



COMMONWEALTH of VIRGINIA

DEPARTMENT OF

MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

JAMES S. REINHARD, M.D.
COMMISSIONER

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April 7, 2008

The Honorable Lacey E. Putney, Chairman
House Appropriations Committee
General Assembly Building, Room 947
P.O. Box 406
Richmond, Virginia 23218


Dear Delegate Putney:

Pursuant to Item 312 EE of the 2007 Appropriations Act, DMHMRSAS submits to you the enclosed report on the implementation of two model projects with community services boards for opioid treatment expansion in one rural and one urban region. The projects were required to be designed to improve the availability of treatment and integrate buprenorphine therapy into the region's continuum of care for opioid addiction. The department is required to evaluate the results of these projects for improving treatment outcomes and improving key performance indicators, such as recruitment, retention and maintenance of treatment effects for individuals served by the projects.

The funds allocated by the General Assembly have yielded positive and promising results. I appreciate the opportunity the General Assembly has provided for this effort.

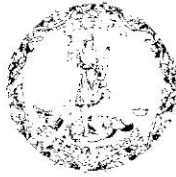
If you have any questions, please feel free to contact me.

Sincerely,


James S. Reinhard, M.D.

Enc.

Cc: Hon. Marilyn Tavenner
Susan Massart
Frank Tetrick
Ruth Anne Walker



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April 7, 2008

The Honorable Charles J. Colgan, Sr., Chairman
Senate Finance Committee
10th Floor, General Assembly Building
910 Capitol Street
Richmond, VA 23219

Dear Senator Colgan:

Pursuant to Item 312 EE of the 2007 Appropriations Act, DMHMRSAS submits to you the enclosed report on the implementation of two model projects with community services boards for opioid treatment expansion in one rural and one urban region. The projects were required to be designed to improve the availability of treatment and integrate buprenorphine therapy into the region's continuum of care for opioid addiction. The department is required to evaluate the results of these projects for improving treatment outcomes and improving key performance indicators, such as recruitment, retention and maintenance of treatment effects for individuals served by the projects.

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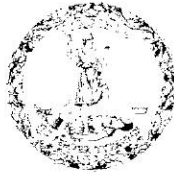
Sincerely,

A handwritten signature in black ink that reads "James Reinhard".

James S. Reinhard, M.D.

Enc.

Cc: Hon. Marilyn Tavenner
Joe Flores
Frank Tetrick
Ruth Anne Walker



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April 7, 2008

The Honorable Phillip A. Hamilton, Chairman
Joint Commission on Health Care
P.O. Box 1585
Newport News, VA 23601

Dear Delegate Hamilton:

Pursuant to Item 312 EE of the 2007 Appropriations Act, DMHMRSAS submits to you the enclosed report on the implementation of two model projects with community services boards for opioid treatment expansion in one rural and one urban region. The projects were required to be designed to improve the availability of treatment and integrate buprenorphine therapy into the region's continuum of care for opioid addiction. The department is required to evaluate the results of these projects for improving treatment outcomes and improving key performance indicators, such as recruitment, retention and maintenance of treatment effects for individuals served by the projects.

The funds allocated by the General Assembly have yielded positive and promising results. I appreciate the opportunity the General Assembly has provided for this effort.

If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "James Reinhard".

James S. Reinhard, M.D.

Enc.

Cc: Hon. Stephen Martin
Hon. Marilyn Tavenner
Kim Snead
Ruth Anne Walker

Annual Report on Item 312 EE of the 2007 Appropriation Act Opioid Treatment Model Programs

I. Introduction:

Pursuant to Item 312 EE of the 2007 Appropriation Act, the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services was allocated \$534,000 each year of the biennium to implement two model projects with community services boards for opioid treatment expansion in one rural and one urban region.

The model projects were designed to improve the availability of treatment and integrate buprenorphine therapy into the project region's continuum of care for opioid addiction. Additionally, the department was required to evaluate the results of these projects for improving treatment outcomes and improving key performance indicators, such as recruitment, retention and maintenance of treatment effects for individuals served by the projects, and report the results of the projects to the Chairmen of the House Appropriations and Senate Finance Committees no later than November 1, 2007.

