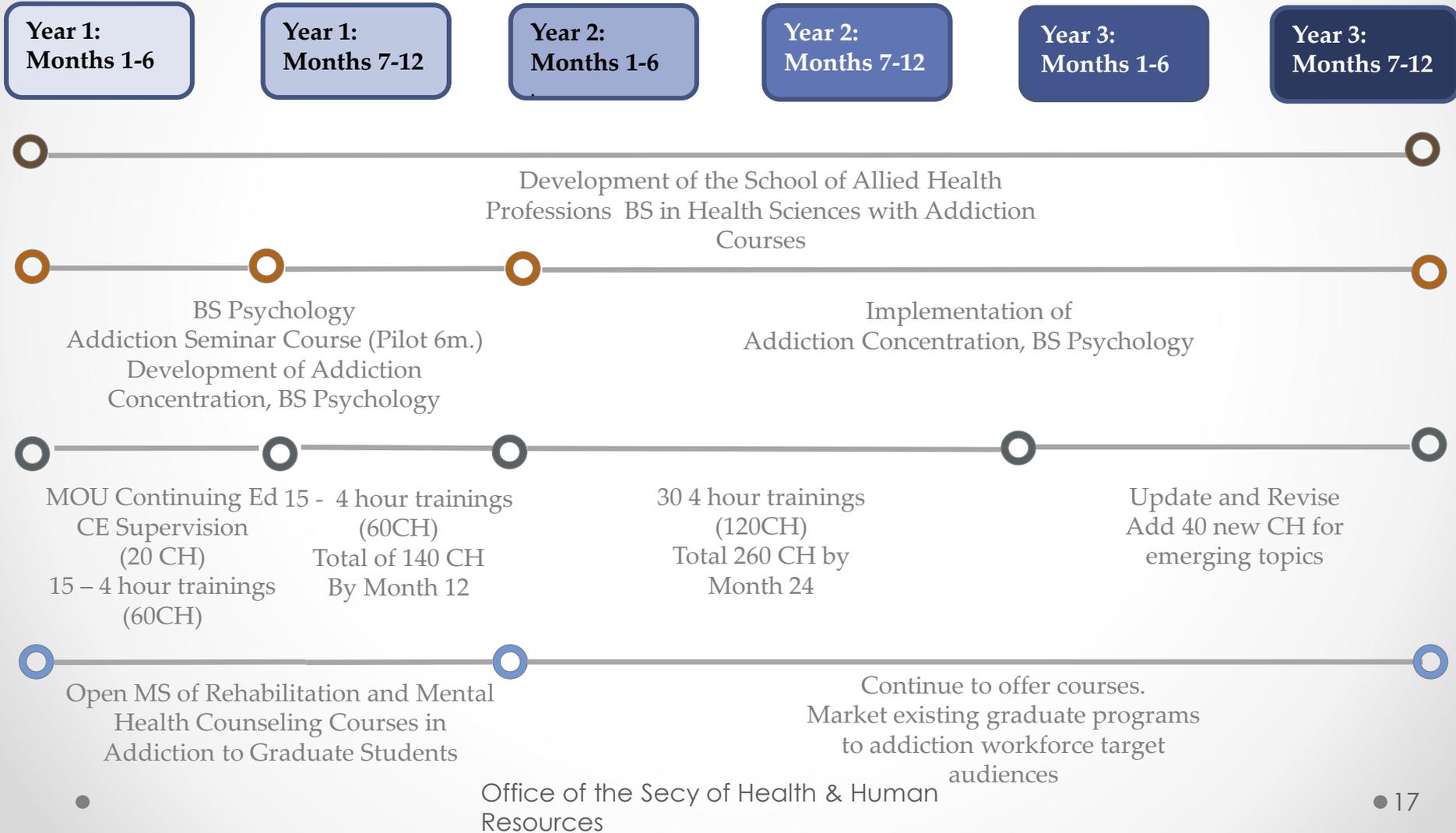
Utilize existing graduate degree programs to prepare Virginia addiction workforce for licensed counseling, clinical supervision, management, policy and/or research.



