

Medication Assisted Treatment

MAT PDOA

Prescription Drug and Opioid Addiction

Spring Training Institute
June 2 2016



Prescription Opioids

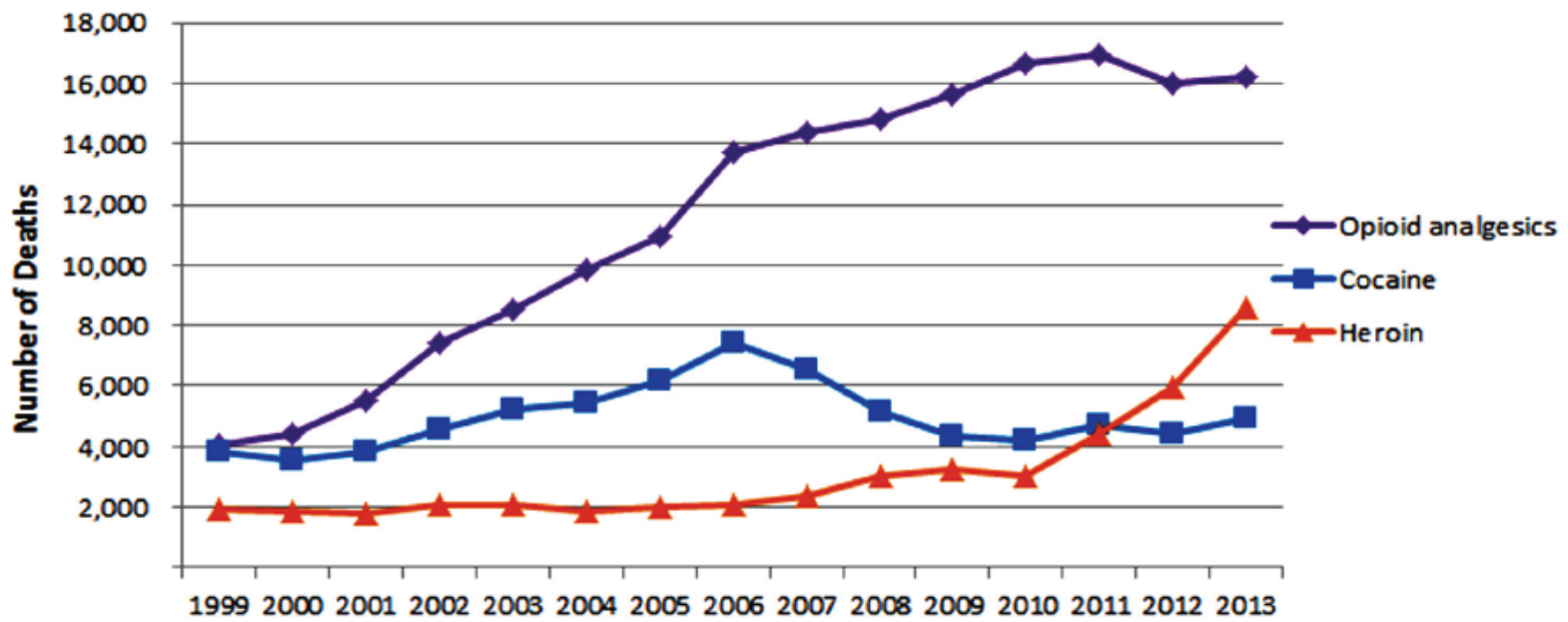
- U.S. sales nearly quadrupled from 1999 to 2014
- Deaths have quadrupled since 1999
- Overdose rates highest for:
 - People aged 25 to 54 years
 - Non-Hispanic whites and American Indian
- Almost 2 million Americans abusing prescription drugs (CDC, 2014)

Heroin

- Cheaper, purer heroin imported by Mexican cartels (DEA, 2015)
- 45% of heroin users also have prescription drug problem
- In past 10 years, use more than doubled for:
 - Females (although males still outnumber)
 - Young Adults age 18 to 25
 - Non-Hispanic Whites (CDC, 2014)

Drug-Related Deaths in the U.S.

