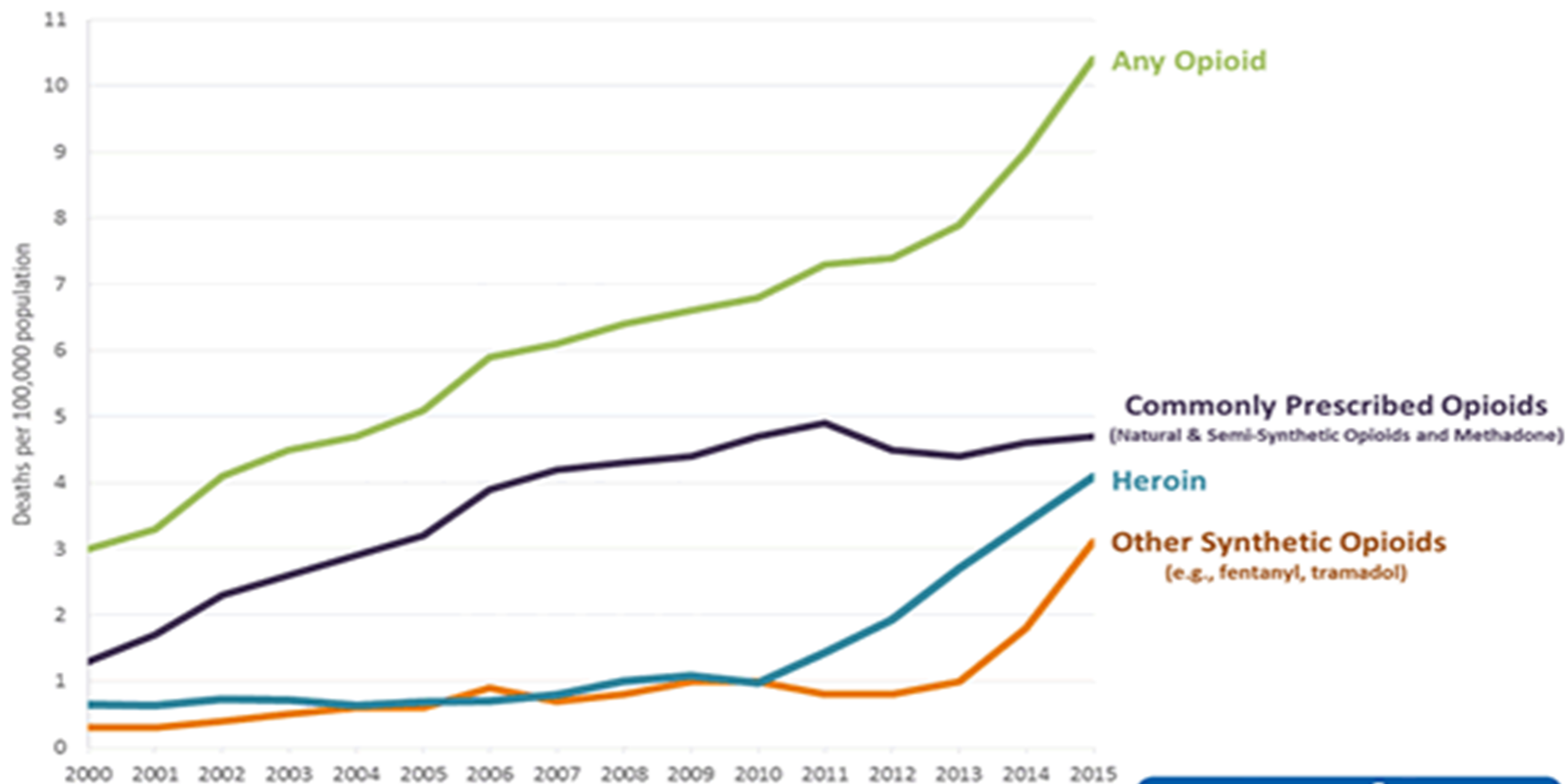


A State Targeted Response to the Opioid Crisis: What Missouri's Doing and Why



Rachel P. Winograd, PhD
Missouri Institute of Mental Health, University of Missouri-St. Louis
In partnership with
The Missouri Department of Mental Health, Division of Behavioral
Health

