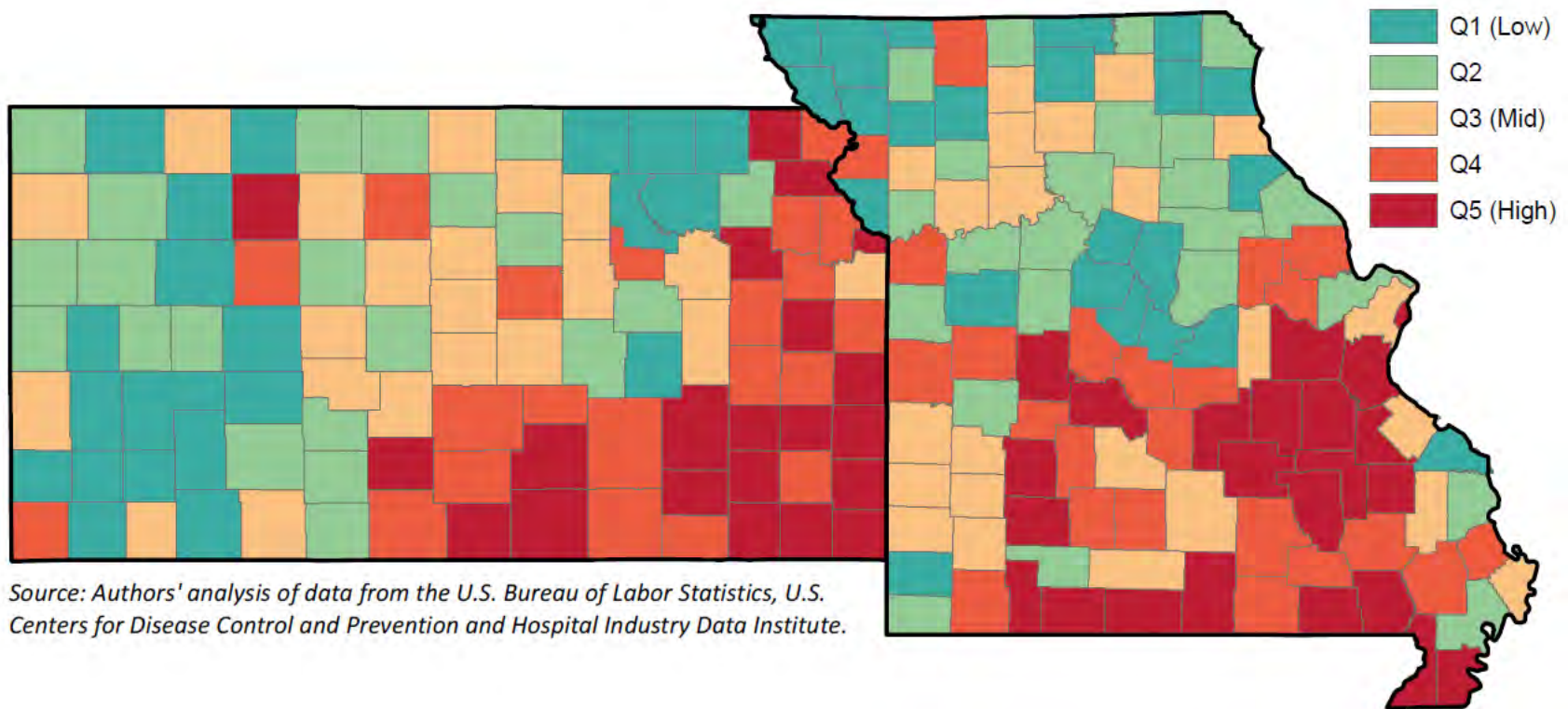


**State Opioid  
Response SOR  
Update  
(A provider's  
response)**

# Opioid Dependence Risk in Kansas and Missouri Counties 2016-2017



Source: Authors' analysis of data from the U.S. Bureau of Labor Statistics, U.S. Centers for Disease Control and Prevention and Hospital Industry Data Institute.

