The Role of State Behavioral Health Agencies and State Financing in Expanding Access to Medication-Assisted Treatment (MAT)

Webinar sponsored by RTI International
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RTI International is an independent, nonprofit research institute dedicated to improving the human condition. We combine scientific rigor and technical expertise in social and laboratory sciences, engineering, and international development to deliver solutions to the critical needs of clients worldwide.
• **Purpose**: Participants will hear about three approaches from State Behavioral Health Agencies to increase access to MAT.

• **Objectives**:
  - Understand the benefits, challenges, and lessons learned of the state approaches.
  - Foster dialogue between states.
Webinar Agenda

• Brief overview of MAT and challenges in accessing MAT
• Presentations from 3 states on their strategies to increasing access to MAT
  ➢ New Hampshire
  ➢ Missouri
  ➢ Ohio
• Discussion
Mark Stringer serves as Director of the Missouri Department of Mental Health (DMH), where he is responsible for the overall operations of the department and its three divisions: Behavioral Health, Developmental Disabilities, and Administrative Services. He is a licensed professional counselor and nationally certified counselor with over thirty years of experience in the substance use disorder and mental health fields. After graduating magna cum laude from Westminster College, Mark served in the US Army as an officer with the 101st Airborne Division before moving into the behavioral health field. Since then he has directed adult and adolescent addiction treatment programs, a psychiatric hospital intake unit, an outpatient clinic, and an inpatient geriatric psychiatry unit. Along the way he earned a master’s degree in counseling from Truman University. In state government service at the Department of Mental Health, he was the behavioral health division director before becoming department director in July 2015. Mark currently serves as Policy Chair of the board of directors of the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

Nora Bock is currently the Director of Adult Community Treatment in the Division of Behavioral Health within the Missouri Department of Mental Health. She oversees compliance activities for mental health, substance use disorder, and integrated behavioral health programs. She establishes and implements policy and new initiatives in collaboration with other state and local stakeholders, including the Departments of Corrections, Social Services, and State Courts, as well as the Missouri Coalition for Community Behavioral Healthcare. She graduated with her bachelors and master’s degrees in clinical psychology from Missouri State University. Ms. Bock is a licensed professional counselor.
Jaime Powers is the Clinical and Recovery Services Unit Administrator for the New Hampshire Department of Health and Human Services, Bureau of Drug and Alcohol Services (BDAS) where she is responsible for overseeing all activities of the unit, including impaired driver services, specialty substance use disorder treatment services, direct client crisis services, and opioid treatment programs. Jaime also serves as a subject matter expert for the New Hampshire Health Protection Program and Medicaid substance use disorders benefit and as NH's representative to the National Association of State Alcohol and Drug Abuse Director's Treatment Coordinator Learning Community. Jaime earned her B.A. in Psychology from Colby-Sawyer College and worked in various areas of human services until completing her M.S. in Psychology at Walden University in 2008. Since that time, she has served as both a Counselor and Assistant Program Director for Phoenix Houses of New England and the Access to Recovery Treatment and Recovery Services Coordinator for BDAS before accepting her current position in 2013. Her experience includes systems development and management; quality monitoring and improvement; compliance monitoring; provider recruitment and training; provider and stakeholder relations; and direct substance use disorder counseling services.

Lindy Keller is a Master Licensed Alcohol and Drug Counselor who has worked in the addiction and recovery field since 1980. She received her A.B. from Duke University and her M.S. in Community Mental Health with a specialization in dual diagnosis from Southern New Hampshire University. Her experience includes direct service, consultation, training and administration of programs addressing substance use disorders and promoting recovery. She has conducted numerous trainings and is currently the Resources and Development Administrator for the Bureau of Drug and Alcohol Services in the NH Department of Health and Human Services. In that position, she is responsible for working with human service, health, education and corrections programs to develop their capacities to respond to alcohol and other drug issues and to support recovery.
Dr. Rick Massatti is the State Opioid Treatment Authority at the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Over the last 16 years, he has worked on substance use and mental health research, policies, and programs. Currently he oversees the federally licensed opioid treatment programs (OTPs). He is coordinating the efforts to bring new opioid treatment programs into the state, update the OTP administrative code, and implement a workforce development strategy to increase physician interest in medication assisted treatment. Dr. Massatti also has been at the forefront of documenting the opioid epidemic in Ohio through his work with the Governor’s Cabinet Opiate Action Team, and has raised awareness about topics like naloxone used in overdose episodes and neonatal abstinence syndrome. He has also been an advocate of coordinated healthcare for drug-dependent pregnant women as part of the Maternal Opiate Medical Supports project.

