



ARTS UPDATE FOR TIDEWATER/ HAMPTON ROADS BEHAVIORAL HEALTH LEARNING COLLABORATIVE

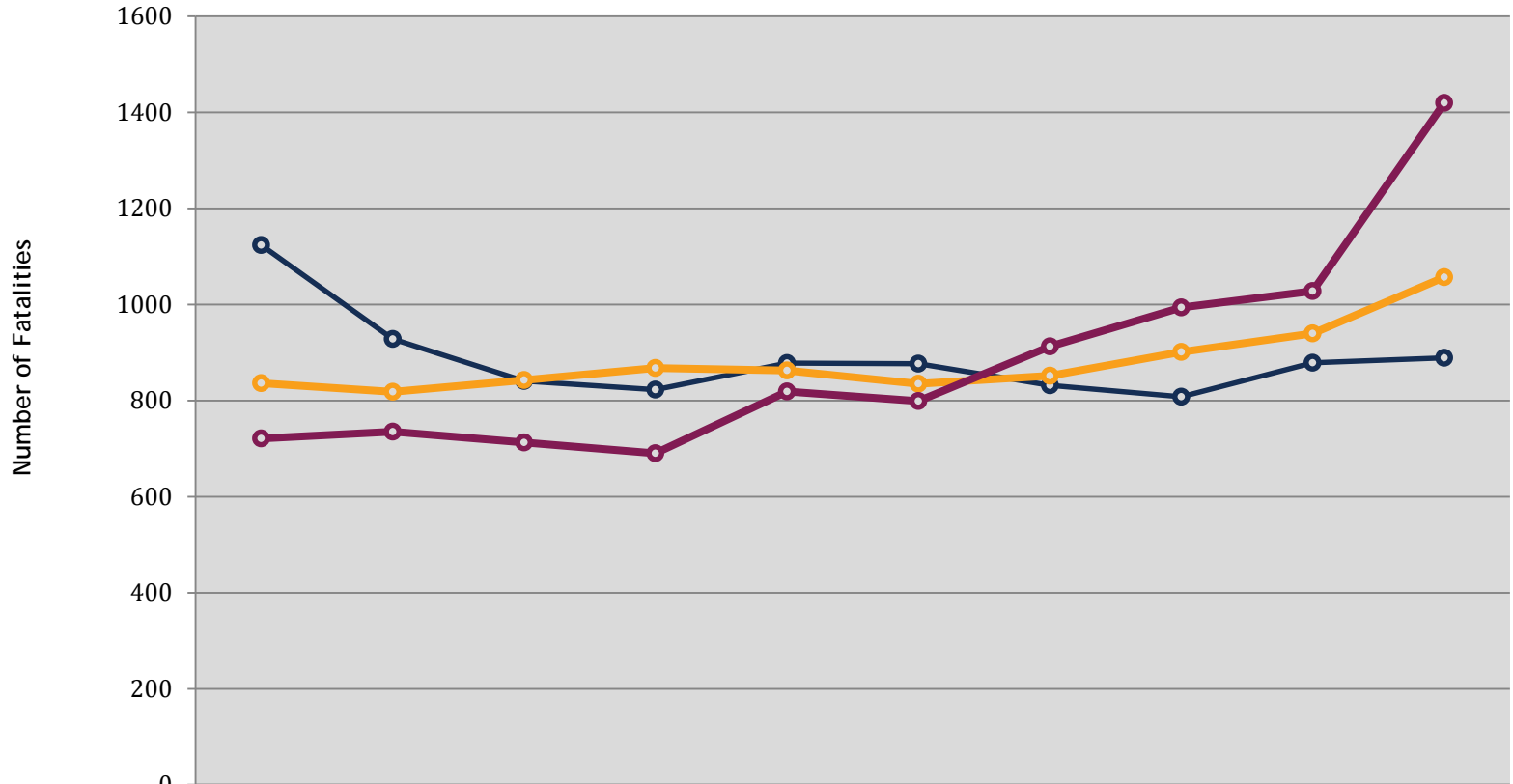
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DMAS Chief Medical Officer

