COMMONWEALTH of VIRGINIA

DEPARTMENT OF
MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
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November 7, 2008

The Honorable Lacey E. Putney, Chair
House Appropriations Committee
General Assembly Building, 9th Floor
Richmond, VA 23219

Dear Delegate Putney:

Pursuant to Item 316 of the *2008 Appropriation Act*, the Department of Mental Health, Mental Retardation and Substance Abuse Services is submitting 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 regions' 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.

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

Sincerely,

James Reinhard

James S. Reinhard, M.D.

mr/ltb
Enclosure

pc: Hon. Marilyn Tavenner
Hon. Phillip A. Hamilton
Ms. Susan E. Massart
Mr. Frank Tetrick
Ms. Ruth Anne Walker

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

Dear Senator Colgan:

Pursuant to Item 316 of the *2008 Appropriation Act*, the Department of Mental Health, Mental Retardation and Substance Abuse Services is submitting 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 regions' 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.

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

Sincerely,

James Reinhard

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mr/ltb
Enclosure

pc: Hon. Marilyn Tavenner
Hon. R. Edward Houck
Mr. Frank Tetrick
Ms. Ruth Anne Walker

Annual Report on Item 316 DD of the 2008 Appropriation Act
Opioid Treatment Model Programs

I. Introduction:

Pursuant to Item 316 DD of the *2008 Appropriation Act*, the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) was allocated $534,000 each year of the biennium to implement two model projects with community services boards (CSB) 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 to the Chairs of the House Appropriations and Senate Finance Committees no later than November 1, 2008.

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, Virginia 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 Medial Examiner (OCME) Western Regional 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 Southwest Virginia, with the direct or contributing cause of death relating 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.)*

Preliminary information from the Office of the Chief Medical Examiner indicates that there were 717 drug overdose deaths statewide for 2007, with 205 in the Western Region.

III. Program Implementation

During the first quarter of FY07 the department, through its Office of Substance Abuse Services (OSAS), 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 Rogers 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 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 Mental Health/Substance Abuse Directors, and will be accepting referrals from the other CSBs in the region.

The program performed their first buprenorphine inductions the week of March 5, 2007. The State of 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. As of June 30, 2008, the Norfolk Buprenorphine Project had served 53 unduplicated consumers in the program.

Cumberland Mountain Buprenorphine Project: This area includes the cities of Abingdon and Norton and the counties of Buchanan, Dickenson, Lee, Russell, Tazewell, Scott, and Wise. Staff 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 were added for all areas except Abingdon and Washington County (they were not part of the federal grant application) beginning October 1, 2006. This three-year grant has been successfully operating since that time (Appendix A). The end of the three-year funding period is September 30, 2009.

The region has three physicians in Cumberland Mountain's region and two physicians in Planning District One who are certified to assess individuals for medicated assisted treatment and to prescribe buprenorphine.

Working collaboratively with the Virginia Prescription Drug Monitoring Program, the federal project has sponsored training for physicians, nurse practitioners, law enforcement and pharmacists. Also, numerous workshops on addition and chronic pain management have been developed and conducted. Two hundred fifty-six (256) individuals have been served thus far by the regional project and the established process has worked well to date.

IV. 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.

Appendix A

SIX MONTH FOLLOW-UP CHANGE REPORT
Project REMOTE

GPRA Measure	# of Valid Cases	Percent at Intake	Percent at Follow-up	Rate of Change
Abstinence: did not use alcohol or illegal drugs	38	2.6%	52.6%	1900.0%
Crime and Criminal Justice: had no involvement with the criminal justice system	38	97.4%	84.2%	-13.5%
Employment/ Education: were currently employed or attending school	38	42.1%	42.1%	0.0%
Health/Behavioral/Social Consequences: experienced no alcohol or illegal drug related health, behavioral, social consequences	38	21.1%	78.9%	275.0%
Social Connectedness: were socially connected	38	94.7%	94.7%	0.0%
Stability in Housing: had a permanent place to live in the community	38	39.5%	34.2%	-13.3%

As a condition for federal funding, staff are required to collect outcome data specified under the Government Performance and Results Act (GPRA) maintained in the SAMHSA Services Accountability Improvement System. The table above summarizes a comparison of consumer status on six outcome measures, at admission versus status after receiving six months of services under Project REMOTE. As indicated above, consumers improved on two metrics, abstinence and negative consequences. Two measures remained the same, employment and social connectedness, with the low level of employment reflecting the economic problems of the region and the high level social connectedness reflecting the close family ties. Consumers were slightly worse off on two measures, criminal justice involvement and stability in housing.