

State Opioid Response (SOR): Building a Strategy for West Virginia's Proposal

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WEST VIRGINIA
Department of
**Health &
Human
Resources**
BUREAU FOR BEHAVIORAL
HEALTH & HEALTH FACILITIES

Key Points for SOR Strategy: Timeline

June 14, 2018: SAMHSA releases funding announcement for State Opioid Response (SOR) grants.

July 13, 2018: WV proposal from SSA (BBHFF) is sent to DHHR Grants Management and then Governor's Office.

August 13, 2018: WV's application is DUE to SAMHSA.

October 2018: SOR funded services must begin within three months of award.

October 2019-October 2020: SOR funding spent; projects concluded and evaluated in full.

How the Funds Can Be Used:

- Increase *access to MAT* (methadone, buprenorphine, naltrexone)
- Reduce *unmet treatment need* (medication *and* psychosocial interventions)
- Reduce *opioid overdose-related deaths* through prevention, treatment, and recovery activities for OUD.

WV is eligible for \$27,910,443 over 1-2 years.

- **Sub-grantees must have capacity to**
 - Turn around large federal grant outcomes quickly, starting October 2018 and finishing in advance of October 2020.
 - Have appropriate credentials and staffing for MAT, and connect to MAT in the community when moving between levels of OUD care.
 - Have access to all three types of MAT.
 - “Grantees must assure that clients will not be compelled to no longer use MAT as part of the conditions of any programming if stopping is inconsistent with a license prescriber’s recommendation or valid prescription.”

- **Sub-grantees must have capacity to**
 - Serve priority populations including:
 - veterans,
 - individuals who identify as LGBTQ,
 - persons with disabilities,
 - pregnant and parenting women,
 - people who inject opioids.
 - “In selecting an EBP, be mindful of how your choice of an EBP or practice may impact disparities in service access, use, and outcomes for your population(s) of focus. While this is important in providing services to all populations, it is especially critical for those working with underserved and minority populations.” SAMSHA

- **Sub-grantees must have capacity to**
 - SAMHSA strongly encourages all recipients to adopt a tobacco-free facility/grounds policy and to promote abstinence from all tobacco products

“Medical withdrawal (detoxification) is not the standard of care for OUD, is associated with a very high relapse rate, and significantly increases an individual’s risk for opioid overdose and death if opioid use is resumed. Therefore, medical withdrawal (detoxification) when done in isolation is not an evidence-based practice of OUD.” SAMSHA

Implement service delivery models that enable a full spectrum of treatment and recovery services that result in:

- Positive treatment outcomes
- Long-term recovery.

Implement community recovery support services:

- Peer supports
- Recovery coaches
- Recovery housing.

Implement prevention and education services including:

- Training of peers and first responders on recognition and response to overdose
- Community prevention efforts through messaging
- Purchase and distribution of naloxone with training on usage.

Key Points for SOR Strategy: Required Activities, part 2

Ensure that all applicable practitioners obtain a DATA waiver.

Develop strategies to eliminate or reduce the treatment costs for the uninsured and underinsured.

Provide treatment transitions and coverage for patients reentering the community from criminal justice or rehabilitative settings.

Provide SAMSHA-funded Opioid Technical Assistance and Training (TA/T) on evidence-based practices to healthcare providers in the state who render services.

Key Points for SOR Strategy: Requirements for the State

- The State must limit administrative/infrastructure costs to administer grant to 5%.
- The State must limit data collection and reporting cost to 2% of grant budget.
- Required state staff for OSR: SAMHSA must review credentials of staff and job descriptions prior to State approving staff for two required positions: the OSR director and coordinator. The Project Director will oversee all aspects of the project. The State Opioid Coordinator is a required full-time position and is expected to ensure that there is coordination among the various streams of federal funding coming into the state to address the opioid crisis.
- SAMHSA expects policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, adherence to the National CLAS Standards in Health and Health Care, development/revision of credentialing, licensure, or accreditation requirements).

Key Points for SOR Strategy: Grantee Reporting Requirements

Grantees will be required to report client-level data on elements including but not limited to: diagnosis, demographic characteristics, substance use, services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing.

Data will be collected via a face-to-face interview using this tool at four data collection points: intake to services, three months post intake, six months post intake, and at discharge. Recipients will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a three-month follow-up rate of 80 percent and a six-month follow-up rate of 80 percent.

Examples provided by SAMHSA:

- Hub and spoke models
- Federally and state regulated Opioid Treatment Programs (methadone clinics)
- MAT Programs in
 - Emergency Departments
 - Urgent Care Centers
 - Pharmacies
 - Inpatient
 - Intensive outpatient
 - Primary care
 - or other clinical settings where MAT is provided and linkages to psychosocial services

Allowable Activities

- **Address the barriers to receiving MAT** by:
 - Reducing cost of treatment.
 - Developing innovative systems of care to expand access to treatment, engage and retain patient in treatment.
 - Addressing discrimination associated with accessing treatment or limiting treatment.
 - Supporting long term recovery.
- Support innovative **telehealth** strategies in rural and underserved areas.
- Develop and implement tobacco cessation programs, activities and other strategies.

