

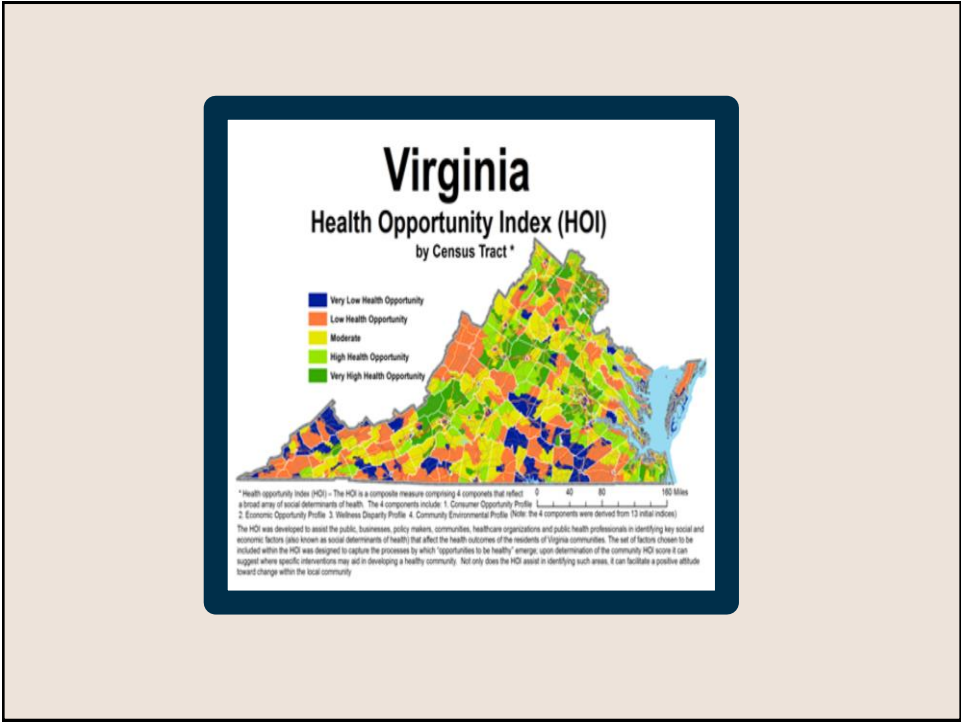
COMMONWEALTH of VIRGINIA
Office of the Governor

VIRGINIA'S RESPONSE TO STRESS-RELATED DEATHS

DEPUTY SECRETARY OF HEALTH AND HUMAN RESOURCES,
MARVIN FIGUEROA

AUGUST 2018

1



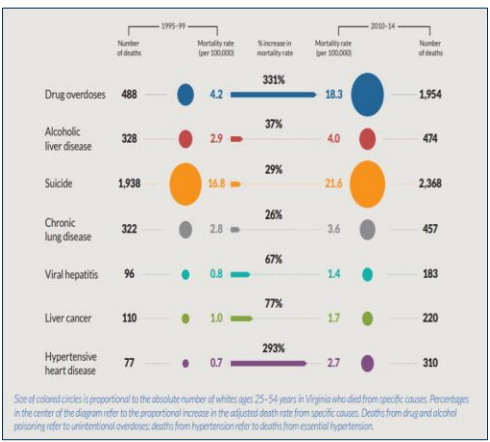
OPERATIONAL DEFINITION

Characteristics

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

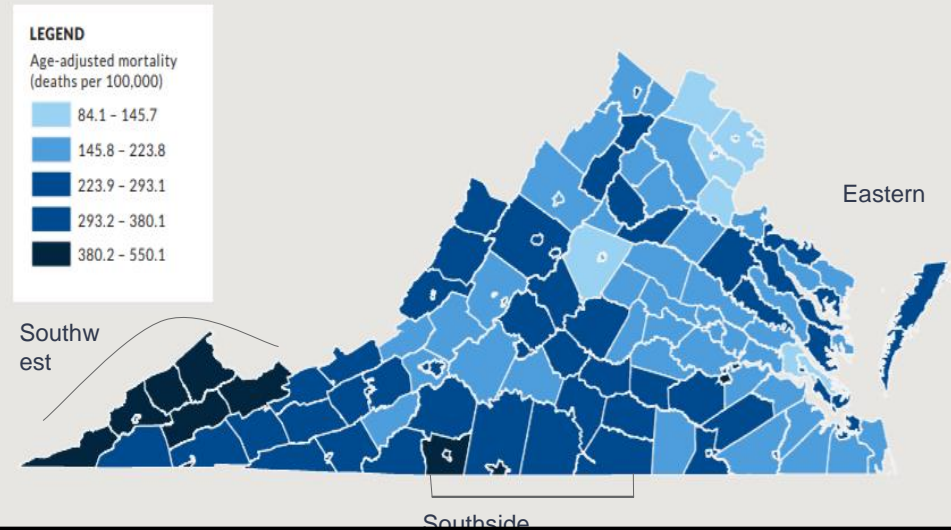
The rise in stress-related deaths in Virginia mirrors a nationwide trend – what some call “deaths of despair.”