May 9, 2017



TOP 3 METHODS OF UNNATURAL DEATH

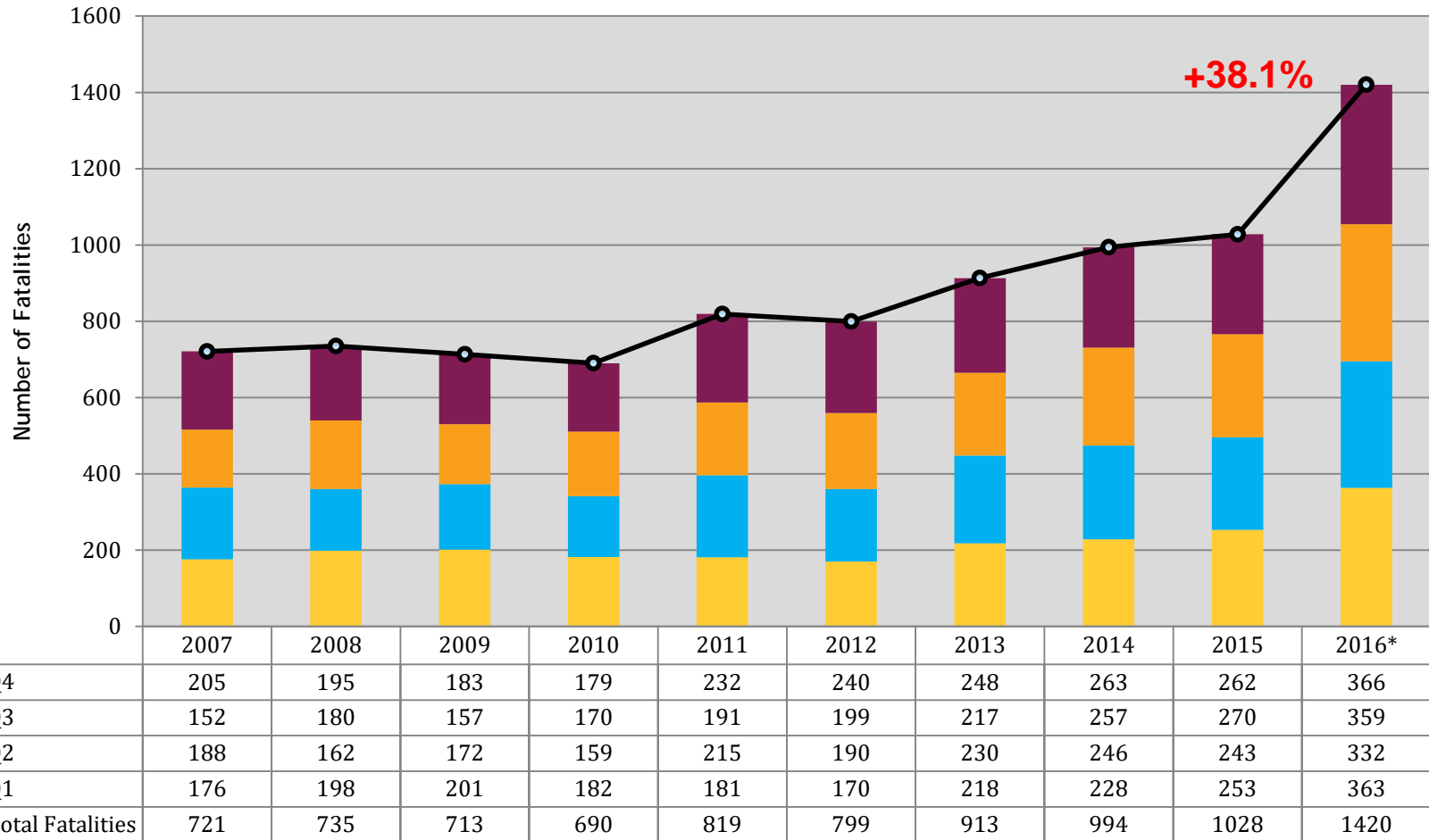
Total Number of Motor Vehicle, Gun, and Drug Related Fatalities by Year of Death, 2007-2016



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016*
Motor Vehicle Related	1124	928	841	823	878	877	832	808	879	889
Gun Related	836	818	843	868	863	835	852	901	940	1057
Fatal Drug Overdose	721	735	713	690	819	799	913	994	1028	1420

