



Improving Access to Treatment and Recovery

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 Kickoff Meeting: Building State Leadership
 January 27, 2018



SAMHSA Regional Administrators



2016 National Survey on Drug Use and Health

MENTAL AND SUBSTANCE USE DISORDERS IN AMERICA: 2016

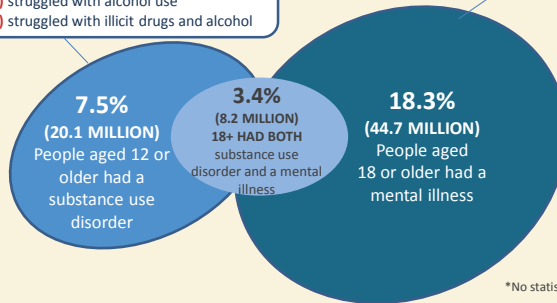
PAST YEAR, 2016, 12+

Among those with a substance use disorder about:

- 1 IN 3 (33%) struggled with illicit drugs
- 3 IN 4 (75%) struggled with alcohol use
- 1 IN 9 (11%) struggled with illicit drugs and alcohol

Among those with a mental illness about:

- 1 IN 4 (25%) had a serious mental illness



*No statistically different changes from 2015

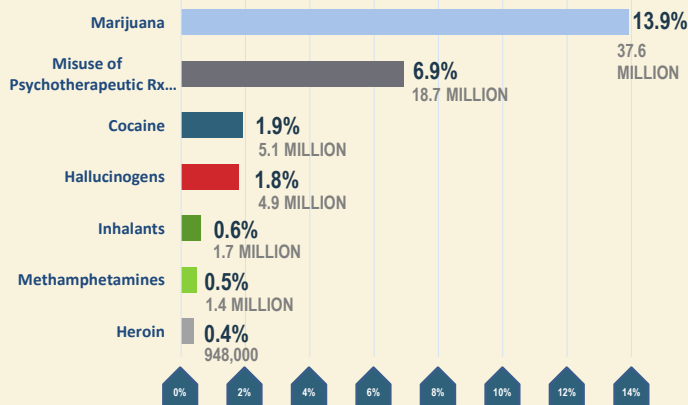
Over 2 million in jails and prisons
 50% with SUDs (<http://www.prisonerhealth.org>)
 15-20% with SMI
 Torrey EF, et al. 2014



2016 National Survey on Drug Use and Health

ILLICIT DRUG USE IMPACTS MILLIONS: MARIJUANA MOST WIDELY USED DRUG FOLLOWED BY PSYCHOTHERAPEUTIC (SCHEDULED) MEDICATIONS

PAST YEAR, 2016, 12+

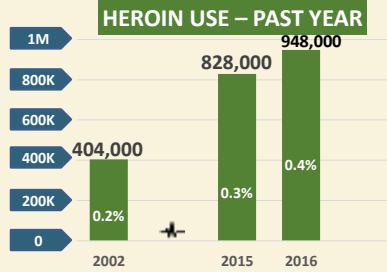
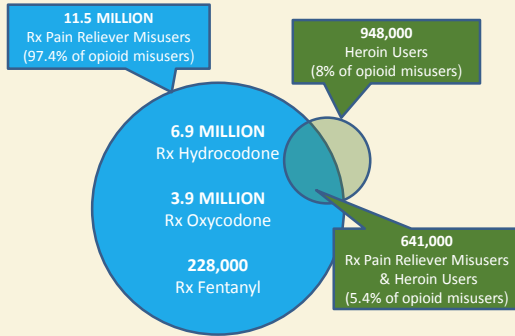


2016 National Survey on Drug Use and Health

OPIOID'S GRIP: MILLIONS CONTINUE TO MISUSE RX PAIN RELIEVERS WHILE HEROIN USE CLIMBED THEN STABILIZED

11.8 MILLION PEOPLE WITH OPIOID MISUSE (4.4% OF TOTAL POPULATION)

PAST YEAR, 2016, 12+



Heroin Deaths:
2002: 2,089
2015: 13,101
2016: 13,219

2002-2016:
2.3 fold increase in heroin users
6.6 fold increase in heroin deaths

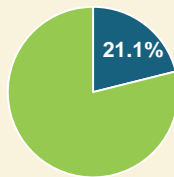


2016 National Survey on Drug Use and Health

FEW WITH OPIOID USE DISORDERS (OUD) RECEIVED TREATMENT

PAST YEAR, 2016, 12+

2.1 million with OUD



1 IN 5 INDIVIDUALS WITH OPIOID USE DISORDERS RECEIVED SPECIALTY TREATMENT FOR ILLICIT DRUGS



37.5% OF PEOPLE WITH HEROIN USE DISORDERS RECEIVED TREATMENT



17.5% OF PEOPLE WITH RX PAIN RELIEVER USE DISORDERS RECEIVED TREATMENT



Opioid Crisis: Consequences

- 142 Americans die of drug overdose every day
 - More than from MVAs and homicides combined
 - 2/3 of deaths involve opioids
- As prescriptions for opioid pain relievers are reduced, increases in heroin use are being observed
- Some states are seeing sharp spikes in deaths from fentanyl-contaminated heroin

