



NHS Human Services: PA Legislature: The Opioid Crisis

One Individual at a Time

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The Problem

- “The cat is already out of the bag!”
 - People are dying, younger and younger.
 - Access to prescription drugs is too easy.
 - Addiction is stigmatized.
 - Addicts are incarcerated rather than treated.
 - Funding is inadequate for treatment, community education and workforce development.

Proposed Solutions

1. Immediate impact to people already addicted and in need of treatment through funding for current services.
2. Early intervention and prevention for the many young people, Veterans, and others, at risk of further abuse and addiction.
3. Education to communities, families, schools at all levels, and the workforce.

Participant Experience

- Methadone to Buprenorphine (Suboxone)
 - Quality of life improvements for now 35 year old male over several years beginning in 2009, with several “ups and downs”:
 - Originally treated with methadone, transitioned to suboxone.
 - Earned GED, gained and sustained employment and an apartment, driver’s license and now a vehicle.
 - Currently titrating from very low dose of Suboxone while participating in outpatient therapy.
 - Possible candidate for newer medications, depending on medical insurance!

Participant Experience

- **Barriers to transition from methadone to Buprenorphine:**
 - Diversion of Suboxone pills and/or strips which are overly available “on the street” and have street value.
 - It is not unusual for a new participant to “owe” medication to street dealers and pay them back once they receive their initial prescription. This undermines stabilization.
 - Easy access to Suboxone on the streets undermines the integrity of therapy as a critical component to recovery, and is at the core of the licensed treatment provider establishing recovery plans.

Population Served

- The programs provide addiction treatment services within the framework of recovery to adolescents, adults, and families.
 - holistic
 - person-centered
 - strength-based
 - promotes hope
 - client choice
 - empowerment

Opioid Abuse Crisis

- **Community Impacts**

- Increases to high cost levels of treatment such as emergency rooms and inpatient treatment
- Excessive stress to law enforcement
 - Overcrowding in prisons due to addiction-related crimes for people untreated for substance use disorders
- Overuse of emergency response services
- Decreased work and education productivity
- Increased stress to the public welfare systems
- Deepening agony to families

Opioid Abuse Crisis

- Stigma towards medication-assisted treatment (MAT)
 - Practically no different than including insulin as a medication regiment to combat diabetes.
 - These opiate MAT approaches have better engagement and retention rates than abstinence-based models
 - 70% vs. 20% at 1 year from admission (The War on Stigma, 2016)

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- Community perception of clinics in their neighborhoods
 - Proactive outreach to key stakeholders (Police Departments, Politicians, and schools), active membership with community business associations and organizations, along with periodic community presentations and health education.
 - Public Safety meetings, and Good Neighbor protocols.
 - Implemented Bicycle Ambassadors to support participants community engagement and provide protection from predatory drug dealers.

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- Challenges to the Licensed Provider:
 - Multiple regulations from licensing, payer, and accreditation site visits.
- Solutions and Innovations:
 - Coordination of quality processes by Program Management with Practice Management, QCO/PQI, Professional Development and Education, Facilities and Maintenance, Human Resources, and the licensing bodies.
 - Pilot access to scholar shipped recovery house beds to examine the impacts of longer-term supported housing on recovery stability.
 - Organized focus on recovery-oriented, trauma-informed and person-centered engagement in the participant experience and workforce development.
 - Inclusion of evidence-based practices and newly approved medications
 - Strong enforcement of medication diversion control tactics.

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- Define “Recovery”:
 - MAT Advocate Chad Sabora: Did you harm another human being today? Did you put a needle in your arm? Whatever role you play in society, husband, wife, father, did you play that role? Did you do something to help another person today? Are you going to work every day? Are you a productive member of society? That's the definition of recovery. It's not do you take any medication? That's absurd if you actually think about that as the definition of recovery.

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- Funding

- No changes in Medicaid reimbursement rates in several years despite increased expenses in workforce and all operational items.
 - Difficult to compete for high quality staff across all disciplines.
- Commercial insurers do not cover methadone maintenance, only methadone pain management
 - Critical supportive therapy is too limited in many benefit packages. Inadequate number of outpatient session availability, often no intensive outpatient option, and very restrictive staff credentialing requirements.

Opioid Abuse Crisis

- Workforce Development

- *Jake Nichols, Pharm.D., MBA*

- We need to encourage and train more of the health care system to participate in the treatment of opioid use disorder. We still have tremendous issues with lack of education and judgment as it relates to this disease—that needs to be corrected in the initial phases of schooling/training. This is an epidemic, correct? If this were labeled as an infectious disease epidemic, you would have nurses, pharmacists, physicians, and every other health care provider unselfishly volunteering their time to help those in need. Why should the opioid epidemic be any different?

