Medicaid’s Role in Addressing Substance Use Disorders Through Innovative Care Pathways
John Knapp
Director, Federal Affairs
Children’s Hospital Association
The Honorable Deborah Lieberman
County Commissioner
Montgomery County, Ohio
Medicaid’s Role in Addressing Addiction: A Local Perspective

Montgomery County, Ohio, Commissioner Debbie Lieberman
Defining Addiction

Addiction is a chronic disease.

- Addiction is not a moral failing or a character defect.
- Like other chronic diseases, such as diabetes and heart disease, **addiction requires long-term treatment and often involves multiple cycles of treatment.**
Medicaid and Addiction

- Medicaid is a vital source of health coverage for individuals with addiction and accounts for 21% of all health care spending on substance use disorders nationwide.
- The expansion of Medicaid has provided low-income single adults access to health coverage for the first time.
- Approximately 29% of persons who receive health insurance coverage through the Medicaid expansion either have a mental health disorder, a substance use disorder, or both.
Montgomery County, Ohio – By the Numbers
Community Overdose Action Team (COAT)
Action and Response

Today’s Main Topics
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<tr>
<th>Rank</th>
<th>County</th>
<th>Number of Visits</th>
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<tr>
<td>10</td>
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Unintentional Drug Overdose Deaths

Montgomery County

<table>
<thead>
<tr>
<th>Year</th>
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<tr>
<td>2010</td>
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<td>2015</td>
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<td>2016</td>
<td>349</td>
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</table>
Community Overdose Action Team

Working Together To Combat Opioid Overdoses

- Steering Committee
- Joint Information
- Backbone
- Mont. Co. EOC
- Data
- Operations
- Planning

- Illegal Opioid Supply Control
- Prevention
- Education & Information
- Prescription Opioids
- Harm Reduction
- Treatment & Recovery
- Response
- Criminal Justice Services
First Year COAT Response and Outcomes
Education and Information

2016

Getting Recovery Options Working (GROW) provided outreach in East Dayton

DEA provided funding to the GROW Teams for resource distribution

2017

GROW Team expands to seven police departments

Dayton Police, Miamisburg and Fire/EMS added one full-time employee from each department to GROW

GROW Blitzes began

DEA 360 Strategy was implemented for Dayton
Harm Reduction

2016

Project DAWN and CarePoint complete first year of implementation

2017

Project DAWN expanded training to community agencies, community events and in the criminal justice institutions

Project DAWN trained business employees, volunteers or contractors to administer Narcan

Public Health partnered with Project DAWN to provide Narcan training to service entities
Harm Reduction

2016
Dayton Police Department was the first law enforcement department carrying Narcan

No law enforcement agencies were furnishing Narcan to the public

2017
Expanded to 20 law enforcement departments and 5 other first responder agencies.

Dayton Police Department, in partnership with Public Health is furnishing Narcan to the public
Treatment & Recovery

2016

8 subacute (residential) detoxification beds available county wide. Capacity to serve 415 people per year

Ambulatory (Outpatient) Detoxification Services operating during regular business hours, Monday - Friday

2017

14 subacute (residential) detoxification beds available countywide. Capacity to serve 730 people per year

24/7 Ambulatory (Outpatient) detoxification services operate at Samaritan Behavioral Health Inc.
Treatment & Recovery

2016

Zero Certified Peer Recovery Specialists

4 ADAMHS contracted recovery housing providers with capacity for 20 female & 5 male beds

2017

20 Certified Peer Recovery Specialists; 47 are in the process of becoming certified

7 ADAMHS contracted recovery housing providers with capacity for 45 females and 43 men
Criminal Justice Services

2016

No Narcan training for people being released from jail and local diversion programs

1.5 FTE for court ordered behavioral health assessments for people incarcerated in the county jail

2017

Project DAWN provides monthly trainings at the jail and other local facilities for people preparing to be released from the incarceration

2.2 FTE for court ordered behavioral health assessments for people incarcerated in the county jail
Where We Are Going
Next
Unintentional Drug Overdose Deaths
Montgomery County – 2017

As of 12/7/2017

* Preliminary
Mark Miller
Vice President of Behavioral Health
Swope Health Services
Swope Health Services

• Providing care since 1969, Swope is a Federally Qualified Health Center (FQHC) and serves over 40,000 people a year in the Kansas City area.

• While there are many positive aspects about our community, we also struggle with high crime, poverty and addiction. A typical client at Swope has many needs, not just one.

