



Behavioral Health is Essential To Health



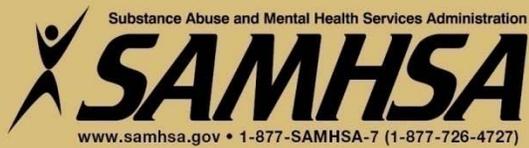
Prevention Works



Treatment is Effective



People Recover



STATE TARGETED RESPONSE TO THE OPIOID CRISIS (OPIOID STR)

September 26, 2017

Kimberly A. Johnson, PhD, Director, Center for Substance Abuse Treatment, SAMHSA

Donna Hillman, GPO and Opioid STR CSAT Project Lead

Minnjuan W. Flournoy Floyd, PhD, Opioid STR Evaluation Alternate Contracting Officer Representative



Opioid STR Background

- **21st Century Cures Act (Public Law 114-255).**
Signed into law on December 13, 2016
- **Section 1003 contains the authorization for the funding of the Opioid STR.**
 - *\$500 Million for FY 2017 and \$500 Million for FY 2018*
 - *Subject to the appropriations process for each fiscal year*

Opioid STR Background

- **Designed to supplement Opioid-related activities that are already implemented by the State agency that manages the SAPT Block Grant.**
- **Formula-based Allocation: Number of people who met criteria for dependence or abuse of heroin or opioid pain relievers who have not received treatment (NSDUH 2011-2014) and the number of drug poisoning deaths (CDC Surveillance System)**
- **Supplement existing activities within the state/jurisdiction including any and all funding related to opioid use disorders and allied programs/activities funded by other OP Divs, agencies, entities engaged in existing opioid prevention, treatment and recovery activities**
- **Funds were allocated on April 26, 2017 and were available to the grantees on May 1, 2017**

Opioid STR - Background

- **50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia and the Republic of Palau were funded.**
- **\$485,000,000 was distributed to the 57 grantees – 5% could be used for administrative and infrastructure costs; 80% must be used for treatment and recovery support services; the remaining 15% could be used for other activities related to OUD including primary and secondary prevention efforts.**

Overview of Required Activities

- Development of a *needs assessment* which identified areas where opioid misuse is most prevalent; number and location of opioid treatment providers in the state: OBOTs, OTPs, etc.; all existing activities and their funding sources; and gaps in the system to be filled using Opioid STR funds – submitted July 31, 2017
- Development of a *comprehensive strategic plan* – submitted August 30, 2017
- Design, implement, enhance and evaluate primary and secondary prevention using EBPs to reduce the number of persons with OUD and OUD associated deaths

Overview of Required Activities

- Implement or expand access to clinically appropriate evidence-based practices for OUD treatment, particularly the use of medication-assisted treatment, i.e. the use of FDA-approved medications – methadone, buprenorphine/naloxone combination, buprenorphine mono-product formulations, and naltrexone products in combination with psychosocial interventions
- Provide assistance to patients who are uninsured or underinsured
- Provide treatment transition and coverage to patients re-entering communities from criminal justice settings
- Enhance and support the provision of peer and recovery support services designed to improve treatment access and retention and support long-term recovery

Allowable Activities

- **Train healthcare practitioners on topics such as best practices for prescribing opioids, pain management, and referral of patients to programs**
- **Address barriers to receiving treatment; developing systems of care to expand access; engaging and retaining patients in treatment**
- **Train physicians, nurses, NPs, PAs, counselors, social workers, care coordinators, and case managers in addressing OUD**
- **Support innovative tele-health and social media programs to reach rural and underserved areas**
- **Purchase and distribute Naloxone and train multiple audiences to administer**
- **Enhance the PDMP to increase sharing and use of data**
- **Establish statewide community-based recovery support systems and networks**