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

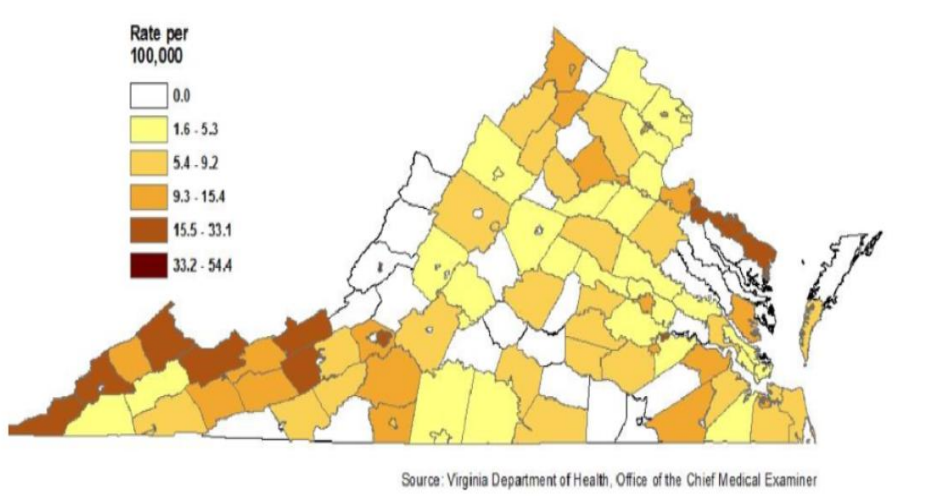


- Death rates from unintentional drug overdoses increased by 331%.
- Death rates from alcoholic liver diseases increased by 37%
- The suicide rate increased by 29%

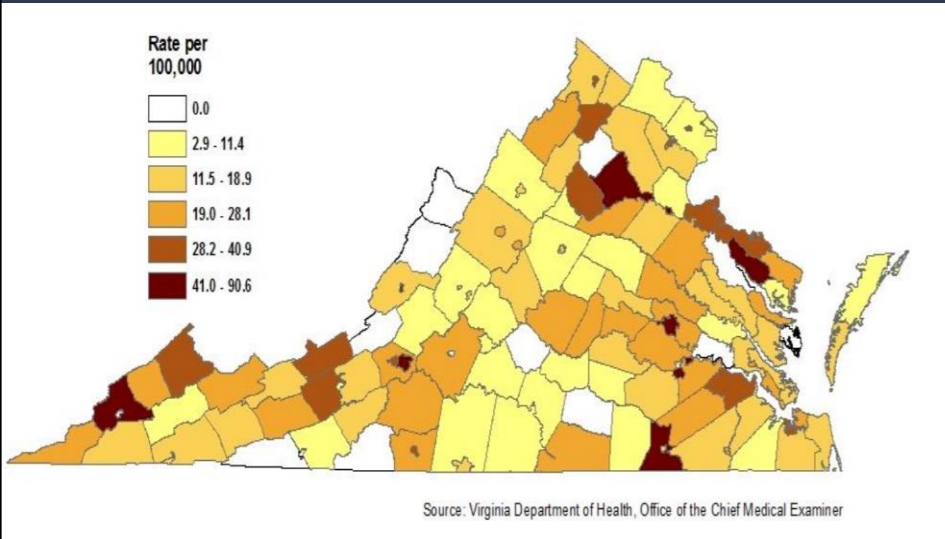
AGE-ADJUSTED ALL-CAUSE MORTALITY, NON-HISPANIC WHITES AGES 25-54 YEARS, BY LOCALITY, VIRGINIA, 2010-2014



