Health Care Authority

Division of Behavioral Health & Recovery

Innovative Opioid Use Disorder Treatment Networks in Washington State





Introduction

Amy Dura, MA, LMHC Stephanie Endler, MPA





Outcomes - Learning

- Washington State Opioid Plan
- Washington State Opioid Response (SOR) Grant
- Opioid Treatment Networks (OTNs)

The Opioid Crisis in Washington State

- Each day about two people die of an opioid-related overdose in Washington; thousands more struggle with addiction
- Opioids including prescription pain medication, heroin, and synthetic opioids such as fentanyl are causing serious public health and community crises across the state
- Opioid misuse and addiction can cause serious medical, social, and financial problems







Washington State Opioid Plan

Priority Goals

Goal 1: Prevent opioid misuse & abuse Goal 2: Treat opioid use disorder Goal 3: Reduce morbidity & mortality Goal 4: Use data to monitor & evaluate

State Opioid Plan Document:

https://www.doh.wa.gov/Portals/1/Documents/1000/140-182-StateOpioidResponsePlan.pdf





State Opioid Response (SOR) Grant

- Federal SAMHSA grant to address the opioid crisis by:
 - Increasing access to medication-assisted treatment (MAT)
 - Reducing unmet treatment needs
 - Reducing opioid overdose related deaths through prevention, treatment, and recovery support services
- Two-year grant (9/30/2018 to 9/29/2020)
- For detailed information on the grant:

https://www.samhsa.gov/sites/default/files/grants/pdf/sorfoafinal.6.14.18.pdf



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WA State Opioid Response (SOR) Allocation

- \$21.6 million per year for Prevention, Treatment, and Recovery Support Services
- \$11.3 million SOR Supplemental grant funds awarded for Year 1 – we do not know if we will be granted Year 2 until Congress passes the budget bill
 - Funding by category:
 - Prevention \$6.2
 - Treatment \$18.9
 - Recovery Support Services \$5.4



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State Opioid Response (SOR) Treatment

- Treatment projects funded by SOR include:
 - Opioid Treatment Networks (17)
 - Opioid Treatment Network TA | Training
 - MAT Treatment Payment Assistance
 - Opioid Treatment Network Tobacco Cessation
 - Grants to Tribal Communities
 - OUD Treatment Decision Re-entry Services and COORP
 - WSU Contracted Services | Treatment Manager
 - Hub and Spoke Opioid Networks (6)
 - Low-Barrier Buprenorphine Pilot
 - Tribal Treatment



Opioid Treatment Network Allocation

\$7.9 million per year is allocated for Opioid Treatment Networks

- Year 1 funding awarded (12/31/2018 to 9/29/2019)
- Year 2 funding awarded (9/30/2019 to 9/29/2020)





Purpose of Opioid Treatment Networks:

- Address Goal 2 of the State Opioid Plan (Identify and treat opioid use disorder)
 - Strategy 2.2 Establish access in every region of the state to the full continuum of care for persons with opioid use disorder.
 - Enhance MAT access to underserved communities
 - Engage current and potential MAT prescribers
 - Establish referrals from innovative location and provide warm hand-offs and care coordination for ongoing MAT





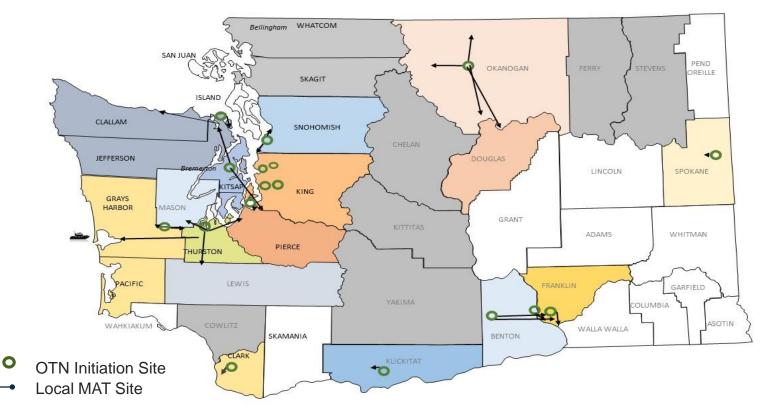
What is an Opioid Treatment Network?