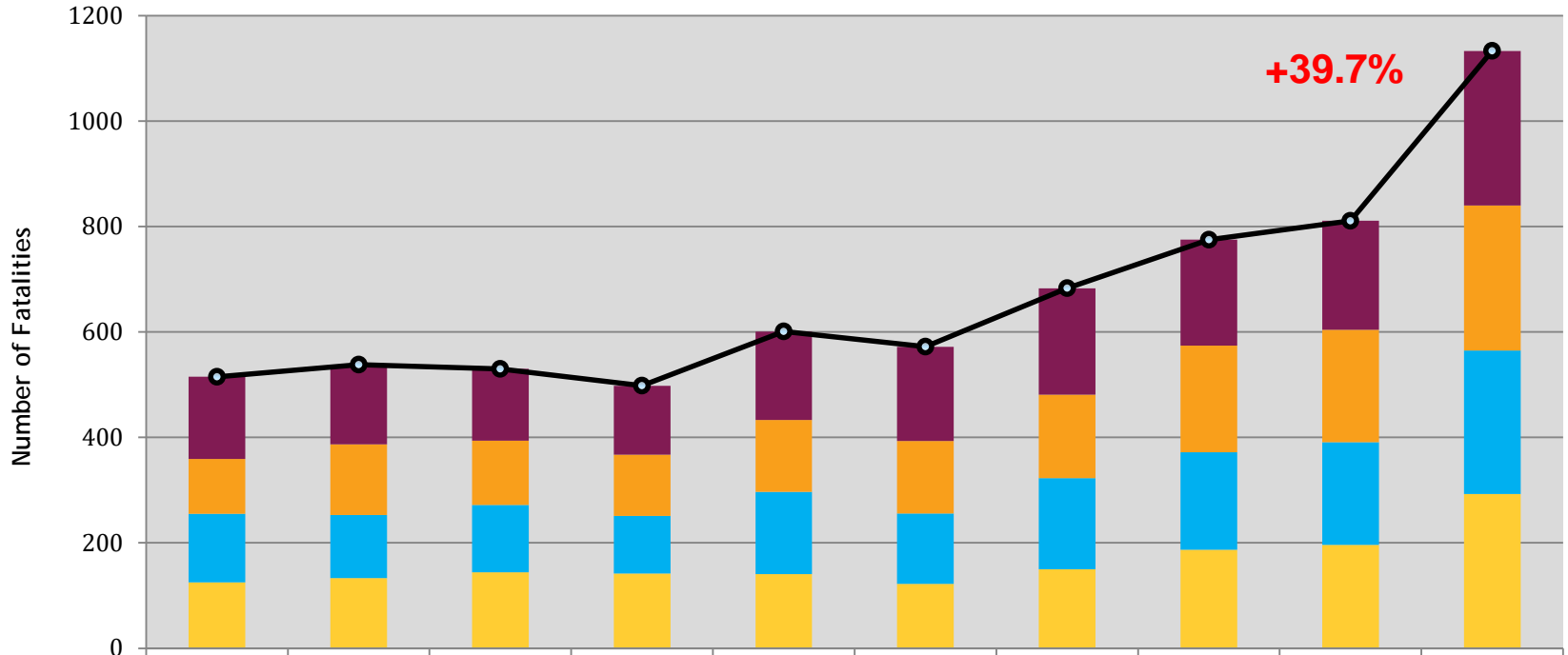
ALL FATAL DRUG OVERDOSES

Total Number of Fatal Drug Overdoses by Quarter and Year of Death, 2007-2016



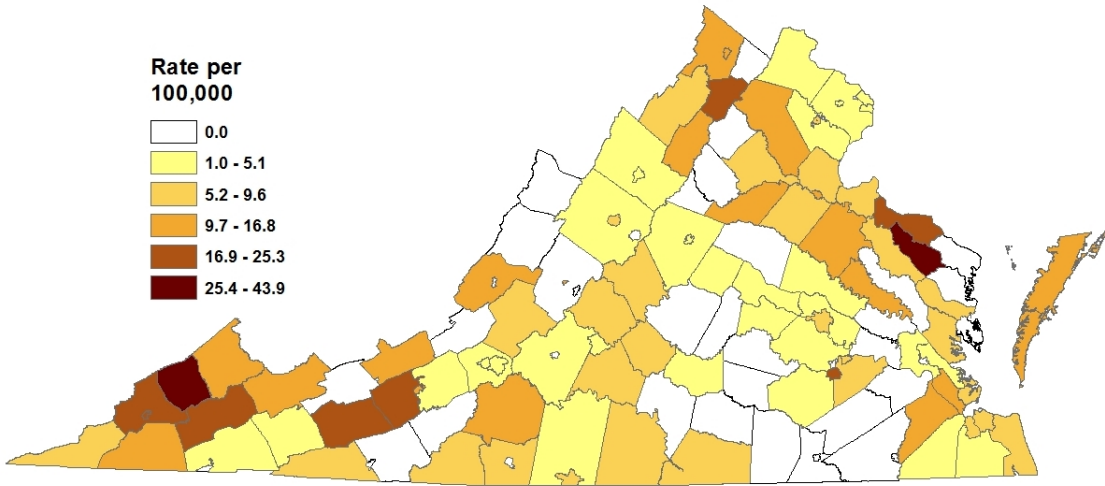
ALL OPIOIDS

Total Number of Fatal Opioid Overdoses by Quarter and Year of Death, 2007-2016

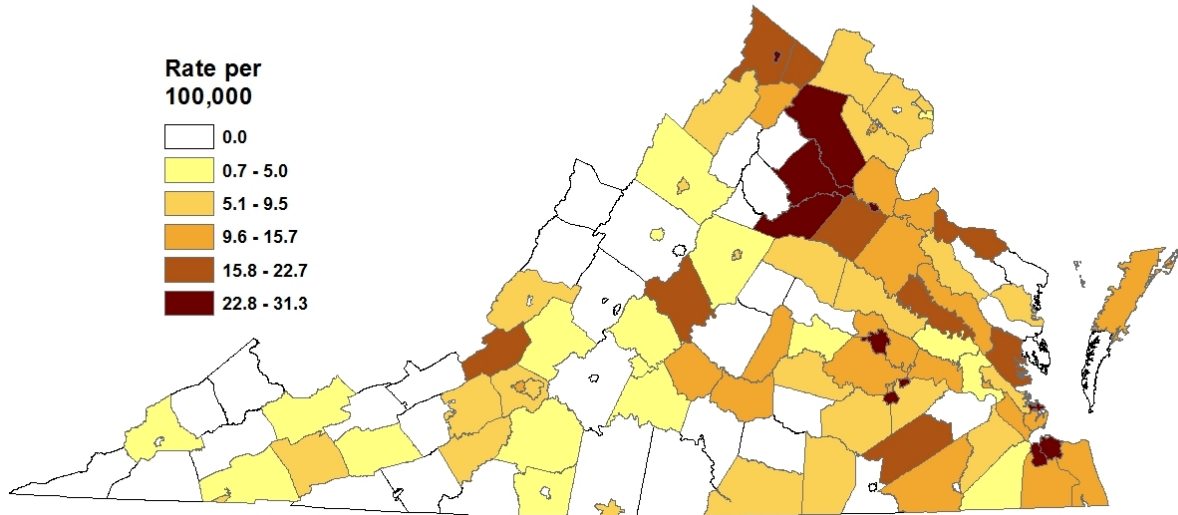


	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016*
Q4	156	151	136	131	168	179	202	201	207	293
Q3	104	134	122	116	136	137	158	202	213	275
Q2	130	120	128	109	156	134	173	185	195	272
Q1	125	133	144	142	141	122	150	187	196	293
Total Fatalities	515	538	530	498	601	572	683	775	811	1133

