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Tennessee Department of Mental Health & Substance Abuse Services

Summit for Opioid Addiction and Response (SOAR)

August 1st, 2019

Our Vision and Mission

Vision

To be the nation's most innovative and proactive state behavioral health authority for Tennesseans dealing with mental health and substance abuse problems.

Mission

Provide, plan for, and promote a comprehensive array of quality prevention, early intervention, treatment, habilitation, and recovery support services for Tennesseans with mental illness and substance abuse issues.

Goal

To increase recovery pathways for Tennesseans with mental illness and substance use disorders by moving the needle on access to quality, effective and efficient services.

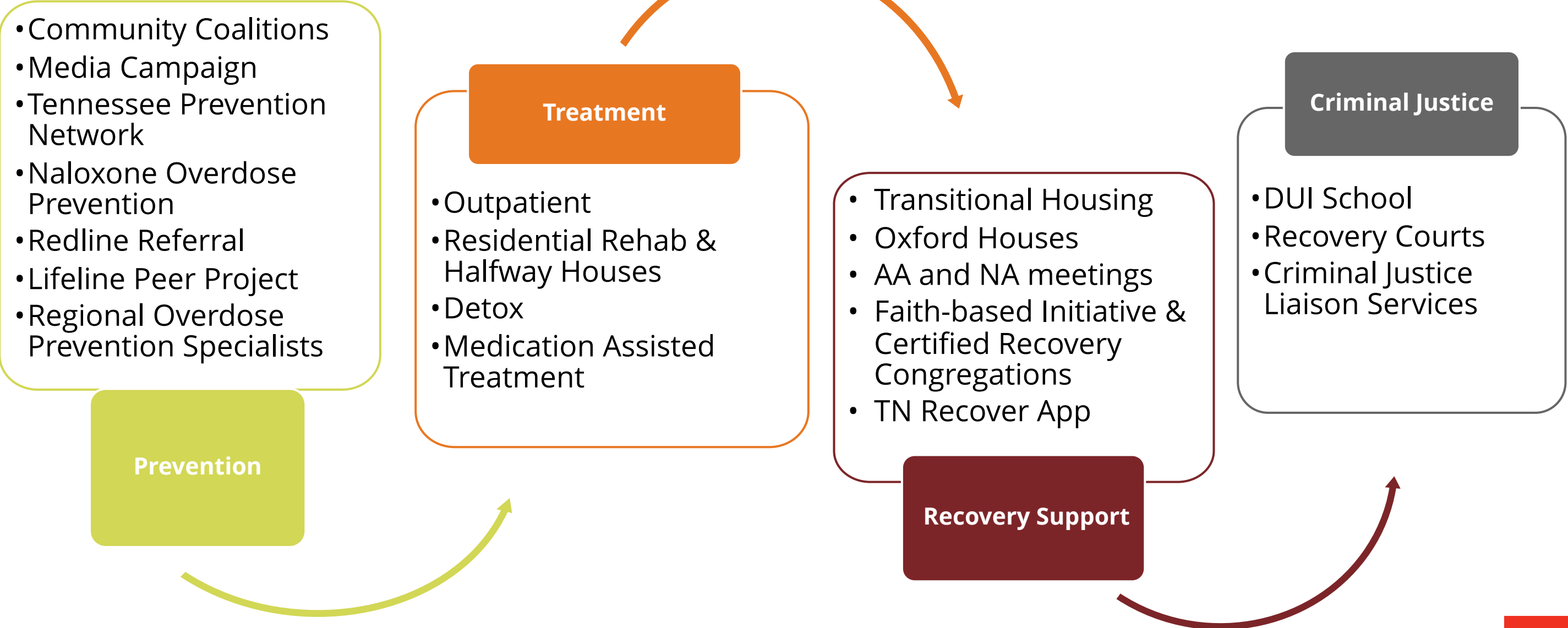




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Current Efforts

Highlighted Programs - Substance Abuse Services Continuum

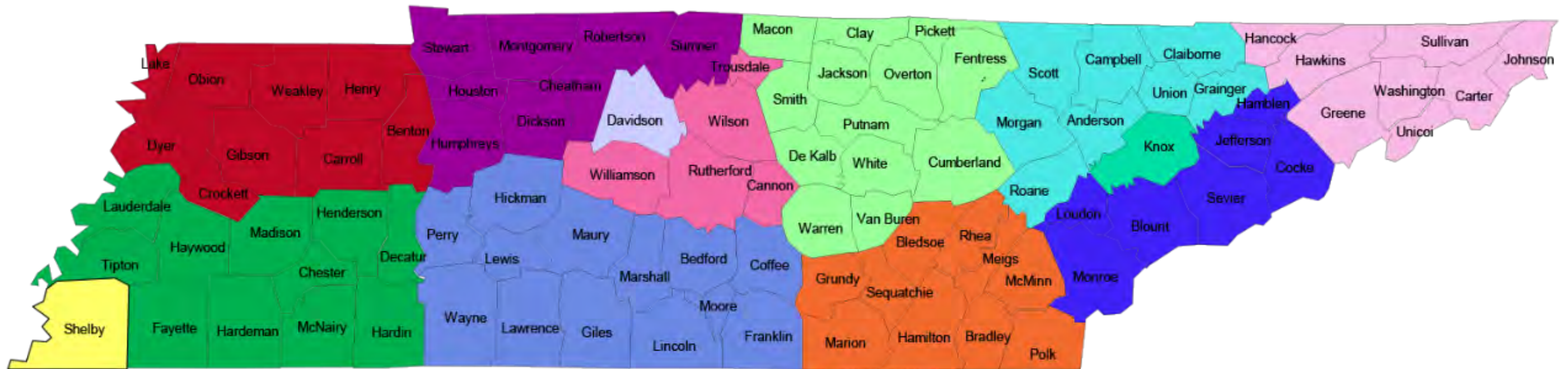




Regional Overdose Prevention Specialists (ROPS)

Regional Overdose Prevention Specialists

- 20 ROPS serving all areas of the state #



Regional Overdose Prevention Specialists

- Areas of Focus:
 1. Harm Reduction
 2. Addressing Stigma
 3. Increasing Public Awareness
- ' More than **50,000 units of naloxone** distributed. More than **5,000 documented saves**.
- ' Opioid Overdose Training – 21k+ lay people; 6k+ law enforcement
- ' Established 330+ (as of April 2019) prescription drug takeback boxes





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Media Campaign