- OTNs are Initiation Sites with at least one Local MAT Treatment Site
- All OTNs have access to at least one agonist (Buprenorphine, Methadone) and one antagonist (Naltrexone - oral and injectable).
- OTN staffing includes a nurse care manager, a care navigator, a MAT prescriber, and a data collection coordinator



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Opioid Treatment Network Map



DATA SOURCE: Division of Behavioral Health and Recovery.

NOTES: OTN MAT site locations may represent more than one clinic or agency providing MAT services or referrals







Implementation

- A Request for applications outlining the OTN model was published statewide
- A bidder conference was held
- Twenty-four bids were received and 17 contractors were selected
- A Webinar was held in January to help the OTNs become more familiar with the model, as well as to provide technical assistance regarding Medicaid billing and other questions
- HCA staff completed initial site visits to all OTNs





OTN Scope of Work

- Initiate/induct or maintain persons with OUD on MAT
- Use a coordinated team approach to provide services
- Satisfactory completion of all GPRA data collection requirements
- Maintain participant log of all persons receiving MAT (provided by DSHS RDA)
- Tobacco cessation training for staff to work with clients with co-occurring tobacco use disorder





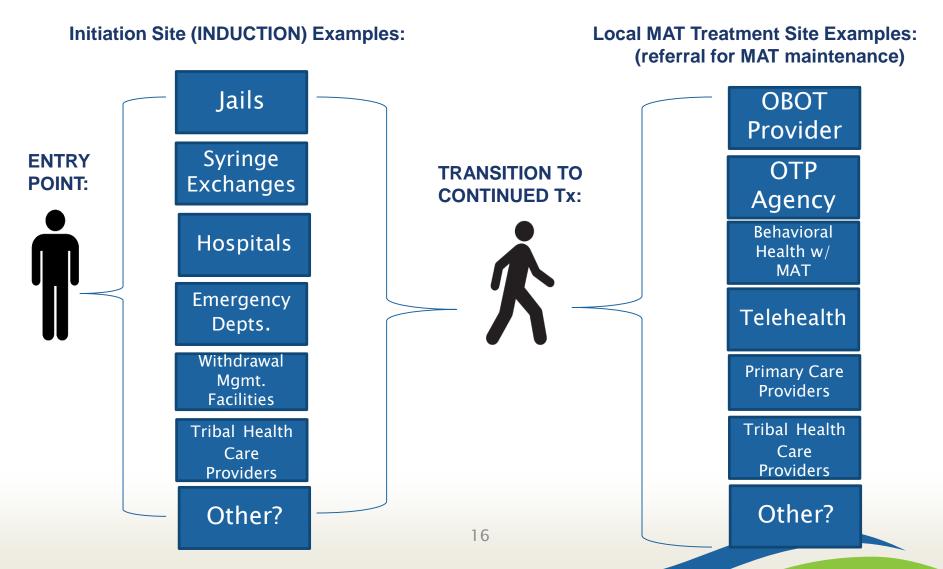
Core Components of an OTN

- The biggest difference between Hub & Spoke and the OTNs are:
 - Hub & Spokes have OUD as a primary function
 - OTNs have OUD as a secondary function
- Provide MAT services to individuals with the highest risk of overdose and death (jails, EDs, shelters, etc.)
- Induct onto MAT at the Initiation Site (contractor) and provide individuals with warm hand-offs to a local MAT Treatment Site (subcontractor).



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Establish MAT access points in your community







Initiation Site

- The Initiation Site will be provided funding to:
 - Hire staff to induce or stabilize clients onto MAT
 - Purchase MAT medication(s)
 - Initiate and follow-up with GPRA data collection
 - Contract with local MAT Treatment Sites
- The Initiation Site holds the contract with DBHR and is responsible for overall project development, management, and coordination with local MAT Treatment Sites.





Local MAT Treatment Sites

- Community organizations who provide integrated MAT care once an individual leaves the care of the Initiation Site
- Each Local MAT Treatment Site has the following functions:
 - hire staff to manage MAT census
 - address tobacco cessation activities on-site
- Provide referrals to behavioral health and recovery support services as needed.