Rate of Fatal Prescription Opioid (Excluding Fentanyl) Overdoses by Locality of Overdose, 2016



Rate of Fatal Fentanyl (Rx, Illicit, and Analogs) and/or Heroin Overdoses by Locality of Overdose, 2016



Virginians Covered by Medicaid and CHIP



1 in 8 Virginians rely on Medicaid

Medicaid is the primary payer for **behavioral health** services



Medicaid covers **1 in 3** births in Virginia

50% of Medicaid beneficiaries are children



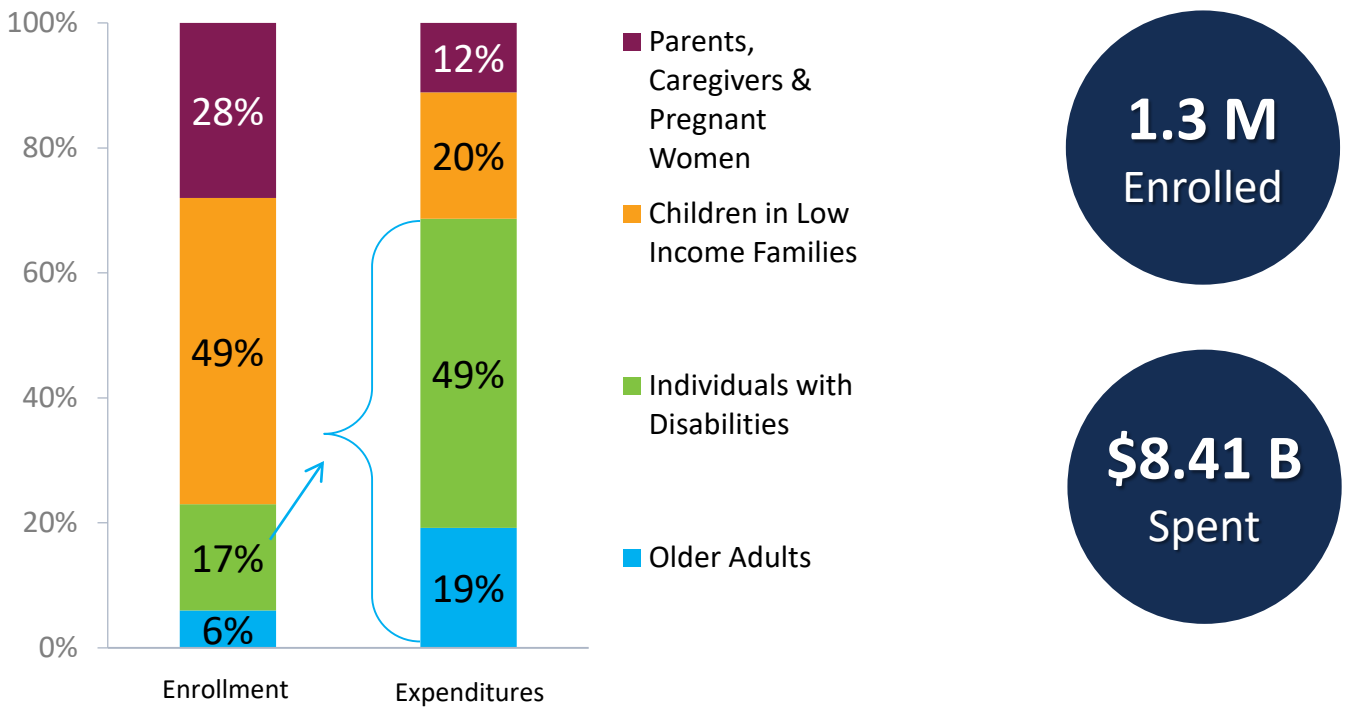
2 in 3 nursing facility residents are supported by Medicaid

62% of long-term services and supports spending is in the community

Medicaid plays a critical role in the lives of over 1 million Virginians

Virginia Medicaid: Enrollment and Expenditures

Enrollment vs. Expenditure SFY 2016



23% of the Medicaid population



68% of total expenditures

Expenditures are disproportionate to population where services for older adults and individuals drive a significant portion of Medicaid costs