Overdose Deaths Involving Opioids, United States, 2000-2015

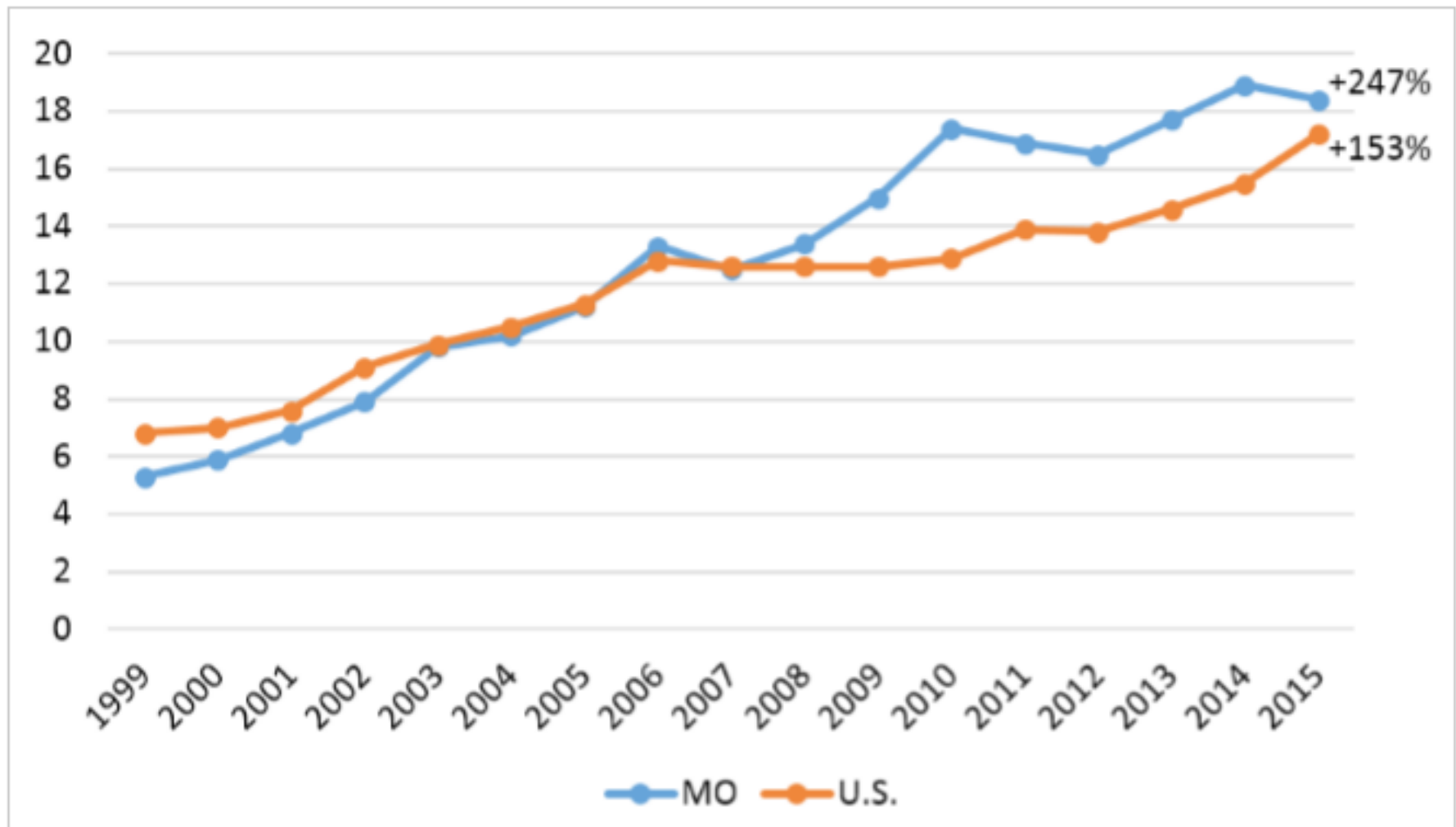


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

www.cdc.gov
Your Source for Credible Health Information

Opioid Overdose in Missouri

Figure 2: Age-Adjusted Drug-Induced Death Rates in Missouri and the U.S., 1999-2015

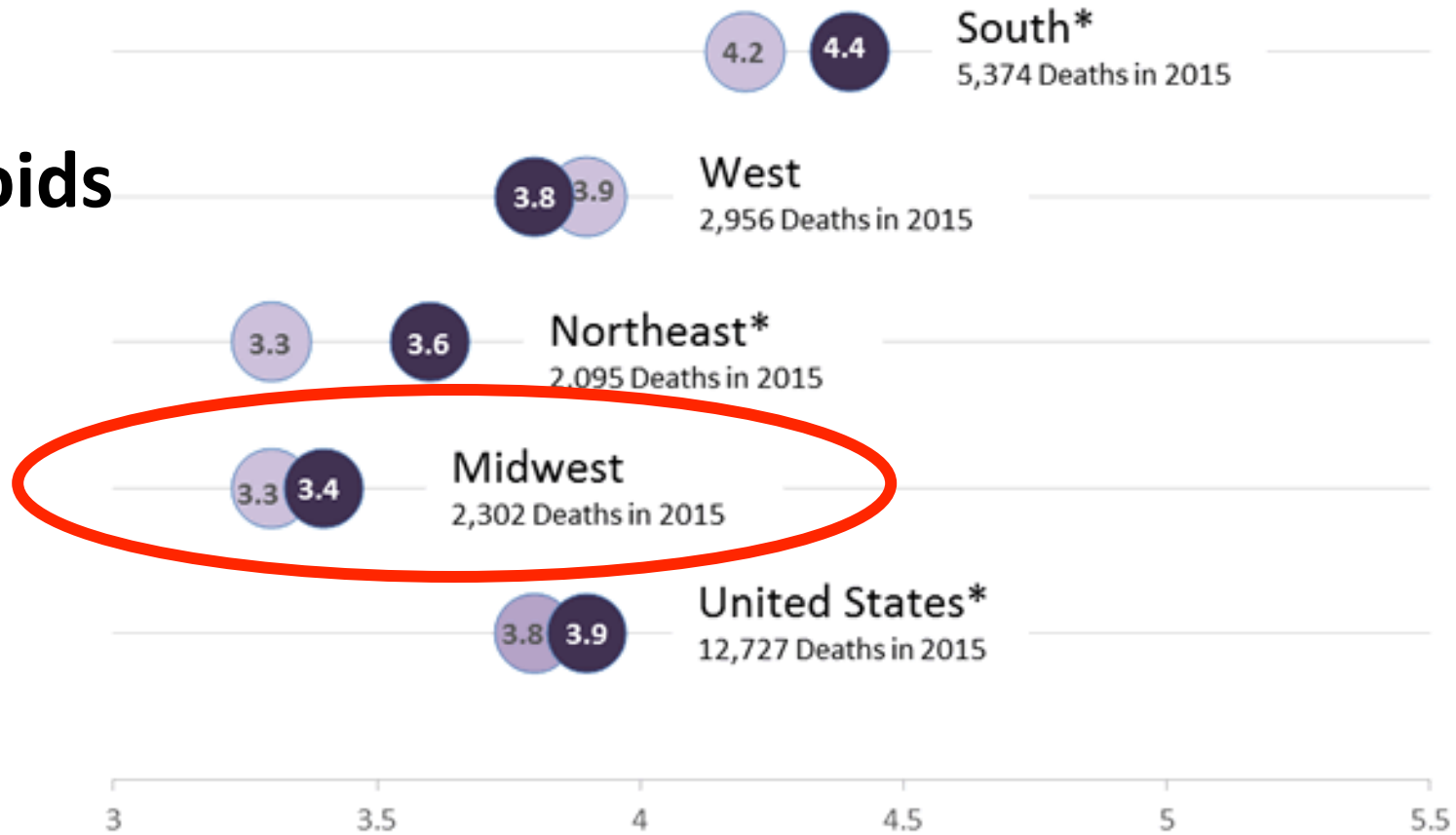


Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database.

Rx Opioids

Natural & Semi-Synthetic Opioid Overdose Death Rates

Age-adjusted deaths per 100,000 population for natural and semisynthetic opioids from 2014 to 2015, by census region of residence



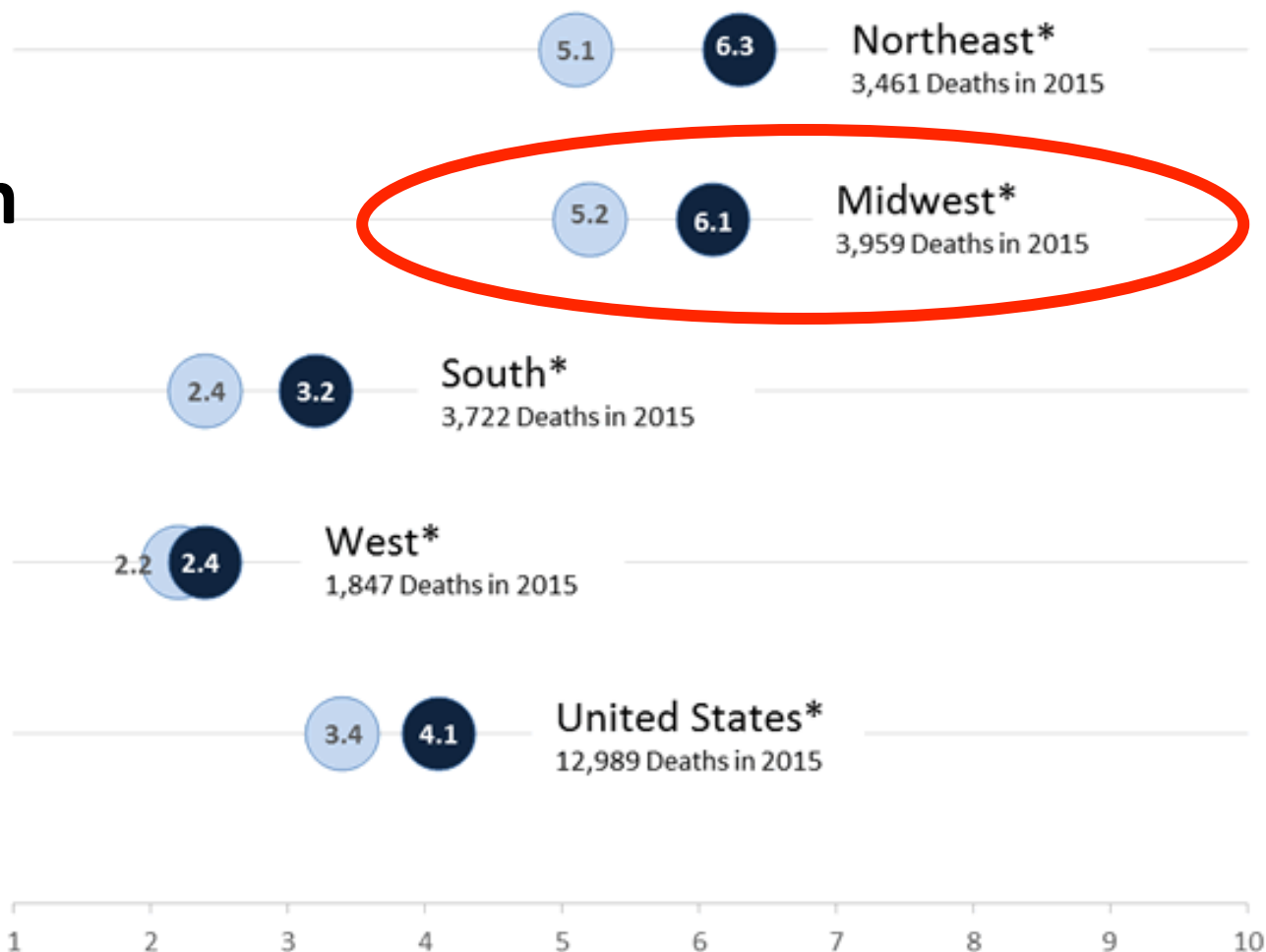
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

