



OPIOID STR

A TOOLKIT FOR STATES

Center for Evidence-based Policy

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OPPORTUNITIES FOR SSA & MEDICAID COLLABORATION

The recent passage of the 21st Century Cures Act included \$500 million for states to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid deaths through prevention, treatment, and recovery activities for opioid use disorder. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has issued a [Funding Opportunity Announcement](#) (FOA) for FY 2017 State Targeted Response to the Opioid Crisis grants. The grants are not competitive and funding will be distributed to each state's Single State Agency for Substance Abuse (SSA) upon submission of an acceptable application for funding. These applications are due by February 17, 2017.

This FOA provides an opportunity for Medicaid and the SSA to coordinate efforts and resources to make each state's application stronger, and to effectively address the opioid crisis. The FOA application allows states to propose ways in which the two agencies can work together to improve services for the people who desperately need them. In addition, the FOA includes the following statements:

The program supplements activities pertaining to opioids currently undertaken by the state agency or territory and will support a comprehensive response to the opioid epidemic using a strategic planning process to conduct needs and capacity assessments. The results of the assessments will identify gaps and resources from which to build upon existing substance use prevention and treatment activities. Grantees will be required to describe how they will expand access to treatment and recovery. Grantees will also be required to describe how they will advance substance misuse prevention in coordination with other federal efforts such as those funded by the Centers for Disease Control and Prevention (CDC). Grantees must use funding to supplement and not supplant

The Center for Evidence-based Policy (Center), housed at Oregon Health & Science University, is a national leader in evidence-based decision making and policy design. The Center works with federal, state, and local policymakers in more than 20 states to use high-quality evidence to guide decisions, maximize resources, and improve health outcomes. Established in 2003, the Center works with a wide range of stakeholders to improve public policy through innovation, collaboration, and use of best evidence.

One of the Center's projects is the Medicaid Evidence-based Decisions (MED) project. MED is a collaboration of 18 state agencies that produces reports, and other tools, to help state policymakers make the best, evidence-based decisions for improving health outcomes. The reports provide valuable evidence about effective treatments as well as information about harmful or unnecessary services. MED participants have access to policy and evidence resources that support sound decision-making with unbiased analyses of complex issues. MED participants have access to:

COLLABORATION

EVIDENCE & POLICY SUMMARIES

RAPID REVIEWS

POLICY REPORTS

WEEKLY UPDATES

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existing opioid prevention, treatment, and recovery activities in their state. Grantees are required to describe how they will improve retention in care, using a chronic care model. To the extent applicable, grantees should align STR prevention efforts with CDC's State's Opioid Program....

If you currently receive opioid-related funding from other Federal programs, you must coordinate activities to eliminate duplication of services and programs (e.g. MAT-PDOA, SPF-Rx, PDO, SABG, CDC's PDMP, etc.).

Medicaid is a major funder of substance use disorder services in most states. As a result, it is reasonable to expect that SAMHSA will be looking for assurances in state applications that the state is fully coordinating its activities.

This toolkit provides links to reports on topics that will help inform your state's application on a patient service level and on a systems change level:

PATIENT SERVICES

- Buprenorphine Treatment in Primary Care
- Medication Assisted Treatment
- Opioid Treatment during Pregnancy
- Peer Supported Services
- Urine Drug Testing
- Long-term Use of Vivitrol®
- Behavioral Health Supported Clinical Treatment

SYSTEMS CHANGE

- Naloxone Programs
- Medicaid SUD Services & Health Reform
- Policy Strategies
- Peer Support Services
- Supportive Housing
- Telehealth
- Residential Services on the Continuum of Care
- Primary Care Integration

We have mapped each report to the required and allowable activities outlined in the FOA. There are opportunities to provide a range of services to people with opioid use disorder. Since opioid use disorder can be intertwined with other chronic conditions, states' responses to the FOA may be an opportune time to consider whole-person treatment and recovery approaches. The Center is available to help states explore and consider these options.

We have also included additional resources on page 8 that highlight materials from other organizations to provide additional helpful information.



