



A Collaborative Community-based Approach to Preventing Opioid Overdose Deaths

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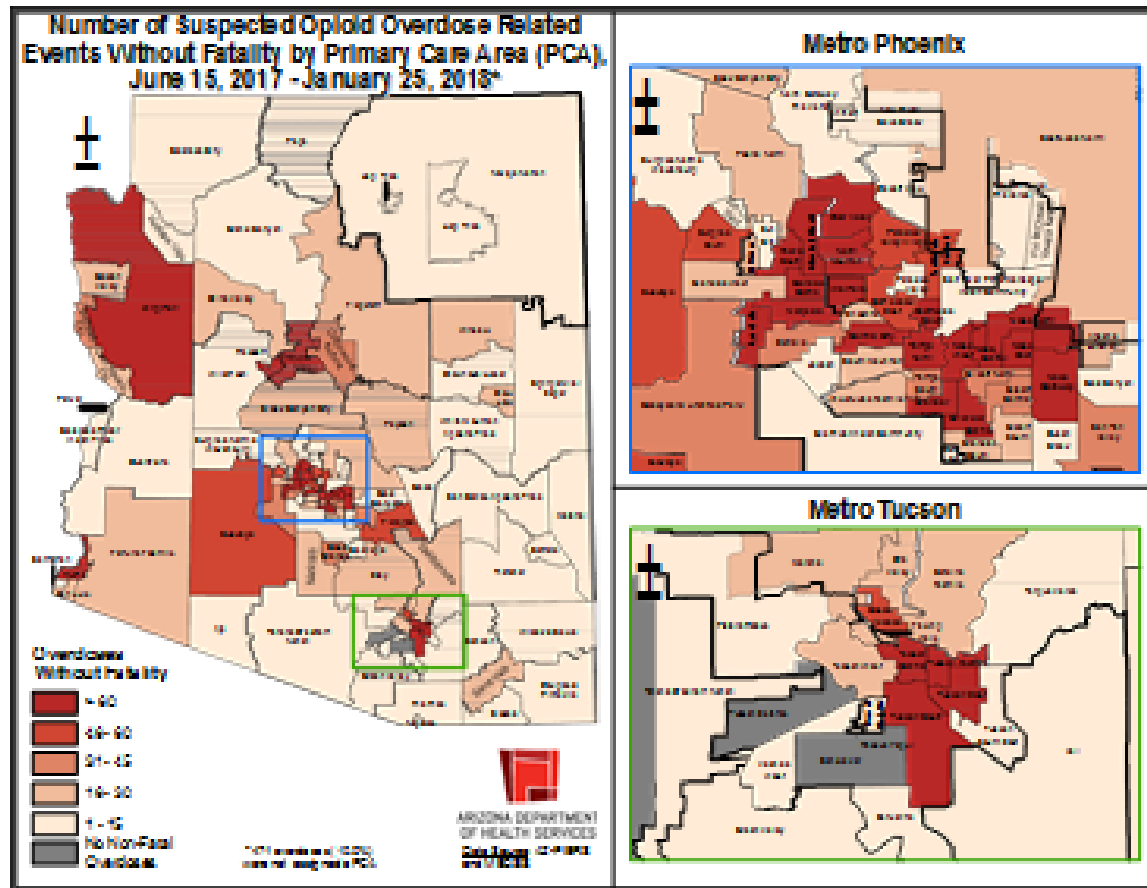


The Opioid Tsunami

- 1,382 suspect opioid deaths
- 8,591 suspect opioid overdoses
- 19,854 naloxone doses dispensed
- 5,649 naloxone doses administered

June 15,2017-June 14, 2018 – ADHS opioid survey

Opioid events without fatality: June 2017-January 2018



Data from Arizona Department of Health Services

Mercy Care RBHA Substance Abuse Programming

Medically Assisted Treatment, Prescription Drug Opioid Abuse (MAT PDOA)

Connecting individuals that are involved in the criminal justice system and diagnosed with Opioid Use Disorder to medication assisted treatment as they reenter the community. Total allocation FY18: \$379,000

41 individuals treated, surpassing target of 40

State Targeted Response (STR)

Reduce the prevalence of Opioid Use Disorders and opioid-related deaths through targeted prevention and treatment activities.