Media Campaign – Main Messages

1. Addiction is a disease, not a moral failing
2. Addiction is a community issue that affects everyone
3. Everyone can contribute to help end the crisis
4. Substance abuse treatment resources are available
5. People of all walks of life are living in long-term recovery

TN  *ENDING THE
OPIOID CRISIS*
TOGETHER

Media Campaign – Angel and Malaiya’s Story



Media Campaign – Total Impressions

Television Impressions	54.6M
Digital Impressions	18.5M
Print Impressions	3.5M
Total Media Impressions	76.6M

Tennessee REDLINE Calls

- **14%** Year-to-year increase in call volume
 - April-Dec. 2017: 8,454
 - April-Dec. 2018: 9,644





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Medication Assisted Treatment (MAT)

Medication Assisted Treatment (MAT)

- Medication Assisted Treatment (MAT) works, however -
- It's not the only path to recovery
- SAMHSA has invested heavily in MAT
- MAT can:
 1. *Improve Patient Survival*
 2. *Increase Retention in Treatment*
 3. *Decrease Illicit Opiate Use and other Criminal Activity*
 4. *Increases Ability to Gain/Maintain Employment*
 5. *Improve Birth Outcomes among Women Living with SUD*

SAVE THE DATE

Friday, September 6, 2019

Second Annual

**MEDICATION
ASSISTED
TREATMENT**

Training Institute

Location:

Franklin Marriott
Cool Springs
700 Cool Springs Blvd
Franklin TN, 37067

**Focus: Creating
Connection**

3 TRACKS:

1. Clinical
2. Criminal Justice
3. Community

Registration:

Open now!
[https://mat2019.
eventbrite.com](https://mat2019.eventbrite.com)



Medication Assisted Treatment (MAT)