* Statistically significant at $p < 0.05$ level.

Heroin Overdose Death Rates

Age-adjusted deaths per 100,000 population for heroin from 2014 to 2015, by census region of residence

Heroin



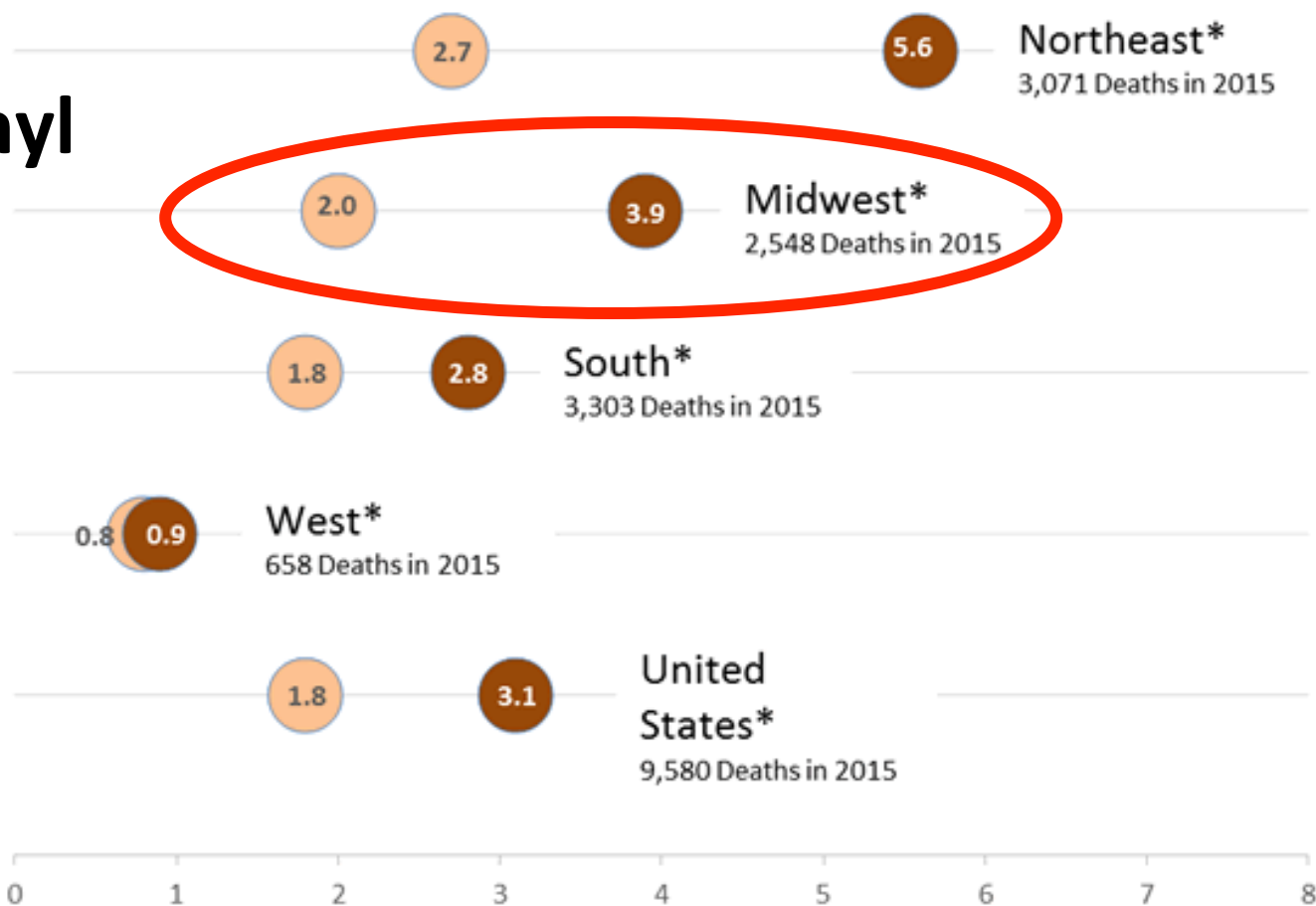
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

* Statistically significant at $p < 0.05$ level.

Synthetic Opioid Overdose Death Rates

Age-adjusted deaths per 100,000 population for synthetic opioids (excluding methadone, including fentanyl and tramadol) from 2014 to 2015, by census region of residence

Fentanyl



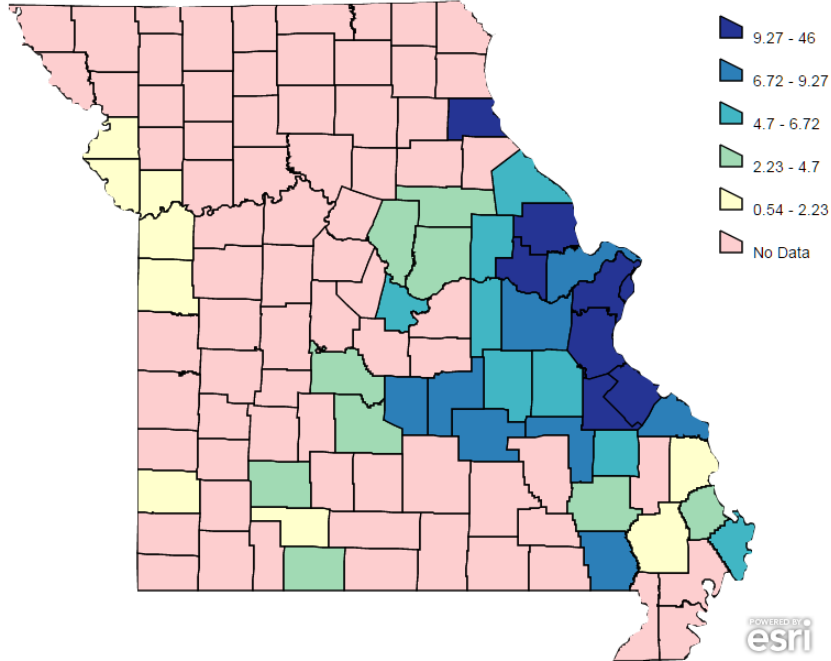
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