(U) Chart 8. Drug Poisoning Deaths Involving Selected Illicit Drugs, 1999 to 2013



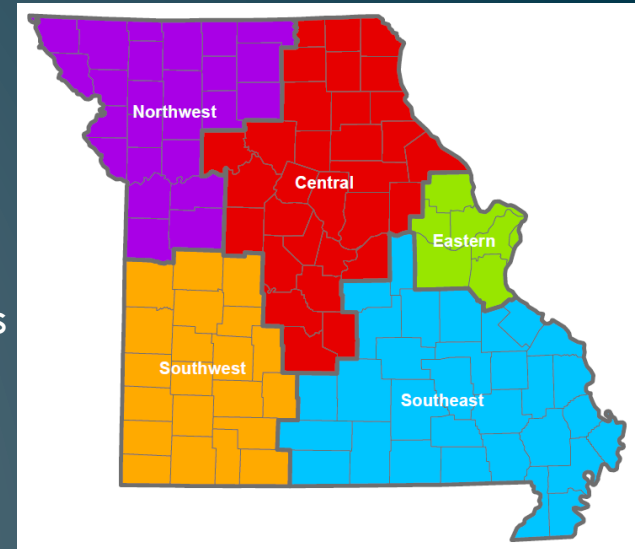
Note: Heroin includes opium.

Source: National Center for Health Statistics/CDC

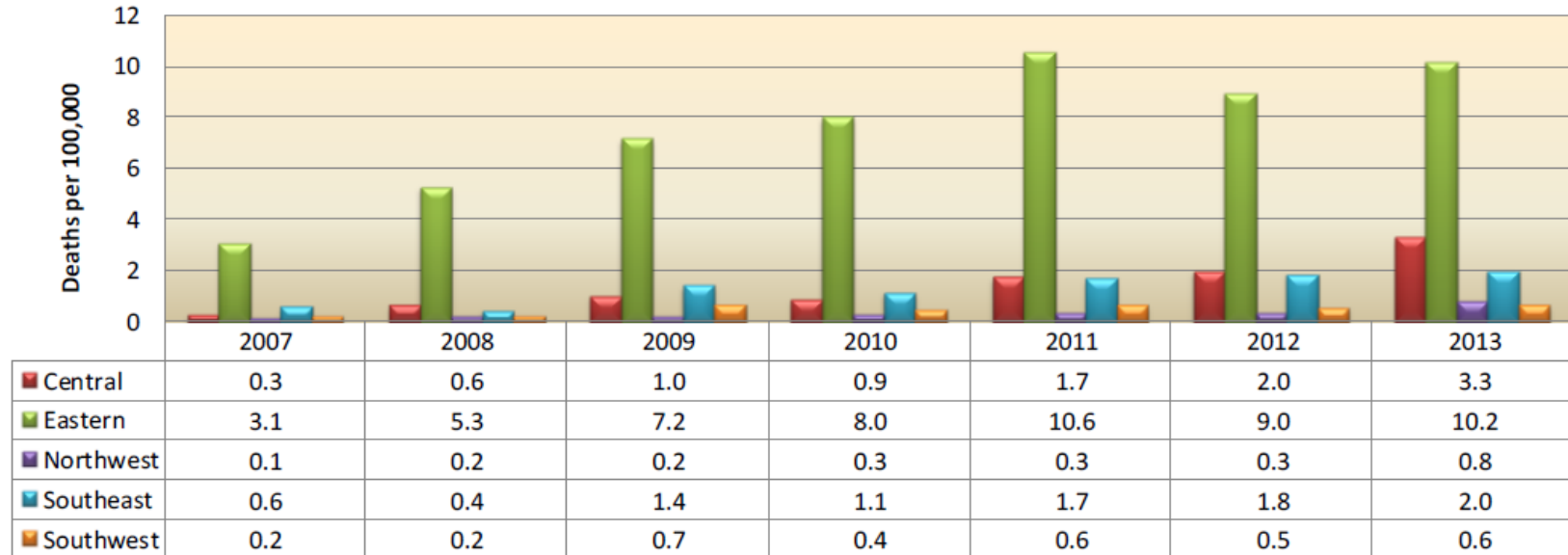
http://www.dea.gov/divisions/hq/2015/hq052215_National_Heroin_Threat_Assessment_Summary.pdf