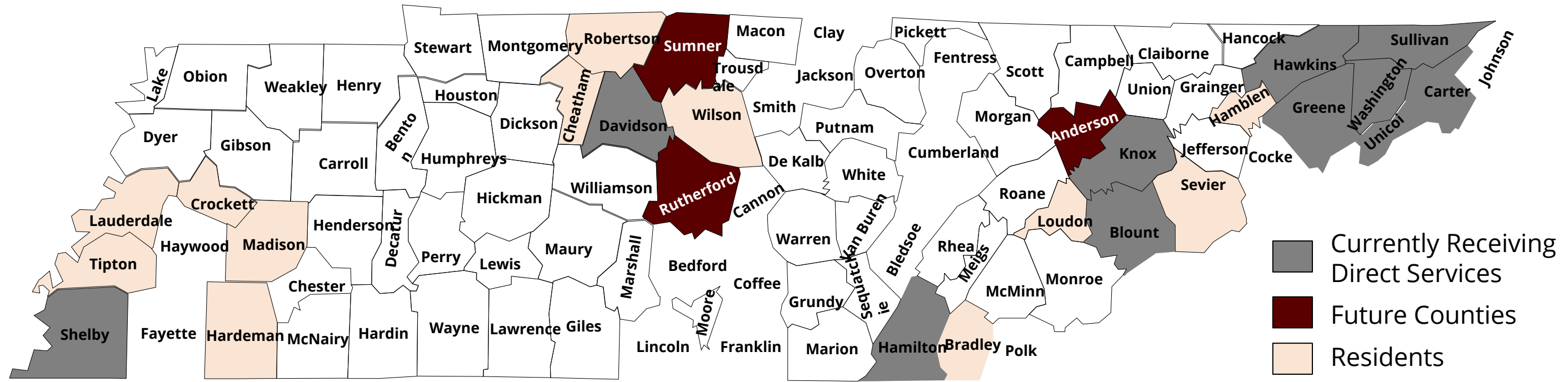
- ' There's more to MAT than the medication – it's part of a complete approach including counseling and other therapies for the whole person.
- ' We view MAT as a tool in the tool box – There's not a one-size-fits all, magic bullet solution to substance use disorder.
- ' Each person walks a different path to recovery, some employ MAT along with counseling and other therapies, some use an abstinence based approach.
- What we should celebrate is the end result—and that's a **life free from addiction.**





Tennessee Recovery Navigators

Where Are We – Counties with Navigators



Shelby

Arsania Holmes
 901-870-1661
Sherman Mason
 901-870-1665

Middle TN

Cheryl Coon
Ken Allison
Patrick Starnes
Sayle Hudson
 1-800-447-2766, Ext. 4

Southeast TN

Tracy McLain
 423-618-4024

East TN

Ashlee Crouse
Hope Johnson
 865-225-2220

Upper East TN

Monica Tucker
 423-963-2990
Polly Jessen
 423-307-4610

Tennessee Recovery Navigators are peers in long-term recovery who can serve as an access point to treatment and recovery resources. Their responsibility is to meet patients who have recently overdosed in the Emergency Department and connect them with the substance abuse treatment and recovery services they need.

Who Have We Served? June 1, 2018 – June 30, 2019

Over 700 patients served

Counties of Residence

- Homeless
- Bradley #
- Carter #
- Cheatham
- Crockett #
- Davidson #
- Greene #
- Hamblen #
- Hamilton #
- Hardeman #
- Hawkins
- Knox
- Lauderdale #
- Loudon
- Madison
- Robertson #
- Sevier
- Shelby
- Sullivan
- Sumner
- Tipton
- Unicoi
- Washington #
- Wilson

TDMHSAS Recovery Supports

Addiction Recovery Program and Faith Based Initiatives

Certified **481** faith-based "Recovery Congregations / Organizations"

Provided **4,713** Lifeline recovery trainings

Referred **8,734** people to treatment and recovery support services

Started **463** new recovery meetings





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Future Forward

Creating Homes Initiative: \$3,000,000

- ' Recurring funding for substance abuse recovery housing options
- ' Goal: Create up to **200 new housing opportunities** in first year
- ' New funds will support the hiring of 6 additional Regional Housing Facilitators
- State funding used as seed money to leverage other resources

CREATING HOMES INITIATIVE
A Proven Model

20,000+
Housing Opportunities Created

600 M
in Leveraged Funding
(Federal, State, Local, Grant, Foundation, etc.)

Since 2000 for people living with mental illness

Recovery Court Program Expansion: \$1,700,000

- ' Additional funding will expand services to approximately **20% more participants (About 500 people)**
- ' Of the individuals who successfully completed the program, **86% improved their employment situation.**
- ' Nearly all successful graduates (**96%**) **improved or maintained their housing situation.**

BY THE NUMBERS

Tennessee's Recovery Courts:

Substance Abuse: 46

Mental Health: 9

Veteran: 9

Juvenile: 8

DUI: 4

Family: 1

Human Trafficking: 1

TOTAL: 78

Women's Residential Recovery Court: \$2,000,000

- ' Replicating successes for male inmates at the Morgan County Residential Recovery Court
- ' Final outcomes similar to non-residential recovery courts
- ' \$500,000 of appropriation is non-recurring for startup costs

In FY17/FY18:

- **346 Men from 56 Tennessee counties participated in the MCRRC.**
- **235 Men (68%) completed the program**

Criminal Justice Liaisons: \$1,000,000

**Current Coverage:
17 CJL and 11 Case Managers
Counties Served: 32**

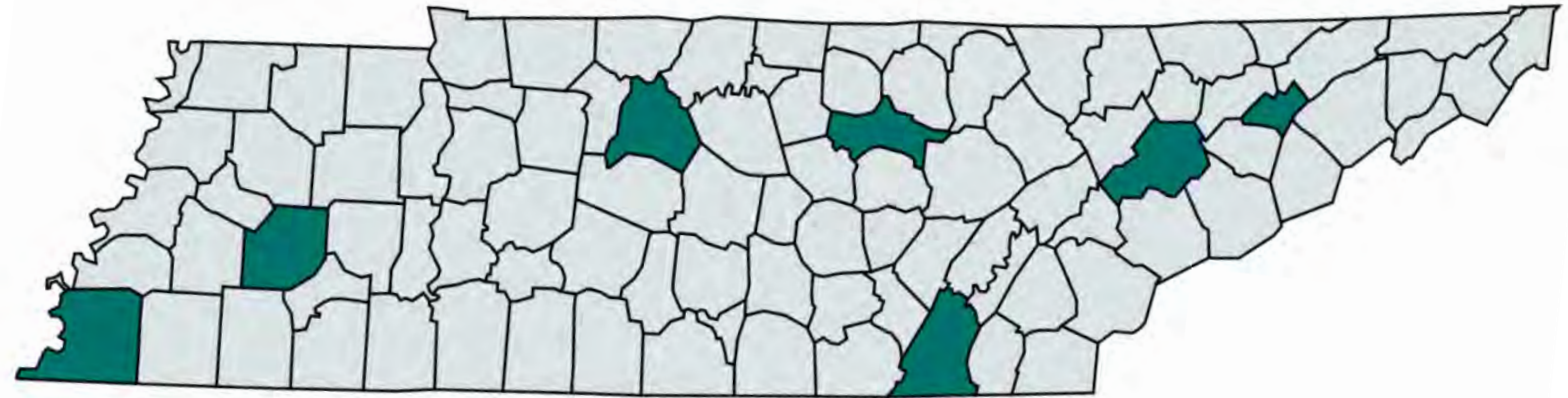
- Criminal Justice Liaisons are essential in successfully reintegrating people as they leave jail and return to their communities.
- With requested funding, TDMHSAS would **add 10 new Criminal Justice Liaisons to cover 42 additional counties.**
- Since FY14, CJLs have completed **12,552 release plans**
- In FY18, CJLs completed **2,797 release plans**

Pre-Arrest Diversion Infrastructure: \$1,500,000

- Funding in capital budget to expand programs to direct people to treatment instead of incarceration in underserved counties
- Appropriation will fund **one or two additional** locations
- **25% Local cash match** supplements state investment

Grantee counties funded by FY18 appropriation:

Davidson, Hamblen, Hamilton, Knox, Madison, Putnam, Shelby



From Sept. 2017 – Jan. 2019:

4,466 people diverted from jail
\$6,264,218 Estimated cost savings
to local partners

TN-ROCS: \$600,000

- Tennessee Recovery-Oriented Compliance Strategy
- Serves the gap population of people who **need substance abuse treatment** but don't meet the criteria for a Recovery Court program
- Proposed funding would add **6 new TN-ROCS programs**
- Estimated that additional programs could serve about **10 counties** and up to **450 more individuals** per year
- In this pilot year, the 5 existing programs have served about **230 individuals** (September 2018 to present).

**5 CURRENT PROGRAMS
SERVE 10 COUNTIES:
Rutherford, Warren, Van Buren,
McMinn, Monroe, Sevier,
Cocke, Jefferson, Grainger,
Sullivan**

Naltrexone in Recovery Courts: \$2,000,000

- Expands on previous success in pairing Medication Assisted Treatment with Recovery Court treatment regimen that started in FY17
- **302 individuals served since inception 7/1/16 - 12/31/18**
- MAT has proven to decrease overdose deaths, drug use, disease rates, and criminal activity, and recidivism.

Program open to
all recovery courts

Currently used by

26 Courts

serving
58 Counties

Community Behavioral Health Medical Director: \$350,000

- Goal: To connect people in crisis with local community providers thereby **decreasing the number of inappropriate hospitalizations.**
- Currently across the state, **20-25 hospitals employ protocols** developed in partnership with the Tennessee Hospital Association.
- Early results show **decreased referrals** to inpatient hospitalization, **increased connections** to community resources.