CENTER MED REPORTS FOR STR REQUIRED ACTIVITIES

SAMHSA’s Opioid STR grant is designed to supplement current state activities in prevention, treatment, and recovery support. The FOA outlines seven required activities that every state must address in their application. In the chart below, we’ve listed six of those activities for which we have reports with relevant information that you can share with your SSA for the development of your application.

Opioid STR Required Activity	Relevant MED Report (Year)	Notes
Develop a comprehensive state strategic plan to address the gaps in prevention, treatment, and recovery identified in the needs assessment	<u><i>Addressing Prescription Opioid Misuse and Abuse: Policy Strategies (2013)</i></u>	This report lists six strategies for reducing prescription drug misuse identified by the National Governors Association (NGA) in 2012. It describes how participating states have implemented policy initiatives, and highlights evaluations where they have occurred.
	<u><i>Redesigning the Substance Use Disorder Treatment Delivery System: Residential Services on the Continuum of Care (2016)</i></u>	This report describes the policymaking environment and state options for designing, implementing, and managing substance use disorder (SUD) treatment policies in Medicaid, including residential treatment benefits.
Design, implement, enhance, and evaluate primary and secondary prevention using evidence-based methods defined by SAMHSA or CDC proven to reduce the number of persons with opioid use disorder (OUD) and OUD associated deaths	<u><i>Best Practices in Naloxone Treatment Programs for Opioid Overdose (2015)</i></u>	This report summarizes information on community overdose prevention programs using naloxone by examining three exemplary state programs designed to increase the availability and use of naloxone rescue kits. It also reviews Medicaid coverage policies in 10 states for naloxone, highlighting linkages between community overdose prevention programs and Medicaid policy.
	<u><i>Urine Drug Testing for Patients Prescribed Chronic Opioids or with Substance Use Disorder (2016)</i></u>	This report provides a brief overview of evidence, guidelines, and payer policies regarding urine drug testing (UDT). Clinical practice guidelines recommend UDT at baseline and during continued monitoring of patients undergoing treatment for SUD.
Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly the use of medication assisted treatment (MAT)	<u><i>Buprenorphine for Treatment of Opioid Use Disorder in Primary Care (2014)</i></u>	Four case studies illustrate various delivery models and educational interventions that can improve primary care OUD treatment. State agencies can support these types of interventions and changes to the delivery system to improve access to effective addiction treatment.
	<u><i>Long-term Use of Vivitrol® to Prevent Relapse to Opioid Use Disorder: Effectiveness, Guidelines, and Policies (2016)</i></u>	This report describes evidence of effectiveness of Vivitrol®, three existing guidelines supporting its use for OUD, and coverage policies for Vivitrol® from ten Medicaid programs and three private payers, including PA criteria.
	<u><i>Treatments for Opioid Dependence During Pregnancy (2014)</i></u>	This report affirms the appropriateness of MAT in pregnancy to prevent maternal and fetal harm. Policy should discourage punitive legislation that would deter women seeking treatment.



Opioid STR Required Activity	Relevant MED Report (Year)	Notes
<p>Provide assistance to patients with treatment costs and develop other strategies to reduce or eliminate treatment costs for under- and uninsured patients</p>	<p><u><i>Buprenorphine for Treatment of Opioid Use Disorder in Primary Care (2014)</i></u></p>	<p>This report includes a payer policy review of buprenorphine coverage in all MED states (2014), three commercial payers, and Medicare. A detailed draft policy from WA is included as Appendix D. States may wish to consider whether their current policy for coverage of buprenorphine creates barriers to MAT.</p>
<p>Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings</p>	<p><u><i>Medicaid Substance Use Disorder Services and Health Reform (2013)</i></u></p>	<p>Part 1 of this report provides an overview of the essential health benefits (EHB) standards and their relationship to Medicaid coverage of substance use disorder services. MAT limits may not comply with the federal Mental Health Parity and Addiction Equity Act.</p> <p>Part 2 explores the impact of state Medicaid expansions on state and local agency roles and relationships, program administration, financing and delivery of substance use disorder services, in early expansion states Connecticut and Washington.</p>
<p>Enhance or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery</p>	<p><u><i>Peer Support Services in Medicaid for Patients with Mental Health and Substance Use Disorder Diagnoses: A Rapid Evidence and Policy Review (2014)</i></u></p>	<p>This report describes evidence for peer support in both mental health and SUD populations. Peer recovery support for SUD in the studies was associated with reduced relapse rates, increased treatment retention, enhanced patient satisfaction, and improved relationships with providers and social supports.</p>
	<p><u><i>Medicaid Substance Use Disorder Services and Health Reform (2013)</i></u></p>	<p>This report describes programs for peer support in Oklahoma and Alaska.</p>



