

## Project REMOTE

funded by SAMHSA Grant T117318

SJ 318  
October 21, 2009

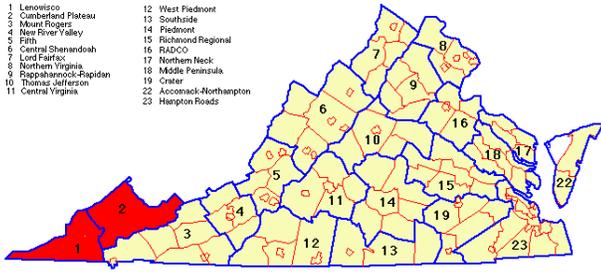
### Project REMOTE: Overview

- Funded by SAMHSA at \$500,000 for 3 years in 2006
- Focused on treating persons addicted to opiates through abuse of prescription pain medications
- Target area: SW Virginia

# Project REMOTE Service Area

## Virginia's Planning Districts

- |                        |                      |
|------------------------|----------------------|
| 1 Shenandoah           | 12 West Piedmont     |
| 2 Cumberland Plateau   | 13 Southside         |
| 3 Mount Rogers         | 14 Piedmont          |
| 4 New River Valley     | 15 Richmond Regional |
| 5 Foothills            | 16 RADCO             |
| 6 Central Shenandoah   | 17 Northern Neck     |
| 7 Loudoun Valley       | 18 Middle Peninsula  |
| 8 Northern Virginia    | 19 Crater            |
| 9 Rappahannock-Rapidan | 22 Accomack-Norfolk  |
| 10 Thomas Jefferson    | 23 Hampton Roads     |
| 11 Central Virginia    |                      |

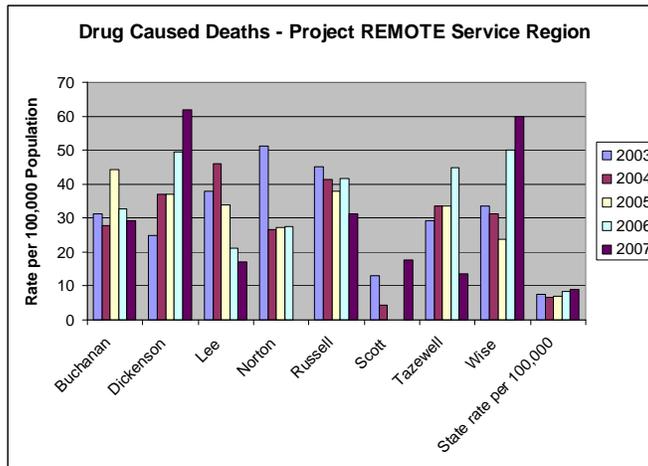


Source: Walkton Cooper Center for Public Health, University of Virginia

# Project REMOTE Service Providers

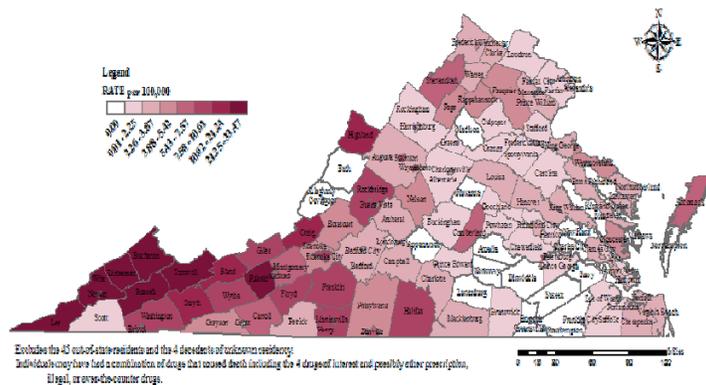
- Cumberland Mountain CSB
- Dickenson County CSB
- Planning District One CSB
- Counties of Buchanan, Dickenson, Lee, Russell, Scott, Tazewell, Wise and the city of Norton