* Statistically significant at $p < 0.05$ level.

www.cdc.gov
Your Source for Credible Health Information

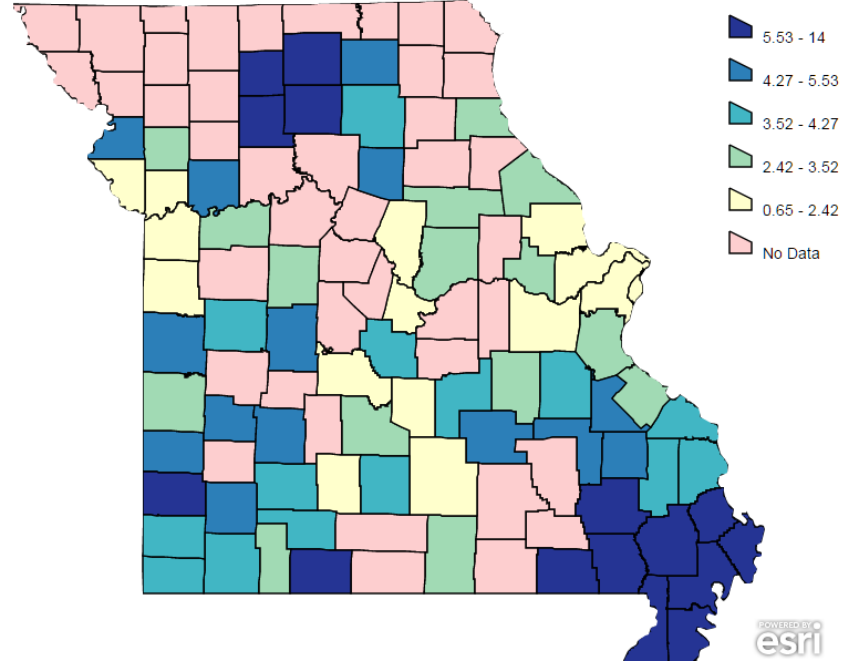
What & Where

2015 - Substance Use Treatment Admissions Primarily for Heroin - Rate Per 10,000 Population Ages 12 and Older, 5 year aggregate - for Fiscal Years 2011 - 2015



Heroin Treatment Admissions

2015 - Substance Use Treatment Admissions Primarily for Prescription Drugs - Rate Per 10,000 Population Ages 12 and Older, 5 year aggregate - for Fiscal Years 2011 - 2015



Rx Drug Treatment Admissions

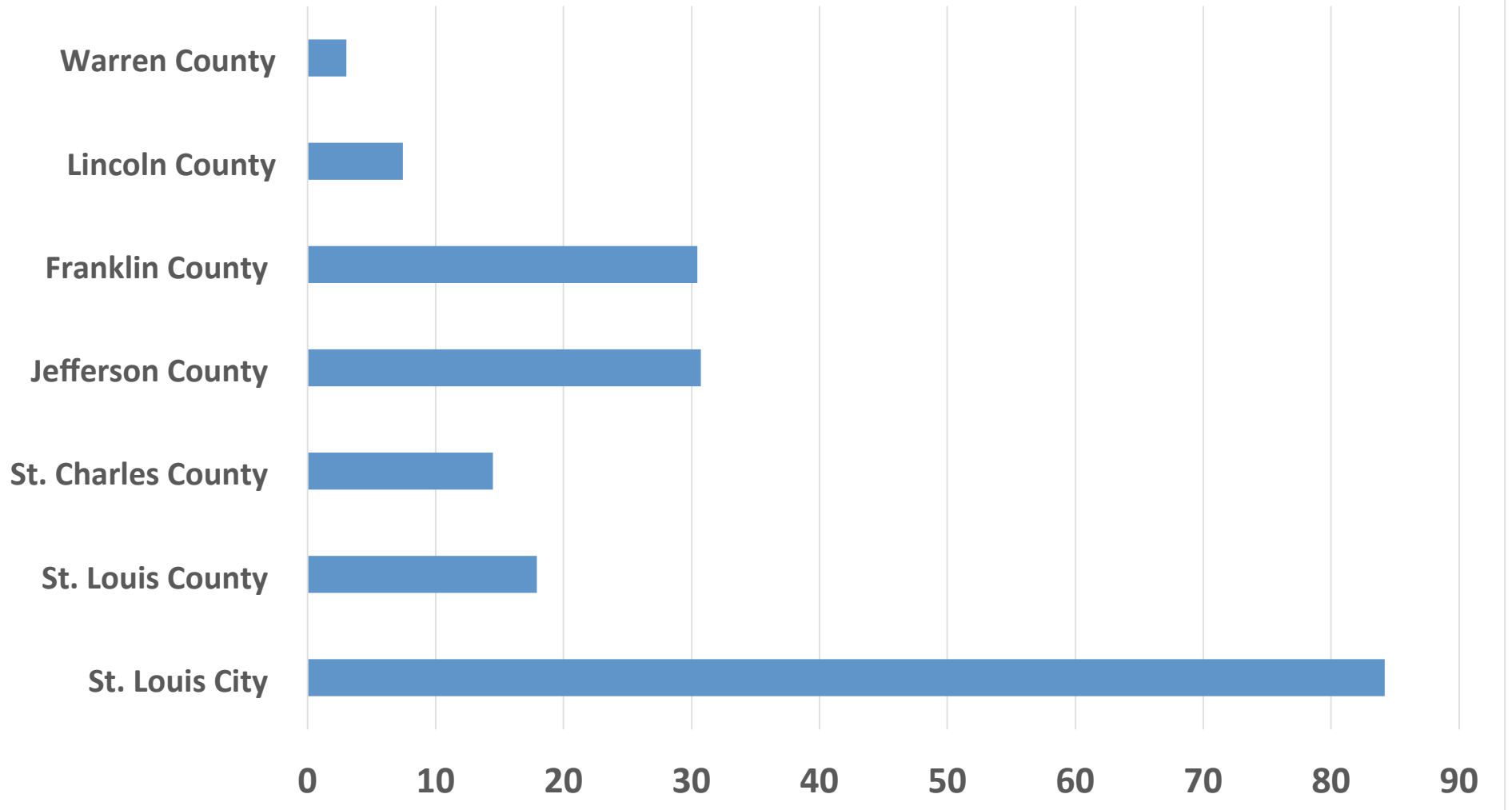
2015: 672 opioid related deaths in MO, with more than half in the Eastern Region of the state (DHSS, 2016, Bureau of Health Care Analysis and Data Dissemination)