II. Background: 'The Opioid Epidemic'

In August 2000, agents from the Virginia State Police and the U.S. Attorney's Office met with the Medical Examiner and forensic toxicologists in Roanoke, Va. regarding investigations of 20 deaths that were significant for several reasons. These deaths involved multiple-drug intoxications with almost no, or minimal, involvement of the traditional "street drugs of abuse" (e.g., heroin, cocaine). Some cases involved drug trafficking, distribution along with other criminal conspiracy activities, prescription drug fraud, "drug diversion," and illegal practices by health care providers. Scene investigations, police reports, witness statements, and paraphernalia (e.g., needles, syringes, powder drug residues, and straws) provided evidence of prescription drug abuse and diversion. In response to these trends, the Office of the Chief Medical Examiner (OCME) Western Region probed its database for cause of death and toxicology results from death certificates, confirming a disproportionate distribution of these deaths in the rural, southwestern region of the state. In 2003 the OCME has documented a three fold increase in prescription drug related mortality in SW-Virginia, with the direct or contributing cause of death related to opioids including oxycodone, hydrocodone, methadone, and fentanyl; and benzodiazepines, sedative-hypnotics, antidepressants, and other prescription medications.

An update of these problems from OCME indicated that overdose deaths have risen sharply in Western Virginia:

"More people died from drug overdoses in Western Virginia last year than from homicides, house fires and alcohol-related automobile accidents combined. The region had 264 fatal drug overdoses in 2006, according to the state medical examiner's office. That's a 22 percent increase from 2005 -- and a 294 percent increase from a decade ago. Most of the deaths were from prescription drug abuse, which has brought big-city woes to the rural landscape of far Southwest Virginia." (Hammock, L. (2007, Sept. 16). *Overdose deaths rise sharply. The Roanoke Times.*)

III. Program Implementation

During the first quarter of FY2007 the department selected Norfolk (Norfolk CSB) as the urban site and the far southwest area of the state as the rural site (Cumberland Mountain, Highlands and Mount Rodgers CSBs). The funds have been split between the two sites (\$267,000 each), with an additional \$500,000 in federal targeted capacity grant funds added to the southwest site.

Norfolk Buprenorphine Project. The Norfolk project began providing services in January of 2007. Staff completed clinical and financial policies and procedures, and hired a registered nurse with 20 years experience in addiction assessment and treatment, including buprenorphine detoxification. Norfolk CSB counselors began providing counseling services, with two doctors providing physicians services. The program was introduced to several of the regional MH/SA Directors, and will be accepting referrals from the other CSB's in the region.

The program performed their first buprenorphine inductions the week of March 5, 2007. The State Office of Substance Abuse Services made a site visit to the Norfolk Buprenorphine Project on May 14, 2007. This visit was made because of concerns about the number of consumers admitted to the program at that point. Even after giving consideration for initial project startup time and unexpected occurrences, the number served up to that point was not acceptable (2). OSAS met with several key staff and discussed a variety of ways to increase enrollment in the project. By September 14, 2007, the Norfolk Buprenorphine Project had increased enrollment in the program to 18 people and had 5 pending inductions. In addition they revised several policies and procedures to further increase enrollment.

Cumberland Mountain Buprenorphine Project: Staff for State Suboxone were hired by January 2007 and the Cumberland project successfully inducted its first consumer on February 15, 2007. An additional \$500,000 in federal targeted capacity grant funds have been added to the targeted areas in southwest Virginia. The region has 3 physicians in Cumberland Mountain's region and 2 physicians in Planning District One who are certified to assess individuals for medicated assisted treatment and to prescribe Buprenorphine.

The project has sponsored training on the Virginia Prescription Drug Monitoring Program for physicians, nurse practitioners, law enforcement, and pharmacists, and also developed and conducted numerous workshops on addiction and chronic pain management. Eighty-three individuals have been served thus far by the regional project and the established process has worked well to date.

III ADDITIONAL ACTIONS OF THE DEPARTMENT

DMHMRSAS recognizes that the prevalence of addiction to prescription narcotics, heroin and other opioids has risen sharply in the United States and that the residents of

the Commonwealth should have access to modern, appropriate and effective addiction treatment. The appropriate application of up-to-date knowledge and treatment modalities can successfully treat patients who suffer from opioid addiction and reduce the morbidity, mortality and costs associated with opioid addiction, as well as public health problems such as HIV, HBV, HCV and other infectious diseases. Therefore DMHMRSAS developed guidelines to make Buprenorphine (Suboxone) available through the Community Pharmacy system for eligible consumers.