Ellen Augspurger is the project director for several of Ohio’s federal grants. As the director of the State Targeted Response Grant, she leads a team of dedicated professionals that implement innovative strategies to transform Ohio’s behavioral health system. Their work has led to important improvements in substance abuse prevention, treatment, and recovery throughout the areas hit hardest by the opioid epidemic. Ms. Augspurger has also overseen Ohio’s Screening, Brief Intervention, and Referral for Treatment (SBIRT) program. She has spearheaded the efforts to provide free SBIRT and motivational interviewing training to health systems interested in this integrated care model. These trainings have led SBIRT to be integrated into many health care settings that have resulted in thousands of people being screened.
Challenges in Accessing Medication-Assisted Treatment

Jesse Hinde, PhD
Research Economist, RTI International
What Is MAT?

Medication-Assisted Treatment (MAT) is a combination of medication and behavioral therapy that has shown to be effective in treating opioid use disorder (OUD) and other substance use disorders (SUDs).

Providers must have a medical license to prescribe MAT.

Providers must obtain a special waiver to prescribe buprenorphine.*

<table>
<thead>
<tr>
<th>Approved Medication for OUD</th>
<th>Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>Opioid treatment programs</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Medical and community settings*</td>
</tr>
<tr>
<td>Naltrexone</td>
<td>Medical and community settings</td>
</tr>
</tbody>
</table>
MAT Is Effective

Not only effective at reducing opioid use, but also reduces risk related to infectious disease transmission and criminal behavior

MAT use is also associated with longer treatment duration → lower risk of overdose and mortality

We are now trying to quickly catch-up → SUD financing has lagged behind financing for other medical care services

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>SUD Expenditures</th>
<th>All Health Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/local revenues and federal block grants</td>
<td>40%</td>
<td>11%</td>
</tr>
<tr>
<td>Public and private insurance</td>
<td>46%</td>
<td>73%</td>
</tr>
</tbody>
</table>

• Limited access to care without insurance coverage
• SUD benefits are often “carved out”
• Variation in MAT coverage, cost-sharing, and prior authorization requirements

Workforce Challenges to Providing MAT

Medical System
untapped supply of medical providers

- Only 4% of physicians are waived\(^1\)
- Addiction-related stigma
- Lack of SUD expertise

SUD System
has the SUD expertise but not medical providers

- 30% of SUD programs have a MAT prescriber\(^2\)
- MAT-related stigma
- Workforce/capacity issues in rural areas

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State Strategies on the Agenda

**New Hampshire:** Developing sustainable MAT infrastructure

**Ohio:** Increasing the MAT workforce and creating a seamless system of care for OUD

**Missouri:** Designing a “Medication First” approach that increases access to, and quality of, MAT services and leverages a diverse range of funding
Advances in Addiction Medication in Missouri

Mark G. Stringer, MA, LPC, NCC
Director, Missouri Department of Mental Health

Nora K. Bock, MS, LPC
Director of Adult Community Treatment, Division of Behavioral Health
Missouri Department of Mental Health
Overview

Increasing medication-assisted treatment (MAT) financing across multiple federal and state sources

Increasing MAT capacity using federal grants

Modifying Medicaid and Department of Mental Health (DMH) policies to increase quality of care
Financing Addiction Medications

**Medicaid**—all medications, methadone via opioid treatment programs (OTPs), naloxone

**General Revenue/Block Grant**—all addiction medications

**State Targeted Response (STR) Opioid Grant**—opioid use disorder (OUD) medications and naloxone
Expansion by Leveraging CCBHCs and STR

Certified Community Behavioral Health Clinics (CCBHCs) must provide addiction medication services, including buprenorphine.