A focus on Heroin & Fentanyl in St. Louis

- St. Louis has the 6th highest overdose rates of US cities
→ driven by heroin and fentanyl, not Rx drugs
- In 2015, St. Louis accounted for 73% of statewide heroin-related deaths.
- Increased purity, injection, combining drugs → **higher risk**



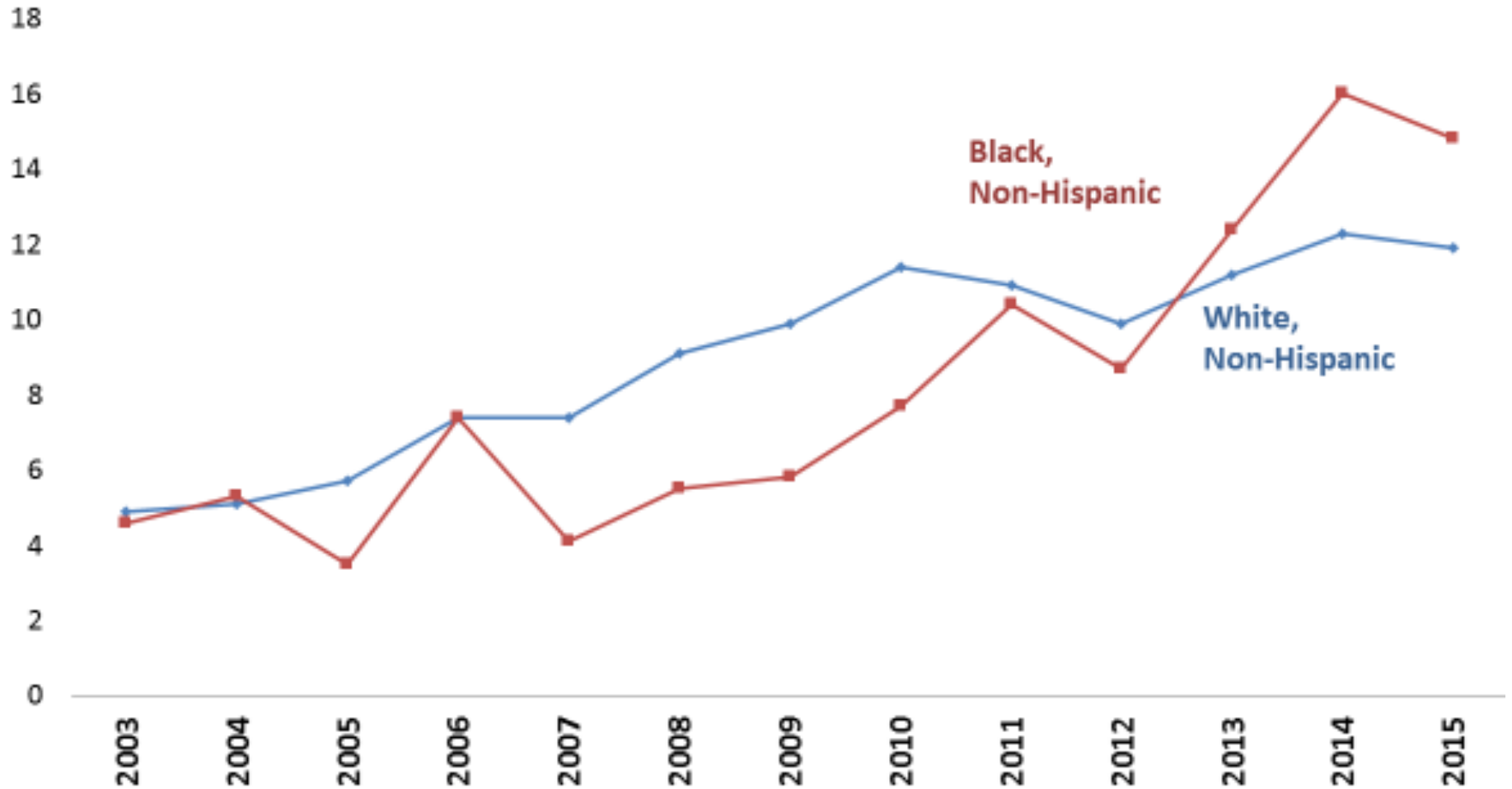
2007-2016 Eastern Region Overdose Rate Adjusted by Population (Per 100,000)



