

Section A: Population of Focus and Statement of Need

A.1 Under this partnership we, the counties of Smyth, Wythe, Bland, Carroll, Grayson, and the City of Galax, will enter into a new project agreement with Mount Rogers Community Services (MRCS) to address the opioid crisis in rural Southwestern Virginia. The proposed project will increase availability and accessibility of existing prevention, treatment, and recovery services throughout the region.

Our service area is home to 116,000 residents, 18,434 being youth between the ages of 5-18. The median age is 46.9 (Virginia (VA): 38.2). The racial and ethnic makeup of the region is predominately white (94.2%, VA: 67.4%), with the City of Galax having a higher than state average Hispanic/Latino population (Galax: 14.5%, MRCS:4.3% VA: 9.4%) and a higher Black/African American population relative to the rest of the catchment area (Galax: 7.7%, MRCS: 4.5%, VA: 21.1%). The predominate language is English. All six localities meet the Federal Office of Rural Health Policy definition of “rural” and are designated by HRSA as a Health Professional Shortage area for mental health services and dental services. Of the six counties and cities, 67% (4) have a primary care services shortage and qualify as a medically underserved community. As of 2018, 1 in 5 people in the service area live below the federal poverty line, and the population of the service area has a 75% higher incidence of poverty than Virginia’s average.

The proposed project will expand Office-based Opioid Treatment/ Medication-Assisted Treatment (OBOT/MAT) service targeting adults with opioid use disorder (OUD) throughout the catchment area. It will also address the specific needs of uninsured, underinsured, and marginalized populations (African American, Hispanic, and LGBTQIA+ individuals,) with the intentions of removing barriers to accessibility and affordability of MAT services. Specifically, the project will expand existing service capacity to accommodate more individuals into services, implement targeted outreach and engagement strategies to recruit and retain at-risk marginalized populations, and provide access to recovery housing for individuals in need of safe, stable housing.

A.2 While there are multiple socioeconomic challenges facing the communities we serve, those barriers and gaps in services were further exacerbated during the COVID-19 pandemic. These communities have low income, significant rates of poverty, and individuals in need of behavioral health services who are under or uninsured. For example, 22% of individuals currently served by MRCS are self-pay or have Medicare-only coverage. Community needs assessments (CNA) and metrics obtained through our CCBHC services continue to show a need for improved access to behavioral healthcare and community-based supports geared towards prevention, treatment, and recovery. While MRCS 2022 CCBHC CNA is currently being completed by Virginia Tech’s Institute of Policy and Governance, analysis of IPP and NOMs data highlight disparities in access to services amongst Hispanic/Latino and African American populations compared to their counterparts.

Percentage of marginalized population to complete a NOM interview in a CCBHC services (total NOMs 579)	
Black/African America	6.2%
Hispanic/Latino	3.6%

Additional Project Narrative

Mount Rogers Regional Opioid Abatement Partnership Project Proposal

National data shows that Hispanics and African Americans are less likely to receive behavioral health services compared to non-Hispanic whites (*SAMHSA, Racial/Ethnic Differences in Mental Health Service Use among Adults*). Along with socioeconomic factors that contribute to accessibility, stigma and personal perception around seeking treatment are also barriers to mental health care. For persons who identify as LGBTQIA+, treatment and recovery services are also less accessible in our region. According to Mamone of Queer Appalachia, “[T]he resources that are available to the straight community around addiction and recovery do not translate to the queer community in any way. In fact, if you present outside of the binary, it might not be physically safe for you to even attempt to go to a Narcotics Anonymous meeting.” This is the unfortunate reality for LGBTQIA+ identifying residents throughout MRCS service area as well as the Appalachian region at large.

The stigma of mental health and substance use issues continues to be a barrier to people seeking treatment and recovery support in our catchment area. Substance use affects the communities served by MRCS in multiple ways, as evidenced by high rates of opiate use, and overdose deaths. For individuals receiving behavioral health services in the Mount Rogers area, the rate of use by individuals of opiate/synthetic drugs 30.47 per 10,000 far exceeds the rate for the State 13.79 per 10,000 (Department of Behavioral Health and Developmental Services). Among CSB areas in Virginia, Mount Rogers had the 4th highest rate in the State of both fatal prescription opioid overdose and fatal opiates-combination overdose (Office of Chief Medical Examiner of Virginia). These issues have been exacerbated by the pandemic, evident by an increase in overdose deaths and an increase in substance abuse as a coping mechanism.

Number and Rate of Fatal Opioid Overdoes by Locality - Per 100,000 population.								
	2019		2020		2021		2022 Q1-Q2	
	Fatalities	Rate	Fatalities	Rate	Fatalities	Rate	Fatalities	Rate
Smyth	2	6.6	2	6.6	3	10	1	N/A
Wythe	2	7	4	14	4	14	0	N/A
Bland	0	0	4	64.1	0	0	2	N/A
Carroll	3	10.1	3	10	7	23.3	3	N/A
Galax	0	0	1	15.9	1	15.9	0	N/A
Grayson	1	6.4	1	6.5	2	12.9	0	N/A
Virginia	1298	15.2	1915	22.3	2227	25.9	1041	N/A

Navigating the healthcare system is also a challenge for individuals and their families in need of immediate services. While individuals in the catchment area have access to a regional hospital and two Federally Qualified Health Clinics (FQHC), they provide limited behavioral health services. Private behavioral health care providers offer counseling or community-based services, but these providers often do not serve under or uninsured individuals resulting in these individuals seeking treatment services at acute care hospitals or the state psychiatric facility. Indicators of these disparities can be seen in the high rates of bed usage in psychiatric inpatient treatment, with limited resources for community-based and less restrictive behavioral health services.

