



EXPANDING ACCESS TO TREATMENT

through support of the 21st Century Cures Act

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Increasing Access to Medication Assisted Treatment (MAT) and Other Treatment Services

<u>The 21st Century CURES Act</u> enacted by Congress in December 2016 recognized that states need significant help to combat the opioid epidemic across the nation. It is designed to modernize health care through enhanced innovation,

research and communication, leading to better patient outcomes. The Act also makes new funding available to states to combat the prescription opioid and heroin crisis through the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA's State Targeted Response (STR) to the Opioid Epidemic grant provides up to \$970 million to states and territories over a two year period.

As one of the states hit hardest by the opioid epidemic, Ohio is among the largest recipients of grant funding. Beginning May 1, 2017 through April 30, 2019, Ohio has received \$26 million per year that focuses on several core principles, one of which is increasing access to treatment, including MAT. Among the various barriers to increasing access to treatment, there is a growing need for services for pregnant mothers with an opioid use disorder (OUD). To more effectively treat this population, integrative care is critical to ensuring that patients are appropriately linked with MAT in addition to other maternal and behavioral health services.

Integrative care is also significant in providing access to MAT for patients that come into the emergency department, as there is a need for referrals to treatment as well as

immediate MAT induction to help reduce continued opioid use among addicted patients. Additionally, rural counties face challenges in finding MAT prescribers within their communities and struggle to meet the treatment needs of their residents. A main goal in increasing access to treatment is to implement a system of care in which patients that come into contact with various healthcare providers, are able to also receive immediate access to MAT and other addiction treatment resources and supports.

Case Managers for Clinical Care Coordination in the Emergency Department

Starting in SFY 2018, case manager positions have been created within hospital emergency departments that offer MAT induction with buprenorphine. Patients with OUDs receive clinical care coordination from the case manager to assist in implementing a seamless system of care. Case managers engage with physicians and other healthcare staff to coordinate interim MAT for patients that are unable to receive immediate services through a community treatment program. Patients that are not clinically appropriate to receive MAT or prefer to be prescribed methadone are referred to behavioral health treatment services appropriate to their needs.

Patients that do not follow-through with treatment are encouraged to participate in harm reduction programs and

offered assistance with linkage to services. Case managers also provide linkage to community resources and recovery supports as appropriate to each client's need.

Three emergency departments received grant funding for this program in SFY 2018: MetroHealth, Summa Health Barberton Emergency Department, and Coshocton Regional Medical Center. In SFY 2019, MetroHealth and Summa Health recieved an another year of funding through April 30, 2019 and the program was expanded to an additional three emergency departments: Adena Health System, University of Toledo Medical Center, and Good Samaritan Hospital Bethesda Emergency Department. The program assists emergency departments in developing protocol for treating patients with an OUD, increasing patient access to MAT, and decreasing stigma related to addiction and MAT among healthcare providers.









Expansion of Maternal Opiate Medical Supports (MOMS) Programming

OhioMHAS is supporting opioid treatment program (OTP) providers to implement and provide Maternal Opiate Medical Supports (MOMS) services to pregnant women with an opioid use disorder. MOMS is an approach targeted at improving maternal and fetal health outcomes, improving family stability, and reducing costs of Neonatal Abstinence Syndrome (NAS) by providing treatment to pregnant mothers with opiate issues during and after pregnancy. The program utilizes a Maternity Care Home (MCH) model of care, which emphasizes team based healthcare delivery, focusing on care coordination and wrap-around services that engage expecting mothers in a combination of counseling, MAT, and case management. Care coordination includes collaboration between OTPs, women's healthcare providers, and social service providers. Patients

involved in the MOMS program receive timely access to appropriate addiction and mental health services, including intensive home-based or residential treatment, during and after their pregnancy.



Five OTP providers received grant funding to implement the program in SFY 2018: CommQuest Services, Inc., Meridian HealthCare, The Zepf Center, Crossroads, Health Recovery Services, Inc. Providers engaged in technical assistance, training, and learning community events that were led by CompDrug, who served as the trainer for the program. In SFY 2019, the program was expanded to an additional three OTP sites, including: Community Health Center, CompDrug, and eXclusive Services. Additionally, Mansfield UMADAOP has taken on the training and technical assistance responsibilities. Data is being collected at each MOMS site so that an evaluation of patient and infant outcomes can be conducted.

Filling the Gaps in Rural Communities through Telehealth

In an effort to combat the barriers related to accessing MAT within rural communities throughout Ohio telehealth services are being implemented and offered for patients with OUDs. Telehealth utilizes telecommunication technology to provide access to healthcare services remotely. It is a helpful tool for addressing the lack of resources for treating individuals with opioid use disorders, particularly in rural communities. Telehealth is offered through the establishment of telemedicine hubs that provide MAT services, including induction and maintenance, to individuals living in rural counties with high overdose rates and fentanyl deaths. Telemedicine hubs link with behavioral health agencies located within the counties of service in order to provide integrative care and coordinate services among each patient. The hubs also offer other treatment services for patients that do not have access to a provider in the

community or if there is a long wait list for services. OhioMHAS has partnered with <u>BrightHeart Health</u> to establish the hubs in Ohio and coordinate telehealth services for patients.

Implementation of Psychosocial Supports Academy

OhioMHAS is sponsoring a psychosocial supports academy that will provide training and mentorship on evidence-based treatment practices. The opportunity targets licensed clinicians such as social workers, counselors, chemical dependency specialists, and other disciplines that offer clinical treatment to patients with substance use disorders. A total of thirteen live, interactive trainings are being offered throughout SFY 2019. Trainings cover topics such as cognitive behavioral therapy, contingency management, relapse prevention, and motivational interviewing.

In addition to training opportunities, all attendees will have access to follow up mentorship calls that will help to reinforce skills learned, discuss and manage common successes and challenges, and offer additional education and support. The academy is intended to assist clinicians in developing and building upon clinical expertise to use evidence-based practices as part of their work with OUD patients. This initiative aims to increase expertise and clinical skills within the workforce to further expand quality services and overall patient access to comprehensive treatment that has proven to be effective.