Who is affected – Race & Ethnicity

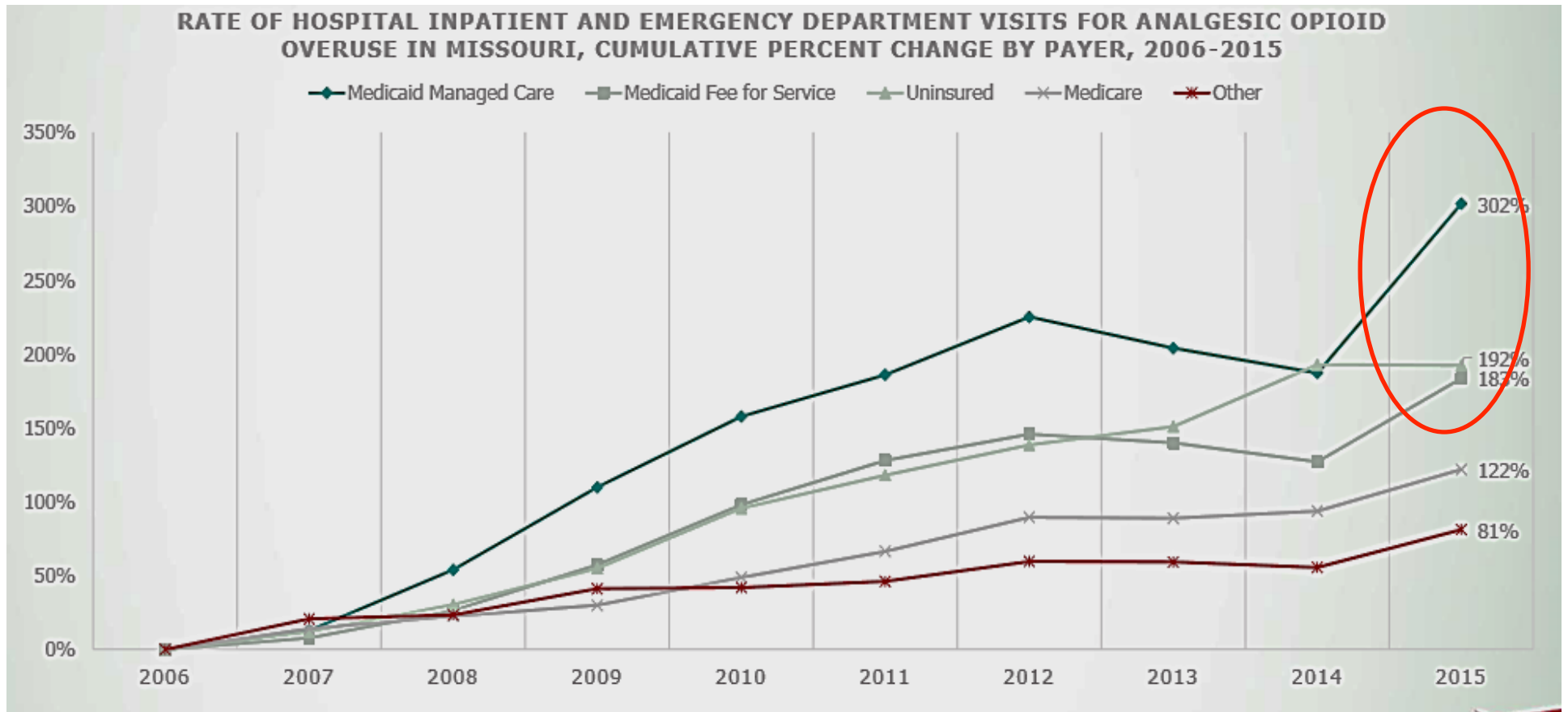
Missouri 2003-2015

Opioid Overdose Deaths by Race/Ethnicity



The Henry J. Kaiser Family Foundation's State Health Facts Data, 2017

Who is affected – Payer Source Missouri 2006-2015



What's being done around the world to address the epidemic

- **Prevention**

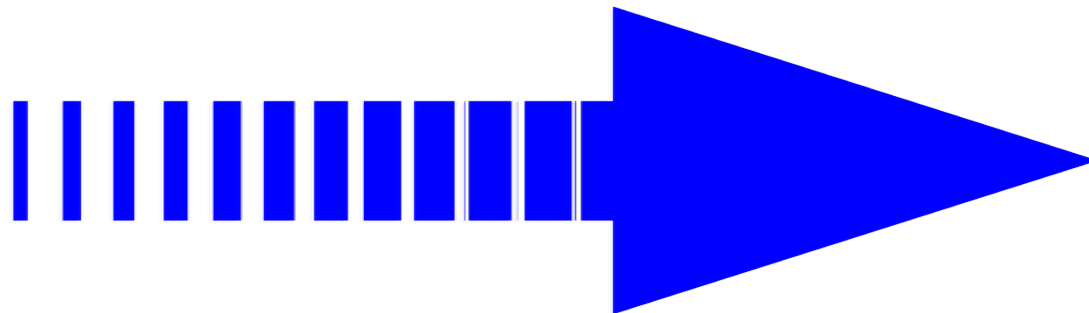
- Prescription drug monitoring
- Urine drug screens
- Mental health parity laws
- Prescribing guidelines
- Alternative pain treatments

- **Treatment**

- Expanded access to Medication Assisted Treatment

- **Harm Reduction**

- Syringe access
- Safe injection sites
- Good Samaritan laws
- Increased access to overdose education and naloxone



Examples of what's being done in Missouri

FIGURE 2
Targets of overdose prevention

Intervention

Prevention

- Increasing awareness and information about overdose risks

Treatment

- Retention in treatment as a protective factor

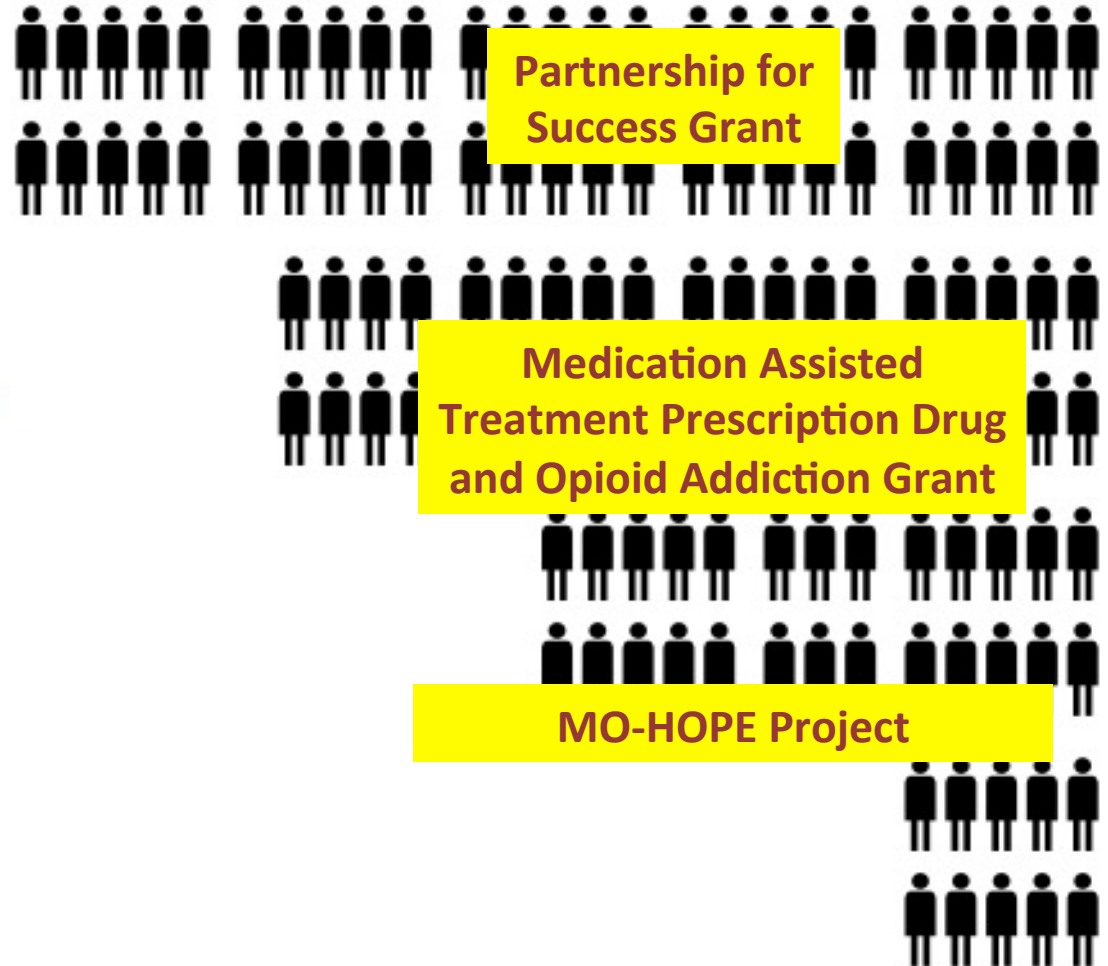
Harm reduction

- Needle and syringe programmes
- Naloxone programmes

Emergency interventions

- Naloxone administration

Target population





MO-HOPE Project
Addressing Opioid Overdose

**(Missouri Opioid & Heroin Overdose
Prevention and Education)
DMH + MIMH + NCADA**

mohopeproject.org

Overdose knowledge and response trainings

- Emergent Use
 - Responders (police, fire...)
- Take-home Use
 - Substance Use Disorder treatment providers (therapists, physicians...)
 - People who use drugs, their families, and associates



State Targeted Response to the Opioid Crisis Grants (Opioid STR)



The screenshot shows the SAMHSA website header with the logo and navigation menu. The main content area features a newsroom article titled "SAMHSA to award nearly \$1 billion in new grants to address the nation's opioid crisis" dated Wednesday, December 14, 2016. The article is categorized under "Press Announcements".