• We strive to meet those needs with an integrated approach, regardless of a client’s ability to pay

• If you walked into our building today, you could get treated for chronic diabetes and high blood pressure, get your medication, get prenatal care and childhood immunizations, get help to quit smoking, see a psychiatrist and an addiction counselor, get help finding affordable housing and much more.
Medicaid Makes Addiction Care Possible

• While we do have local and state grants to pay for some addiction care, these grants often put limits on who can get care.

• Grants also have shifting priorities; each has its own application and data collection; these must be put together each year like a puzzle

• Grants often pay for one type of service to one type of client which makes it hard to provide comprehensive care

• This funding is important but it cannot replace the role of Medicaid.
CCBHC’s and Expanding Addiction Care

• One way Medicaid is really helping us reach more people is the new Medicaid innovation called Certified Community Behavioral Health Clinics or CCBHC’s.

• Eight states, including Missouri, are participating in this effort to bring together all the elements of mental health and addiction care, integrated with primary care.

• This program demonstrates that Medicaid can provide a flexible environment for innovation, based on the needs in each state – and providers/states are accountable for outcomes.
CCBHC Impact

• Missouri has added significant capacity to treat addictions. In Missouri alone this includes at least 29 new psychiatrists and 25 staff with an addiction specialty, just in the first 6 months.

• Expansion at Swope Health Services includes new adolescent treatment services and Medication Assisted Treatment for those withdrawing from opioid addiction.

• Prior to CCBHC our clients had to leave their community in order to receive these services.
CCBHC Impact - Opioid Treatment

**Missouri CCBHCs' activities to expand opioid treatment capacity**

- Hired new staff with an addiction specialty/focus or trained existing staff in new addiction-focused competencies: 90%
- Expanded existing Medication-Assisted Treatment (MAT) program: 60%
- Began offering Medication-Assisted Treatment (MAT): 50%
- Implemented screening protocols for opioid use disorder: 50%
- Hired peer recovery specialists to provide recovery support: 50%
- Trained staff or community partners in naloxone administration: 40%
- Launched other opioid treatment or recovery initiatives: 10%
CCBHC Impact, continued

• The payment flexibility of CCBHC’s has allowed our organization to eliminate wait times for entering services, to recruit and train new staff, and to focus on post-hospital follow-up to prevent repeated hospitalizations.

• What it all means: One example is a client who had to make a 250 mile round trip for Suboxone treatment prior to CCBHC. He can now get services in his community.
Medicaid Matters

• Our clients achieve the best outcomes when we treat their addictions, mental illness and physical health conditions together.

• The fact is, Medicaid is a primary component in helping us keep our doors open.
In Conclusion

• Medicaid is a critical source of comprehensive, community-based health care.

• Medicaid makes it possible for us to provide easily-accessible and quality health care services while developing new innovative ways to reach patients and deliver services.

• As you look for solutions to the addiction crisis, I urge you to look to the Medicaid program for new opportunities to help patients.
Mishka Terplan, MD

Professor Departments Obstetrics & Gynecology and Psychiatry
Virginia Commonwealth University

Addiction Medicine Consultant
Department Medical Assistance Services, Medicaid, Virginia
WOMEN, BABIES, AND THE OPIOID EPIDEMIC: OPPORTUNITIES IN MEDICAID Pregnancy and the Addiction Treatment Gap

Mishka Terplan, MD, MPH, FACOG, FASAM
Professor, Departments Obstetrics & Gynecology and Psychiatry
Virginia Commonwealth University
Addiction Medicine Consultant
Department Medical Assistance Services, Medicaid, Virginia

Medicaid’s Role in Addressing Substance Use Disorders Through Innovative Care Pathways
Partnership for Medicaid
December 12, 2017
Medicaid and Pregnancy
By the Numbers

• Medicaid is the largest payer of maternity care
  – 48% of US births covered by Medicaid

• Among women with an opioid use disorder
  86% of pregnancies unplanned
  – Compared with roughly 46% in general population

Heil S et al., *J Subst Abuse Treat*, 2011
What happens when women who use drugs get pregnant?

