State Opioid Response (SOR) Grant: Building a Strategy for West Virginia

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West Virginia Versus United States

2001-2016 Resident Drug Overdose Mortality Rates
West Virginia and United States

Source: WV Department of Health and Human Resources, Health Statistics Center, Vital Surveillance System and CDC Wonder
Rates are age-adjusted to the 2000 US Standard Million
Vulnerable Counties At-Risk of Outbreaks

Vulnerable Counties and Jurisdictions Experiencing or At-Risk of Outbreaks

County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons who Inject Drugs (September, 2015) and Jurisdictions Determined to be Experiencing or At-risk of Significant Increases in Hepatitis Infection or an HIV Outbreak Due to Injection Drug Use Following CDC Consultation (July, 2018)

Source: https://www.cdc.gov/pwid/vulnerable-counties-data.html
Data Reveal Patterns In Overdose Deaths
Analysis of 830 overdose deaths shows missed opportunities to intervene.

- **Demographic Risk Factors for Fatal Drug Overdose**
  - High School degree or less
  - Never married
  - 35-54 years old
  - Male
  - Blue-collar job

- **Healthcare Systems**
  - Healthcare systems include Bureau for Behavioral Health and Health Facilities which provide mental health and substance abuse services, Emergency Medical Services, and the Controlled Substance Monitoring Program.
  - 81% of all fatal drug overdose victims had interaction with at least one healthcare system in the year before their death.

- **Controlled Substance Monitoring Program**
  - Controlled Substance Monitoring Program (CSMP) track the prescribing and distribution of controlled substances (like prescription opioids).
  - 91% of all fatal drug overdose victims had some interaction with the West Virginia CSMP.

- **Corrections System**
  - Corrections systems include regional jails, state prisons and parole.
  - 56% of all fatal drug overdose victims had a corrections history.
  - 27% of those with a corrections history died within 30 days of their last contact with corrections.

Source: West Virginia Department of Health & Human Resources, Bureau for Public Health, 2016 West Virginia Overdose Fatality Analysis
Graphic by Alexandra Kanik
25.5 million adults have pain every day
✓ Opioids are overprescribed, not effective for chronic pain
✓ More than 2 million Americans are addicted to opioids
✓ Most started with prescription medicines

Medication Assisted Treatment (MAT) is available for opioid use disorders and to prevent/reverse overdose
✓ MATs are drastically underutilized
✓ Duration of treatment needed is not well understood

Research has revolutionized our understanding of addiction and pain
✓ Alternatives to treat addiction and overdose are limited
✓ New, non-addictive pain medicines are urgently needed

Nora D. Volkow, M.D., Director
National Institute on Drug Abuse

Three Major Categories of Response

- Prevention & Early Intervention
- Treatment
- Recovery Supports

Stakeholder Collaboration
• Increase access to and utilization of prevention/intervention strategies to reduce the impact of opioid use disorder.
Substance Use Prevention

- Six regional Prevention Lead Organizations (PLOs) and 55 county coalitions develop and implement prevention strategies using SAMHSA’s Strategic Prevention Framework (SPF).

- Examples of prevention work:
  - Coalition Meetings;
  - Evidence-based programs in schools (e.g., Too Good for Drugs);
  - Support and expansion of student leadership groups such as Students Against Destructive Decisions (SADD);
  - Help and Hope WV and Stigma Free WV websites and social marketing campaigns; and
  - Work to change community norms and local and state policies to prevent substance use and stigma (e.g., promotion of harm reduction initiatives).
StigmaFree WV provides information about the types of stigma experienced by individuals with substance use disorder, stories of recovery, and how people can get involved.
Help & Hope WV connects people to information, tools, directory of services, calendar of trainings, and events across the state.
Training and Professional Development

Examples:

- Physician education about opioid prescribing via “academic detailing” as well as several conference presentations.
- Conferences
  - Annual Appalachian Addiction and Prescription Drug Abuse Conference
  - Annual WV Addiction Training Institute
  - Caring for Pregnant & Parenting Women with Opioid Use Disorder and Their Infants
- Addiction medicine and response incorporated into curricula of students in medicine, nursing, psychology, counseling, social work.
Harm Reduction Strategies

• Harm Reduction Clinics
  ✓ Informational brochures
  ✓ Syringe Exchange programs
  ✓ Referral to resources and treatment

• Naloxone Deployment
  ✓ Naloxone covered by Medicaid
  ✓ Naloxone Training
  ✓ Naloxone for emergency responders, treatment providers, etc.

• Quick Response Teams (QRT)
• Long Acting Reversible Contraception (LARC)
• Increase access and utilization of high quality, evidence-based treatment services.