CENTER MED REPORTS FOR STR ALLOWABLE ACTIVITIES

In addition to the required activities, the FOA outlines a number of allowable activities that states can include in their application. These additional activities are optional, and states can choose among those that most fit their needs. In the following chart, we've listed the allowable activities for which we have reports with relevant information that you can share with your SSA for the development of your application.

Opioid STR Allowable Activity	Relevant MED Report (Year)	Notes
Support access to healthcare services, including services provided by Federally certified opioid treatment programs or other appropriate providers to treat substance use disorders	<u><i>Integrating Primary Care into Mental Health and Chemical Dependency Treatment Settings (2014)</i></u>	People with serious mental illness and SUD frequently have limited access to primary care due to stigma and environmental factors. This report describes models in use to integrate primary care into mental health and chemical dependency treatment settings, and reviews evidence of their effectiveness.
Address barriers to receiving treatment by reducing the cost of treatment, developing systems of care to expand access to treatment, engaging and retaining patients in treatment, and addressing discrimination associated with accessing treatment, including discrimination that limits access to MAT	<u><i>Buprenorphine for Treatment of Opioid Use Disorder in Primary Care (2014)</i></u>	This report includes a payer policy review of buprenorphine coverage in all MED states (2014), three commercial payers, and Medicare. A detailed draft policy from WA is included as Appendix D. States may wish to consider whether their current policy for coverage of buprenorphine creates barriers to MAT.
	<u><i>Medicaid Substance Use Disorder Services and Health Reform (2013)</i></u>	Part 2 of this report explores the impact of state Medicaid expansions on state and local agency roles and relationships, program administration, financing and delivery of substance use disorder services, in early expansion states Connecticut and Washington.
	<u><i>Medication Assisted Therapy for Opioid Addiction (2015)</i></u>	This report describes lack of evidence for optimal duration of MAT. It describes 2008 NICE guidance on tapering and detoxification from MAT, when desired by patients. It also describes lack of evidence for the effects of limiting MAT.
Support innovative telehealth in rural and underserved areas to increase the capacity of communities to support OUD prevention and treatment	<u><i>Telehealth and Medicaid: Challenges and Opportunities (2015)</i></u>	This report describes the various policy parameters Medicaid programs must consider as they develop and expand telehealth systems in their states and describes the strategies effective telehealth programs have used to design, implement, and evaluate their systems. It includes case studies of three programs that address SUD through telehealth.



Opioid STR Allowable Activity	Relevant MED Report (Year)	Notes
<p>Purchase naloxone for distribution in high need communities, if necessary, and training first responders, substance use prevention and treatment providers, and others on the use of naloxone</p>	<p><u><i>Best Practices in Naloxone Treatment Programs for Opioid Overdose (2015)</i></u></p>	<p>This report summarizes information on community overdose prevention programs using naloxone by examining three exemplary state programs designed to increase the availability and use of naloxone rescue kits. It also reviews Medicaid coverage policies in 10 states for naloxone, highlighting linkages between community overdose prevention programs and Medicaid policy. It reviews how state statutes regarding criminal and civil liability have changed to encourage the wider use of naloxone treatment for overdose.</p>
<p>Enhance the State Prescription Drug Monitoring Program (PDMP), working with CDC grantees where applicable, to increase use of PDMP data (where appropriate)</p>	<p><u><i>Addressing Prescription Opioid Misuse and Abuse: Policy Strategies (2013)</i></u></p>	<p>This report describes model practices to maximize the use of PDMPs, and gives detailed information on Kentucky’s “Gold Standard” PDMP (Appendix C).</p>
<p>Establish and/or enhance statewide and community-based recovery support systems, networks, and organizations to develop capacity at the state and local levels to design and implement peer and other recovery support services as vital components of recovery-oriented continuum of care</p>	<p><u><i>Complex Care Interventions to Address Social Determinants of Health (2016)</i></u></p>	<p>Housing First programs focused on the highest risk individuals and integrating physical and behavioral health care and substance use treatment appear to have the best evidence. This report includes case study of Bud Clark Commons in Portland, OR, a 130-unit permanent supportive housing development.</p>
	<p><u><i>Peer Support Services in Medicaid for Patients with Mental Health and Substance Use Disorder Diagnoses: A Rapid Evidence and Policy Review (2014)</i></u></p>	<p>This report outlines how state Medicaid programs have structured coverage for peer support.</p>
	<p><u><i>Redesigning the Substance Use Disorder Treatment Delivery System: Residential Services on the Continuum of Care (2016)</i></u></p>	<p>This report describes the policymaking environment and state options for designing, implementing, and managing SUD treatment policies in Medicaid, including residential treatment benefits. Includes case studies of California, Maryland, and Missouri; which used different approaches to design of SUD treatment delivery systems.</p>