What are the states/territories doing

- **Developing Hub & Spoke systems – based upon Project ECHO developed by the University of New Mexico**
 - *Many states are in the process of developing these Hub & Spoke systems utilizing Hubs in major urban areas connected to Spokes in rural and underserved areas.*
 - *Provides a connection to Medication-Assisted Treatment (MAT) and OUD treatment SMEs for consultation; case management of complex cases; and case reviews with the SMEs and other states/providers*
 - *Increases access to MAT services and supports in rural and underserved areas*
 - *Connects front-line clinicians (the Spokes) with direct links to specialist mentors*
 - *Increases the capacity of the state systems to provide training and peer-to-peer consultations*
 - *Can link Emergency Room and Hospital Physicians and staff to SMEs for consultation related to the induction of MAT within the emergency room setting*
 - *Some states that are implementing Hub & Spoke include: Massachusetts, New York, Indiana, Minnesota, Ohio, New Mexico, Montana, North Dakota, California, Nevada and others*

What are states and territories doing

- **Initiating treatment with Buprenorphine in emergency rooms following a non-fatal overdose**
- **Peer recovery specialists/Recovery Coaches available to respond to non-fatal overdose patients in ER to assist in linking them to community-based services and recovery supports**
- **Mobile outreach – qualified professionals and peer support specialists connect with persons on the streets in cities and communities to establish relationships and initiate harm reduction measures designed to reduce exposure to communicable diseases (i.e. HIV, HepC, STDs)**
- **Initiating legislative and policy changes to support expanded payment structures, services, and access**
- **Expanding prescription drug disposal sites**
- **Establishing open prescriptions/standing orders for naloxone**

What are states and territories doing

- **Implementing core competencies related to prevention and management of prescription drug misuse for medical professionals**
- **Setting prescription limits for the dispensing of opioid prescriptions to limit first time exposure to opioids**
- **Training prescribing personnel and other healthcare providers on the CDC prescribing guidelines**
- **Initiating and expanding school and community-based prevention efforts to include students, families, and communities through drug awareness and education**
- **Expanding the number of Data 2000 waived physicians and OTPs**
- **Telephonic and social media based recovery check-ups and support**

What are states and territories doing

- **Expansion of the use of tele-health/tele-psychiatry, videoconferencing, social media and cell phone apps**
 - *Can be used in hospitals and other healthcare settings, i.e. connections between a primary clinical provider and other healthcare professionals; direct access to clinical providers for clients in rural and underserved areas; establish links to peer recovery support services to engage clients in continued care and move them toward long-term recovery*
 - *Creates continued care opportunities for clients in remote areas through providing access to web-based group sessions, recovery meetings, and clinical/peer recovery check-in calls for persons in remote areas*
 - *Use of social media and cell phone apps are particularly attractive to the younger populations and provides connections that are vital to support them in their recovery*
 - *Links persons to peer recovery support services and community assets*
 - *Some states who are utilizing these types of connections include: Massachusetts, New Hampshire, Georgia, Michigan, Minnesota, Ohio, Wisconsin, Arkansas, Oklahoma, Missouri, North Dakota, South Dakota, American Samoa, Alaska, Oregon and Washington*

State Opioid Workshop

- **August 7-9, 2017, Marriott Inner Harbor, Baltimore**
- **First ever State Opioid Workshop**
- **CDC's National Center for Injury Prevention and Control, CMS' Center for Medicaid and CHIP Services, and SAMHSA**
- **Brought together 3-person state teams representing the Opioid STR grantees along with leaders and subject matter experts to discuss an integrate approach to address the opioid epidemic**

Coordination and Cooperation

- **U.S. Health and Human Services Secretary Tom Price: “No epidemic can be stopped by one corner of our country, or one state government, or one part of HHS. This opioid crisis demands our common devotion, and an uncommon level of cooperation.”**

The Opioid STR GPO Team

CSAT

- *Donna Hillman, Project Lead and GPO for the four Pacific Jurisdictions funded*
- *Spencer Clark*
- *Kim Thierry-English*
- *Anna de Jong*

CSAP

- *Tonia Gray, Team Lead*
- *Tonia Schaeffer*
- *Kim Nesbitt*
- *Sandra Adrovet*
- *Damaris Richardson*

Importance of Opioid STR National Evaluation

- Evaluation provides an opportunity to identify promising strategies for preventing, treating and helping individuals recover from opioid use disorder as states/territories are;
 - *Implementing different strategies*
 - *Implementing in diverse communities*

Overarching Evaluation Questions

1. What opioid prevention, treatment, and recovery strategies do states/territories and sites implement as a result of the Opioid STR program?
2. How does the Opioid STR grant help states/territories and sites build capacity to prevent, treat and help individuals recover from opioid use disorder?
3. Do key indicators of opioid use disorder and related harms change over time (for example, prevalence of opioid use disorder and opioid-related mortality)?