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Barriers/Opportunities

Barriers/Opportunities

- **' Increased need for prevention**
- **' Sustainability of new treatment resources**
- **' Closing the gap**
- **' Thinking beyond opioids**





TENNCARE OPIOID STRATEGY %

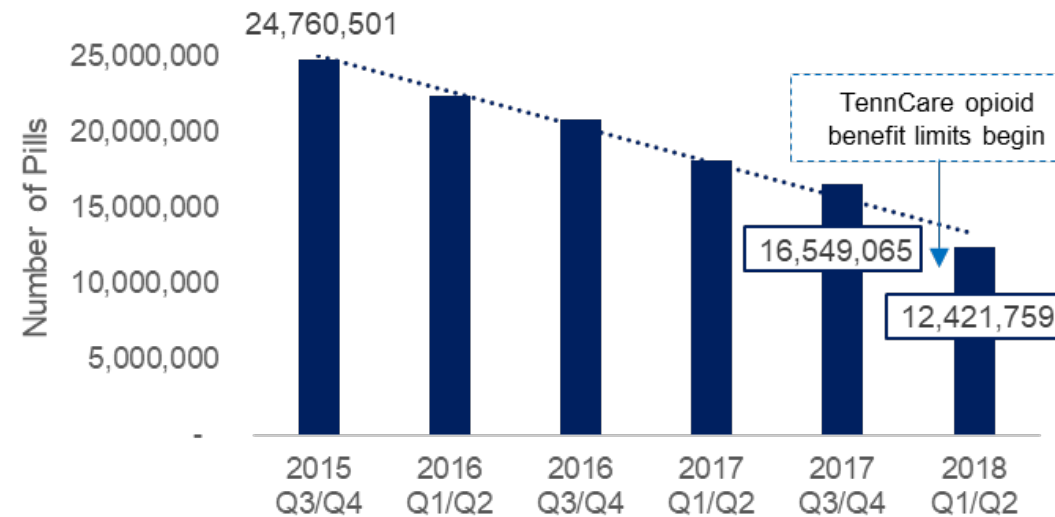
TennCare's Opioid Strategy

Primary Prevention

limit opioid exposure to prevent progression to chronic opioid use

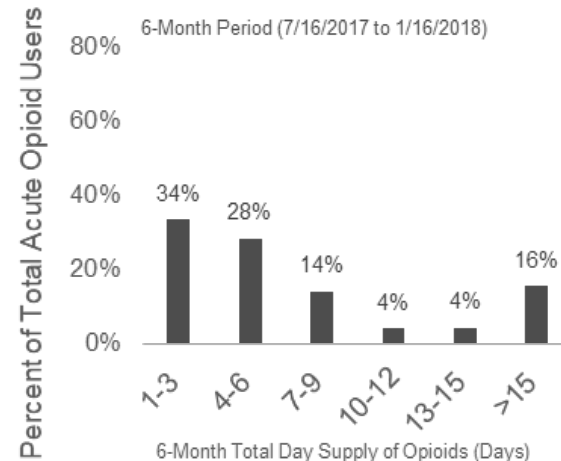
- 'Dosage and day coverage allowances on opioid prescriptions for naïve and acute users.
- 'Increased prior authorization requirements for opioid refills.
- 'Increased access to nonpharmacological pain management and clinical services, such as physical therapy.

Number of TennCare Opioid Pills Dispensed



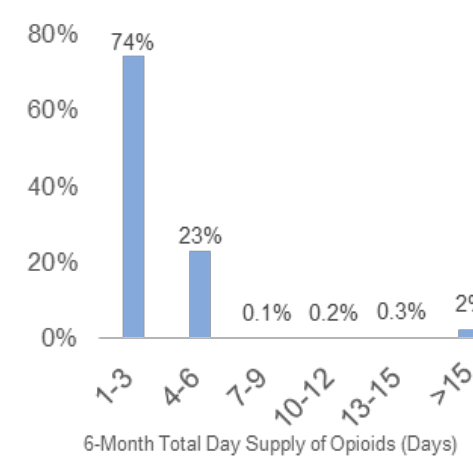
TennCare has **cut the number of opioid pills dispensed by about half** in the last three years.

Days Supply Before TennCare Benefit Limit



Days Supply After TennCare Benefit Limit

6-Month Period (1/17/2018 to 9/30/2018)



About 97% of all first time and acute opioid users are **now receiving 6 days or less of opioids** after new limits implemented.