Heroin-Related Deaths in Missouri

- Most heroin flows into Missouri from Chicago to St. Louis
- Heroin-related death rates:
 - Highest in Eastern MO
 - Increasing in other parts of the state



Heroin-Related Deaths per 100,000 Population



Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



ALCOHOL

are

2x



MARIJUANA

are

3x



COCAINE

are

15x



Rx OPIOID PAINKILLERS

are

40x

...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

MAT (Medication Assisted Treatment)

- “Medication-assisted treatment (MAT) is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.”

“MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug.”



SAMHSA:

<http://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat>

Medications

Opioid Use Disorders

- Methadone*
- Buprenorphine
- Naltrexone/
Vivitrol

Alcohol Use Disorders

- Disulfiram
- Acamprosate
- Naltrexone/
Vivitrol

MAT Works!



Illicit opiate use



Risk of contracting Hepatitis C and HIV



Criminal activity among people with SUD



Survival



Retention in treatment



Patients' ability to gain and maintain employment



Birth outcomes among women who have SUD and are pregnant

SAMHSA:

[http://www.samhsa.gov/medication-assisted-treatment/
treatment#medications-used-in-mat](http://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat)

- 11 grant awards expected at \$1 million per year.
- Missouri was one of 18 states prioritized for an award due to a high rate of primary treatment admissions for heroin and opioids per capita, and a dramatic increase in admissions in recent years.
- Funding for medication assisted treatment for individuals with primary opioid use disorder.

**Department of Health and Human Services
Substance Abuse and Mental Health Services
Administration**

**Targeted Capacity Expansion: Medication Assisted
Treatment - Prescription Drug and Opioid Addiction
(Short Title – MAT-PDOA)**

(Modified Announcement)

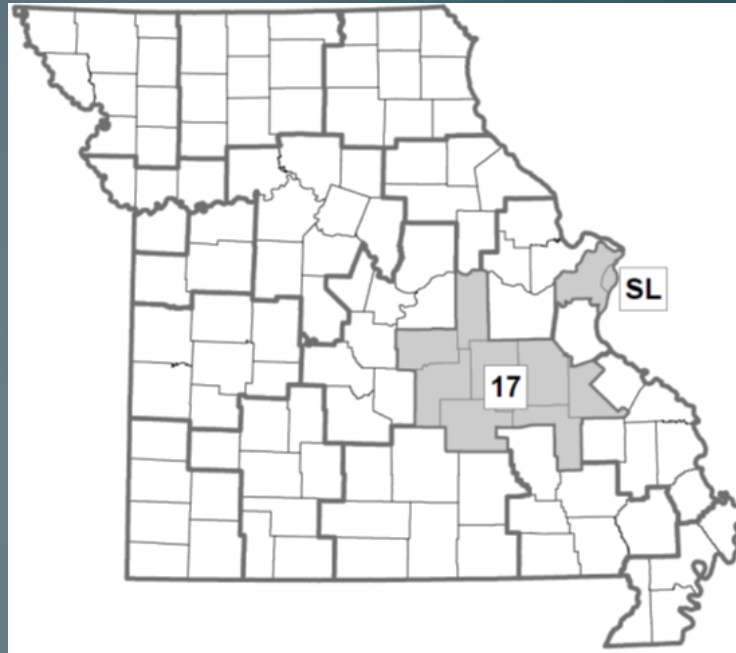
Request for Applications (RFA) No. TI-15-007

- Grant required to be implemented in a minimum of two high risk communities within the state.
- Comprehensive integrated treatment model required. (disease management)
- GPRA required

GOALS for the project:

1. Increase long term utilization of MAT for individuals with opioid use disorders;
2. Increase the number of individuals with opioid use disorders who receive coordinated and integrated care;
3. Improve behavioral health outcomes for individuals with opioid use disorders; and
4. Improve overall health outcomes for individuals with opioid use disorders.