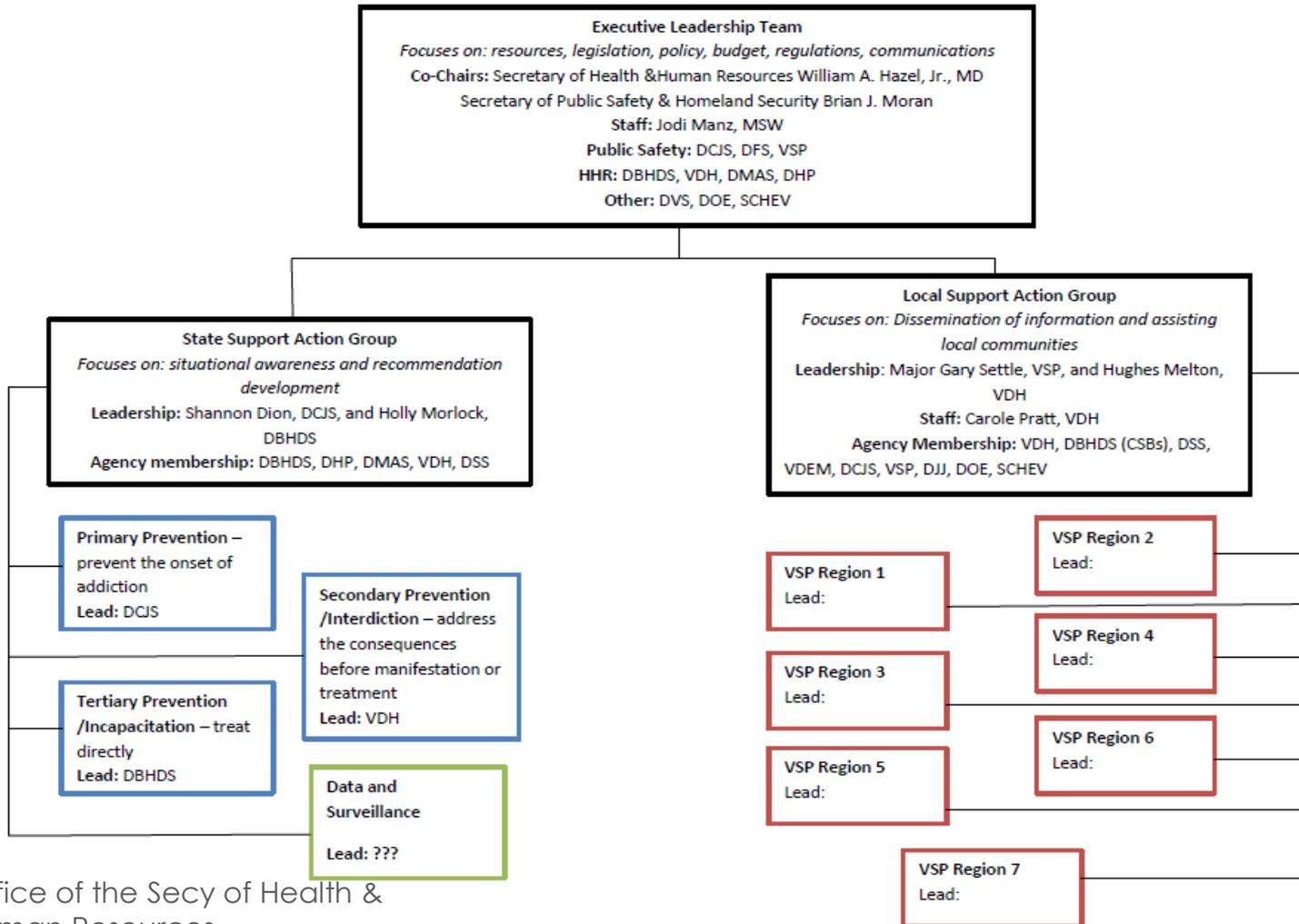
Timeline

Project Start Date

Project Deadline



Executive Leadership Team



Focus Areas

Harm Reduction

Treatment

Illicit use prevention

Prescription abuse
prevention

Culture change

Upcoming Meetings

- **November 8th** : Stakeholder meeting, PHB
- **November 9th** : Secretary's Summit for Treatment Providers
- **November 30th – Dec 1st** : Law Enforcement/Behavioral Health Opioid Summit, Roanoke (*TF Recommendation*: Develop an educational curriculum for law enforcement, corrections, corrections, probation and parole, EMTs, CIT officers, and School Resource Officers. (Sec IV, D)
- **January 8th** : (tentative) Workforce Education Conference
- **Feb – April 2017**: Addiction Disease Management Trainings for ARTS and ASAM Provider Trainings

Secretary Speaking Engagement:

- **October 24th** : Evolution of the Opioid Epidemic: National, State, and Local Perspectives, Fairfax, VA

Questions

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