Building SOR Strategy: Where do STR projects fit in?

- COAT MAT (one of WV's Hub and Spoke models) -> growing capacity to teach and support additional spokes across the state, including specialized locations (e.g., VA, correctional programs)
- Peers -> expanding beyond specialized and MAT-trained peers to building peers into the statewide continuum of care (prevention to recovery)
- Prescriber education -> expanding beyond integration of addiction medicine education for students to creating Continuing Ed opportunities in the state, across disciplines, to include MAT, OUD, and ACES information due to the Opioid Epidemic.
- Drug Free Mom and Babies -> from expanding numbers of sites to building a continuum of services for pregnant moms with OUD across the state.

Incentivize system change to address structural problems

- **Consider roles of:**
 - FQHCs
 - Local Health departments
 - CBHCs
 - Five VA regions in WV – what are hub and spoke opportunities?
 - WV Hospital Association
 - Department of Corrections with Hub and Spoke treatment model reaching across all individuals who are or have been justice-involved and linking to services both inside and outside in the community
 - Ryan Brown facilities online by November, so can they be partners if services must start by October?
 - MedExpress and other Urgent Cares
- **Consider partnering with a consortium that includes:**
 - Fairness WV (LGBTQ population)
 - WV Perinatal Partnership/ WV ACOG (pregnant women)
 - Public Health Departments, Harm Reduction Coalition (People Who Inject Drugs)
 - HELP4WV – access and training for withdrawal management for OUD

- Build infrastructure that increases MAT access AND other care for people with substance use disorders (SUD), mental illness (SMI), and integrated primary care.
- Research ideas: every six-months assessment of children who have been exposed to opioids vs. other SU prenatally to determine children's mental health and other needs in family recovery setting.
- Standardize Plan of Safe Care with BCF to support safe and family-based system to include mothers using MAT for OUD.
- Provide a guided system of MAT services for individuals from each county (each county may not have all MAT services within the county, but there's a plan for how to provide them)
- Housing and employment focus for people in recovery from OUD with WV Peer Network and WV Alliance for Recovery Residences.
- Children's and adolescent behavioral health system build-out for MAT (and OUD prevention and early intervention to prevent young people's OUD, OD, and need for MAT).
- Demonstrate savings at local justice systems that diversion to community-based addiction treatment and those systems receive additional funding based on their savings (www.dys.ohio.gov/Community-Programs/RECLAIM/RECLAIM-Ohio).

Unmet treatment need

- West Virginians are mostly insured so underinsured and threats to insurance coverage need to be closely monitored for impact.
- According to the Kaiser Foundation, only 23% of West Virginia's overall adult population ages 19-64 have Medicaid.
- Target MAT to individuals who are leaving treatment or CSU or detox against medical advice.
- Consider approaches to meeting unmet treatment need by ways to address the following factors in WV: Rural. Aging. Disability. Low education. Low labor force participation. Low income. Health disparities. Treatment shortages. Economic barriers. Transportation barriers. Infrastructure.

Consider looking to Other States to Implement Their Models:

RI Levels of Care Hospital and ER model

Rhode Island's Levels of Care is a model to build capacity in ERs and hospitals to reach individuals who are actively seeking care for OUD or who have non-fatally overdosed. People who have experienced naloxone administration after nonfatal overdose are immediately provided, at minimum, active referral to treatment, if not treatment itself at the hospital, as well as the services listed below (education, naloxone, peers, etc). In addition, this RI model links naloxone administration to withdrawal management services, which is especially critical in OUD. [1]

In Rhode Island, each hospital or freestanding emergency department facility in the state will be expected to meet the minimum base level for OUD treatment (Level 3), which indicates an organization has established standard protocols, capacity, and commitment to:

1. Follow the discharge planning standards in current law
2. Administer standardized SUD screening for all patients
3. Educate all patients who are prescribed opioids on safe storage and disposal
4. Dispense naloxone for patients who are at risk, according to a clear protocol
5. Offer peer recovery support services in the emergency department
6. Provide active referral to appropriate community provider(s)
7. Comply with requirement to report overdoses within 48 hours
8. Perform laboratory drug screening that includes fentanyl on patients who overdose.”

Level 2 facilities will, in addition, evaluate, diagnose, and treat patients with OUD, with medical staff available and doctors with addiction medicine specialties either on-call or available as consult staff.

Level 3 facilities will also initiate, stabilize, and re-stabilize patients on M.A.T., and ensure transitioning to/from community care to facilitate recovery.