Evaluation Model

Two Levels of Evaluation

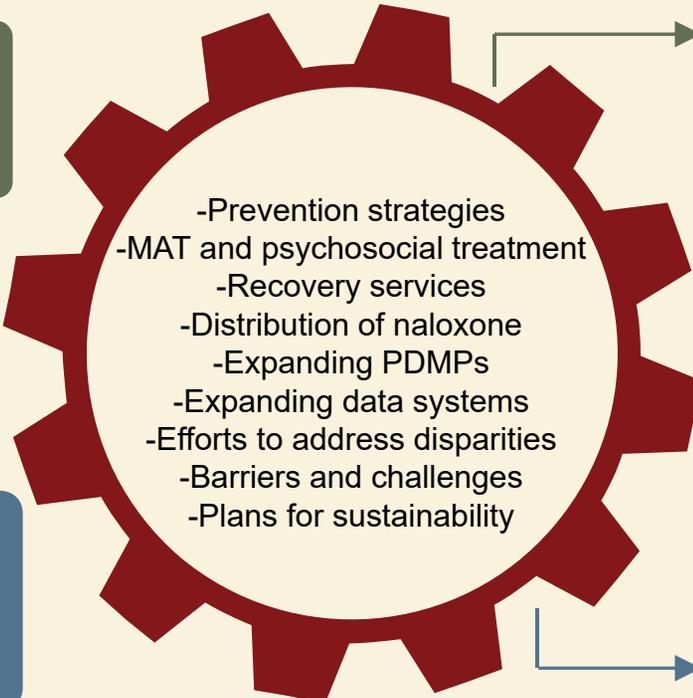
State/territory-level evaluation

- All STR-funded states/territories

Community/program-level evaluation

- 20 selected programs in 10 states/territories

What is Implemented?

- 
- Prevention strategies
 - MAT and psychosocial treatment
 - Recovery services
 - Distribution of naloxone
 - Expanding PDMPs
 - Expanding data systems
 - Efforts to address disparities
 - Barriers and challenges
 - Plans for sustainability

What are the Outputs/Outcomes?

All states/territories

- Number of providers trained and delivering evidence-based prevention, treatment, and recovery services
- Number of individuals reached by prevention, treatment, and recovery services
- Number of individuals completing treatment and engaged in recovery
- Prevalence of opioid use disorder
- Opioid-related mortality

Twenty selected programs

- Completion of treatment
- Abstinence from opioids and other substances
- Improvements in mental health
- Improvements in functioning

Evaluation Data Sources

State/territory-Level Outcomes (All states/territories)

- STR Performance Measurement Progress Reporting Instrument
- CDC mortality data
- National Survey of Substance Abuse Treatment Services
- Buprenorphine Waiver Registration Database

Implementation

All states/territories

- State progress reports
- Survey of STR directors
- Telephone interviews with STR directors