*Values are rounded and may not add to 100%

TennCare Coverage Benefit#

Limits on Opioid Prescriptions

Members may receive opioid prescription coverage for up to **15 days in a 180-day period**.

Prescription	Day supply	Maximum Dose Per Day	Prior Authorization
1 st fill in 180 day period	5 day (short-acting opioid)	40 MME	No prior authorization needed
After 1 st fill in 180 day period	10 day (maximum)	40 MME	Prior authorization needed

Exceptions to Benefit Limits on Opioid Prescriptions: '

- **Sickle cell disease:** 45 day supply at 40 MME per day in any 90-day period '
- **Severe burn victims:** 45 day supply at 40 MME per day in any 90-day period '
- **Severe cancer pain undergoing active or palliative ' treatment:** no new benefit limits '
- **Hospice care members:** no new benefit limits
- **NF and ICF/IID:** 45 day supply at 40 MME per day in any 90-day period

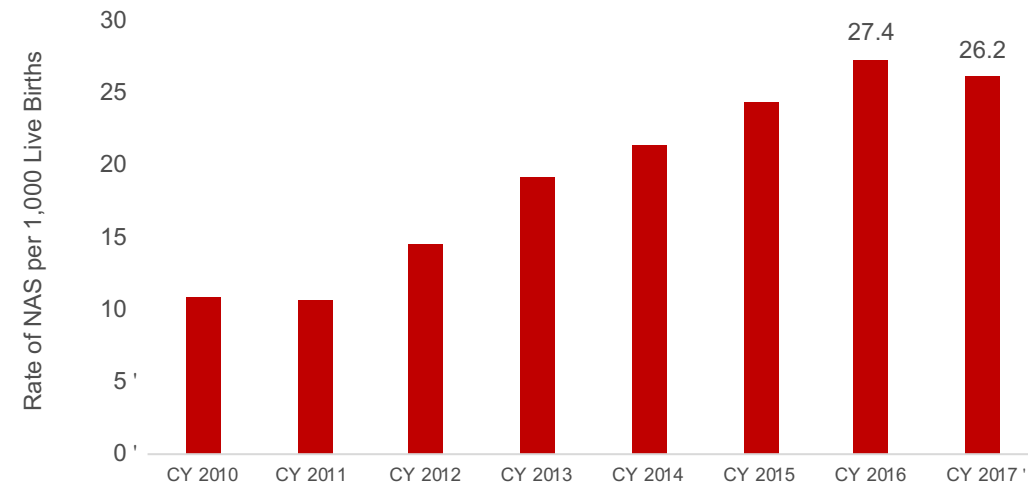
TennCare's Opioid Strategy

Secondary Prevention

early detection and intervention to reduce impact of opioid misuse

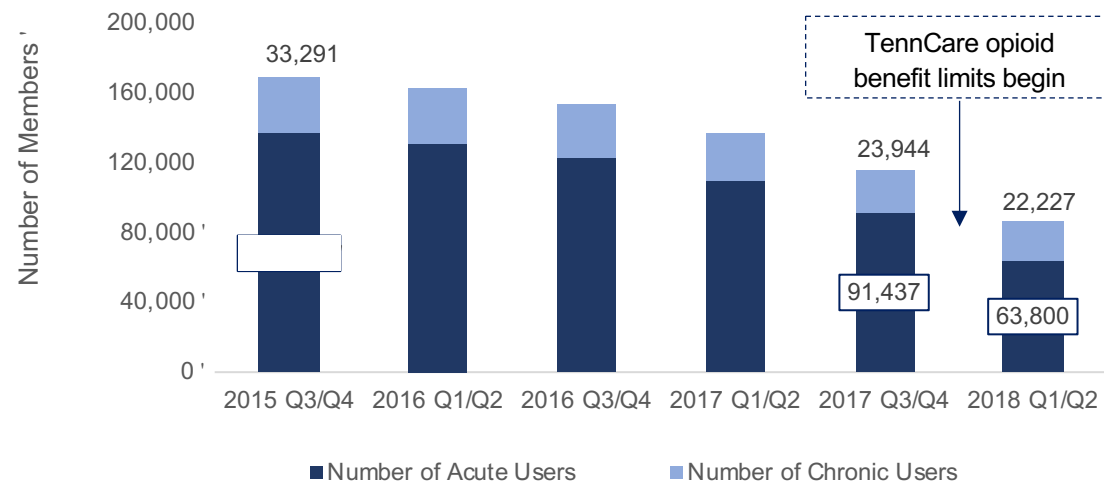
- 'Developed a risk-model to identify and engage women of childbearing age on opioids.
- 'Increase access to Voluntary Long-Acting Reversible Contraceptives (LARCs)
- 'Partnering with Tennessee Department of Health to integrate the Controlled Substance Monitoring Database (CSMD).