ADDITIONAL RESOURCES

FOA & APPLICATION MATERIALS

- [Opioid STR: Initial Announcement](#)
- [Opioid STR FOA—Frequent Asked Questions](#)

OFFICE OF NATIONAL DRUG CONTROL POLICY RESOURCE GUIDE ON PAY FOR SUCCESS & THE OPIOID EPIDEMIC

- [Another Tool in the Toolbox: Pay for Success](#)
- [Deploying the Pay for Success Model to Help Address the Opioid Epidemic in the United States: An Opportunity for State and Local Action](#)

U.S. SURGEON GENERAL

- [Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health](#)
- [Perspective: Ending the Opioid Epidemic – A Call to Action \(NEJM\)](#)
- Turn the Tide [website](#)

STATE RESOURCES

- Names and Websites for each state's [Single State Agency](#) for substance abuse
- Governor-Led [initiatives to address opioid epidemic](#)
- [Drug use statistics](#) by state

IN THE NEWS

- [Rural Areas of Colorado Hit Hard by Opioid Epidemic](#), *Rocky Mountain PBS News*, December 30, 2016
- [Drug Firms Make Millions by Sending Opioid Pills to W.VA., Report Says](#) – *NPR*, December 22, 2016
- [The Children of the Opioid Crisis](#) – *Wall Street Journal*, December 15, 2016
- [Where Hepatitis C Rates are Seven Times the US Average – And a Cure is Kept out of Reach](#) – *STAT News*, November 14, 2016 (illustrates connection between HCV and the opioid crisis)



The Center for Evidence-based Policy (Center) is a national leader in evidence-based decision making and policy design.

The Center provides state-specific technical assistance in a variety of forms, including system design and implementation, as well as stakeholder engagement. The Center uses data and evidence as levers to engineer approaches that address health policy challenges. Through these efforts, we have worked with states on systems and project design and by facilitating strategic planning process, including stakeholder engagement, needs and capacity assessments, and identification of evidence-based practices matched to the needs and gaps in states.

STAKEHOLDER ENGAGEMENT

The Center works to ensure that diverse and relevant perspectives are considered by engaging policy leaders, decisionmakers, and consumers. Through this approach, we achieve stakeholder buy-in and transparent decision-making, resulting in well informed, relevant, and actionable plans.

EVIDENCE

The Center creates the context for responsible policy development by synthesizing findings of pertinent scientific studies and bringing clarity to complex issues. Our commitment to evidence and objective analysis has earned us the trust and respect of policymakers from across the political spectrum.

POLICY DESIGN

Evidence is necessary but not sufficient to truly resolving public policy challenges. The Center assists policy makers and leaders of all political stripes in using the evidence to inform their policy approaches. We help states to craft public policy solutions that fit their unique culture and reality; and we do it with an unwavering focus on outcomes and cost effectiveness.

If you are interested in learning more about our services to states, please contact:

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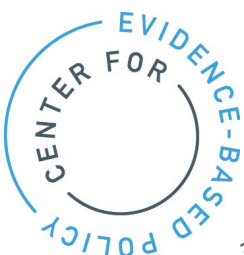
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Center for Evidence-based Policy
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