Technical Support

- Alcohol and Drug Abuse Institute (ADAI)
- Department of Health (DOH)
- Research and Data Analysis (RDA)



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Alcohol and Drug Abuse Institute

- The Alcohol and Drug Abuse Institute (ADAI) is a multidisciplinary research center at the University of Washington.
- Provide consultation on how to design, implement, and evaluate opioid safety and overdose prevention interventions.

https://adai.uw.edu







Department of Health

Tobacco Cessation Training







Tobacco Cessation: Rationale & Realities

- Tobacco use is the leading cause of preventable death and disease in Washington and the United States
- 75-85% of people in SUD/OUD treatment smoke
- Tobacco use increases risk of SUD relapse; cessation is associated with 25% increased likelihood of long-term abstinence
- Most people with SUD *want* to quit tobacco





Staff & Provider Training



University of Colorado Anschutz Medical Campus School of Medicine

- 4-day Tobacco Treatment Specialist training
 - Two providers per OTN
 - Trainees should routinely see OUD patients
 - Year 1 training: September 9-12, 2019
 - Year 2 training: March 2-5, 2020 (tentative)
- 1-day Tobacco-Free training
 - Three staff/provider "champions" per OTN
 - Year 1 training: September 16, 2019
 - Year 2 trainings: March date TBD, May date TBD (tentative)





Refer: Tobacco Cessation Behavioral Health Program (TCBHP)





Research and Data Analysis (RDA)

- RDA provides data, analytics, and decision support tools to improve the delivery of services for:
 - Policy makers and program managers to support innovations that improve the effectiveness of services for clients.
 - DSHS program staff and contracted service providers to access data-driven decision support applications
 - Agencies to protect confidential client data by handling sensitive information

https://www.dshs.wa.gov/ffa/research-and-data-analysis



GPRA Data Collection Requirement

- Client Outcome Measures Tool—SAMHSA
- OTNs are required to collect data on all individuals receiving services at the Initiation Site, including:
 - A participation log (uploaded to project evaluators via a WA State secure file transfer site)
 - GPRA Interviews at Intake, 6-month, and discharge
- Initiation Sites are responsible for follow-up surveys—*must coordinate with local MAT Treatment Sites to gather data*.



Opioid Treatment Network Monthly Summary Report



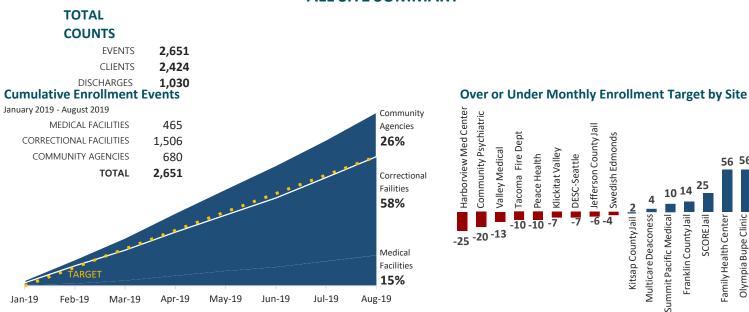
September 17, 2019

132

56 56

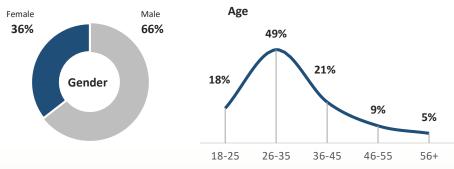
Olympia Bupe Clinic

Benton CountyJail

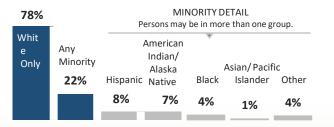


ALL SITE SUMMARY

Client Demographics



Race/Ethnicity

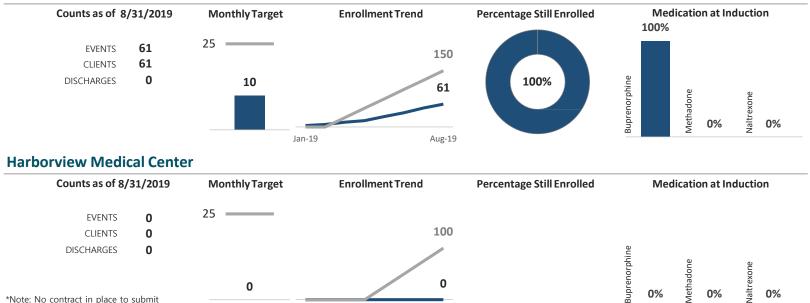


Note: 22 patients missing Gender; 88 patients missing Race/Ethnicity.

