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## Addressing the Opioid Crisis Innovative State Responses

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### Introduction

Health centers increasingly address the Social Determinants of Health for their patient population through partnerships and linkages to local housing and service resources. Health centers serve individuals with opioid use disorders who may be in the homeless crisis response system which includes emergency shelters, transitional housing or supportive housing. The recent increase in federal funding to address the opioid crisis presents health centers the opportunity to expand partnerships with supportive housing and substance use disorder providers.

Several states are implementing innovative practices and working with health centers and primary care providers to treat patients with opioid use disorders (OUD). This brief summarizes promising practices in three states; explores a managed care organization's work with its members to address the opioid epidemic; and ways for health centers to incorporate these practices into their OUD services.

### Overdose Opioid Response Strategy: Rhode Island

In 2015, Rhode Island Governor Gina Raimondo convened a task force to focus on saving lives in response to one of the highest rates of accidental overdose death rates in the country. The task force focused on prevention with the main goal of decreasing the number of overdose deaths. The plan<sup>1</sup> has four strategies: treatment, rescue, prevention and recovery. The treatment strategy is to increase the number of people receiving medication-assisted treatment (MAT) each year, and since 2013, the numbers have steadily increased. The rescue strategy is to increase the number of publicly available Naloxone kits, and their goal of surpassing 10,000 kits statewide was met in both 2018 and 2019. The prevention strategy is to decrease the number of people receiving opioid/benzodiazepine prescriptions, and their goal of fewer than 40,000 people was achieved in 2017. Finally, the recovery strategy to increase the number of people receiving peer recovery services and the number of trained peer recovery specialists has shown a steadily increasing supply of services and trained specialists.

Rhode Island was the first state to make peer recovery specialists available to respond to overdoses 24/7 in the emergency department. Rhode Island also made peer recovery services a Medicaid billable expense and part of a service bundle through their integrated health homes (IHH). The state created Behavioral Health Link (BH Link), a partnership between the Department of Behavioral Healthcare Development Disabilities & Hospitals (BHDDH), Horizon Healthcare Partners and Community Care Alliance. BH Link Services created a 24/7 crisis

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<sup>1</sup> <https://preventoverdoseri.org/the-task-force/>

response with physical location triage, which includes recovery support provided by peers, hotlines, and mobile capacity.<sup>2</sup>

Rhode Island has emphasized the immediate availability of MAT to anyone who needs it statewide and has also provided MAT at the Department of Corrections. The state is creating one-stop locations for buprenorphine access and connecting patients to ongoing care in the community.

### **Pennsylvania Responds to the Opioid Epidemic**

Pennsylvania Governor Tom Wolf has also prioritized efforts to address the opioid epidemic in the Keystone state. Prioritizing communities with the highest overdose rates, Pennsylvania used federal opioid funding to pilot projects providing evidence-based case management, tenancy support services and rental assistance through the State Opioid Response (SOR) Support Services Navigation & Housing Services grant. Distributed to 16 primary grantees serving 17 urban and rural counties across the Commonwealth, the primary goal is providing services to those who need it most, including individuals who are experiencing homelessness and unemployment. During the first year of the project, a total of 1,891 individuals were screened for services and 1,105 individuals were enrolled in the program. Of those enrolled, 362 individuals received short term rental assistance and 240 individuals received assistance with security deposits and utilities.<sup>3</sup>

Although this appears to be the first state to use opioid funding specifically for housing, there are many Department of Housing and Urban Development (HUD)-funded organizations that are targeting supportive housing to people with substance use disorders. This presents an opportunity for health centers to reach out to and work with tenants in supportive housing on opioid prevention and treatment.

### **Medication First and Healthcare Interventions for OUD in Missouri**

Missouri is focused on enhancing substance use disorder (SUD) services throughout the state.<sup>4</sup> They have adopted a medication first model, which provides MAT prior to long assessments or treatment planning. They will also approve maintenance MAT without arbitrary tapering or time limits. To increase access to MAT for uninsured individuals with OUD, they are ensuring rigorous provider training, direct service delivery, healthcare integration and improved transitions of care in hospital and outpatient settings. To address systemic barriers, Missouri is working with Medicaid to relax many of the buprenorphine limitations and to provide MAT training to health care providers, emergency responders and other key community sectors. Health centers unfamiliar with MAT can access this training<sup>5</sup> and provide better care to its patients with OUD.