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



RATE OF ALL DRUG OVERDOSES BY LOCALITY OF 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

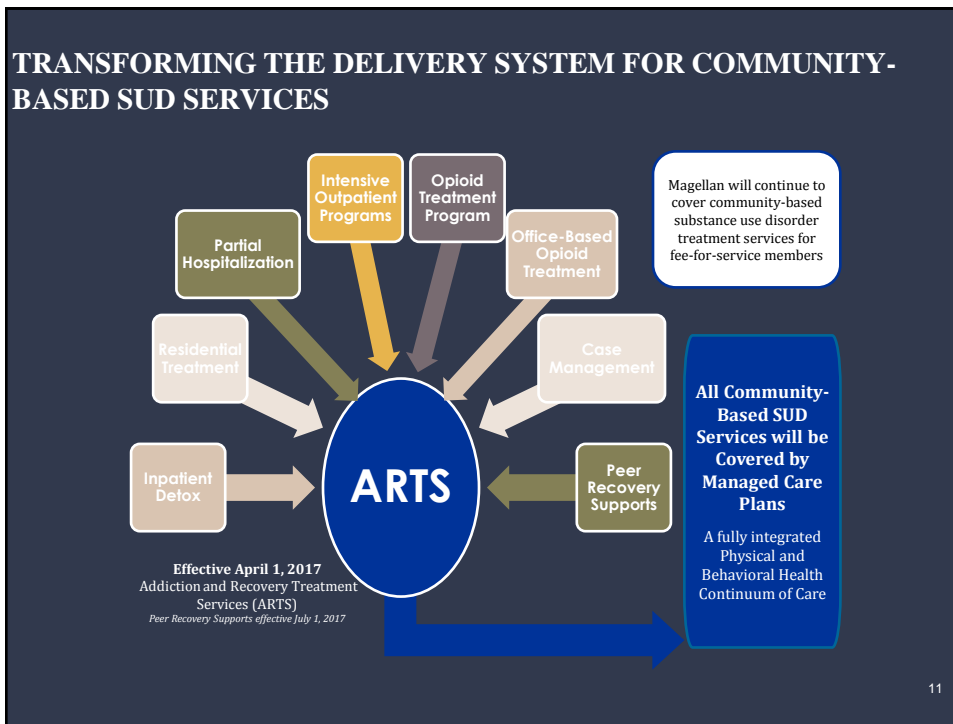
CSBs provide Intellectual Disability (ID), Mental Health (MH), and Substance Use Disorder (SUD) services either directly or through contracts with private providers