Opioid Treatment Network Monthly Summary Report

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MEDICAL FACILITIES



Family Health Center

*Note: No contract in place to submit data

Klickitat Valley Health



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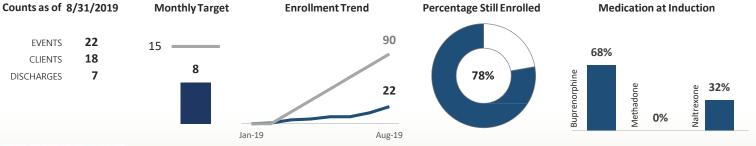


Medication at Induction

0%

0%

0%



0

Opioid Treatment Network Monthly Summary Report

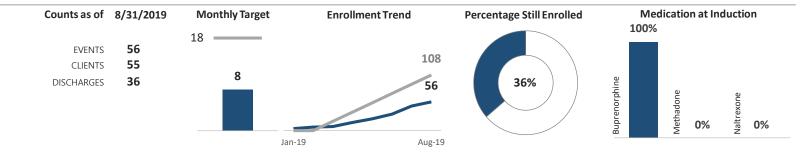
September 17, 2019

Counts as of 8/31/2019 **Monthly Target Enrollment Trend Percentage Still Enrolled Medication at Induction** 22 93% 80 **EVENTS** 108 18 -78 CLIENTS 36 DISCHARGES 56% Buprenorphine Methadone Naltrexone 80 8% 0% Jan-19 Aug-19

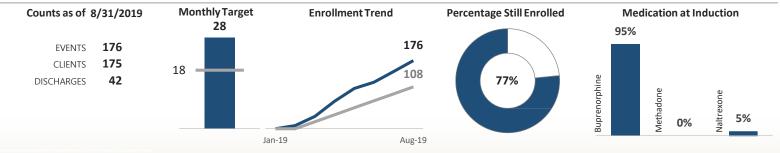
MEDICAL FACILITIES

Peace Health SW Medical Center

Multicare Deaconess Hospital



Summit Pacific Medical Center



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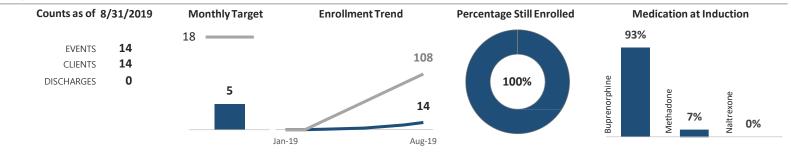
September 17, 2019

MEDICAL FACILITIES

Counts as of 8/31/2019 **Monthly Target Enrollment Trend Percentage Still Enrolled Medication at Induction** 100% 56 **EVENTS** 10 _____ 56 CLIENTS 60 6 1 98% DISCHARGES Buprenorphine Methadone Naltrexone 56 0% 0% Jan-19 Aug-19