Substance Abuse and Mental Health Services Administration
SAMHSA

Search SAMHSA.gov Search

Connect with SAMHSA: Facebook Twitter YouTube Blog

Find Help & Treatment Topics Programs & Campaigns Grants Data About Us Publications

Newsroom » Press Announcements » SAMHSA to award nearly \$1 billion in new grants to address the nation's opioid crisis

Newsroom
Media Guidelines for Bullying Prevention

SAMHSA to award nearly \$1 billion in new grants to address the nation's opioid crisis

Wednesday, December 14, 2016

Missouri: $\$10,015,898 \times 2 \text{ years} = \$20,031,796$

Service grant; at least 76% for treatment & recovery support

Missouri's Plan

- Prevention
- Treatment
- Recovery Support
- Sustainability and Community Impact

“Combined with coordinated interagency collaboration and sophisticated evaluation, the Opioid STR project will aim to *transform the system of care for OUD in Missouri.*”

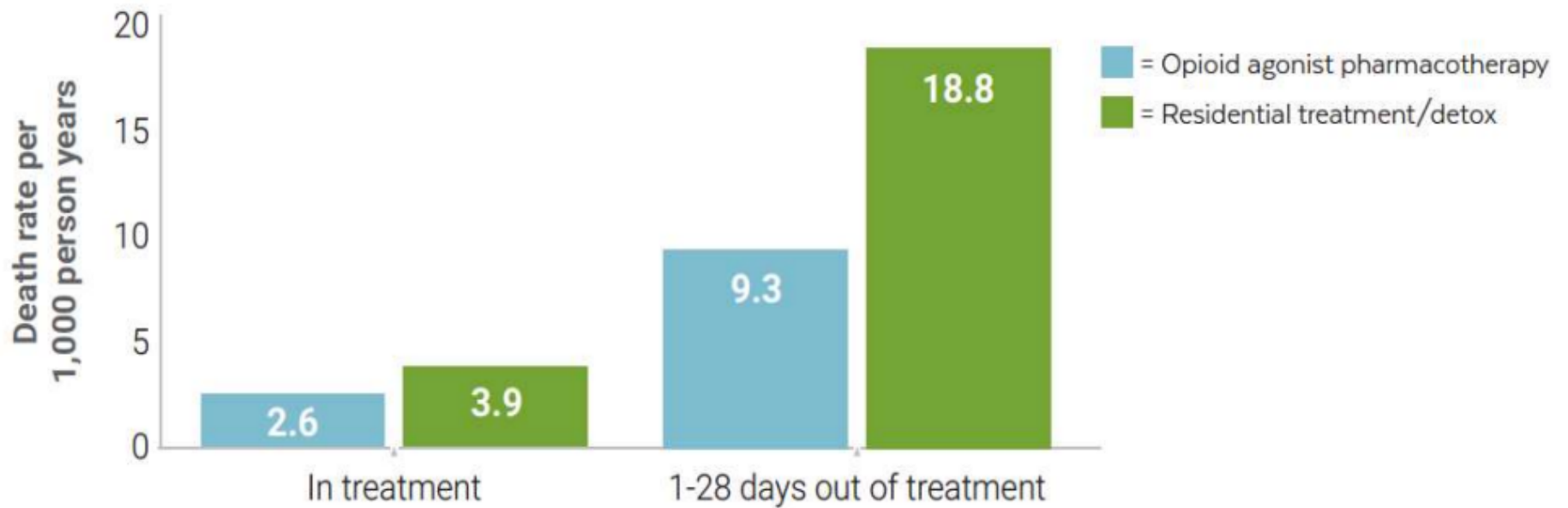
STR Prevention Efforts

- Implement **evidence-based primary prevention school programming** in two high need areas in the state
- Provide professional **telehealth education and case consultation on chronic pain management** in primary care settings
- Expand implementation of **Overdose Education and Naloxone Distribution (OEND)**

STR Treatment Efforts

- **SAMHSA FOA:** “Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of medication assisted treatment (MAT)”
- **Primary goal:** **Increase access to MAT** for uninsured individuals with opioid use disorder (OUD) through provider training, direct service delivery, healthcare integration, and improved transitions of care.
- **Agonist and partial-agonist evidence-based medications...**
 - Primarily buprenorphine products (Suboxone)
- Too many treatment objectives to list...

OPIOID OVERDOSE DEATH RATE PER 1,000 PERSON YEARS AMONG 151,983 PEOPLE WITH OPIOID USE DISORDER SEEKING TREATMENT IN THE UNITED KINGDOM



Source: Pierce M, Bird SM, Hickman M, et al. Impact of treatment for opioid dependence on fatal drug-related poisoning: a national cohort study in England. *Addiction*. 2016;111(2):298-308.

Agonist therapy helps with more than “just” mortality

- Office-based Suboxone maintenance tx →
 - Less likely to use other substances
 - Less likely to use heroin
 - More likely to report AA affiliation (homegroup, sponsor, meeting attendance)
 - More likely to be employed
 - Less likely to report:
 - Damaging a close relationship
 - Doing regretful or impulsive things
 - Hurting family
 - Experiencing negative personality changes
 - Failing to do things expected of them
 - Taking foolish risks
 - Being unhappy
 - Having money problems



Utilization of MAT among uninsured Missourians with OUD in 2016

Planning Region	Central	Eastern	Northwest	Southeast	Southwest	State wide
Number served	610	3,073	1,012	1,020	778	6,493
Received MAT	87	1,548	368	239	121	2,363
%	14.3%	50.4%	36.4%	23.4%	15.6%	36.4%

Data Source: Missouri Department of Mental Health, 2016a.

***Includes rapid buprenorphine tapers, oral naltrexone, and other non-preferred treatments = 36.4% is an overestimate*

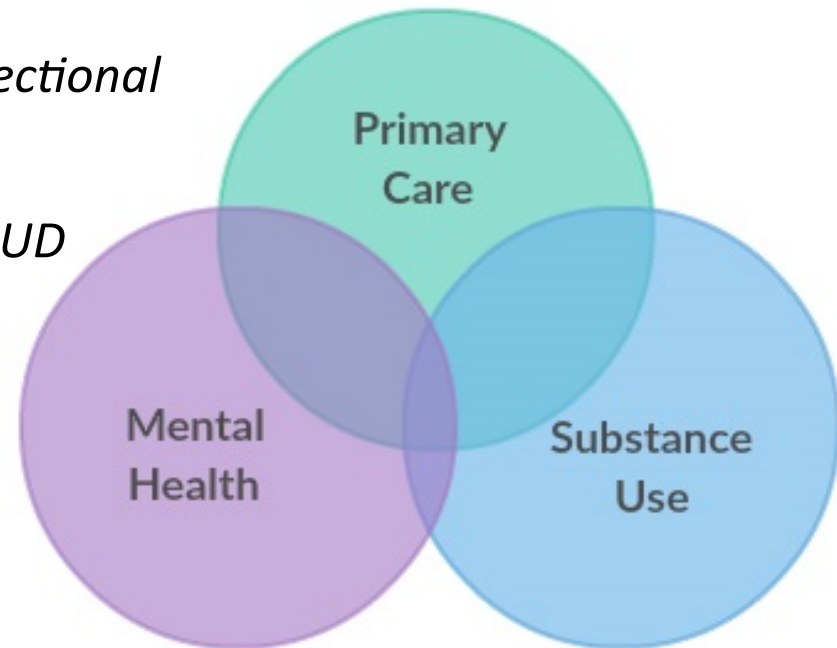
Treatment: Big Picture



**More buprenorphine prescribers*

**OUD treated across care settings, bi-directional referrals*

**Changing the standard of OUD care in SUD settings*



Treatment: Example of Innovation



Engaging Patients in Care Coordination

Post overdose Emergency Department MAT induction

+

Overdose Education and Naloxone Distribution

+

Peer engagement for treatment

STR Recovery Support Efforts

- Provide **recovery housing** for 500 individuals (per year)
- Use **Peer Support Specialists** with personal substance use experience
- Activate four **recovery community centers** in high-need areas of the state
- Provide **recovery management checkups** to keep individuals engaged in treatment