STR offers more funding for treatment, including medication.

STR training opportunities:
- Buprenorphine waiver training for prescribers
- Regional trainings (administrative, medical, operational, clinical)
- On-site consultation/training to individual provider agencies
Changes in Medicaid Policies

Changes in prior authorization requirements

New restrictions on opiate prescriptions

Naloxone coverage
Changes in DMH Policies: “Medication First” Model

**Designed to**
- Increase retention in treatment
- Decrease deaths from overdose

**Provides almost immediate relief from withdrawal symptoms**
- Stabilizes the individual
- Decreases craving
- Creates cognitive ability for person to engage in, and benefit from, psychosocial treatment
Make Best Practices Easy to Do


[www.MissouriOpioidSTR.org](www.MissouriOpioidSTR.org)

Opioid STR listserv

Two ECHO provider clinics

Weekly statewide “Office Hours”

PCSS Waiver Trainings

Opioid Crisis Management Trainings, Follow-Up Consultations, and TA

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1. [https://static1.squarespace.com/static/594939ba197aee24a334ef60/v/5b3e64c7f950b74618b8b316/1530815690327/Opioid+STR+Implementation+Guide_updated+for+Year2_final.pdf](https://static1.squarespace.com/static/594939ba197aee24a334ef60/v/5b3e64c7f950b74618b8b316/1530815690327/Opioid+STR+Implementation+Guide_updated+for+Year2_final.pdf)

2. [https://missouriopioidstr.org/updates/dosanddons](https://missouriopioidstr.org/updates/dosanddons)
Summary Points

The cost of substance use disorder (SUD) medication and administration can be covered through a variety of funding streams, and pricing is important.

U.S. Food and Drug Administration (FDA)-approved addiction medications should not be optional items on the SUD service menu. In order to be recognized (i.e., certified) by the state, treatment providers must be able to offer medication to people who need it—regardless of setting.

Missouri’s “medication first” model is effective treatment for people with opiate use disorders.

Can emphasize high-quality services while expanding capacity.
Questions?

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NH MAT Development Project

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BDAS Resources & Development Administrator

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New Hampshire

Small state

Primarily rural
Two urban population centers, both in southern part of state

Northern 2/3 of state is very rural

One of the highest rates of opioid overdoses in United States

Limited availability of MAT before 2015
Overview of NH MAT Development Project

**Developed** best practices guide for providers

**Contracted with provider associations** to increase MAT infrastructure in SUD treatment and medical settings

**Coordinated** training efforts

**Engaged** Medicaid to include MAT
Work began in late 2015

Convened group
- ASAM and MAT physicians
- BDAS staff
- SUD treatment providers
- NH Center for Excellence

Developed and published Guidance Document on Best Practices for MAT in NH

www.bit.ly/mat-nh

Initiated and promoted MAT waiver trainings with partners

- NH Medical Society
- AAAP
- ATTC-NE

Initiated conversations with Medicaid

- Explicitly included in SUD benefit
- Administrative rules require consistency with guidelines
 contracted with two facilitating organizations in state fiscal year 17/18

Hospital-networked medical practices

FQHCs and Community Health Centers

Currently:
• Medical practices in 10 of 13 major hospitals
• All FQHCs

**ROLES**

Inform and engage medical providers about MAT

Assess current practice

Sub-contract with agencies that are ready

Assist and monitor progress in development according to Guidelines
Infrastructure development contracts to stimulate development of MAT

Included in treatment and recovery support services contracts

Contract requirements require consistency with guidelines
Funding the MAT Development Project

Program development and initial staffing
- State funds
- Block Grant funds
- MAT-PDOA funds
- SOR

Service Delivery
- STR/SOR
- Medicaid and insurance
- State funds
- Block Grant funds
Other MAT Opportunities

MAT-PDOA Grants
- FQHCs in two urban communities
- FQHC and CMHC coordination in rural area

MAT community of practice
- Technical assistance contract
- Shared learning
- Quality

Project ECHO: MAT for Primary Care Teams
Lessons Learned

A diverse set partners is essential
• Require consistent guidelines or standards across settings
• Utilize facilitating organizations
• Understand development takes longer than expected
• Know that consistent funding across 2–3 years is needed

Medicaid is a different world and communication is key
• **MCOs**—limits on UDS, prior authorization requirements
• **FQHCs**—encounter rates vs. FFS
Questions / Contact

Questions?