Service Area SL and Service Area 17 had the highest rate of opioid treatment admissions in the state.



	Service Area 17	Service Area SL	Missouri
Population (1)	210,838	1,318,610	6,021,988
Treatment Admissions per 100,000 persons (3)			
Heroin Treatment Admission Rate	76.36	161.38	60.99
Other Opioid Treatment Admissions Rate	103.40	15.24	37.35

Provider Partners

Service Area: SL



Service Area: 17



These providers have:

- served individuals with opioid use disorders in their respective areas
- experience providing MAT
- experience providing disease management/integrated care
- experience providing a complete continuum of care

Grants award date 8-1-2015

Three year grant, anticipated ending date 7-31-2018

- \$858,000 per year available for services;
- This funding is expected to serve 200+ individuals per year at an estimated cost of \$4000 per person over the life of the grant.
- MAT-PDOA service funds are maintained in a DMH central office allocation and both providers billing hits that allocation.
- MAT-PDOA is a contract amendment on the provider's CSTAR contract.
- We are managing the funding by limiting the number of new admissions per month. Currently set at 11 per month SEMO-BH and 22 per month Bridgeway.
- MAT-PDOA grant director can increase or decrease the number of new admissions per month per provider in CIMOR.

- The target population for the MAT-PDOA project is individuals age **18 and older** who have an **opioid use disorder**.



These individuals must also meet the following criteria:

1. Be non-Medicaid eligible;
2. Be deemed medically and clinically appropriate for non-methadone MAT;
3. Have no other source of funding for treatment, and
4. Missouri residents of Service Area SL or Service Area 17 shall receive first priority for services.

- Prioritization for immediate admission shall be:

- Pregnant women with a primary opioid use disorder who inject drugs;
- Pregnant women with a primary opioid use disorder; and
- Others with a primary opioid use disorder who inject drugs.

Providers shall screen all uninsured individuals for potential Medicaid eligibility by completing the Medicaid Screening Tool.

If an individual becomes Medicaid-eligible while participating in the MAT-PDOA grant project, the contractor shall enroll him/her in the CSTAR program and continue to utilize MAT-PDOA grant funds for services not covered by Medicaid.

Provider performance expectations:

- GPRA follow-up rate of at least 80 percent per reporting period;
- Engagement rates in treatment exceeding six (6) months;
- Successful provision of MAT, use of an integrated care and disease management model; and
- Successful achievement of the goals of the MAT-PDOA grant project.