Sustainability and Community Impact

Primary goal: Increase the likelihood of sustainability through **policy and practice change**

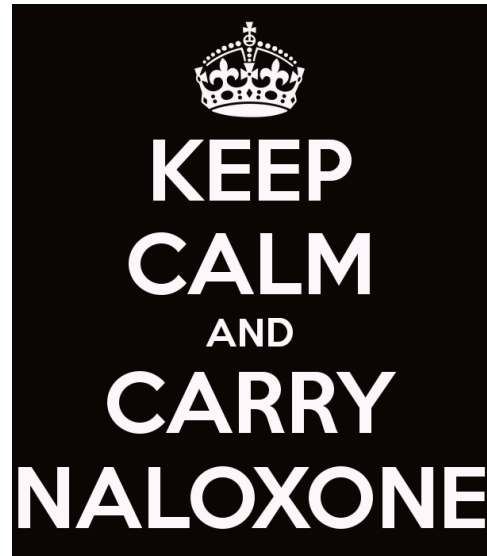
- MO HealthNet policy changes...
 - Reduce barriers to MAT and naloxone
- Research and evaluation of effectiveness...
 - Local performance assessments
 - Rigorous outcome evaluation
- Gain momentum to change reimbursement structures...

***Catalyze a culture and practice shift in the way we address opioid use...**

Partners

- Missouri Department of Mental Health, Division of Behavioral Health
- Missouri Institute of Mental Health, University of Missouri-St. Louis
- Missouri Hospital Association
- Missouri Network for Opiate Reform & Recovery
- St. Louis County Department of Public Health
- Community Academic Partnership on Addiction (CAPA), Washington University
- St. Louis College of Pharmacy
- Southern Illinois University-Edwardsville
- Missouri Telehealth Network – ShowME ECHO (University of Missouri-Columbia, University of Missouri-Kansas City, Missouri Primary Care Association)
- Regional Health Commission
- Integrated Health Network
- NCADA, Community Partnership of the Ozarks
- Missouri Coalition for Community Behavioral Healthcare
- Behavioral Health Network of Greater St. Louis
- Missouri Recovery Network
- MO HealthNet
- ...and many, many more!

Questions and Discussion



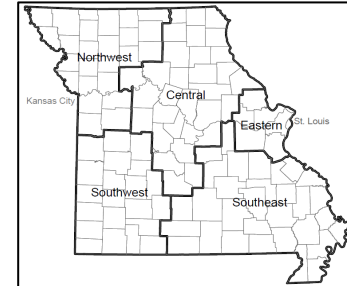
contact me at rachel.winograd@mimh.edu

Extra slides

Treatment objectives

- Objective A. Increase the number of providers waived to prescribe buprenorphine.
- Objective B. Increase the number of buprenorphine waived providers contracted with or hired by existing substance use disorder (SUD) treatment programs.
- Objective C. Improve integration and communication across SUD, serious mental illness, chronic disease, and primary healthcare settings.
- Objective D. Develop evidence-based protocols for MAT delivery focused on a chronic disease management approach to OUD.
- Objective E. Deliver multimodal medical and psychosocial training and consultation to providers from participating agencies and organizations to improve understanding of MAT delivery through a chronic disease management model.
- Objective F. Deliver subsidized evidence-based MAT services to uninsured individuals with OUD through a chronic disease management model.
- Objective G. Increase the number of individuals receiving treatment for OUD through telemedicine.
- Objective H. Improve access to MAT for post-overdose and otherwise at-risk individuals in hospital and Emergency Department settings through provider training, hospital-based MAT induction, and community referrals.
- Objective I. Improve access to MAT in primary care settings by facilitating office-based opioid treatment with buprenorphine and the integration and coordination of care between primary, acute medical, and specialty addiction care settings.

Opioid-related data for the DBH planning regions



Planning Region	Population 2015	Rates per 100,000 persons			Opioid Severity Ranking
		Opioid Deaths (2001-2015)	Opioid ER/Hospital (2014)	Opioid Treatment Admissions (2015)	
Eastern	2,119,396	10.8	542.4	121.7	1
Southeast	708,843	4.3	394.2	119.5	2
Southwest	945,583	4.5	372.3	112.8	3
Northwest	1,489,682	4.3	268.8	61.4	4
Central	820,168	3.4	229.0	67.7	5
Statewide	6,083,672	6.5	389.5	98.0	

Data Sources: Missouri Census Data Center (2016); Missouri Department of Health and Senior Services (2016); Missouri Department of Mental Health (2016a).

Prevalence of IV drug use at admission to OUD treatment

Planning Region	Central	Eastern	North west	South east	South west	State wide
Number of Uninsured w/ OUD Served in 2015	589	3,549	890	974	887	6,889
IV drug use	317	2,189	461	559	513	4,039
%	53.8%	61.7%	51.8%	57.4%	57.8%	58.6%

Data Source: Missouri Department of Mental Health, 2016a.

Added benefit of intensive & specific psychosocial components?

“For the considered outcomes, it seems that adding any psychosocial support to standard maintenance treatments do not add additional benefits.”

2011 Cochrane Review

Amato L, Minozzi S, Davoli M, Vecchi S. Psychosocial combined with agonist maintenance treatments versus agonist maintenance treatments alone for treatment of opioid dependence. Cochrane Database of Systematic Reviews 2011, Issue 10. Art. No.: CD004147. DOI: 10.1002/14651858.CD004147.pub4

In 2016 in Missouri...

- **33%** of SUD treatment agencies provided buprenorphine products
- **16.9%** of uninsured individuals with OUD received it
 - **22% of those** received >5 Rxs

Opioid STR is designed to support providers in increasing these numbers

Treatment: Details for Providers

~ \$5,000,000 of Year 1 STR funds will be designated for OUD treatment reimbursement and accessible to state funded treatment facilities pending fulfillment of certain minimal requirements, which will likely include but not be limited to the following:

- Sufficient contracted or staff time from buprenorphine-waivered prescribers
- Sufficient buprenorphine “treatment slots” available to prescribe and maintain new patients
- Capacity to conduct adequate levels of non-medical treatment, such as: care coordination, psychotherapy, & case management
- Commitment of staff attendance at STR trainings, including MAT and overdose prevention/naloxone distribution training
- Commitment to disseminate the STR OUD treatment protocol, which includes maintenance agonist MAT when indicated
- Commitment to comply with STR data collection and reporting requirements