TennCare Neonatal Abstinence Syndrome (NAS) Live Births



Both statewide & within TennCare, there was a **decrease in NAS cases** for the first time from CY 2016 to CY 2017.

Total Acute and Chronic TennCare Opioid Users



Overall, the number of TennCare **new, acute opioid users has declined by about 53% since 2015.**

TennCare's Opioid Strategy

Tertiary Prevention

support active recovery for

- MCOs developed high-quality specialty network for medication assisted treatment (MAT)
- Support MAT providers to deliver evidence based MAT treatment
- Increased outreach to chronic opioid users to refer to treatment and prevent overdoses.

Buprenorphine Program Description

Buprenorphine Medication Assisted Treatment (MAT) Program Description
Division of TennCare

Overview of the Opioid Use Disorder Medication Assisted Treatment Program

The Division of TennCare along with the contracted Managed Care Organizations (MCO), Amerigroup, BlueCare and United Healthcare, has determined the need for a comprehensive network of providers who offer specific treatment for members with opioid use disorder (OUD). These providers may be agencies or licensed independent practitioners, but all must attest to provide treatment as outlined in this program description to be included in this network.

Medication Assisted Treatment (MAT) for persons diagnosed with opioid-use disorder is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. The duration of treatment should be based on the needs of the persons served. The Food and Drug Administration (FDA) has approved several medications for the use in treatment of opioid-use disorder which include buprenorphine containing products and naltrexone products.

Treatment with buprenorphine for opioid use disorders is considered an evidence-based best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center and the American Society of Addiction Medicine (ASAM) for substance abuse treatment. **This Buprenorphine MAT Program Description outlines treatment and clinical care activities expected of providers who prescribe buprenorphine products and professionals who provide therapy, care coordination or other ancillary services for those members who are being treated with buprenorphine products.** For providers who prescribe naltrexone based products, refer to Naltrexone MAT Program Description