#### **State Innovations**

- Using peer recovery specialists and having them available 24/7 in emergency departments- Rhode Island
- Immediate availability of MAT- Missouri
- Training all health care providers on MAT - CareSource
- Paying for case management and rental assistance for people with OUD - Pennsylvania

<sup>2</sup> <https://www.bhlink.org/>

<sup>3</sup> DHS-OMHSAS SOR Support Services Navigation & Housing Services Grant Annual Report- FFY 2019

<sup>4</sup> <https://mohopeproject.org/about/mission-and-scope/>

<sup>5</sup> <https://mohopeproject.org/training/what-we-offer-2/>

## A Medicaid Managed Care Response to OUD

CareSource, a nonprofit health plan, serves low income populations across multiple states<sup>6</sup> hard hit by the opioid crisis. To address the crisis, CareSource reduced the number of opioid prescriptions to members, increased the use of alternative/non-pharmacological options for pain management, worked with members to educate them on the misuse of opioids and identified members at risk of abuse of opioids. As of June 2018, MAT prescribing increased by over 50%, and member opioid prescriptions have been reduced by 40%.<sup>7</sup>

Other innovative initiatives undertaken by CareSource include funding focused case management to remove additional barriers to becoming self-sufficient, such as employment, child care and vocational training. CareSource has also expanded into working with recently released offenders from the justice system to address their physical and substance use disorder needs.

## Health Center Connections

Health Care for the Homeless (HCH) grantees are required to offer addiction services and serve a low-income population with an overrepresentation of OUDs. As federal funding has increased exponentially to address the opioid epidemic, states and managed care organizations are leading the way in trying out new options for deploying this funding.<sup>8</sup> Health centers can benefit from these innovations by reaching out to treatment and recovery centers and supportive housing providers to coordinate the care of members and patients.

All three states highlighted in this brief are dedicated to providing training to primary care providers to increase the use of MAT and make providers more comfortable with providing care to patients with OUD. Health centers who are not HCH funded can seek out training offered by states to increase the care they provide to individuals with OUD.<sup>9</sup>

Although health centers *can* provide SUD services, many health centers do not provide MAT. There is room for health centers to:

- Add to or maximize their capacity to provide MAT;
- Review their prescribing protocols for opioids; and
- Educate their patients on alternatives to pain management as these strategies can decrease the use of opioids.

Health centers with HCH funding are uniquely positioned to provide care to individuals with OUD because health centers understand harm reduction, are usually low barrier to access, are comfortable with SUDs, and familiar with trauma and high-need clients. These health centers can be proactive and reach out to substance use disorder providers and homeless providers to offer assistance with harm reduction training. Health centers can also collaborate with local justice initiatives to provide primary and behavioral healthcare to those leaving jails and prisons.

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<sup>6</sup> CareSource serves Medicaid members in Georgia, Indiana, Kentucky, Ohio and West Virginia.

<sup>7</sup> <https://www.caresource.com/about-us/news-media/news/caresource-successfully-cuts-opioid-use-by-forty-percent/>

<sup>8</sup> <https://nasadad.org/2019/12/final-fy-2020-appropriations/>

<sup>9</sup> <https://www.hrsa.gov/behavioral-health/behavioral-health-technical-assistance-bhta>

## Conclusion

More states and managed care organizations are prioritizing services to address the opioid epidemic which makes it an opportune time for health centers to be a valued partner in those efforts. Innovative programming coming from states and managed care plans forge the way for health centers to increase their use of MAT, flexibly provide substance use services, and address social determinants of health. Health centers are uniquely positioned to implement innovations and make an impact on the opioid crisis.

## ABOUT CSH

CSH is the national champion for supportive housing, demonstrating its potential to improve the lives of very vulnerable individuals and families by helping communities create over 335,000 real homes for people who desperately need them. CSH funding, expertise and advocacy have provided \$1 billion in direct loans and grants for supportive housing across the country. Building on nearly 30 years of success developing multi and cross-sector partnerships, CSH engages broader systems to fully invest in solutions that drive equity, help people thrive, and harness data to generate concrete and sustainable results. By aligning affordable housing with services and other sectors, CSH helps communities move away from crisis, optimize their public resources, and ensure a better future for everyone. Visit us at [csh.org](http://csh.org).

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