# Project REMOTE: Why this area?



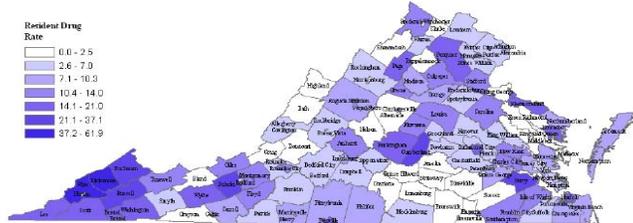
# Overdose Rates 2004-2006

Figure 10. Rates of Fentanyl, Hydrocodone, Methadone & Oxycodone Deaths by County/City, 2004-2006



## Overdose Rates by City/County of Residence, 2007

Figure 81. Drug/Poison Caused Death Rates by City/County of Residence, 2007



Virginia Department of Health, Office of the Chief Medical Examiner • November 2008  
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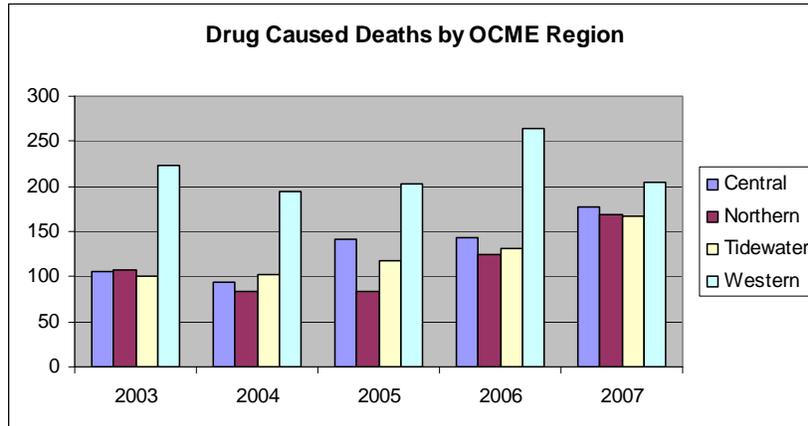
## Project REMOTE: Who was served?

- Served 229 individuals in 3 years
- 46% male; 54% female
- 71% younger than 35
- All opiate dependent due to abuse of prescription pain medication

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## Virginia SUD Epidemiology



OCME Annual Reports, 2003-2007

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## Project REMOTE: What services were provided?

- A complete continuum of services was available to participants:
  - Outpatient (Suboxone and evidence-based counseling practices) – 3,430 hours
  - Case Management (transportation, coordination with physicians, help finding income supports) – 3,513 hours
  - Opioid Treatment Services (methadone and counseling): 408.75 hours
  - Residential detoxification (includes Suboxone): 293 days

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## Project REMOTE: What was the impact of services?

- Decrease in injection drug abuse: 86%
- Increase in abstinence - 405%
- Increase in employment/educational activity - 65%
- Decrease in alcohol or illegal drug-related health, behavioral or social consequences – 138%
- Increase in permanent, stable housing – 15%

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## Project REMOTE: What did it cost?

- SAMHSA grant for \$1.5 million (\$500,000 per year) over 3 years.
- Participants paid half, if able
- Utilized Medicaid and private insurance when available
- Unit SAMHSA cost (excluding other payment sources): \$3,082

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## Project REMOTE: What made it work?

- Use of evidence-based practices, including:
  - Clinically appropriate medication-assisted treatment
  - Counseling using evidence-based approaches
  - Wrap-around services (case management to access other supports)
  - Involvement with Recovery Oriented Support Organizations
- Strong community involvement (Appalachian Substance Abuse Coalition and other partners)
- Heavy emphasis on community health professional education about addiction, pain management, use of the Prescription Monitoring Program
- Utilized resources of Recovery Oriented Support Community

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## Project REMOTE: Next Steps

- Purdue Pharma funds (civil settlement awarded from Office of Attorney General) = \$306,414
- Continue community partnerships and advocacy
- Continue grant-seeking and other funding supports

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## Returning to Work: Overview

- Funded through SAMHSA with an earmark from Senator Webb for \$285,000 for one year.
- Will serve 82 coal miners who have lost their mining certification due to addiction to opiates
- Same service area and providers as REMOTE
- Temporarily expands a program already in place with three CSBs and DMME
- Outcome data will be collected and reported to SAMHSA