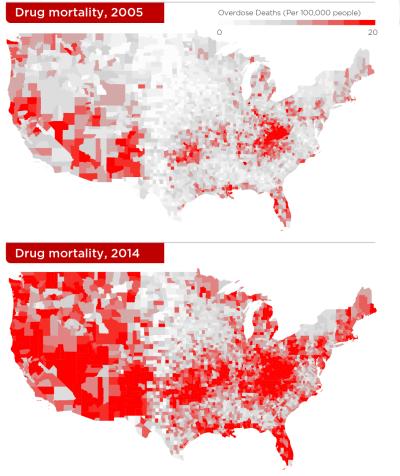
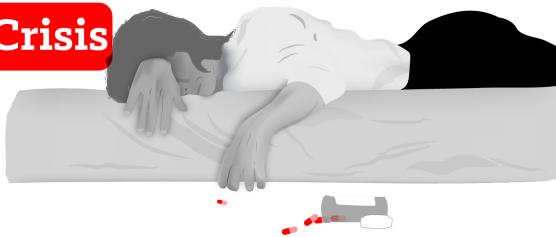
America's Opioid Crisis

The stunning spread of the opioid painkiller and heroin epidemic in two maps over 10 years.

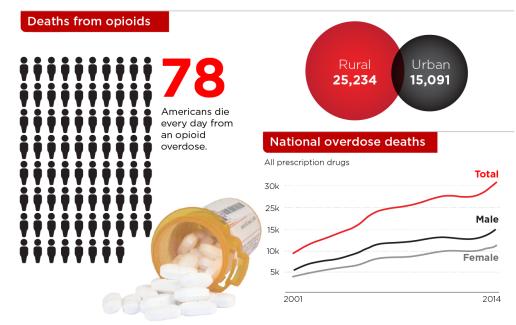


Sources: Centers for Disease Control and Prevention, National Institutes of Health



A challenge for cities, counties and states

The rise in prescription opioid and heroin addiction is causing an increase in overdoses as well as more cases of HIV/AIDs and hepatitis C.







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Speakers

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- Commissioner Matt Bell, Weber County, Utah
- Ms. Sarah Wattenberg, Office of National Drug Control Policy, the White House
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National Association of Counties: Treatment Strategies to Reduce Opioid Use June 16, 2016



Sarah A. Wattenberg

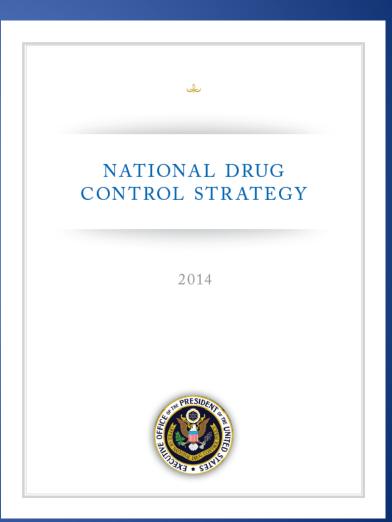
Office of National Drug Control Policy

Office of National Drug Control Policy

- Component of the U.S. Executive Office of the President
- Coordinates drug-control activities and related funding across the United States Government
- Produces the U.S. Government's annual National
 Drug Control Strategy

National Drug Control Strategy

- Prevent drug use
- Expand access to treatment
- Reform criminal justice system
- Support Americans in recovery



Opioids and Overdoses

Taylor Smith, of Holly Springs, Georgia, Died in 2013 at Age 20 from Overdose



Medication-Assisted Treatment EXPANDING ACCESS

Medications Currently Available

For Opioid Use Disorder

- Methadone
- Naltrexone (Vivitrol)
- Buprenorphine
- Buprenorphine/Naloxone

For Alcohol Use Disorder

- Disulfiram
- Naltrexone
- Acamprosate
- Naltrexone Depot

For Nicotine Use Disorder

- Nicotine Replacement Therapies (NRT)
- Bupropion
- Varenicline











Federal Actions

Federal Actions

- HHS prescriber training
- SAMHSA/private sector buprenorphine providers
- HRSA health centers
- CDC opioid guidelines
- CMS demonstration projects
- Presidential Parity Task Force

• 1.1. BILLION

Check Us Out Online



On the Web WhiteHouse.gov/ONDCP

> On Twitter (a)ONDCP (a)Botticelli44

On Facebook "Americans in Recovery"

National Association of Counties

Opioid Crisis Virtual Town Hall Series: Treatment Strategies

Presented by Tom Trabin, Ph.D., M.S.M. Alameda County Alcohol and Drug Program Administrator



June 16, 2016

Brief Overview of Alameda County, California

San Francisco Bay Area, including Berkeley, Oakland, Hayward, Pleasanton, Fremont

Serving population of 1.5 million

Over 100 languages spoken, with one of the most diverse populations per capita in the United States

Brief Overview of Substance Use System of Care

Extensive Continuum

Basic Services

• includes outpatient, intensive outpatient, residential treatment, recovery services, and recovery residences. Some specialty services for men only, women only, perinatal, older adult and youth.