[1] <http://health.ri.gov/publications/guides/LevelsOfCareForTreatingOverdoseAndOpioidUseDisorder.pdf>

- Provides for practitioner flexibility in emergency situations to treat patients undergoing opioid withdrawal when the provider doesn't have the DATA 2000 Waiver.
- 72-hour exception allows for provider to dispense up to three days of medication (1-day at a time) to treat acute withdrawal symptoms while arranging for treatment.
- Use discharge summary clinical information to obtain order for Day 2 buprenorphine induction.
- Each month a patient is retained on buprenorphine is associated with a 17% reduction in emergency department use (Haddad et al).

More Rhode Island: Corrections

OTPs within Corrections:

“In 2018, Rhode Island has what is believed to be the **first federally recognized opioid treatment program (OTP)** delivering methadone treatment directly within a correctional facility. **Overdose deaths** among the recently incarcerated in the first six months of 2017 compared with the same period a year earlier were **down 61%.**”

Vermont's Hub & Spoke system turned OTPs (methadone clinics) into Hubs staffed with a board-certified addiction specialist(s). Hubs have met NCQA standards and CARF accreditation. Hubs refer to intensive out-patient OR residential programs. Hubs provide a safety net for OUD “so they don't lose their treatment due to ongoing drug use or aberrant behaviors.”

A VT Spoke is a waived prescriber with one FTE RN and one FTE MA-level BH Specialist per 100 Medicaid patients at no cost to provider for two years.

The Treatment Need Questionnaire (Brooklyn and Sigmon) -- based on the Addiction Severity Index (ASI) -- is completed for each patient to determine initial placement in HUB vs. SPOKE.

The OBOT Stability Index is used to assess ongoing stability in the Spokes or if referral to a Hub is needed.

VT has a Learning Collaborative, which provides continuing knowledge sharing.

Collaborative Opioid Prescribing “CoOP” Model

- Johns Hopkins model uses the OTP (methadone clinic) “to conduct initial assessment and induction, as well as assume dispensing during changes in need of level of service, e.g., adherence and tox screens determine an increased counseling intensity, prescription duration, and/or periods of OTP dispensing. The OTP can switch to methadone or refer to a higher level of care.”

“CoOP”: An Adaptive Stepped Care System for buprenorphine Tx

<u>Step</u>	<u>Opioid Agonist Medication</u>	<u>Prescribing or Dispensing Location</u>	<u>Prescribing or Dispensing Frequency</u>	<u>OTP Counseling Intensity</u>
1. Stable OBB	Buprenorphine	OBB office prescription	1 month prescription	Low
2. Intensive OBB	Buprenorphine	OBB office prescription	1 week prescription	Intensive
3. Intensive OTP	Buprenorphine	OTP dispensary	Daily dispensing	Intensive
4. Methadone OTP <i>or other tx plan change</i>	Consider Methadone	OTP dispensary	Daily dispensing	Intensive

Stoller, K.B., 2015. A collaborative opioid prescribing (CoOP) model linking opioid treatment programs with office-based buprenorphine providers. *Addiction Science & Clinical Practice* 10, A63 (published abstract).

SAMHSA Region III

MAT Expansion in Person Partners Summit
(Kenneth Stoller, M.D.)

December 6, 2017

2023

Select High Risk Factors from Overdose Fatality 2016 report

- Males (67%)
- Unmarried (75%)
- 35-54 Years of Age (54%)
- High School Education or less (79%)
- Blue Collar Occupations
- Interacted with Corrections (Jail, Prison, Parole)
 - 157 One Contact with Corrections in the 12 Months Prior to Death
 - 42 (27%) Died within 30 days of the Last Corrections Contact (Regional jail was the last contact for the majority of decedents (88%) with a corrections history.)
 - 46% with some high school education died within 30 days.
 - 32% of decedents that were never married died within 30 days.

<https://dhhr.wv.gov/bph/Documents/ODCP%20Reports%202017/2016%20WV%20Overdose%20Fatality%20Analysis.pdf>

Submit a letter of commitment:

- A Letter of Commitment (LOC) must be submitted no later than close of business on July 10, 2018.
- Submit the LOC to:
WVDHHR Bureau for Behavioral Health and Health Facilities
Attention: State Opioid Response Grant Office
350 Capitol Street, Room 350
Charleston, WV 25301

Letter Content

- **Include in your LOC a commitment to:**
 - Work collaboratively in your area.
 - Increase access to medication assisted treatment (MAT).
 - Reduce opioid overdose-related deaths through prevention, treatment, and recovery activities for opioid use disorder (OUD).
 - Stigma reduction.

Community Planning Meeting

- **Build on:**
 - Existing regional planning efforts.
 - Expanding access to MAT in all counties.
 - Existing components of continuum of care to develop more complete regional systems.
 - Current STR funded services.