Naltrexone Program Description

Naltrexone Medication Assisted Treatment (MAT) Program Description

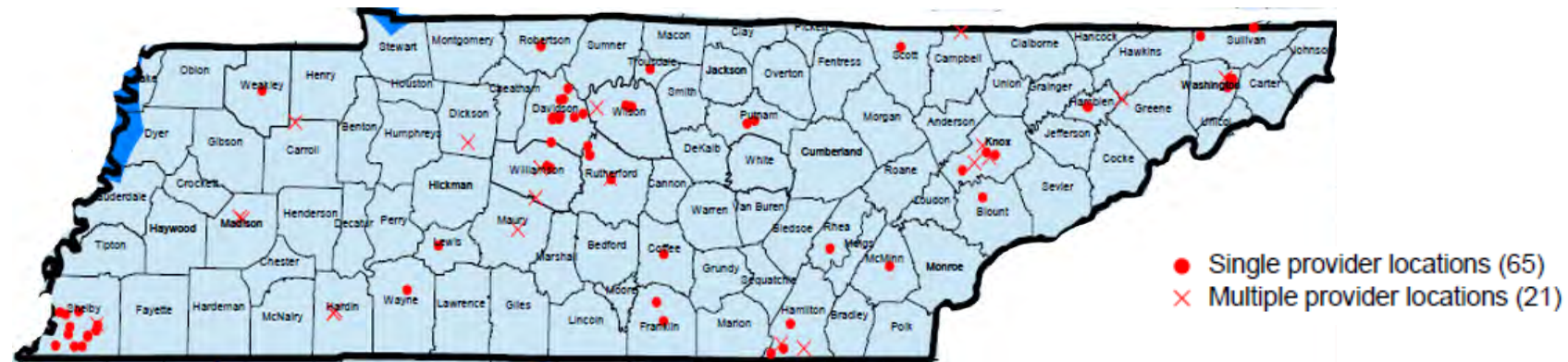
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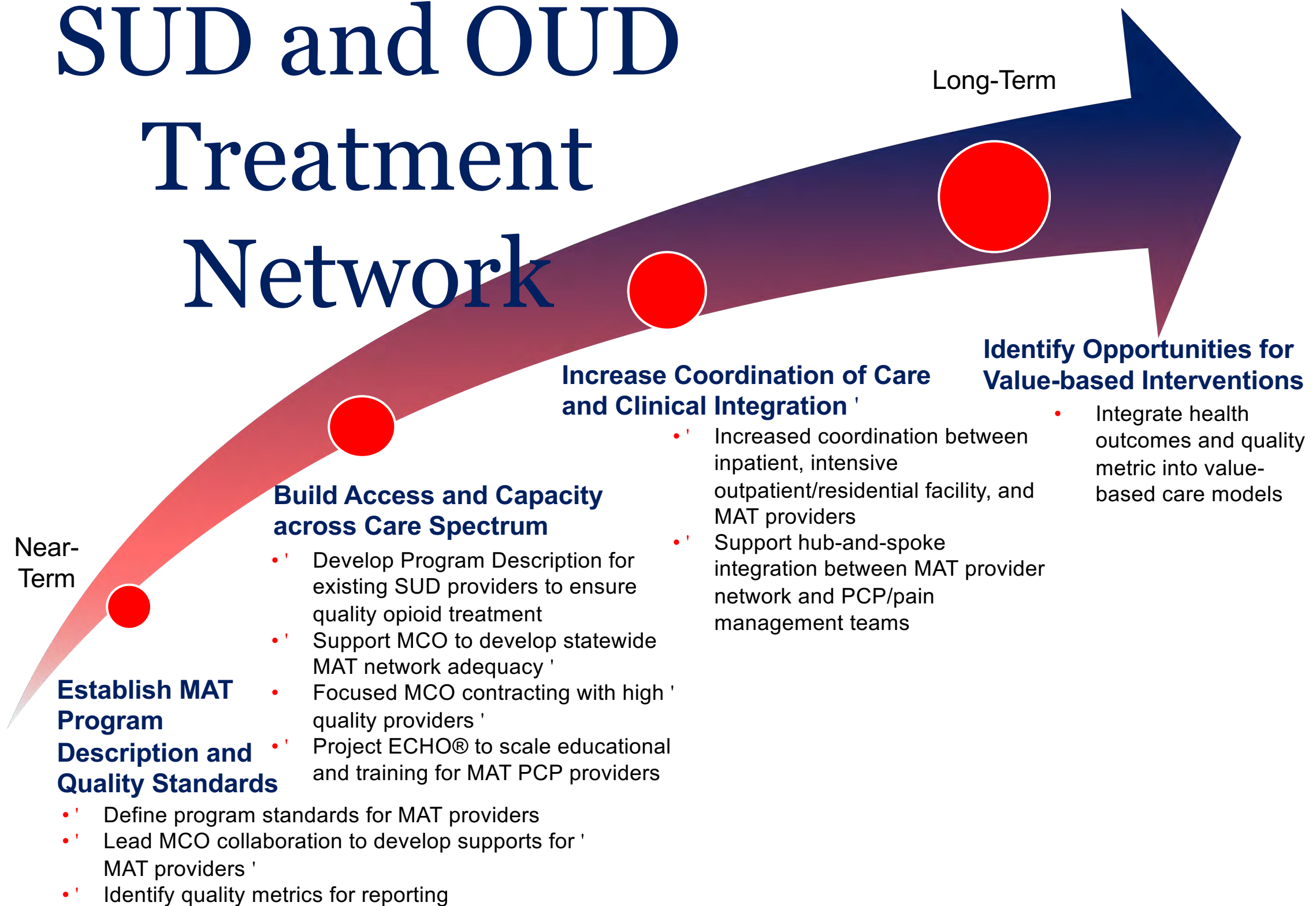
Treatment with buprenorphine and naltrexone for opioid use disorders is considered an evidence-based best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center and the American Society of Addiction Medicine (ASAM) for substance abuse treatment. **This naltrexone MAT Program Description outlines treatment and clinical care activities expected of providers who prescribe naltrexone products and professionals who provide therapy, care coordination or other ancillary services for those members who are being treated with naltrexone products.** For providers who prescribe buprenorphine based products, refer to Buprenorphine MAT Program Description.

The high-quality, specialized MAT Provider Network launched January 1, 2019



There are currently 104 newly contracted MAT providers and the number is continuing to increase.

SUD and OUD Treatment Network



SUPPORT Act & Methadone

Coverage

The SUPPORT Act requires state Medicaid programs to cover all FDA-approved MAT drugs, from 10/1/20-9/30/25, including methadone, licensed biological products to treat opioid use disorder, and counseling services and behavioral therapy.

- 'TennCare committed to broadening coverage to high-quality methadone in partnership with key stakeholders, Department of Mental Health