Contracted NTP Organizations

•provides methadone and individual counseling across 7 sites throughout the county

Sobering Center and Social Model Detox

•receives people for less than 24 hours of safe sobering, more than half of whom then enter Social Model Detox next door for several days

Integrated Behavioral Health within Primary Care

•integrated behavioral health services within primary care teams across 30 FQHC sites providing mental health and alcohol and drug screening, brief intervention and/or referral into specialty treatment.

Brief Overview of 2015 Projected Substance Use Utilization

- 13,000 admissions into substance use treatment
- Nearly 9,000 unduplicated clients accessing some form of substance use treatment
- 3,000 unduplicated clients accessing narcotic treatment (methadone)

Brief Overview of Current Funding Sources

Approximate Current

\$12M: Drug Medi-Cal (DMC) combined local match and Federal Funds Participation (FFP)

- **\$9M:** SAMHSA Substance Abuse Prevention and Treatment Block Grant
- \$8M: County funds

\$4M: Other

Approximate Anticipated

Projected 35% increase in combination of state and local funds and matching FFP with advent of DMC Waiver

Preparing an Organized Delivery System



Grants to expand use of MAT

- HRSA recently awarded to three FQHCs in Alameda County a Substance Use Service Expansion Award grant for MATs
- Previously the county participated in a SAMHSA grant-funded pilot for buprenorphine training pilot

Barriers for buprenorphine prescribing

Primary Care Physicians can prescribe for pain but need a specialty waiver from NTP regulations for treatment of addiction, including an 8-hour course certification

Buprenorphine is not covered by health plans, only by state Medi-Cal fee for service

• Pharmacists sometimes get confused and deny sale to patients

Narcotic Treatment Programs have physicians to prescribe buprenorphine but regulatory and funding support is not yet in place in California and many other states

Common primary care physician concerns treating patients with opioid addictions

- •Regard some patients with opioid addictions as unreliable and problematic
- •Anticipate a time-consuming and complex induction phase to determine proper dosing
- •Uneasy managing the risks of possible complications/side effects without specialized training

Plans to address physician concerns about use of MATs in primary care

Set up Buprenorphine Induction Center at Highland Hospital Pain Management and Functional Restoration Clinic • Already prescribes buprenorphine treatment for pain; helpful synergies are anticipated Stabilize patients on proper dosing Develop criteria for referrals to primary care FQHCs and to NTPs for maintenance dosing Expand current capacity of behavioral health clinicians and clinician extenders integrated into the primary care teams at FQHCs, and enhance their substance use training Hire an addictionologist to provide consultations to the primary care physicians when complications arise in any of

their patients taking buprenorphine

Practical recommendations for county leaders

Encourage mutual respect by providers of MATs and nonmedication treatments for SUDs, and require coordination for clients treated concurrently by both approaches

Build SBIRT capacity in primary care

Consider establishing a buprenorphine Induction Center with criteria-based referrals for maintenance dosing, and consultation support from an addictionologist to encourage PCP prescribing

Provide consultation and training to PCPs in MAT prescribing and billing, and in how to work more comfortably and effectively with patients who have opioid addictions

Further Recommendations

Establish partnerships with local FQHCs where most patients may eventually receive maintenance MAT

Establish partnerships with local NTPs who may act as valued partners for more challenging consumers of for those who may transition back and forth between buprenorphine and methadone.

Provide education and training to non-MAT treatment providers regarding the value of MAT and how to work more effectively with clients who are being treated through MAT

Consider ways to adopt 2016 CDC Opioid Guidelines including possible automatic review of clients receiving: chronic opioids, both opioids and benzodiazepines, or high opioid doses

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Kenton County Detention Center's

JAIL SUBSTANCE ABUSE PROGRAM

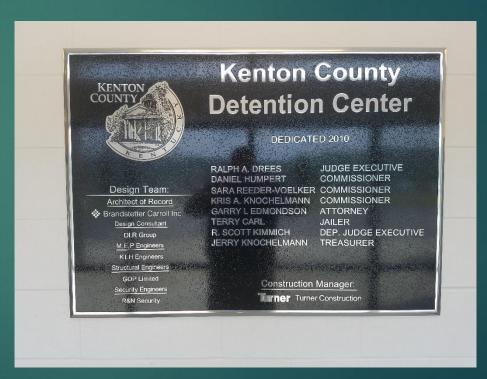
Program Components

- Full-Time Programing
- Evidence-Based Cognitive Behavioral Therapy
- Peer-Driven Therapeutic Community
- Medically Assisted Treatment
- Links and Referrals to Community-Based Services



Outcomes

- 197 Completions with 17 Reoffenders
- 31 Vivitrol Injection with 2 Reoffenders
- Outcomes indicate a 91% success rate for individuals who are released in compliance and do not reoffend in Kenton County, Kentucky.
- Success rates increase to 94% for those utilizing Medication Assisted Treatment as part of their treatment plan.



Sept 1st, 2015 – June 1st, 2016

Mr. Terence William Carl

Kenton County Jailer (859) 363-2411 Terry.Carl@kentoncounty.org

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