VIRGINIA’S RESPONSE TO STRESS-RELATED DEATHS

DEPUTY SECRETARY OF HEALTH AND HUMAN RESOURCES,
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AUGUST 2018

Virginia
Health Opportunity Index (HOI)
by Census Tract

States of Despair: Understanding Declining Life Expectancy in the United States
OPERATIONAL DEFINITION

Characteristics

- **Population**: White
- **Ages**: 25 - 54 years
- **Stress-related conditions**: unintentional drug overdoses, suicides, alcoholic liver disease, and alcohol poisonings

*The rise in stress-related deaths in Virginia mirrors a nationwide trend – what some call “deaths of despair.”*

INCREASES IN DEATHS AMONG WHITES AGES 25–54 YEARS IN VIRGINIA, 1995–2014

- Death rates from unintentional drug overdoses increased by 331%.
- Death rates from alcoholic liver diseases increased by 37%
- The suicide rate increased by 29%
AGE-ADJUSTED ALL-CAUSE MORTALITY, NON-HISPANIC WHITES AGES 25-54 YEARS, BY LOCALITY, VIRGINIA, 2010-2014

RATE OF FETAL PRESCRIPTION OPIOID (EXCLUDING FENTANYL) OVERDOSES BY LOCALITY OF OVERDOSE, 2017
FEDERAL FUNDING SOURCES

- SAMHSA, Multiple non-competitive grants aim to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through prevention, treatment, and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs).
  - State Opioid Response Grants = $15.7 million
  - State Targeted Response to the Opioid Crisis Grants = $9.7 million

- Department of Labor, National Health Emergency competitive demonstration grant projects support serving or retraining workers in communities impacted by the health and economic effects of widespread opioid use, addiction, and overdose.

- CDC, Cooperative Agreement for Emergency Response: Public Health Crisis Response noncompetitive grant (~$4 million) to support local health department responses to the declared public health emergency around opioids in Virginia.

- Suicide Prevention aims to provide a comprehensive, collaborative, well-coordinated, and evidence-based approach to: (1) enhance services for all college students, including those at risk for suicide, depression, serious mental illness, and/or substance use disorders that can lead to school failure. Garrett Lee Smith Campus Suicide Prevention grant program = $736,000
THE WAY AHEAD

- Community Service Board (CSBs) and STEP-VA
- Addiction and Recovery Treatment Services (ARTS)
- Executive Leadership Team on Opioids and Addiction
- Governor Children’s Cabinet

COMMUNITY SERVICE BOARDS + SYSTEM ALIGNMENT

The Code of Virginia (§37.2) established community services boards to be the single points of entry into publicly funded behavioral health and developmental services.

CSBs provide Intellectual Disability (ID), Mental Health (MH), and Substance Use Disorder (SUD) services either directly or through contracts with private providers.

**STEP-VA Services**
1. Same Day Access
2. Outpatient Services (MAT included here)
3. Primary Care Integration
4. Detoxification
5. Care Coordination
6. Peer and Family Support
7. Psychosocial Rehabilitation/Skill Building
8. Targeted Case Management
9. Veterans Services
TRANSFORMING THE DELIVERY SYSTEM FOR COMMUNITY-BASED SUD SERVICES

Magellan will continue to cover community-based substance use disorder treatment services for fee-for-service members.

All Community-Based SUD Services will be Covered by Managed Care Plans

A fully integrated Physical and Behavioral Health Continuum of Care

Effective April 1, 2017
Addiction and Recovery Treatment Services (ARDS)

FINDINGS FROM VCU EVALUATION OF ARTS IMPLEMENTATION

- **Treatment rates** among Medicaid members with Substance Use Disorders (SUD) **increased by 64%**

- Number of members receiving pharmacotherapy for Opioid Use Disorder **increased by 34%**

- The **number of practitioners** providing outpatient psychotherapy or counseling to Medicaid members **more than doubled**:  
  - Treating Opioid Use Disorder (OUD) - 500 to 1,352 practitioners  
  - Treating SUD - 1,087 to 2,965 practitioners
EXECUTIVE LEADERSHIP TEAM

Goal: To provide leadership and guidance on work that must be done collaboratively

✓ Co-chair: Secretary of Health and Human Resources Daniel Carey, MD
✓ Co-chair: Secretary of Public Safety and Homeland Security Brian Moran

Agencies Represented:
- Virginia Department of Health
- Virginia Department of Behavioral Health and Developmental Services
- Virginia Department of Health Professions
- Department of Medical Assistance Services
- Department of Social Services
- Department of Criminal Justice Services
- Department of Corrections
- Department of Forensic Science
- Virginia State Police
- Department of Education
- State Council of Higher Education for Virginia (SHEV)
- Virginia Department of Veterans Services (DVS)

EXECUTIVE LEADERSHIP TEAM

1. Justice-Involved Interventions: Develop model protocols for Medication Assisted Treatment (MAT) for individuals that are being released from correctional settings that local/regional jails and community services boards can use to implement

2. Treatment: Establish pathways to treatment and recovery supports in Virginia. Increase treatment availability and recovery supports to get more individuals into recovery from the disease of addiction.

3. Prevention: Promotion of strong coalitions that use evidence-based strategies linked to local data to reduce risk factors, and to prevent the development of addiction

4. Supply Prevention: State and local actions result in decreased availability of illicit drugs and for prescription medications, only those patients who need the medication receive it.

5. Harm Reduction: Reduce the harms associated with addiction including overdose injury/death, infectious diseases (e.g., hepatitis C, HIV, infectious endocarditis) and neonatal abstinence syndrome.
The Children’s Cabinet will seek to coordinate efforts across state agencies, with external stakeholders and local communities to foster systems that provide a consistent trauma-informed response to children with adverse childhood experiences and build resiliency of individuals and communities.

MEDICAID EXPANSION

New eligibility rules will provide quality, low-cost health care coverage to up to 400,000 men and women

- Adults ages 19 – 64, not Medicare eligible
- Meet the income requirement

<table>
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<th>Currently:</th>
<th>Beginning 2019:</th>
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<tr>
<td>Not Eligible</td>
<td>Eligible with annual income at or below $16,754</td>
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<td>Eligible with annual income at or below $28,677</td>
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<tr>
<td>Eligible with annual income at or below $9,700</td>
<td>Eligible with annual income at or below $16,754</td>
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CHALLENGES

● What structural and operational modifications, if any, do CSBs need to make to keep pace with changes to behavioral health care delivery and reimbursement? How does Medicaid expansion factor into the question?

● How does the Commonwealth best leverage federal and state financial resources to connect the gaps between community, outpatient, and inpatient services?

● What licensing regulation changes, if any, are needed to produce a system that consistently meets community needs regardless of whether an individual has Medicaid, is covered by another payer, or uninsured?

FINAL WORD FROM A CONSTITUENT...
“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around”.

Dr. Felice Leonardo
Buscaglia