Service Delivery Process Expectations

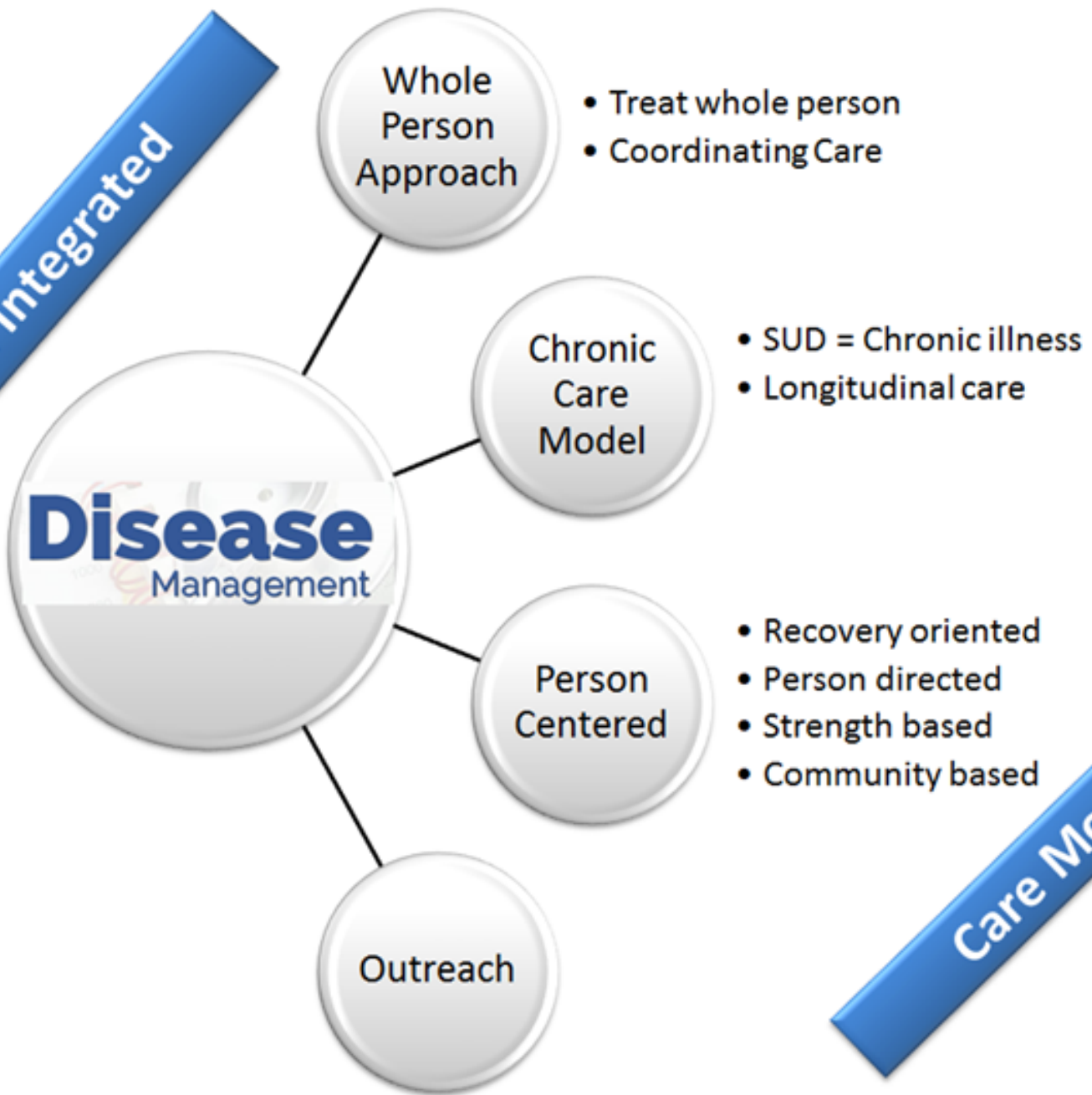
All individuals participating in the MAT-PDOA project shall receive individualized services including, but not limited to:

- ❧ Full array FDA-approved medications for opioid use disorders including contracting with physicians
- ❧ Community support;

Service Delivery Process Expectations

- 🌀 Peer support;
- 🌀 Care coordination;
- 🌀 Wellness coaching; and
- 🌀 Evidence-based services