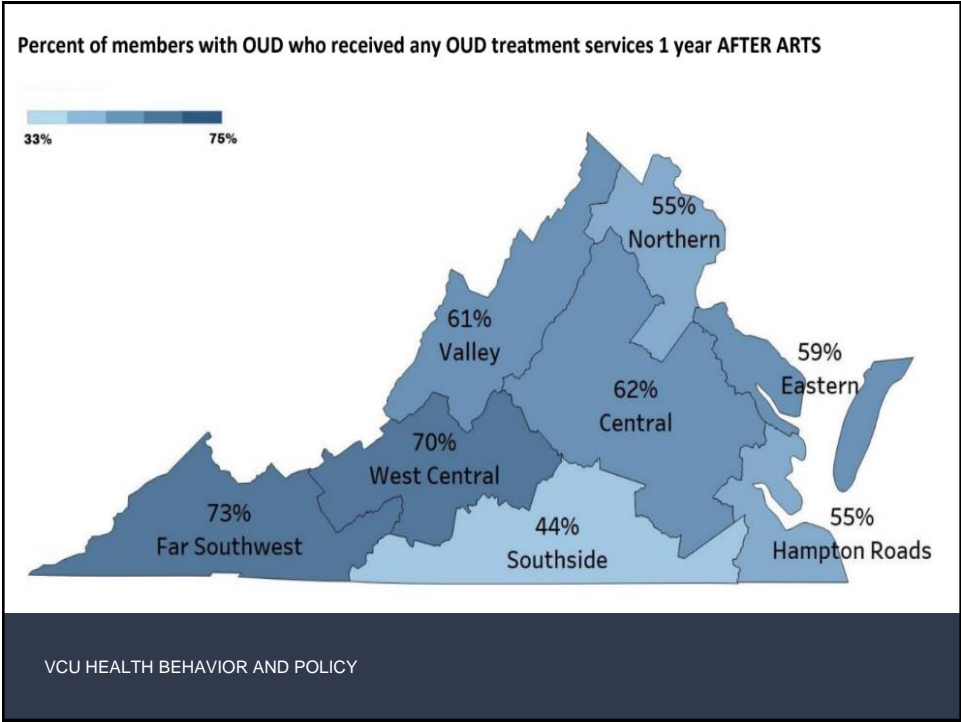
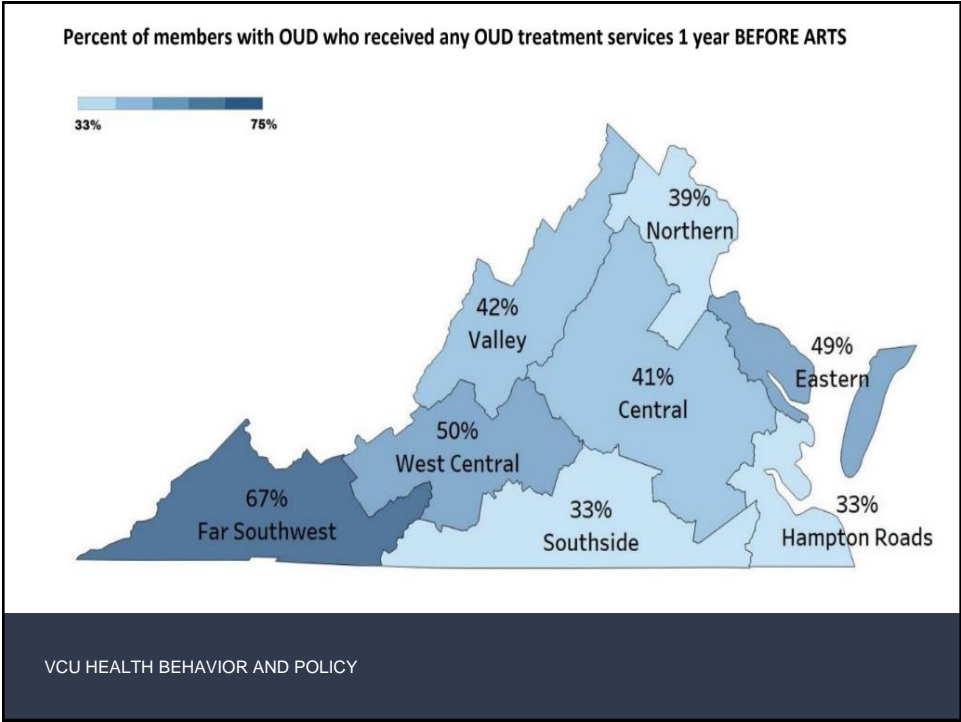
Evidence-based services

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



- ### 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**
- 12



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 (SCHEV)
- Virginia Department of Veterans Services (DVS)

15

EXECUTIVE LEADERSHIP TEAM

<p>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</p>	<p>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.</p> <p>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</p>	<p>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.</p> <p>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.</p>
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CHILDREN'S CABINET

*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

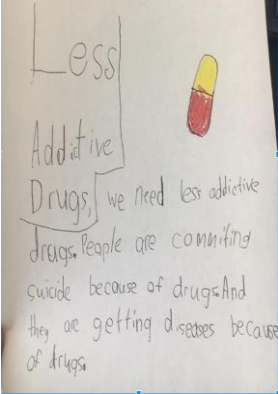
	Childless Adult	Parent (family of 3)	Person with Disability
			
Currently:	Not Eligible	Eligible with annual income at or below \$6,900	Eligible with annual income at or below \$9,700
Beginning 2019:	Eligible with annual income at or below \$16,754	Eligible with annual income at or below \$28,677	Eligible with annual income at or below \$16,754

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?

19

FINAL WORD FROM A CONSTITUENT...



THANK YOU

Marvin B. Figueroa

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**Deputy Secretary of Health and Human
Resources**

<https://hhr.virginia.gov/>

21

**“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**