Swedish Medical Center Edmonds

Valley Medical Center

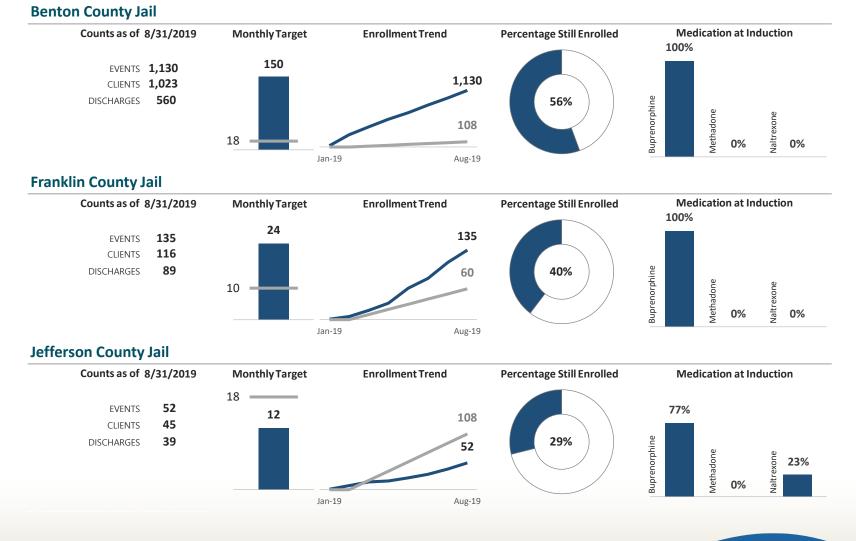




Opioid Treatment Network Monthly Summary Report

September 17, 2019

CORRECTIONAL FACILITIES





Opioid Treatment Network Monthly Summary Report

September 17, 2019

Counts as of 8/31/2019 **Monthly Target Enrollment Trend Percentage Still Enrolled Medication at Induction** 20 83% 114 EVENTS 114 18 -113 CLIENTS 16 87% DISCHARGES Buprenorphine 108 Methadone Naltrexone 17% 0% Jan-19 Aug-19 **SCORE King County** Counts as of 8/31/2019 **Monthly Target Enrollment Trend** Percentage Still Enrolled **Medication at Induction** 25 75 **EVENTS** 75 74 CLIENTS 53% 45% 7 Buprenorphine 92% DISCHARGES 60 Methadone 10 Naltrexone 1% Jan-19 Aug-19

CORRECTIONAL FACILITIES



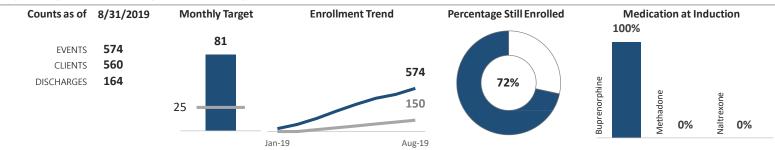




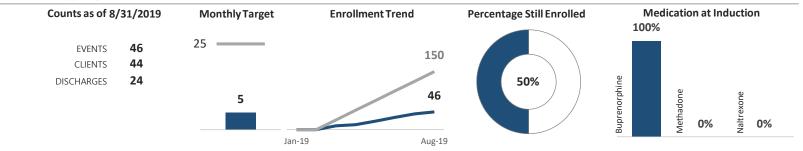
September 17, 2019

COMMUNITY FACILITIES

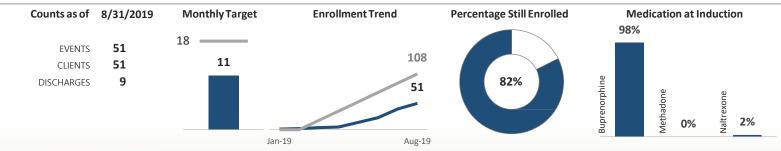
Olympia Bupe Clinic at Capital Recovery Center



Community Psychiatric Clinic

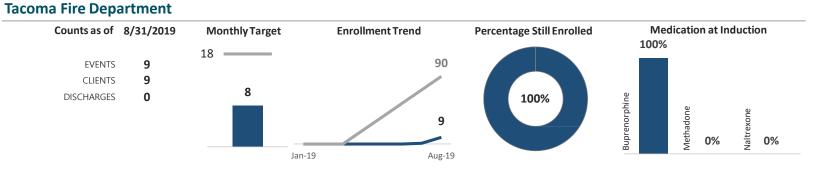


DESC Seattle



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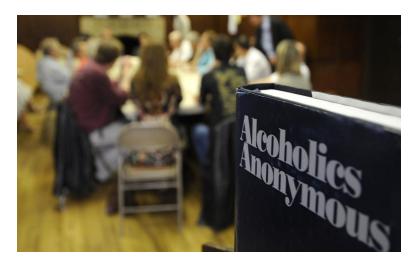
COMMUNITY FACILITIES

Data Slides Provided By: DSHS | Facilities, Finance, and Analytics Administration | Research and Data Analysis Division



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Success Story











Questions









Thank You!

Washington State Health Care Authority Division of Behavioral Health & Recovery

Stephanie Endler, MPA Project Director, State Opioid Response

Amy Dura, MA, LMHC Treatment Manager, State Opioid Response