- Treatment on demand
- Systems of Care
- Evidence-based
Increased Access and Utilization of Evidence-Based MAT

• Medication Assisted Treatment (MAT)
  ✓ Access to all three types of medication
  ✓ Combined with counseling, case management, mutual support groups

• Emergency Room induction of Buprenorphine
• Office Based MAT
• Hub and Spoke expansion
• Integrated obstetrics programs
• Residential Treatment programs
Access to Evidence Based Treatment

• Linkage to treatment through QRTs and Law Enforcement Assisted Diversion (LEAD) programs
• Buprenorphine (Suboxone) access with DATA 2000 Waiver
• Naltrexone (Vivitrol) access
• Methadone clinics (Opioid Treatment Program/OTP) now providing buprenorphine and naltrexone
• ASAM levels of care introduced through Medicaid
• Increase access and utilization of MAT-friendly recovery support services to promote long term recovery
Select Recovery Support Strategies

- Peer Operated Recovery Residences
- Peer Recovery Coaches
  - Justice-involved individuals re-entering the community
  - Pregnant/Postpartum Women
  - Overdose survivors
- Mutual support groups
- Expand workforce of Peer Support Specialists/Recovery Coaches and Community Engagement Specialists and their supervisors who have specialized training in working with the Opioid Use Disorder (OUD) population.
Experience to Build On

- Cabell County experience
- OUD prevention in Strategic Planning Framework
- MAT Hub and Spoke, including COAT
- QRT and LEAD
- PROACT, Project ENGAGE
- Motivational Interviewing skills (MI), Trauma-responsive Care & Systems, Mental Health First Aid (MHFA)
- Peers
Current Capacity – BBH Detoxification and Treatment*

Substance Use Disorder CSU/Detoxification & Treatment

*Not confirmed MAT providers
Current Capacity – BBH Recovery Residences*

*Not confirmed “MAT friendly”
Distribution of MAT by County

Legend

Rate of MAT prescriptions per 1,000

- 19 - 122 (<= -0.50 Std. Dev.)
- 123 - 299 (-0.50 - 0.50 Std. Dev.)
- 300 - 476 (0.50 - 1.5 Std. Dev.)
- 477 - 652 (1.5 - 2.5 Std. Dev.)
- 653 - 794 (> 2.5 Std. Dev.)

*Source: West Virginia Controlled Substance Monitoring Program
State Opioid Response Grant (SOR)

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 has been awarded $28 million per year for 2 years.
Federal Resources for Rural Communities to Help Address Substance Use Disorder and Opioid Misuse

Office of National Drug Control Policy
U.S. Department of Agriculture
October 2018

Integrating Multiple Resources

Prescription Drug Overdose Prevention for States

Strategic Prevention Framework for Prescription Drugs

Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality

Prescription Drug/Opioid Overdose (WV PDO)

National Governor's Association Learning Lab on State Strategies to Combat Heroin and Illicit Fentanyl
### SOR Implementation Timeline

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Funds Received</td>
<td>9/30/2018</td>
</tr>
<tr>
<td>SAMHSA Response Submitted</td>
<td>10/15/2018</td>
</tr>
<tr>
<td>Revised Budget Submitted</td>
<td>10/31/2018</td>
</tr>
<tr>
<td>AFAs Drafted</td>
<td>11/1/2018</td>
</tr>
<tr>
<td>SAMHSA Response Submitted</td>
<td>10/19/2018</td>
</tr>
<tr>
<td>Revised Budget Submitted</td>
<td>10/31/2018</td>
</tr>
<tr>
<td>AFAs Drafted</td>
<td>11/30/2018</td>
</tr>
<tr>
<td>Target Date for Medical Schools and DMAPs</td>
<td>11/30/2018</td>
</tr>
<tr>
<td>Target Date for AFA Release</td>
<td>12/1/2018</td>
</tr>
<tr>
<td>Select Services Begin (Med Schools, DMAPs etc.)</td>
<td>12/30/2018</td>
</tr>
<tr>
<td>Target Date for AFA Release</td>
<td>12/30/2018</td>
</tr>
</tbody>
</table>
• 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 preventions efforts through messaging
  ✓ Purchase and distribution of naloxone with training on usage
• 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.
Address the barriers to receiving MAT by:

- Reducing cost of treatment
- Developing innovative systems of care to expand access to treatment, engage and retain patients 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.

Collaborate and coordinate with Ryan White HIV/AIDS Program to coordinate for provision of HIV care and treatment services.
SOR Data Requirements

• Report client-level data (GPRA) 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 interviews 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.
SAMHSA’s SOR Statement on Detox

- The only time in which detox is indicated for Opioid Use Disorder is when an individual is “accompanied by” naltrexone (Vivitrol).

- Per SAMHSA: “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.”
• Confirm access to Buprenorphine, Naltrexone, and Methadone.

