SAMHSA Primary and Behavioral Health Care Integration West Regional Meeting

The State of Substance Use Disorder Treatment Nationally and Regionally

Thomas E. Freese, Ph.D.

March 1 -2
San Francisco Federal Building
Presentation Outline

- Overview of the ATTC Network
- State of substance use disorders regionally and nationally
- Relevance of integration to addressing opioids/substance use
- Prevention and treatment options
- Development Community partnerships to address substance use
- Local and Federal resources
2017-2022
Addiction Technology Transfer Center (ATTC) Network
The 2017-2022 ATTC Network is comprised of:

• 1 Network Coordinating Office
• 10 Domestic Regional Centers
• 1 National American Indian and Alaska Native ATTC
• 6 International HIV Centers (PEPFAR funded)
Established in 1993 by SAMHSA, the domestic ATTCs:

• Accelerate the adoption and implementation of evidence-based and promising addiction treatment and recovery-oriented practices and services;

• Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use and/or other behavioral health disorders; and

• Foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.
• 10 Domestic ATTC Regional Centers
  • Match the 10 HHS Regions
  • Address multi-system issues
  • Provide education, training and intensive technical assistance
  • Develop region-specific products
  • Utilize regional advisory boards
  • Respond to needs of state/regional stakeholders, but may also develop specific areas of expertise
  • Work to improve standards and policies in the field
• 1 National American Indian and Alaska Native ATTC
  • Prepares tools and strategies needed to improve the quality of service delivery for tribal communities
  • Provides intensive technical assistance to improve processes and practices in the delivery of SUD treatment and recovery services for tribal communities
How does the ATTC Network Accomplish the Mission?

The ATTC Network uses a comprehensive array of technology transfer strategies to accelerate the diffusion of innovations.
For 20+ years, the ATTCs have focused in this area of the model, providing numerous trainings to large numbers of participants.
The 2017-2022 ATTCs will focus in this area of the model, providing intensive TA to organizations, localities and systems.
What does this shift in focus mean?

↓ Stand-alone, face-to-face training events
↓ Number of people served
↓ Educational events focused solely on developing the competencies of individuals

↑ Connected learning series and communities
↑ Organizational development and systems change projects
↑ Technical assistance to organizations, localities and states
Our Audience

• Practitioners
• Students
• Systems
What else is changing?

• Emphasis on self-paced and online courses
• Emphasis on distance learning paired with a hub and spoke technology framework (e.g., Project ECHO)
• Option of building mobile apps that support individuals in using newly learned skills
• Capacity building on the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare (National CLAS Standards)
• Stronger role for ATTC Network Coordinating Office
State of substance use disorders regionally and nationally
Percentage of Items Identified in DEA’s National Forensic Laboratory Information System: January 2005-September 2015

- Heroin
- Cocaine
- Methamphetamine
- Cannabis

Top Drug Offenses, by State

Numbers of Past Month Illicit Drug Users among People Aged 12 or Older: 2016

SOURCE: SAMHSA, National Survey on Drug Use and Health, 2016 results.

SOURCE: SAMHSA, National Survey on Drug Use and Health, 2016 results.
Primary Substance of Abuse at Admission: 2004-2014

SOURCE: SAMHSA, Treatment Episode Data Set, 2014 results.

SOURCE: SAMHSA, Treatment Episode Data Set, 2014 results.
Opioid Use
Overdose Deaths per 100,000

New York Times: [https://nyti.ms/2jVUlKb](https://nyti.ms/2jVUlKb)
Overdose Deaths per 100,000

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New York Times: https://nyti.ms/2jVUlKb
“There were almost 64,000 drug overdose deaths in 2016, the largest annual jump ever recorded in the United States, according to the CDC.”.
Rate of Past Year Opioid Abuse or Dependence* and Rate of Medication Assisted Treatment Capacity with Methadone or Buprenorphine

*Opioid abuse or dependence includes prescription opioids and/or heroin
Source: AJPH 2015; 105(8):e55-63
Opioid overdose deaths: Worst Case Scenario

Opioid overdose deaths: 10 projected scenarios.

Opioid Prescriptions by Patient Location, 2016
Age-adjusted Rate per 1,000 Residents
Excludes Buprenorphine

Data Source: CURES 2.0, mapped by the California Opioid Overdose Surveillance Dashboard
Counties with Licensed Narcotic Treatment Programs
April 2016

28 Counties Without NTP Services
30 Counties With NTP Services

Data Source: California Department of Health Care Services.
Overdose Deaths 2016

Data Source: California Department of Health Care Services.
Buprenorphine Prescriptions per 1,000 Residents

To be fair, there is SOME Buprenorphine in some of these counties, but maybe not enough.

Top 3 counties, per 1k residents:
- ~75 bup prescriptions
- over 1,000 opiate prescriptions (besides bup)

Data Source: California Department of Health Care Services.
California Deaths - Total Population - 2016

All Opioid Overdose: Age-Adjusted Rate per 100,000 Residents

Data Source: California Department of Health Care Services.
Number of DATA Certified Physicians in California Eligible to Provide Buprenorphine Treatment for Opioid Dependency 2002-2017

Data source: SAMHSA
Providing integrated services including SUD, MH, and Physical Health is critical!!
Why Is Integration Important?