National Survey Drug Use and Health 2013/2014 Past Month Use Data
All pregnant women are motivated to maximize their health and that of their baby-to-be. Those who can’t quit or cut back likely have a substance use disorder. Continued use in pregnancy is pathognomonic for addiction.
Addiction: A Brain-Centered Disease Whose Symptoms Are Behaviors

Salient Feature: Continued use in spite of adverse consequences
Addiction Life Course

Reproductive Health Life Course

The Pregnancy Box
Treatment of OUD in Pregnancy: Integrated and Comprehensive

- Prenatal Care
- Medication
- Behavior
Comprehensive Care (PNC + SUD treatment) Works

- Methadone treatment during pregnancy + comprehensive prenatal care reduced OB risk to a comparable level of “non-addicted” women of similar socio-medical circumstances

Strauss et al., AJOG, 1974
Pregnant Women: A Priority Population

• “Because it is crucial that pregnant women engage in treatment for their addictions, OTPs should give priority to admitting pregnant patients at any point during pregnancy and providing them with all necessary care, including adequate dosing strategies as well as referrals for prenatal and follow-up postpartum services.” (Federal Guidelines for Opioid Treatment Programs, 2015)

• Pregnant women – don’t need to meet DSM criteria for use disorder to receive MAT (TIP 43)
Pregnant Women: A Priority Population?

- Overall <20% of women who need treatment received it
- Among women with recent drug use, pregnant women are more likely to need treatment (OR 1.92 [1.46, 2.52])
- But no more likely to receive it (OR 0.90 [0.54, 1.51])

There is no evidence that pregnant women receive preferential access to treatment.
Receipts of Pharmacotherapy for Opioid Use Disorder during Pregnancy TEDS 1996-2014

Pregnant women with OUD
Pregnant women with OUD receiving MAT

[Graph showing percentage of admissions over years]
• GAO (2015): “the program gap most frequently cited was the lack of available treatment programs for pregnant women…”

• Overall provision of women-centered services in drug treatment facilities declined 2002-2009 (43%-40%, p<0.001)

• As did services specific for pregnant or postpartum women (19% in 2002 to 13% in 2009)
National Efforts to Improve Care for Pregnant Women with Opioid Use Disorder

• ACOG/ASAM recommend universal screening for substance use as part of comprehensive obstetric care

• ACOG/ASAM training ob-gyns to prescribe buprenorphine, but treatment gaps remain

• ACOG leading national collaborative of 14 states to expand treatment options for pregnant women with SUD
States where pregnant women have been prosecuted for drug use

The first known indictment of an American woman for drug use in pregnancy was in California in 1977.

Women prosecuted for drug use during pregnancy in all states but: DE, IA, ME, RI, VT

https://projects.propublica.org/graphics/maternity-drug-policies-by-state
## State Policies on Substance Use During Pregnancy

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<tr>
<th>Policy</th>
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<td>Substance Use Considered Child Abuse</td>
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<td>Substance Use Grounds for Civil Commitment</td>
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<td>Mandatory Reporting</td>
<td>23+DC</td>
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<td>Targeted Programs for Pregnant Women</td>
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<tr>
<td>Pregnant Women Given Priority Access</td>
<td>17+DC</td>
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<tr>
<td>Pregnant Women Protected from Discrimination</td>
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What Can Congress Do?

Preserve the Medicaid program

Single largest payer of maternity care
One of the largest payers of addiction treatment

The Medicaid program must maintain the ability to respond to emergencies like the opioid epidemic
What Can Congress Do?

Coverage needs to match the illness:
Episodic care for chronic disease management is ineffective

Coverage must extend into time of new family formation:
Cessation of coverage following delivery is unethical
The Future

• The opioid epidemic will wane – but addiction will remain
  – There will be another drug epidemic
• We need to make sure that we use this moment to
  – Truly treat addiction as a disease - decriminalize drug use – roll back the War on Drugs
  – Stop discriminating against people with addiction – humanize our discourse, our language
  – Make sure that systems are in place assess and treat women and their families with the highest quality of care and with dignity and compassion
Rosalind McCrory
Medicaid Patient Advocate
Rosalind McCrory

Patient Advocate
Health Care for the Homeless
(Baltimore)
Medicaid’s Role in Addressing Substance Use Disorders Through Innovative Care Pathways

For more information visit: www.partnershipformedicaid.org
Partnership Resources

AFL-CIO
American Academy of Family Physicians
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American Dental Association
American Dental Education Association
American Health Care Association
America’s Essential Hospitals
Association for Community Affiliated Plans
Association of Clinicians for the Underserved
Catholic Health Association of the United States
Children’s Hospital Association
Partnership Resources

Easterseals
The Jewish Federations of North America
Medicaid Health Plans of America
National Association of Community Health Centers
National Association of Counties
National Association of Pediatric Nurse Practitioners
National Association of Rural Health Clinics
National Council for Behavioral Health
National Health Care for the Homeless Council
National Hispanic Medical Association
National Rural Health Association