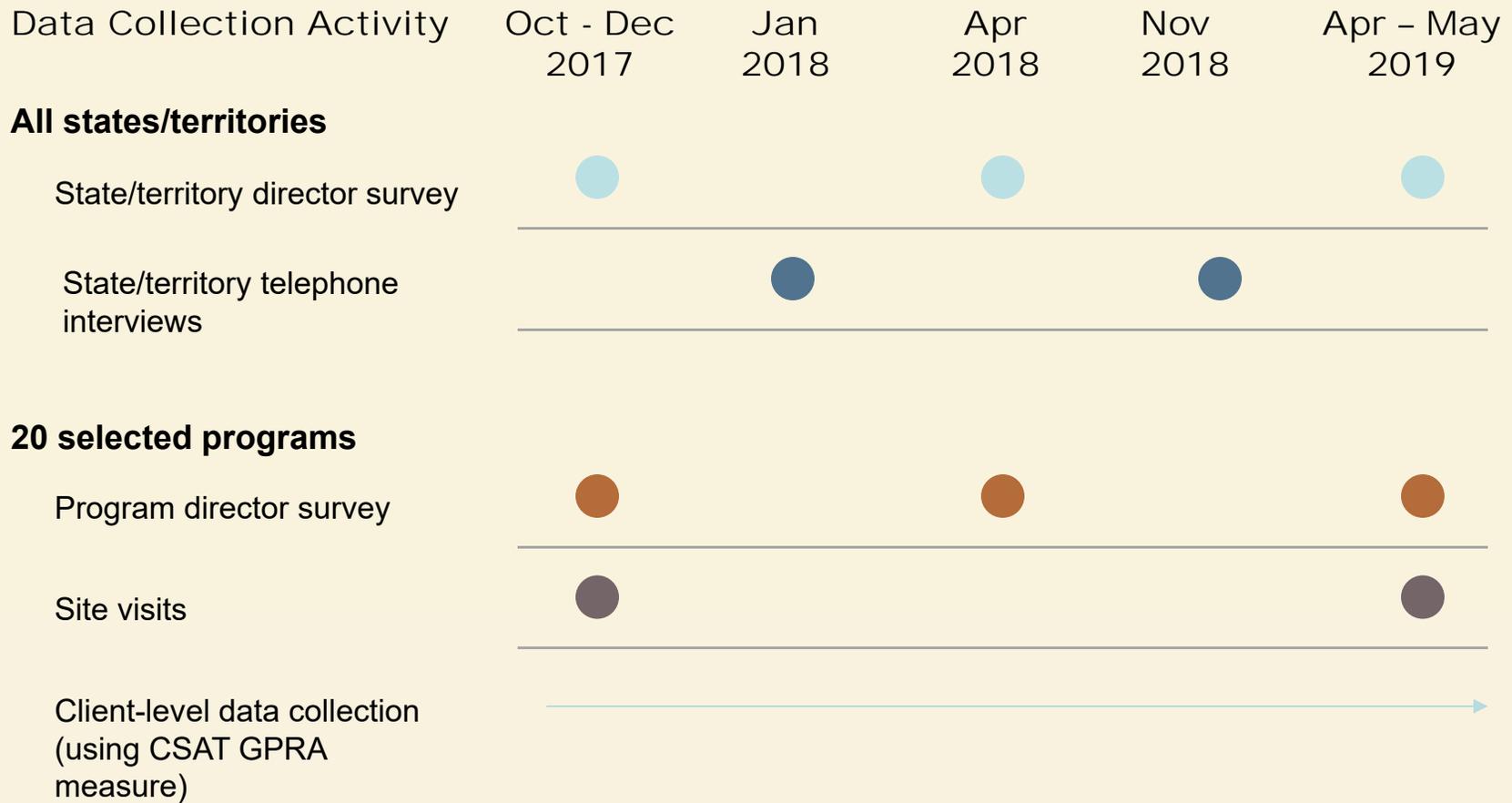
Twenty selected programs

- Survey of program directors
- Site visits to programs

Program-Level Outcomes (20 selected programs)

- CSAT discretionary grant GPRA measures to assess client-level improvements in substance misuse, mental health, and functioning

Data Collection Timeline



More about Program/site-level Evaluation

- The program-level evaluation aims to understand what local communities/programs implement using STR funding and measure changes in client-level outcomes
- 20 sites from 10 geographically diverse states (one from each HHS region)
- Programs that provide ongoing treatment and recovery services in order to track client improvements over time.

Program Participation

Program Responsibilities

- Obtain consent from clients to participate in study starting fall 2017
- Collect client-level data using CSAT GPRA measure at entry into program and every 6 months and discharge
- Host 2-day site visit between Oct-Dec 2017 and Apr-May 2019

Benefits to Program and Clients

Programs

- Receive honorarium
- Can use data to track client outcomes and quality improvement
- Mathematica will provide two program-level reports: one after first site visit and another after completion of client-level data collection
- Mathematica will connect programs with technical assistance and provide evaluation-related technical assistance

Clients

- Receive \$25 gift card for each completed assessment
- Contribute to knowledge-base needed to improved OUD treatment

Resources for Support

- Programs will submit client-level CSAT GPRA measure data through existing SAMHSA data portal (no need to develop a new reporting system)
- Mathematica will help programs establish data collection process and provide data collection technical assistance

QUESTIONS?



Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover