



Virginia Department of  
Behavioral Health &  
Developmental Services

# **Virginia Opioid Prevention, Treatment and Recovery (Va-OPT-R)**

## **The Commonwealth's Response to the SAMHSA State Targeted Response to the Opioid Crisis Grant**

**Joint Commission on Health Care**

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# 21<sup>st</sup> Century Cures Act (P.L. 114-255)

- STR grant announcement in December 2016
- Supports improved mental health and substance use service delivery
- Authorizes \$500 million to fund “State Targeted Responses” to the opioid crisis for two years

# Overview Of Cures' Major Focus On Opioids

- National goals:
  - Improving access to treatment
  - Reducing deaths related to opioid overdose
- National strategies:
  - Increase access to health care and substance use services, including medication assisted treatment
  - Promote access to and integration of recovery supports into other health care services
  - Implement and evaluate prevention activities to identify effective strategies
  - Train health care practitioners in best practices:
    - prescribing opioids, managing pain, recognizing addiction, referring for treatment, and preventing overdoses
  - Improve state's prescription drug monitoring programs

# Virginia OPT-R

- Virginia awarded \$9,762,332 for one year (April 29, 2017- April 28, 2018) to provide prevention, treatment, and recovery services in response to the application submitted to SAMHSA.
- Virginia's Goals:
  - Decrease abuse of prescription drugs and heroin overdoses
  - Increase the number of people who receive treatment for opioid use disorders
  - Increase the number of people participating in recovery services

# Identification Of Need

- To identify target communities, DBHDS used data compiled by a previous federally funded project (*Strategic Prevention Framework - Partnerships for Success*):
  - Death data from the Office of the Chief Medical Examiner
  - Virginia Commonwealth University Epidemiology
  - State Epidemiologic Workgroups
  - Social Indicator Data (including proxy measures such as arrests, poverty, and Virginia Youth Survey)
  - Needs assessments conducted by CSBs in collaboration with community coalitions

# CSBs Identified For Prevention Only Services

- Alexandria
- Alleghany-Highlands
- Chesapeake
- Colonial
- Crossroads
- District 19
- Eastern Shore
- Fairfax-Falls Church
- Hampton-Newport News
- Henrico
- Horizon
- Loudoun
- Middle-Peninsula
- Northern Neck
- Prince William
- Region Ten
- Rockbridge
- Southside

# CSBs Identified For Prevention, Treatment & Recovery

- Blue Ridge
- Chesterfield
- Cumberland Mountain
- Danville-Pittsylvania
- Dickenson County
- Goochland-Powhatan
- Highlands
- Mount Rogers
- New River Valley
- Norfolk
- Northwestern
- Piedmont
- Planning District One
- Portsmouth
- Rappahannock Area
- Rappahannock-Rapidan
- Richmond BHA
- Virginia Beach

# Prevention Objectives

- Increase community capacity to address prescription drug and heroin overdose
- Increase community awareness of the problem and resources
- Increase educational opportunities to targeted populations about preventing opioid overdose
- Increase use of Prescription Monitoring Program
- Increase use of safe storage and disposal locations



# Prevention Strategies

1. Coalition development	2. Heightening Community Awareness/Education	3. Supply Reduction Environmental Strategies	4. Tracking and Monitoring	5. Harm Reduction
<p>Coalition capacity building</p> <p>Community mobilization</p> <p>Recruitment and engagement</p> <p>Facilitating systems of care linkages</p>	<p>Social marketing campaigns</p> <p>Targeted media messaging, i.e. parents of adolescents, Senior Citizens, Pregnant Women</p> <p>Community Events</p> <p><b>Prescriber, Pharmacy, Emergency Department, and Patient Education</b></p>	<p>Rx Bag Stickers</p> <p>Smart Pill Bottles</p> <p>Drug Take Backs (Boxes, Drop-Off Locations)</p> <p>Drug Deactivation Packets</p> <p>Proper Disposal with targeted groups, i.e. hospice, funeral homes</p>	<p>PDMP approaches, i.e. incentivizing prescribers to activate their PDMP</p> <p>Hospital Emergency Department Tracking</p>	<p>Naloxone Trainings</p> <p>Abatement Task Force - Identify problem properties where drug use is witnessed</p>

# Treatment Objectives

- Increase the number of individuals engaged in treatment at target CSBs receiving MAT and clinical supports
- Increase the number of qualified buprenorphine prescribers working with target CSBs
- Identify, disseminate and support evidence-based treatment for youth/young adults (16-25)
- Enhance support for pregnant women with opioid use disorder (OUD)
- Develop a consensus among medical/health care educators re: core curriculum for pain and addiction
- Increase access to naloxone
- Improve the quality of data used for resource allocation and planning.

# Treatment Strategies

- Allocate \$5 million to target CSBs for medication assisted treatment and clinical support (1100 individuals)
- Leverage VDH's Project ECHO (telehealth mentoring) to provide real-time expert consultation for medication assisted treatment (MAT) prescribers (VDH)
- Train providers serving adolescents and young adults to address their special needs
- Train child welfare providers and home visiting professionals about working with pregnant/postpartum women to assist getting treatment and early intervention for newborns; public awareness campaign about risks of opioid use during pregnancy and accessing treatment. (DSS/VDH)
- Develop curricula for health professionals on pain management and addiction (HB 2161 -2017) (DHP)
- Expand training to administer naloxone (REVIVE!) and improve access to naloxone (VDH) through partnership with VDH to use local health departments in targeted areas to distribute naloxone at no cost
- Fund PMP to enhance capacity to analyze data useful for planning and resource allocation. (DHP/PMP)

# Recovery Objectives

- Increase access to emergency room recovery support after an opioid overdose
- Increase access to peer recovery support and other resources during and after traditional business hours
- Increase recovery-oriented social supports to individuals with OUD in high need areas
- Increase the number of qualified Peer Recovery Specialist to serve individuals with OUD in high need areas
- Increase access to recovery supports for military service members with OUD following active duty discharge

# Recovery Strategies

- Emergency room access to Peer Recovery Specialists for overdose victims, based on Rhode Island Anchor Recovery Model (5 regions)
- Warm Line access to Peer Recovery Specialists including during non-traditional hours (5 regions)
- Enhance recovery oriented social supports including housing, employment, and recovery capital
- Development of a trained Peer Recovery Specialist workforce
- Outreach to Veterans using evidence based approaches, including the use of peers

# Evaluation Questions

- What is the impact of prevention activities on communities?
- What are the treatment outcomes on individuals receiving medication assisted treatment ?
- Outcome measures for recovery activities in development

# The Challenge

- Virginia's grant of \$9,762,332 is for one year
- SAMHSA has yet to establish criteria for funding eligibility in the second year
- Even if Virginia received the grant a second year, capacity built to fight OUDs could not continue beyond the life of the grant without ongoing funding support
- The infrastructure and services developed with the Virginia OPT-R (prevention services, MAT & treatment supports, peer recovery supports) will require ongoing funding to ensure success and sustained recovery

# Next Steps

- Providing support to CSBs to implement Prevention evidence-based practices and programs
- Providing technical assistance to CSBs to implement or expand MAT where necessary
- Identifying EDs to locate “Anchor” Projects
- Establishing Warm Lines
- Ongoing monitoring and measuring



# Questions

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