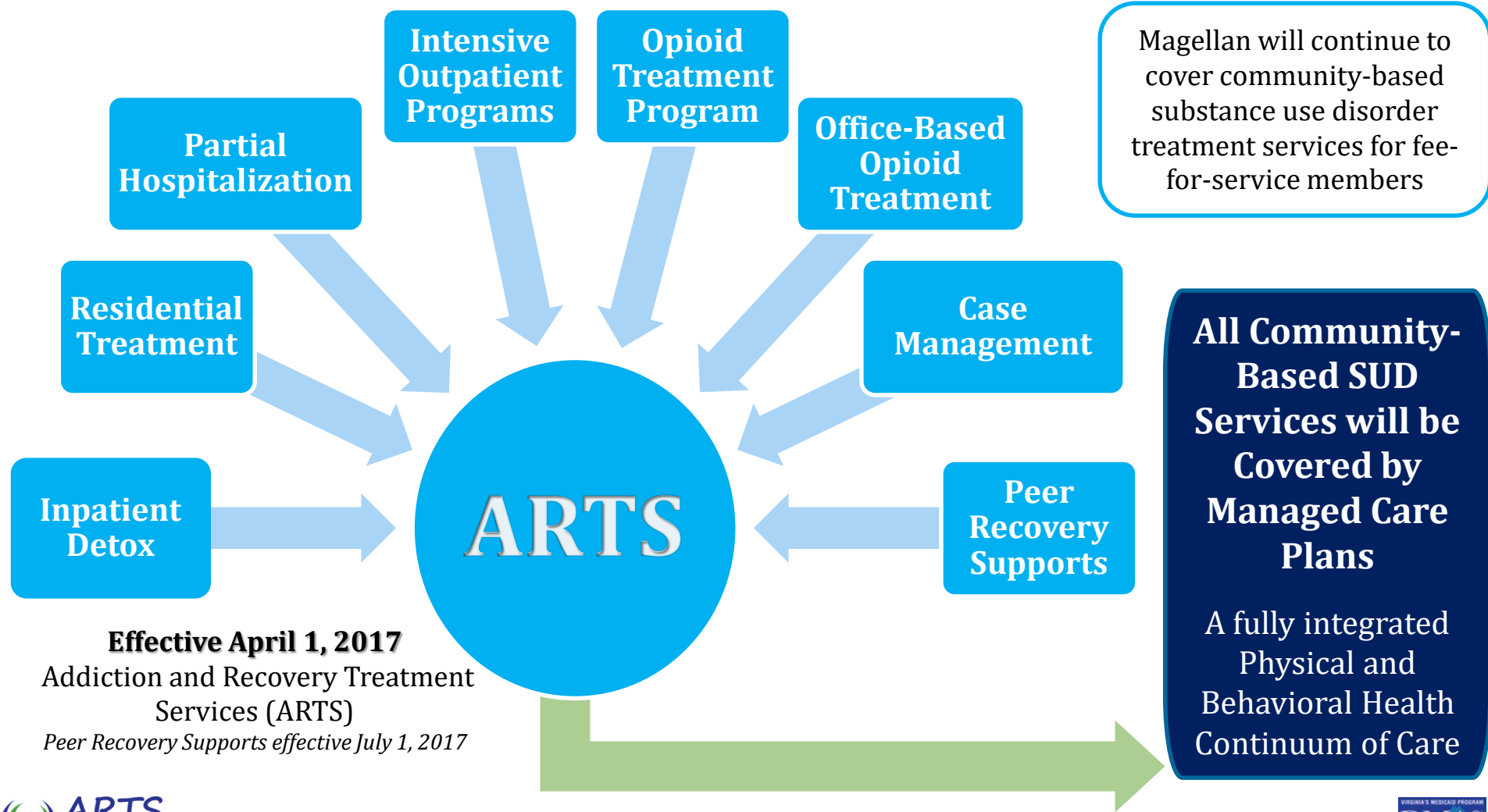


Virginia Addiction and Recovery Treatment Services (ARTS) Benefit

Changes to DMAS's Substance Use Disorder (SUD) Services for Medicaid and FAMIS Members

- 1 Expand short-term SUD inpatient detox to all Medicaid /FAMIS members
- 2 Expand short-term SUD residential treatment to all Medicaid members
- 3 Increase rates for existing Medicaid/FAMIS SUD treatment services
- 4 Add Peer Support services for individuals with SUD and/or mental health conditions
- 5 Require SUD Care Coordinators at DMAS contracted Managed Care Plans
- 6 Offer Provider Education, Training, and Recruitment Activities