# Opioid Crisis Management Trainings

619

**Individuals attended  
OCMT trainings  
MIMH**

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## **OCMT Locations**

<b>St.Louis</b>	<b>Springfield</b>
<b>Columbia</b>	<b>Miner</b>
<b>KC</b>	<b>Moberly</b>
<b>Jefferson City</b>	<b>St. Charles</b>

**94** total consultations  
**62** organizations

# Where are we?

- State Targeted Response (STR) funding ended in the fall 2018
- State Opioid Response (SOR) started with caps and allocation amounts that has effected treatment and housing.
- Medication First model has been a beneficial model

# STR Nine Month Outcomes

- Treatment Retention on medication
- 6 month -14% went to 33%
- 3 month -27% went to 47%
- 1 month-49% went to 68%
- Costs -6 month-went from \$1608 to \$1192

# Outcomes continued

- Episodes of Care including meds. 45% to 85%
- Suboxone- went from 28% to 60%
- Med. Tracking:
  - Suboxone-4418
  - Methadone-440
  - Vivitrol-476
  - Naltraxone-486

# Outcomes from 2018

- 28 treatment agencies are funded, providing treatment at 44 sites
- Statewide, STR has provided treatment for 1922 individuals with OUD
- Of those , 1320 or 69% ,still are receiving treatment/support

# Outcomes-GPRA

- **70% follow up—309 Interviews**
- **At Intake:**
- 75% of clients ages 25-44
- 97% screened had co-occurring disorders
- 41% were injecting opioids (heroin) and meth
- 85% treated in outpatient ( mostly med first)
- **At 6 months:**
- 63% were employed
- 92% were in stable housing
- 86% were involved with supportive others



# Drug Court and medication

- 24<sup>th</sup>- went up to 14 funded
- 25<sup>th</sup>-has 2 in a very small caseload
- 42<sup>nd</sup>—has 8 funded
  
- Psychiatric medication is being accepted long term
  
- Medication for SUD is now accepted and not a discharge criteria that it ends.

# SOR (State Opioid Response) Medication for SUD, what have we learned?

1. Medication first, not medication only
2. Retaining clients longer
3. Acceptance of medication for SUD
4. Truly individualized care \*\*\*\*\*
5. Roll with barriers, adjust as you go
6. 2016 to 2017 -17% increase in overdose
7. 2017-2018—4% increase in overdose

# Experience Taught Us

- Peer Specialists are effective at engaging , for drug court clients also. ( drug court graduates are excellent candidates for Peer Specialists)
- Describing available psychosocial services helps engage, being very clear about what they need and how it can help.
- Engagement in psychosocial services must be based on stage of readiness to change. ( Drug Court has levels, treatment should be person centered.

# Experience Taught Us

- Involving family, significant others, probation, etc.. is crucial ( the drug court system of care is a model for this)
- Medication for SUD is expensive, there must be a plan for long term services and being on medication. ( not the same as traditional SUD care)

# A lot of working parts !!

- Scheduling ( physician/APN—Telehealth—Community Doctors)
- Labs then drug screens
- Pharmacy –( transportation)
- Routing of notes for billing
- Clients are late, Doctor/APN run late, no shows, Telehealth glitches, script issues, etc..
- We have changed our system for a better client experience over the life of STR/SOR

# Barriers

- Client barriers:
  - Continued substance use, refusal to come in or stay, refusal of psychosocial supports
- Staff barriers:
  - Belief that MAT is a reward or punishment
  - Inefficient scheduling and use of time client is on site

# Psychosocial Supports

- SOR and treatment court support similar services, should be treatment plan driven:
  - Community Support
  - IC services
  - Employment
  - Nursing
  - Trauma
  - Family

**Each client has a constant unique and updating set of needs, not an agency recipe guide to reach success.**

# Barriers Continued ( In STR/SOR, clients have no expectation of treatment)

- **Documentation**—making sure medication interventions and all clinical working on this are treatment planning and documenting competently. Justifying what you are doing for the client is key.
- No meandering
- No story telling
- No cut and pasting
- No shortcuts, or same file to file look