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- Behavioral Health Parity
 - Mental Health Parity and Addiction Treatment Equity Act signed into law in 2008
 - PA House Bill 2173 is currently before the PA House Insurance Committee
 - Parity implementation legislation that would address disparities in treating mental health and substance use conditions the same as we treat physical conditions

Opioid Abuse Crisis: HB 2173

- **Impose no new benefit requirements on private insurance companies.** This state legislation would simply direct the Insurance Department to monitor parity implementation and ensure compliance with existing law.
- **Increase compliance with the federal parity law at the state level and will save the state money by reducing reliance on public insurance programs.** Currently, when people develop a behavioral health condition and are unable to access appropriate care through their private insurance, they are told to enroll in Medicaid. Statewide legislation that directs the Insurance Department to implement the federal law will save the state money in the long run, as private insurance begins to provide more of the services they are required to cover.

Opioid Abuse Crisis: HB 2173 (Continued)

- **Enforce Parity and improve the lives of your constituents, as they are able to access the treatment they need.** One of the most common problems individuals and their families report is getting treatment when they need it, and understanding what behavioral health coverage they have through their insurance. Many people have rights to equitable care in the behavioral health system through the federal Parity law, but it is not being adequately enforced in Pennsylvania.
- **Bring Pennsylvania in line with other states.** Because states regulate their own insurance market, the federal government gives states primary authority to enforce Parity. Statewide legislation would bring us in line with other states and strengthen legislative oversight.

Opioid Abuse Crisis: HB 2173 (Continued)

- **Educate the public on their Parity rights.** Less than 5 percent of Americans are aware they have rights and are entitled to care under the law, and as a result, many consumers aren't appealing denied claims or request for services. This legislation will improve efforts to educate the public.

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- Housing

- Current Recovery Housing is limited to maximum length of stay is 90 days in an approved recovery house. The initial authorization for a participant in an intensive outpatient level of care is 4 months (120 days). This maximum of 90 days is inadequate to allow for stability, especially for a medication-assisted therapy participant to establish a holding dose.
- NHS is piloting access to scholar shipped recovery house beds to examine the impacts of longer-term supported housing on recovery stability.
- How would the possibility of an additional 6 months of recovery housing impact long-term recovery, such as reduce recidivism to expensive higher levels of care, incarceration and relapse?

Opioid Abuse Crisis

- Opportunities are Now!
 - Adequate funding: Invest for the long-term
 - HB2173 for parity and reimbursement to licensed providers
 - Workforce development and training for professionals on-the-job and through educational systems
 - Access to appropriate levels of care and support for early intervention
 - Longer stay in Supportive Housing

On-Site Services

- Intake/Assessment/Referral
 - No waiting lists
- Outpatient
- Intensive Outpatient
- Medication Assisted Treatment (Methadone , Buprenorphine, ER Naltrexone)
- Psychiatric evaluation and medication management
- Family therapy and education
- 12 Step meetings
- Peer Recovery Specialist support
- Peer Advocacy
- Naloxone Rescue kits to participants in collaboration with the NHS Life Tree Pharmacy

Specialty Services

- Adolescent IOP at 5000 Parkside and 4806 Frankford
- Forensic Intensive Recovery
- Latino tracks, inclusive of evenings at 4806 Frankford
- Gender Groups
- Seniors and Young Persons Groups
- Co-occurring services (SUD and MH)
- Recovery House continuum with NHS Fresh Start

Funding Sources

- Community Behavioral Health (CBH)
 - MCO
- Behavioral Health Special Initiatives (BHSI)
 - Uninsured and underinsured
- Federal Probation and Parole
- OAS Cost Reimbursement
 - Peer Support, Recovery Management, and Telephonic Outreach (limited to 2 sites)
- Self pay
 - Sliding scale determinations

Licenses and Accreditations

- PA Department of Health Department of Drug and Alcohol Program Licenses (DDAP)
- DDAP Methadone Monitoring
- DEA certified
- Council on Accreditation (COA)
- CBH Credentialed
- SAMHSA certified
 - CSAT OTP

Philadelphia Locations: Primary Services and Capacity

- 5000 Parkside Avenue
 - Methadone Maintenance (750), Drug Free (80) and Other Chemotherapy (53)
- 5429 Germantown Avenue
 - Methadone Maintenance (210), Drug Free (90) and Other Chemotherapy (53)
- 4806 Frankford Avenue
 - Drug Free (335) and Other Chemotherapy (68)
- 11082 Knights Road
 - Drug Free (135) and Other Chemotherapy (58)