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Promoting wellness and recovery

21st-Century CURES Efforts to Improve MAT Access

Rick Massatti
Ellen Augspurger
Ohio Department of Mental Health & Addiction Services
Ohio’s CURES Strategy Involves Medication-Assisted Treatment (MAT) Expansion Through

- Increasing the number of waivered prescribers
- Enhancing knowledge with American Society of Addiction Medicine (ASAM) training
- Providing mentorship opportunities for newly waivered prescribers
- Providing other continuing education opportunities
- Utilizing hospitals to induce and refer for MAT
CURES Workforce and Treatment Goal

To make a seamless system of care in which a patient with opioid use disorder can enter and be treated by multiple professionals.
Physicians Involved with Patients

- Primary Care Physician
- Specialty Physician (e.g., OB)
- Behavioral Health Physician
- Emergency Physician
Buprenorphine-Waivered Physicians per 100 Buprenorphine Patients

Data adapted from the DEA and OARRS, 2015–2016

Map Information:
The following map examines the rate of buprenorphine waived physicians in 2016 per 100 patients who received scripts for buprenorphine in 2015. (Data for 2016 will not be complete for another two months, and there is no 2015 list of waived physicians.) Buprenorphine waived physicians have the largest presence in urban areas and the lowest presence in rural and Appalachian areas.

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data from the DEA and OARRS
Adapted by OhioMHAS
Map produced January 2017
Physician Training Overview

- Continuing Education
- ECHO Model Support
- Enhanced Training
- Initial Waiver Training
- Physician
Physicians, advanced practice registered nurses, and physician assistants practicing in over 50 communities are encouraged to obtain their waiver. OHA, managed care organizations (MCOs), and others assist in recruitment.

- Live trainings are conducted by ASAM, Ohio Department of Mental Health and Addiction Services (OhioMHAS) staff, and community members.
- Trainings will be 1.5 days and prescribers are reimbursed for their time.
- Free online trainings are available for health professionals who cannot attend live trainings.
Training is also provided to help waived prescribers increase their competency with ASAM guidelines.

- During the first year of CURES, 10 live ASAM trainings for 40 persons each were provided and an additional 10 trainings will be provided in the second year of CURES.
- Free online trainings are provided concerning ASAM multidimensional assessments and ASAM levels of care in other parts of the state.
Development of expertise among newly waived prescribers through ECHO model

Year 1: Mentorship ECHO for prescribers that meets once a week for 3 months per cohort
Continuing education for specialist prescribers with a weekly ECHO that varies content throughout each month.

**Track 1 Example**

- Week 1: Emergency Department Session 1
- Week 2: Emergency Department Session 2
- Week 3: Emergency Department Session 3
- Week 4: General Session
Continuing Education

Develop 23-part curricula by a panel of experts that promotes understanding of MAT, substance abuse, and vicarious trauma.

- Fundamentals of Addiction
- Getting a Physician Practice Ready to Use the Waiver
- Prescribing Best Practices Basics of MAT
- MAT in Obstetric Settings
- MAT and Non-Prescribing Professionals
- Managing Pain in Patients with Opioid Use Disorders
- Vicarious Trauma Overview
The 21st-Century CURES Act will offer hospitals the opportunity to enhance care for persons with addiction disorders.

Our goals in hospitals are to

- Build addiction expertise in the workforce
- Train staff to identify persons with an addiction disorder using Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Help hospitals coordinate care for those persons
Ohio is using the 21st-Century CURES opportunity to significantly expand the number of waived prescribers. Our strategies include the following:

- Live DEA waiver trainings throughout the state
- Promotion of mentorship opportunities for newly waived prescribers
- Additional live and online training opportunities
Questions?

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Recently released ASPE report on MAT financing and workforce development policy at the state and local levels:


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Thank You!

Additional Questions?