Total allocation FY18: \$2,656,800

1,500+ individuals treated, significant increase system-wide of OUD diagnosis

Mercy Care RBHA Substance Abuse Programming

Substance Abuse Prevention & Treatment Block Grant (SABG)

- Reduce access barriers to substance abuse prevention and treatment services, as well as community-based mental health services for adults and children

21 providers, including adolescent MAT, two Centers for Excellence, residential care, HIV testing and treatment

Total allocation: \$19,415,591

Mental Health Block Grant (MHBG)

- Provide comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances and to monitor progress in implementing a comprehensive, community-based mental health system. Total allocation: \$6,097,466

Governor's Office Substance Use Disorder Services (GO SUDS)

15 community providers county-wide; multiple options for care for the uninsured/underinsured. This includes SABG providers, and other community providers navigating people to care, such as Native Health, Rally Point, and the Area Agency on Aging

Total allocation: \$4.9M Began February 1

GO SUDS

\$4.8M allocation

Providers:

- Center for Behavioral Health
- Center for Behavioral Health, Phoenix
- CHEEERS
- Community Bridges
- Community Medical Services
- Connections AZ
- Crossroads
- Family Service Agency
- Native American Connections
- Native Health
- New Hope Behavioral Health
- EMPACT La Frontera, Rally Point
- Southwest Human Development
- Valle del Sol

*Area Agency on Aging, Sonoran Prevention Works awarded funding, but not yet implemented

GO SUDS Results:

February-May 2018 data:

Individuals served: 1,771

Treatment services (548), medical services (1,933), Methadone most commonly funded (1,349)

Community Education and Outreach

- Participation in Project Connect with Valley of the Sun United Way
- Outreach of emergency room discharge planners and case workers
- Outreach of crisis system workers
- Outreach to chief medical officers of behavioral health providers
- Participation in substance use prevention coalitions in Maricopa, Pinal, Gila Counties

Other Resources:

Dreamland: The True Tale of America's Opiate Epidemic by Sam Quinones

<https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php>



**And because of Go SUDS and
other grants ...**

Services

- Medications:
 - Methadone
 - Suboxone
 - Vivitrol
 - Subutex
- Behavioral Therapies
 - Individual Therapy (CBT-SUD)
 - Group Counseling
 - Couples Counseling
 - Family Counseling
- Residential Support
 - 30-120 days of residential support

It should be noted:

- Under federal law, MAT patients must receive counseling, which could include different forms of behavioral therapy.
- These services are required along with medical, vocational, educational, and other assessment and treatment services. Learn more about these [treatments for substance use disorders](#).



Arizona Complete Care (ACC) and the future

Complete Care?

- Provides counseling services and primary medical care via a collaborative team approach using 1 medical record.
- Housing needs are assessed. Relationships with formal and informal community based housing providers and supports
- Employment needs are also assessed. Relationships with formal and informal community based rehabilitation and employment providers.

Complete Care?

- 40.6 % of individuals with an SUD have a mental illness. Nearly 9,000,000 people (SAMHSA, 2013)
- Individuals receiving MAT for SUDS have reported medical concerns which have included (but not limited too):
 - asthma, Chronic obstructive pulmonary disease, dental problems, Hepatitis, and HIV/AIDS
 - SUDs can exacerbate chronic conditions (Center for Substance Abuse Treatment)
- These issues can be screened and treated or referred to medical health providers

Expanding our message and understanding of wellness

- Members are going through a continuum.
 - Providers become part of the members wellness journey.
 - Treatment planning has to focus not only on members ongoing care but also to the transition from 1 level of care to the next.
- Inter-disciplinary Teams
- 90/10 understandings
- Expanding partnerships (PCPs, hospitals, employment, Community organizations, outpatient clinics)
- Hospital Discharge Coordination
- PCP coordination and visits
- Referring to medical providers
- Member Forum and Committees

Questions

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Thank You



mercy care