An Integrated



Care Model

Provider Implementation





BRIDGEWAY

Behavioral Health

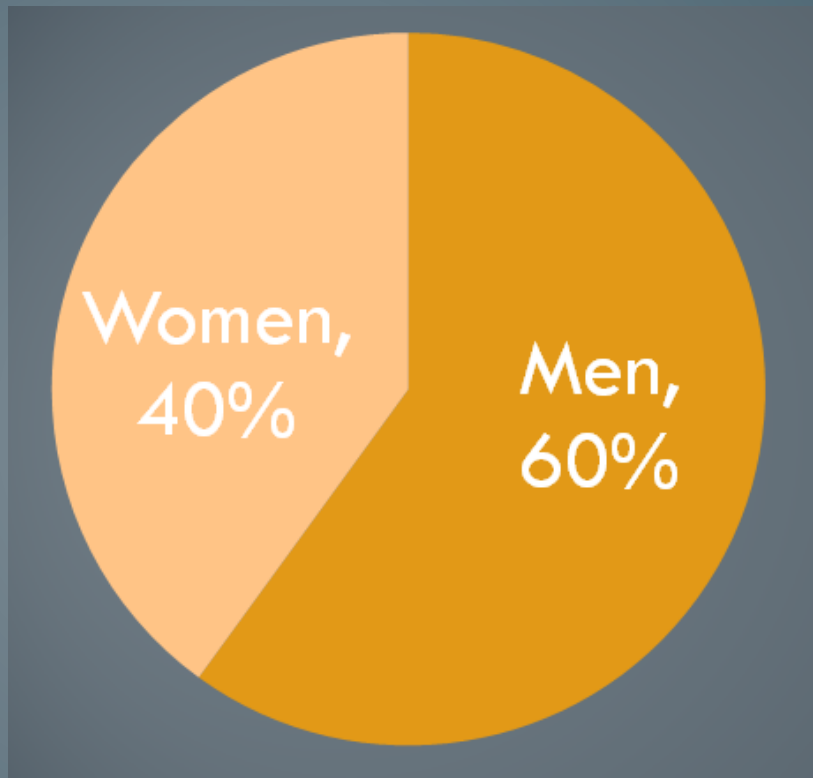
BEHAVIORAL HEALTH

BRIDGEWAY

- Urban MMI detoxification center
- Offer full range of treatment services
- Includes residential detox, short-term residential treatment, outpatient detox, day treatment, intensive outpatient treatment, individual counseling, and individualized treatment planning

- Urban population

- Mostly under the federal poverty guideline



- More than half African-American

- 80% opiate users, primarily heroin, primarily IV users

- Initial visit to MAT clinic includes assessment by nurse and M.D.
- Full assessment has already been completed by counselor

- May need liver function lab testing
- Type of MAT utilized determined by client preference, client history, and staff recommendation

- Clients referred from variety of sources; many are self-referred

- Begin at any level of treatment, depending on presenting criteria

- M.A.T. offered to most clients, but is often requested by client

- Must be free of opiate drugs 7-10 days for eligibility for Vivitrol

- Clients screened initially by phone or by walk-in presentation
- Some request MAT during screening, others referred during treatment course
- MAT clients usually begin with outpatient setting
- Must begin treatment and be engaged in therapy at some level to be eligible

- Clients meet with peer specialist to review MAT agreement
- Explains process thoroughly
- Explains unique opportunity to participate in grant
- Importance of longevity and consistency in treatment

- Treatment plan is always collaborative, though staff sometimes imposes priorities for clients
- Treatment options, though collaborative, often guided by clients history, especially recent history
- Often takes repeated attempts to achieve success
- We operate from a “Chronic Care” model philosophy

We have a multidisciplinary team:
licensed and certified counselors and
peer specialists; 24-hour nursing
staff; on-site psychiatrist; full-time
medical director; advanced practice
nurse and health navigator to
provide primary care services to all
clients

- One extraordinary peer specialist assigned to recruit, orient, and follow all enrollees in the MAT-PDOA program
- First six months of grant, enrolled 79 clients (many others using MAT services not in grant)
- **70%** retention at six months

*Southeast Missouri
Behavioral Health*



BEHAVIORAL HEALTH
SOUTHEAST MISSOURI

SEMO BH Implementation

- Co-location with ARCA
- Community based provider physicians
- Removing Barriers
- Telehealth
- Outreach and engagement
- GRPA and outcomes

Questions/Comments

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