Detox and Withdrawal Management Workshop Clinical Pathways and Practical Applications





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### HELP4WV



- In 2015, the Bureau for Behavioral Health (BBH) established a 24-hour call line, and services began in September 2015.
- From September 9, 2015 to September 30, 2018 there were 27,134 calls.
- Most calls, 65%, were for general information, with the remaining 35% for access and navigation to treatment or services.
- Of the calls for access and navigation 78% were referred to detoxification/crisis stabilization services.
- Overdose risk is higher without strong linkage to treatment, and our data shows that we have an opportunity to improve our linkage to long-term treatment.

## SUD Infrastructure in WV



- 13 Comprehensive Behavioral Health Centers (CBHCs) are charged with the <u>public</u> behavioral health care infrastructure in the state covering mental health, substance use disorder (SUD), and intellectual or development disabilities services.
- In 2017, the Ryan Brown Act was passed increasing the number of residential beds.
- Also in 2017, the Bureau for Medical Services was awarded the Medicaid 1115 Waiver, commonly referred to as the SUD waiver, with services beginning January 14, 2018.
  - This also increased residential treatment options.
- Various programs were funded through the Bureau using both state and federal funding.

# Residential Treatment Infrastructure in WV



	Number of Beds	Percent of Beds
<b>Comprehensive Behavioral Health</b>	225	270/
Centers	325	37%
Ryan Brown Facilities	271	45%
Other Licensed Behavioral Health	100	100/
Centers	133	18%
Total	729	100%

## SUD in Primary Care



- In addition to the changes in the residential treatment landscape behavioral health services are also being provided in primary care settings.
- The WV Primary Care Association reports 245 behavioral health sites across the state:
  - 22 sites provide SUD and MAT services;
  - 28 provide SUD services generally; and
  - 193 provide services that do not include SUD or MAT

## MAT Infrastructure in WV



- Substance Abuse and Mental Health Services Administration (SAMHSA) provided funding to increase the number of prescribers for buprenorphine.
- WV has 134 Office Based MAT programs (OBMATs) in the state.
- In 2007, a mortarium on methadone clinics occurred leaving the state with 9 opioid treatment programs (OTPs) in the state.
- In January 2019, 465 providers had completed DEA waiver requirements with a capacity to serve 44,225 patients.
- In the past 10 months, an additional 119 providers have completed waiver requirements expanding the capacity to serve an additional 6440 patients.



#### Are Services Where they are Needed?



 The state percentage of Medicaid enrollees diagnosed with OUD who received MAT (no Methadone) treatment in 2018 was 58%, with geographic variability with a range of 85% (Mercer) and 28% (Brooke).

#### Understanding the Infrastructure





## Detoxification Infrastructure



- Residential detoxification services are generally provided at Crisis Stabilization Units (CSUs) and ASAM level 3.7 facilities.
- CSU's serve mental health and co-occurring clients as well as substance use disorder (SUD) clients.
- There are 15 CSU's operated by 12 agencies in the state with approximately 159 beds.
- 87% of the CSUs are operated by the states Comprehensive Behavioral Health Centers (CBHCs).
- There are 4 ASAM 3.7 facilities operated by 4 agencies in the state with approximately 82 beds. 36 of these beds are in a hospital setting (there are no 3.7 beds at the state's CBHCs).

## Snapshot of the CSUs (Survey Results)



- 10 responses from 9 organizations were received.
- Co-occurring conditions are very common.
- When asked to classify clientele by one group 90% indicated primarily SUD or over 75% SUD, with the remaining 10% indicating a 50:50 split between mental health and SUD clients.

### MAT in the CSU



- All indicated that naltrexone is provided.
- 7 indicated a buprenorphine product is provided, with another indicating that they are willing if the client is known.
- 2 provide transportation to an OTP.
- 4 provide acamprosate.
- 6 provide smoking cessation medication.
- 2 provide all options, an additional response indicated that all but OTP transportation was provided.

### Barriers for the CSUs



- All but one listed that compensation was a barrier to providing services they would like to but cannot.
- 50% reported that workforce/number of staff was a barrier.
- 40% reported that there is needed training/workforce development.
- 20% reported lack of resources as a barrier.
- 2 reported 'regulations' in their response. One expressed lack of focus on post CSU stability as a barrier, and the other expressed not able to provide wanted services as a barrier.
- One reported lack of enough beds.
- One reported clients did not meet criteria for admission/reimbursement.

#### **Universal Barriers**



- Adequate and qualified workforce.
- Transportation
- Stigma
  - o Provider
  - o Patient
- Change in substances being used

## **Overview of Key Efforts to Expand Treatment**



- Training and professional development.
- Recruitment / retention of workforce.
- Increased access to MAT through ER induction, OBMATs, hub and spoke expansion, integration into obstetrics and expansion of residential treatment.
- Linkage to treatment through QRTs and Law Enforcement Assisted Diversion (LEAD) programs.

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