ARTS Delivery System Transformation



ASAM Level of Care	VDH/DBHDS/DHP License
<p style="text-align: center;">4 Medically Managed Intensive Inpatient</p>	<ul style="list-style-type: none"> • Acute Care General Hospital
<p style="text-align: center;">3.7 Medically Monitored Intensive Inpatient Services (Adult) Medically Monitored High-Intensity Inpatient Services (Adolescent)</p>	<ul style="list-style-type: none"> • Inpatient Psychiatric Unit • Acute Freestanding Psychiatric Hospital • Substance Abuse (SA) Residential Treatment Service (RTS) • Residential Crisis Stabilization Unit • Medical Detox License required for all
<p style="text-align: center;">3.5 Clinically Managed High-Intensity Residential Services (Adults) / Medium Intensity (Adolescent)</p> <p style="text-align: center;">3.3 Clinically Managed Population-Specific High-Intensity Residential Services (Adults)</p>	<ul style="list-style-type: none"> • Inpatient Psychiatric Unit (3.5) • SA RTS for Adults (3.3 or 3.5) and Children (3.5) • SA and MH RTS for Adults and Children (3.3 or 3.5) • SA RTS for Women with Children (3.3 or 3.5) • Supervised RTS for Adults (3.3)
<p style="text-align: center;">3.1 Clinically Managed Low-Intensity Residential Services</p>	<ul style="list-style-type: none"> • MH & SA Group Home Service for Adults and Children
<p style="text-align: center;">2.5 Partial Hospitalization Services</p> <p style="text-align: center;">2.1 Intensive Outpatient Services</p>	<ul style="list-style-type: none"> • SA or SA/Mental Health Partial Hospitalization (2.5) • SA Intensive Outpatient (2.1)
<p style="text-align: center;">1 Outpatient Services</p>	<ul style="list-style-type: none"> • Outpatient Services
<p style="text-align: center;">0.5 SBIRT Early Intervention</p>	<ul style="list-style-type: none"> • N/A; All Licensed Providers
<p style="text-align: center;">Opioid Treatment Program (OTP)</p>	<ul style="list-style-type: none"> • Opioid Treatment Program
<p style="text-align: center;">Office-Based Opioid Treatment (OBOT)</p>	<ul style="list-style-type: none"> • N/A; Physician Offices

Office-Based Opioid Treatment (OBOT)

Settings and Care Model

- CSBs, FQHCs, outpatient clinics psychiatry practices, primary care clinics
- Provide Medication Assisted Treatment (MAT) - use of medications in combination with counseling and behavioral therapies that results in successful recovery rates of 40-60% for opioid use disorder compared to 5-20% with abstinence-only models
- Supports integrated behavioral health - buprenorphine waivered practitioner with on site credentialed addiction treatment professional (e.g., licensed clinical psychologist, LCSW, LPC, licensed psychiatric NP, etc.) providing counseling to patients receiving MAT

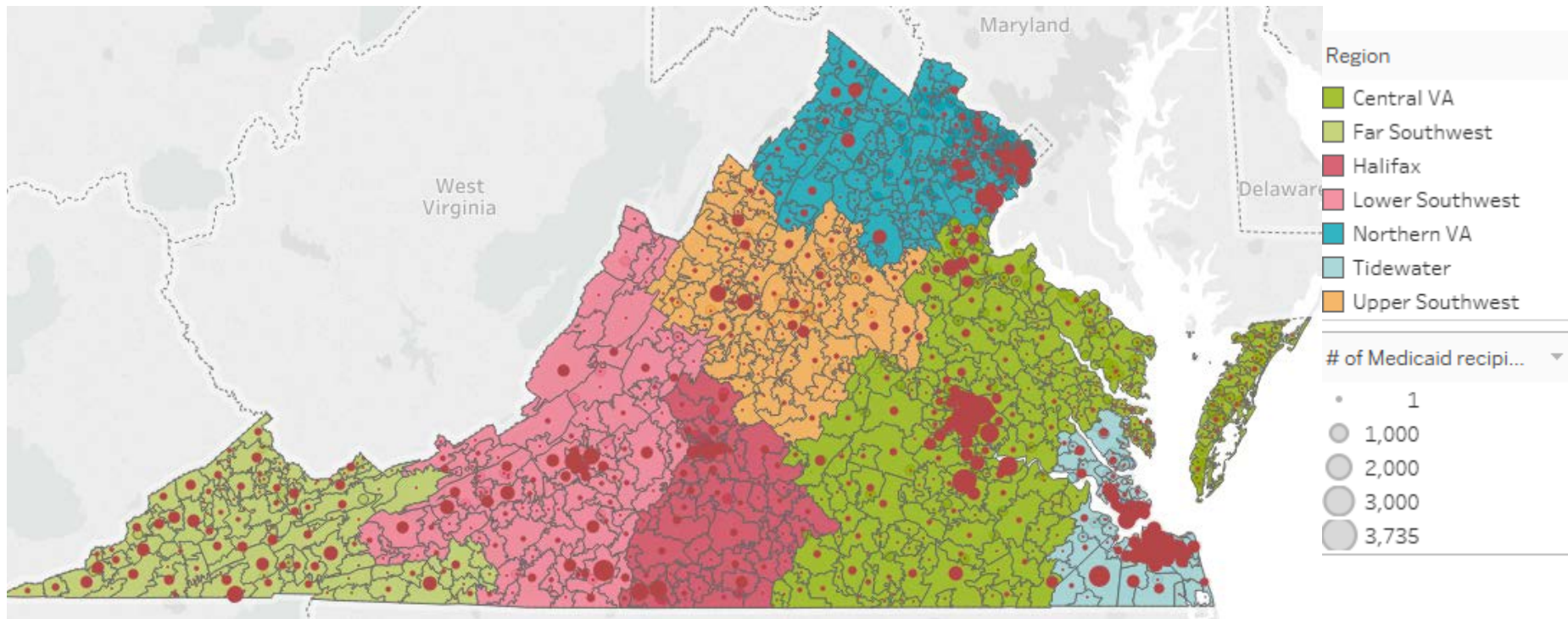
Payment Incentives

- Buprenorphine-waivered practitioner in the OBOT can bill all Medicaid health plans for **substance use care coordination code** (\$243 PMPM) for members with moderate to severe opioid use disorder receiving MAT
- Can bill **higher rates for individual and group opioid counseling**
- Can bill for Certified Peer Recovery Support specialists

Early Results: Preliminary Increases in Addiction Providers Due to ARTS

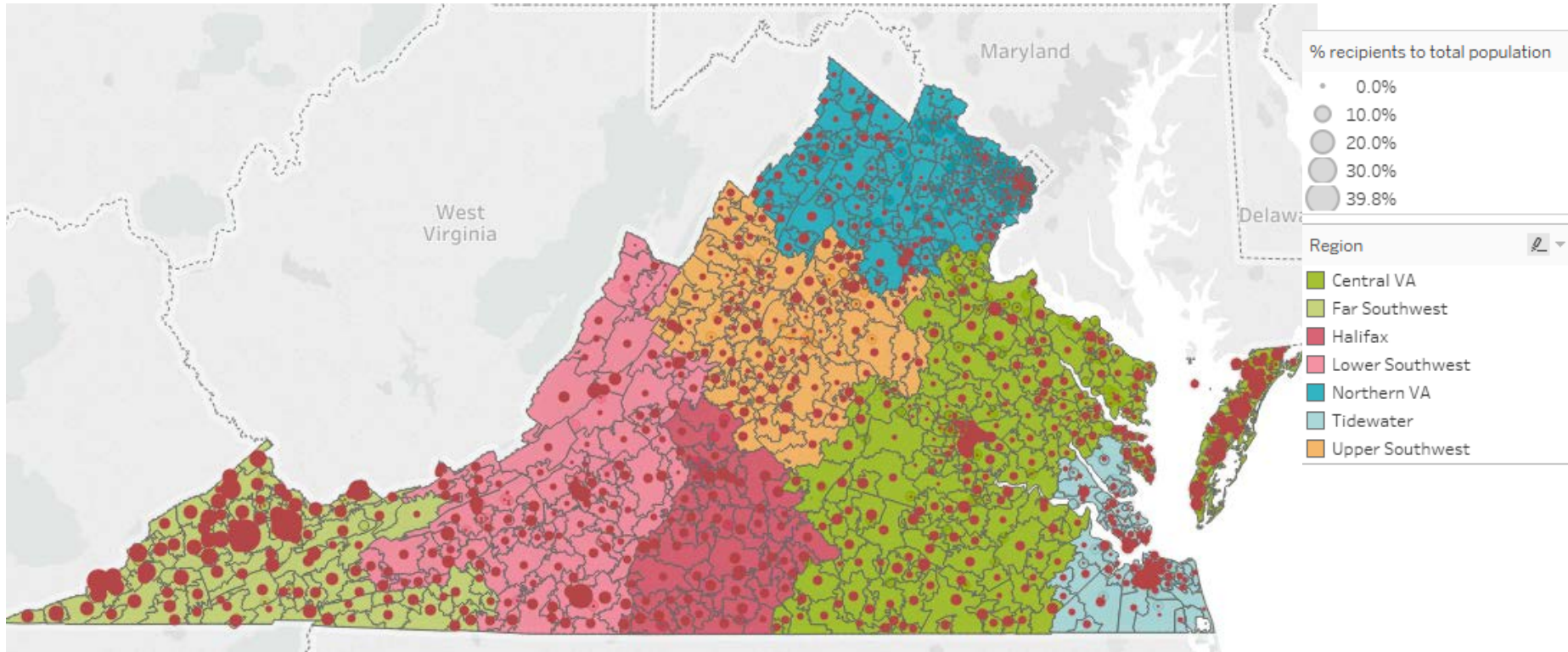
Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS	% Increase in Providers
Inpatient Detox (ASAM 4.0)	Unknown	86	NEW
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	71	↑ 1675%
Partial Hospitalization Program (ASAM 2.5)	0	14	NEW
Intensive Outpatient Program (ASAM 2.1)	49	70	↑ 43%
Opioid Treatment Program	6	22	↑ 267%
Office-Based Opioid Treatment Provider	0	31	NEW

Medicaid Members with Substance Use Disorder Diagnosis



Source: Department of Medical Assistance Services – claims/encounter data (November 3, 2016).
Circles # of Medicaid recipients whose claims/encounter data included an addiction related diagnosis.

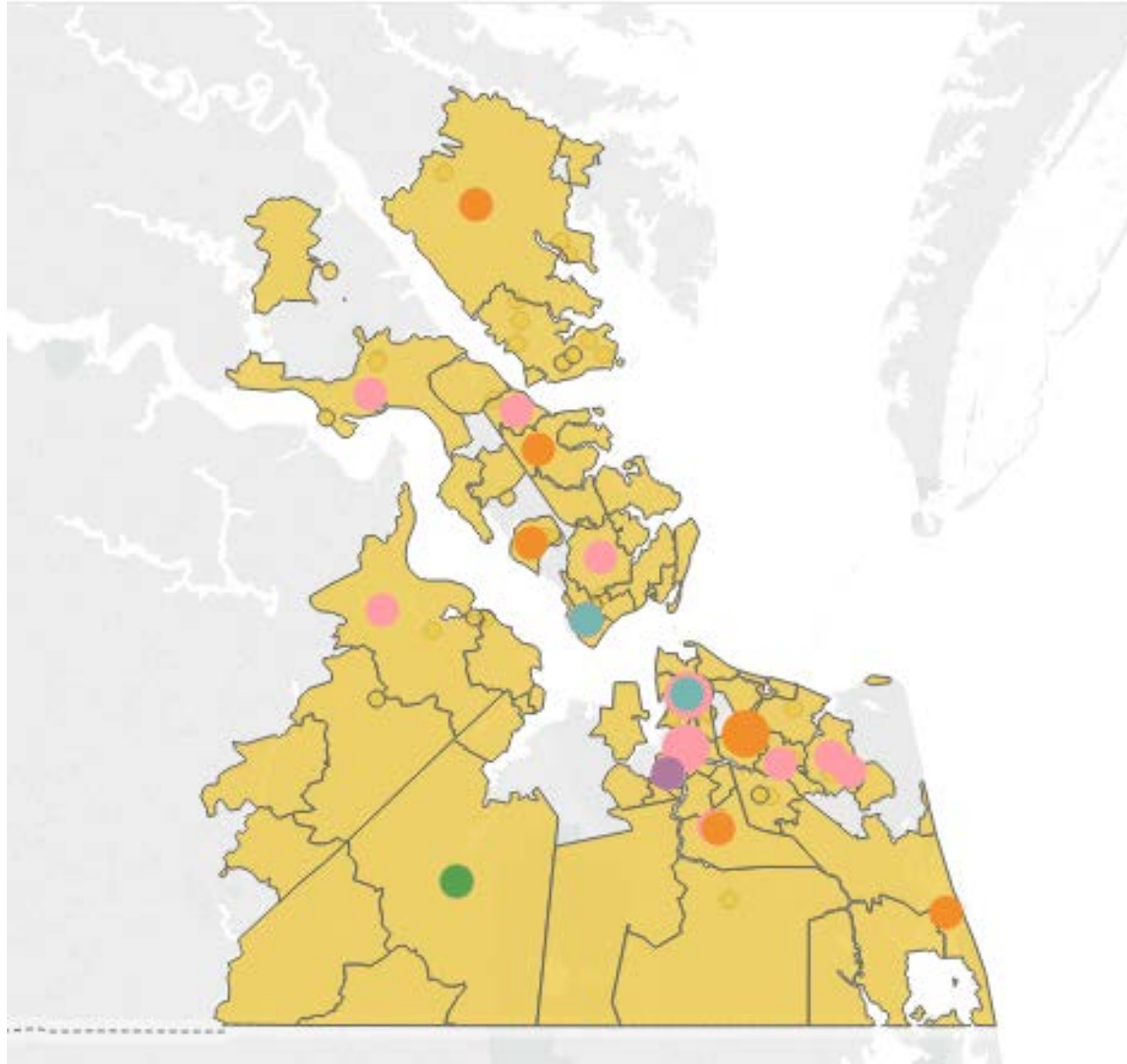
Communities Impacted by Addiction



Source: Department of Medical Assistance Services – claims/encounter data (November 3, 2016) and 2010 U.S. Census Bureau Population.

Circles % of Medicaid recipients whose claims/encounter data included an addiction related diagnosis respective to the total population in that zip code.

Tidewater ARTS Providers



Residential Treatment (ASAM Levels 3.1, 3.3, 3.5, 3.7)

ASAM Level 3.7

- Norfolk CSB
- Virginia Beach Psychiatric Center
- Riverside Behavioral Health Center, Adult and Adolescent
- Sentara Virginia Beach General Hospital
- Sentara Rockingham Memorial Hospital
- Sentara Obici Hospital
- Sentara Norfolk General Hospital

ASAM Level 3.5

- Hampton Newport News CSB, Southeastern Family Project (also ASAM Level 3.3)
- Keystone Newport News Behavioral Health Center
- Riverside Behavioral Health Center, Adult and Adolescent

IOPs and PHPs

Partial Hospitalization Programs (ASAM Level 2.5)

- Virginia Beach Psychiatric Center
- Kempsville Center for Behavioral Health

Intensive Outpatient Programs (ASAM Level 2.1)

- Chesapeake CSB
- Chessen & Associates
- City of Norfolk CSB
- City of Virginia Beach
- Colonial Behavioral Health
- Finney Zimmermann & Associates
- Middle Peninsula CSB
- The Barry Robinson Center

OTPs and OBOTs

Opioid Treatment Programs

- City of Portsmouth CSB
- Hampton/Newport News CSB

Office-Based Opioid Treatment Providers

- APACHE Mat Systems
- Colonial Behavioral Health
- Hampton/Newport News CSB
- Meridian Psychotherapy
- The City of Norfolk CSB
- Tidewater Psych Services

What are the gaps and needs in the region?

- Group Homes (ASAM Level 3.1)?
- Other?



QUESTIONS

For more information on Virginia ARTS benefit,
please contact: SUD@dmas.virginia.gov

http://www.dmas.virginia.gov/Content_pgs/bh-sud.aspx