Since the onset of the Coronavirus pandemic, MRCS has seen a spike in service utilization as more people begin to report the negative impact the pandemic has had on their mental health and well-being. In the last month, 111 individuals participated in MAT services at MRCS. Services that

typically have 30-50 slots available are now running at maximum capacity, with a waitlist of over 30 people. In addition, one of the local providers in the catchment area with a current caseload of 45 individuals is leaving the practice, exacerbating the need for increasing our current program's capacity. At this time potential clients are traveling over 1.5 hours outside of the service area to our neighboring states of North Carolina, West Virginia, and Tennessee to seek services.

Housing is consistently identified in our annual community needs assessments as one of the top five major gaps in our communities and throughout Southwest Virginia. Without the stabilization of a safe home environment, behavioral health services often result in unsuccessful outcomes such as:

- Increase in state psychiatric hospitalization/increase in bed census due to inadequate community-based housing.
- Difficulty in maintaining sobriety for individuals discharged from residential substance use programs due to having no alternative housing options other than to return to environments with substance use.
- Mothers losing custody of their children due to living in inadequate, unsafe housing.

Collectively, we anticipate an increased need for substance use services and supports across the catchment area in the upcoming months to meet the growing needs of the population. Removing current barriers to treatment and housing will allow individuals to seek services closer to home and maintain recovery.

Section B: Proposed Implementation Approach

B.1 This project will expand access to medication-assisted treatment services to adults with Opioid Use Disorder (OUD), with an emphasis on expanding the capacity of MAT/OBOT services and care coordination for uninsured, underinsured, and marginalized communities. This expansion is necessary to reduce the need for higher intensity, more costly levels of care. This project will serve 60 individuals on an annual basis and reach a total of 300 over the 5-year grant period. Individuals in services will receive access to an array of evidence-based practices (see EBP attachment), including the following:

- **MOUD with FDA-approved medications & Prescription Drug Monitoring in combination with comprehensive services:** As the local mental health clinic and as a CCBHC, MRCS offers a wide array of outpatient services for individuals with OUD. The Virginia Department of Behavioral Health and Developmental Services (DBHDS) licenses MRCS to provide substance use and co-occurring outpatient services in 24 locations throughout our services area, including our outpatient clinics, crisis care centers, and school locations. They provide comprehensive clinical treatment and recovery services across the full continuum of care to include MAT/OBOT, psychosocial services, counseling services, behavioral therapies, and peer and recovery support services. The following MOUD medications are provide through OBOT/MAT services:

Buprenorphine/Naloxone 8/2 mg tabs, Buprenorphine/Naloxone 8/2 mg films, Buprenorphine 8 mg tabs, Sublocade 300 mg/1.5ml injection, Vivitrol 380mg injection, Naltrexone 50 mg tabs.

- **Clinical Assessments and Screening for co-occurring SU and mental disorders:** Clinicians use the Clinical Opiate Withdrawal Scale (COWS) and Diagnostic and Statistical Manual of Mental Health Disorders, 5th edition (DSM- 5 criterion) to assess and determine patients meeting the diagnostic criteria for OUD relative to MAT, and recommended level of care. Using a collaborative approach, the treatment team develops an individualized treatment and recovery plan, to include comprehensive wrap-around supports along the full continuum of care. Individuals are also screened/assessed for co-occurring substance use and mental disorders and referred to appropriate internal supports.
- **Outreach, engagement, and retention:** MRCS utilizes referral networks and community partnerships to recruit and engage participants in MAT/OBOT services. Individuals enrolled in the program are also offered case management and care coordination services, participate in intensive outpatient counseling group therapy sessions to further engage, and retain them in the program.

Current retention efforts: MRCS treatment teams are responsible for establishing and implementing a person-centered plan that mitigates the risk of diversion and ensures the appropriate use/dose of medication is being used by individuals in our MAT/OBOT services. These individuals are followed closely while in services, and are required to attend intensive outpatient group sessions, undergo random drug screenings, and periodic pill counts. Peer Recovery Support Specialist are also available in the clinic to provide additional RSS and facilitate long-term recovery.

- **Program Infrastructure Development, Funding Mechanisms, and Service Delivery Models:** Mount Rogers Community Services will continue to build capacity through community partnerships with integrated health systems, hospitals, including emergency departments, community-based organizations, law enforcement, recovery organizations, and faith-based organizations to provide a robust suite of treatment and RSS and ensure equitable access to MOUD where access and availability of resources are limited.
- **Telehealth Services:** Before the pandemic, MRCS provided telemedicine options to individuals in need of psychiatric assessment or consultation. In response to the federal state of emergency, MRCS adapted their continuing operations toward a focus on telehealth and telephonic service provision to better prevent and minimize the spread of COVID-19. Telemedicine technology was already HIPAA compliant, and they added

telehealth options through Zoom and established a business associate agreement that further protected individuals in substance use disorder services.

- **Harm Reduction:** Harm reduction services are embedded throughout clinical services and prevention and wellness programs. MRCS provides overdose prevention education for the individuals we serve, as well as the community at large. They provide Naloxone Training (REVIVE!) and Naloxone Nasal Spray, as well as education and access to fentanyl test strips. They also work in tandem with our local health department, who provides harm reduction-syringe services.

B.2 Recovery Housing

In addition, the project will develop recovery housing to further support individuals along the continuum of care. Mount Rogers Community Services will partner with Helping Overcome Poverty's Existence, Inc. (HOPE) to develop safe and affordable recovery housing each year for individuals with OUD, on land that is owned by the respective parties. MRCS will work with each locality to determine need, zoning procedure and any regulations as required.