Detox and Withdrawal Management Workshop
Clinical Pathways and Practical Applications

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Bureau for Behavioral Health
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• 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.
• 13 Comprehensive Behavioral Health Centers (CBHCs) are charged with the public 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.
  o This also increased residential treatment options.

• Various programs were funded through the Bureau using both state and federal funding.
## Residential Treatment Infrastructure in WV

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<thead>
<tr>
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<th>Number of Beds</th>
<th>Percent of Beds</th>
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<tbody>
<tr>
<td>Comprehensive Behavioral Health Centers</td>
<td>325</td>
<td>37%</td>
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<tr>
<td>Ryan Brown Facilities</td>
<td>271</td>
<td>45%</td>
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<tr>
<td>Other Licensed Behavioral Health Centers</td>
<td>133</td>
<td>18%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>729</strong></td>
<td><strong>100%</strong></td>
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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.
• 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.
At least one Medicaid provider in the county that provides Methadone, Suboxone, and Vivitrol (10/19/2019)
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

Medicaid members with an OUD diagnosis and percent of OUD members with a MAT claim (excluding methadone)
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.
• 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
  - Provider
  - 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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