7



OPIOID CRISIS: A PUBLIC HEALTH EMERGENCY HHS FIVE-POINT OPIOID STRATEGY

- 1 Strengthening public health surveillance
- 2 Advancing the practice of pain management
- 3 Improving access to treatment and recovery services
- 4 Targeting availability and distribution of overdose-reversing drugs
- 5 Supporting cutting-edge research

8



Improving Access to Treatment and Recovery Services

- **State Targeted Response to the Opioid Crisis Grants (Opioid STR) Program (21st Century Cures Act)**
 - In May 2017, SAMHSA awarded \$485 million in grants to help states and territories promote evidence-based policies and best practices to combat opioid addiction.
 - **Needs Assessment completed in July**
 - **Opioid State Workshop convened in August** – the first interagency collaboration of its kind, brought together experts from three key operating divisions of HHS with state and local leaders and grantees
 - **States are targeting a wide range of evidence-based activities designed to increase access to treatment for everyone who needs it**
 - **Focus on increasing access to MAT/psychosocial services/recovery services**
 - Linking non-fatal overdose patients to MAT and social services
 - Increasing access to naloxone for law enforcement and first responders
 - Infrastructure expansion and surveillance
 - State policy/protocol development
 - Establishing pre-release programs for incarcerated individuals
 - Project ECHO (Extension for Community Healthcare Outcomes)

9



Improving Access to Treatment and Recovery Services

- **Provider's Clinical Support System – Medication Assisted Treatment (PCSS-MAT)** provides waiver trainings, online CME courses, and no-cost clinical coaching/mentoring to support evidence-based treatment of substance use disorders and co-occurring mental disorders.
 - Since 2013, PCSS-MAT has trained 56,245 participants via 164 webinars and online modules, including 10,340 participants in MAT waiver trainings
 - Supports local learning collaboratives and expands partnerships between American College of Physicians, American College of Emergency Physicians, National Association of Drug Court Professionals, etc.
 - One-year Supplemental Funding will enable 2017 grantees to enhance/expand MAT training and educational resources for health professionals

10



Improving Access to Treatment and Recovery Services

- **Substance Abuse Prevention and Treatment Block Grant (SABG)** enables states to address pressing challenges such as the opioid crisis. Includes a 20 percent set aside, which enables states to engage in activities such as opioid misuse prevention.

Medication Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA) program provides grants to 22 states with the highest rates of treatment admissions for persons with opioid use disorders seeking MAT services.

- **Treatment Improvement Protocol (TIP): Medication Assisted Treatment for Opioid Use Disorders** will be released in early 2018.
- **Buprenorphine prescribing.** In accordance with CARA, SAMHSA has certified 3,079 NPs and PAs to prescribe buprenorphine.
- **Pocket Guide for Medication-Assisted Treatment of Opioid Use Disorder** is one of the most downloaded publications from SAMHSA's website – over 29,000 guides have been distributed/downloaded.

11



Barriers to Successful Treatment

Many individuals who receive addiction treatment do not receive evidence based care or do not receive it in sufficient intensity and duration to promote long-term recovery. Individuals with substance use disorders who receive inadequate care often relapse, which perpetuates the perception that addiction is untreatable.

12



Barriers to Successful Treatment

- Poor treatment availability
- Stigma
- Cost -no insurance or lack of parity in coverage
- Time Conflict
- Transportation
- Denial
- Lack of awareness or knowledge of treatment

13



Keys to Success

An Effective and Comprehensive Approach to Improving Opioid Addiction Treatment include:

- Increase Treatment Capacity and Help Patients and Families Find Quality Addiction Care
- Increase the Availability of Medication-Assisted Treatment (MAT)
- Improve the Quality of Addiction Care
- Improve Insurance Coverage for Addiction Care
- Provide Comprehensive Recovery Support Services

14



Creating “No Wrong Door” Access

- Encourage integrated care for mental health, substance use disorders, and physical health conditions, and eliminate legal or regulatory requirements that create barriers to integrated treatment for co-occurring conditions

15



Recovery Supports

- Chronic diseases, such as addiction, require long term disease management following acute treatment to improve patient functioning, control symptoms, prevent additional diseases or co-occurring conditions, and reduce relapse.

16



Creating Recovery Oriented Systems of Care

- A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol or drug problems.

17



Recovery Supports

- Peer to peer services, mentoring, coaching
- Relapse prevention
- Supportive housing assistance
- Case Management, coordination, linkages
- Spiritual and faith based support
- Education (life skills, parenting, employment)
- Transportation

18



Keys to Success

- Use state leverage to support community recovery services and ensure their legitimacy.
- Develop certification requirements to establish competencies/guidelines for individuals who provide peer supports.
- Third party reimbursement for peer support
- Process to certify recovery housing.

19



Keys to Success

- Participate in federal programs to provide transitional housing to individuals in recovery.
- Support recovery high schools and colleges, which promote abstinence and help support students in their recovery.

20



Tribal Considerations

- Access to Medication Assisted Treatment and Recovery
- State/Tribal Consultation
- Diversion
- Generational Trauma

21



QUESTIONS?

22