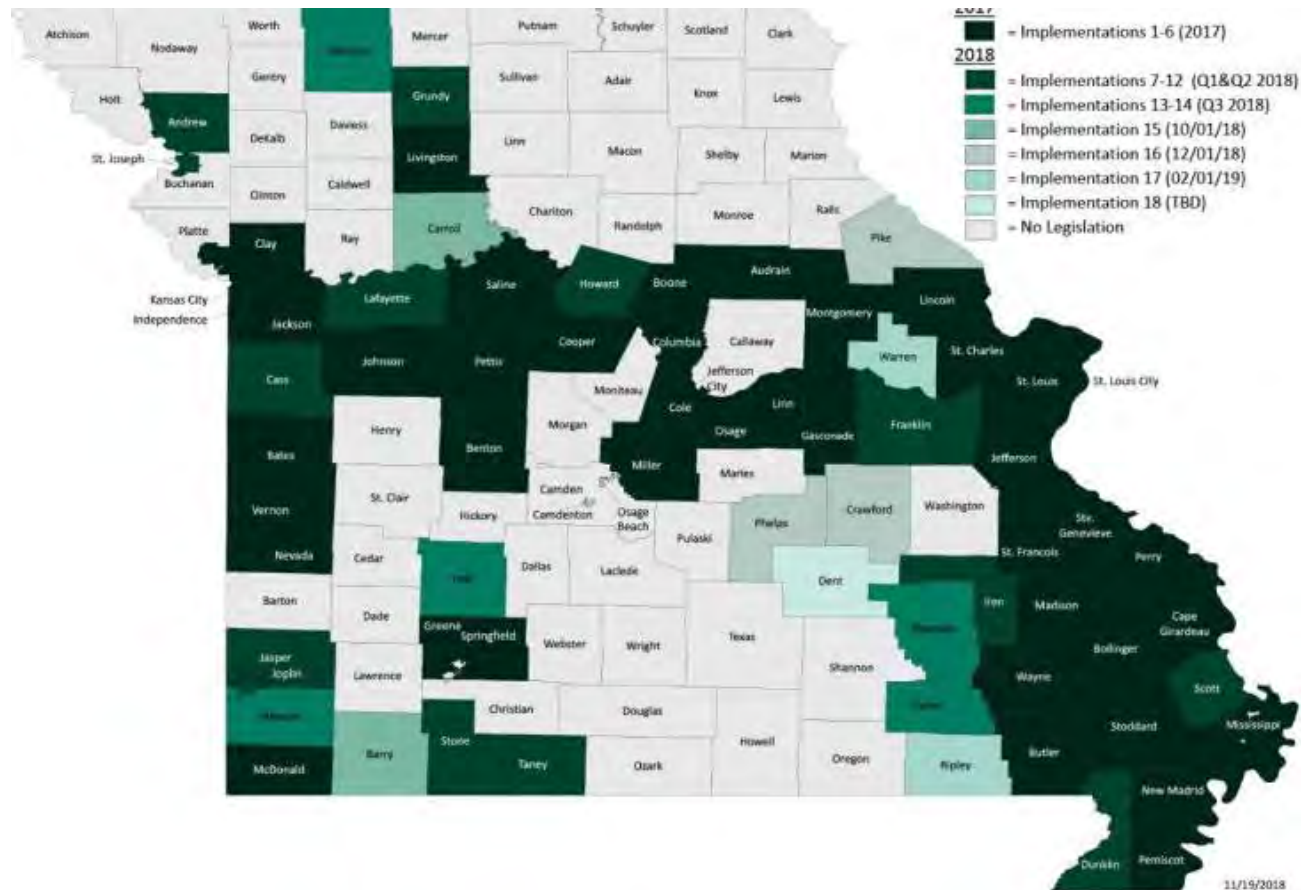
# Documentation

- Integration: Physical and behavioral collaboration—care coordination/management
- Person Centered—only what the client needs, not a set “level of services” phases?
- Treatment plans worked every session by all that meet with client. In client words.
- Some clients receive meds and see the nurse/CC and that may be it. Why not?

# Revised Opioid Rx Guidelines

Missouri, new opioid prescribing recommendations designed to guide hospital-based physicians' use have been adopted and released by a coalition of health care policy and advocacy organizations. The revised guidance reflects evolving best practices in the use of opioids for pain management and changes in the law designed to reduce the opioid addiction crisis.

# Prescription Drug Monitoring



# Naloxone Distribution

- Limited supplies of naloxone and training on Overdose Education and Naloxone Distribution (OEND) is available through the state. Naloxone can also be billed to the Opioid SOR program for an enrolled client. Contact DMH for more information

# Recovery Housing

- The contractor shall use only Recovery Housing approved by the Missouri affiliate of the National Alliance for Recovery Residences (NARR) when using the Transitional Housing service funded by this grant. The contractor must use NARR approved housing accepting of agonist and partial-agonist. At least 21 throughout the state.

# Recovery Community Centers

- Over 14,000 served
- 3569 activities offered
- 3000 Narcan kits distributed
- Outreached to 3296 people with OUD
  
- **Missouri Network for Opiate Reform and Recovery**
- **St. Louis Empowerment Center**
- **Healing House**
- **Springfield Recovery Community Center**

Questions???

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