• Adults with **SUD die 26 years earlier**, again due to physical health problems related to their long-term substance use (LA County, 2015)

• Adults with **serious mental illness die 25 years earlier**, largely as a result of treatable medical conditions (NAMI, 2013)

• **Serious mental illness costs** America **$192.2 Billion** per year in lost earnings. (NAMI, 2013)

• **27 physical illnesses occur more often in consumers with alcohol addiction** including the liver, pancreas, airways, gastrointestinal tract, and nervous system. (Medical News Today, 2015)
Medical Conditions that commonly co-occur with mental health and substance use

- Pain
- Diabetes
- Hypertension
- Obesity

By treating physical, mental and substance-related health issues together we ensure that the **right care** to the **right patient** at the **right time** – every time.”

Carolyn M. Clancy M.D.,
Agency for Health Care Research and Quality
U.S. Department of Health and Human Services
Community Partnerships

By providing integrated care with active community partners, we actualize the continuum of services

- **Prevention** to help avoid these disorders.
- **Intervention and treatment** to address symptoms as they arise and treat disorders as early as possible.
- **Medical services** to provide necessary medicines and treat underlying medical issues and complications.
- **Recovery support services** peer support and additional service to aid with reintegration, continue positive change, and identify symptom exacerbation
One example: The California MAT Expansion Project
CA MAT Expansion Project

California is strategically focus on three populations to improve MAT services:

1. Counties without a NTP in the geographic area
2. Increase the availability and utilization of buprenorphine statewide
3. Improve MAT access for CA’s American Indian and Native Alaskan tribal communities through the IHP-MAT Project
CA Hub and Spoke System

Successful Outcomes:

• Increased the total number of physicians waived to prescribe buprenorphine
• Increased the number of opioid users served by each waivered physician
• Led to a broader adoption of the disease model of treatment, providing a continuum of care from the Hub to the Spoke and then back again, based on the needs of the patient
• Provided more medical services in the Spokes which has been enhanced by the additional staffing
• Led to increased satisfaction by providers in primary care settings, with increased willingness to care for patients with opioid use disorder
<table>
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<tr>
<th>Network # &amp; Hub location</th>
<th>Spokes</th>
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<tbody>
<tr>
<td>1</td>
<td>Lake County (1)</td>
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<td>El Dorado County (1)</td>
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<td>3</td>
<td>Siskiyou County (2)</td>
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<td>Contra Costa County (TBD)</td>
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<td>5</td>
<td>Sonoma County (1)</td>
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CA MAT Expansion Project

- $78 million allocated to CA H&SS treatment services
- 19 CA H&SS programs
- Over 85 Spokes covering 30+ counties
  - 7 out of the top 10 counties with highest opioid overdose rates
- First Learning Collaborative held on 9/25
- Services rolled out September-November 2017
CA H&SS

• Built off the strengths of the specialty methadone Narcotic Treatment Programs (Hubs) and the physicians who prescribe buprenorphine in office-based settings
• The Spoke is composed of at least one prescriber and an MAT team to monitor adherence to treatment, coordinate access to recovery supports, and provide counseling
• Patients can transfer between the Hub and Spokes
Required Treatment Services

- Prescribe and dispense all FDA approved MAT for a OUD
- Counseling
- Provide naloxone and training
- HIV and HCV testing and referral to services
- Case management
- Professional medical, social work, and mental health services, offered to patients onsite or by referral
- Recovery and/or peer support services
- Local access to maternal addiction treatment
- Serve as the subject matter expert on opioid dependence and treatment to the Spokes
- Utilize the OBOT Stability Index and the Treatment Need Questionnaire tool
All CA H&SS must submit an Outreach Plan which includes how the system will participate and collaborate with the 36 local county opioid safety coalition networks.
CA MAT Expansion Project

Funding specific to the American Indian and Alaskan Native Population

– Project Echo
– Suicide prevention
– Naloxone distribution to First Responders
– Culturally specific MAT Programs
– Needs Assessment, education and training
– Support for MAT Access Expansion under the Indian Health Program-ODS
Federal Opioid Resources

• Federal Grant Response: State Abstracts

• NIDA Opioid Overdose Crisis brief

• HHS: About the US Opioid Crisis

• NIDA’s Naloxone Resources webpage
• NIDA’s Treatment Approaches for Drug Addiction DrugFacts

• Substance Abuse and Mental Health Services Administration's Opioid Treatment Program Directory
Regional Opioid Resources

- Alaska
  - [http://dhss.alaska.gov/dph/Director/Pages/heroin-opioids/default.aspx](http://dhss.alaska.gov/dph/Director/Pages/heroin-opioids/default.aspx)

- Arizona
  - [https://www.azahcccs.gov/Resources/Grants/STR/](https://www.azahcccs.gov/Resources/Grants/STR/)

- California
  - [http://www.dhcs.ca.gov/individuals/Pages/State-Targeted-Response-to-Opioid-Crisis-Grant.aspx](http://www.dhcs.ca.gov/individuals/Pages/State-Targeted-Response-to-Opioid-Crisis-Grant.aspx)
  - [http://www.uclaisap.org/ca-hubandspoke/](http://www.uclaisap.org/ca-hubandspoke/)

- Hawaii

- Oregon
Learn more at ATTCNetwork.org