• “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 licensed prescriber’s recommendation or valid prescription.”

• “In selecting an EBP, be mindful of how our choice of an EBP or practice may impact disparities in service access, use, and outcomes for our 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.”
Evidence-Based Practices Resource Center

SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders.

This new Evidence-Based Practices Resource Center aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.

Learn more about the Evidence-Based Practices Resource Center.

Resources

Source: https://www.samhsa.gov/ebp-resource-center
MAT Overview (SAMHSA)

MAT OVERVIEW

Medication Assisted Treatment (MAT)

Medication assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders, and can help some people to sustain recovery.

- Implementation Resources
- Financing Resources
- Trainings
- Resources for Consumers and Families
- Resources for Physicians
- Other Resources

Source: https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview
### TRAININGS

**The Training Tool for Residential Substance Abuse Treatment: Medication Assisted Treatment for Offender Populations**
The curriculum outlines evidence-based practices for using MAT with criminal justice-involved individuals.

**High Risk Opioid Use**
A free online course from the National Institute on Drug Abuse (NIDA) and the Institute for Research, Education, and Training in Addictions (IERTA), shares informative graphics, videos and practice scenarios on opioids and the behavior pattern known as “doctor shopping.” Continuing Education Units are available for social workers, counselors, medical professionals, and others.

The ATTC’s **Medication-Assisted Treatment with Special Populations** online training, developed for both non-physician treatment providers and physicians, is designed to enhance professionals’ knowledge and skills to reach and educate special populations about MAT.

**Prescribers’ Clinical Support System for Opioid Therapies (PCSS-O)**
A national training and mentoring project that provides a variety of no cost CME programs on the safe and effective prescribing of opioid medications in the treatment of pain and/or opioid addiction.

**SAMHSA’s Providers’ Clinical Support System for Medication Assisted Treatment (PCSS-MAT)** educates providers on the most effective medication-assisted treatments to serve patients in a variety of settings.

Learn about more upcoming training opportunities on our **Substance Use Trainings** page.

Source: https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview#trainings
Person-Centered Care: Priority Populations

- Injection Drug Users
- Pregnant and Postpartum Women (and their children)
- Justice-involved Individuals returning to the community
- Individuals who identify as LGBTQ
- Veterans
Meeting Grant Timeframes

Initiating services within three months of grant award (Oct 1)

• Award to WVU and Marshall to enhance capacity to support MAT Hub & Spoke models across the state.

• Award to WV Medical Schools to expand clinical capacity to implement MAT statewide, including therapists, across settings.

• Award to DMAPS to initiate MAT in regional jails and facilitate continuity of treatment and recovery supports upon community re-entry.

• Awards to prevention coalitions to initiate and sustain selected and indicated OUD prevention strategies for priority populations.

• Award for stigma reduction campaign using evidence-based social marketing strategies.
• Opportunities to support priority populations through access to MAT and MAT-friendly recovery supports.
What’s the path to access evidence-based opioid use disorder care, county by county?
Building on Three Major Categories of Response

- Using the lens of the individuals described earlier (priority population examples).
- Focusing on high need geographic areas
- Building on existing evidence-based MAT capacity
- Addressing gaps in service
- Assuring formal agreements for referrals and “warm handoffs”
Since its launch, the hotline has received **23,252* calls.**

The HELP4WV Call Line launched on September 9, 2015 to support callers seeking assistance with substance use or mental health issues.

- 8,354: Access/Navigation Intakes
  - 7,615: Self
  - 463: Family
  - 276: Third-Party
- 14,898: General Information

* Data as of 6/4/18
Potential Partners (Examples)

- MAT Programs in:
  - Emergency Departments
  - Urgent Care Centers/MedExpress
  - Inpatient/residential treatment programs
- Federally and state regulated Opioid Treatment Programs (methadone clinics)
- Pharmacies
- Intensive outpatient programs
- Primary care
- Fairness WV (LGBTQ population)
- WV Perinatal Partnership/WV ACOG (pregnant women)
- Local Public Health Departments
- Statewide Harm Reduction Coalition
- Veteran’s Administration
- Ryan White HIV/AIDS Programs
Next Steps

• Announcements of Funding Availability

[DHHR Website Screenshot]

Source: https://dhhr.wv.gov/bhhf/AFA/Pages/default.aspx
Next Steps

• Process for Submitting Questions/Comments
  Submit questions in writing to DHHRBHHFAnnouncement@wv.gov
  Subject Line: SOR Grant

• Optional Networking Time
Some ideas for discussion –

• What can you and others working with you do to assure an integrated system response to OUD in your area to address opioid use disorder within the parameters of the SOR grant?

• How can you assure access to evidence-based MAT treatment and recovery services?

• Consider target population, geography, filling service gaps, etc.
Contact

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