



Delaware Substance Use Disorder Treatment System Needs Assessment

Presentation of Findings

September 8, 2022

ACKNOWLEDGEMENTS

The Health Management Associates Institute on Addiction (HMA IOA) Team would like to thank New Castle County Executive Matt Meyer and Deputy Chief Administrative Officer Erik Raser-Schramm for their ongoing support and logistical assistance throughout the project. Additionally, the HMA IOA team want to acknowledge DHSS Cabinet Secretary Molly Magarik, Directors Joanna Champney (DSAMH), (former Director) Dr. Karyl Rattay (DPH), and Stephen Groff (DMMA), Division of Prevention and Behavioral Health, Director Dr. Aileen Fink from the Children's Department, and their staff for their ongoing collaboration and commitment to providing information, data, and support for this needs assessment.

Special thanks to the advocates, concerned citizens, families, loved ones and individuals facing substance use challenges everyday who participated in this needs assessment.

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PROJECT OVERVIEW

- » Funded by New Castle County in partnership with Kent County and Sussex County
- » Assessment: November 2021 to June 2022
- » Delaware is experiencing an overdose crisis due to substance use disorder (SUD) and opioid use disorder (OUD)
 - » 447 deaths in 2020
 - » 515 deaths in 2021
- » Project Goals:
 - » First, evaluate the current state of the SUD treatment ecosystem through data analysis and first-person input across multiple sectors and engagement points
 - » Develop recommendations for an optimal “future state” for the treatment system

- » Environmental scan:
 - » Current Epidemiology of SUD
 - » Delaware SUD Prevalence and Overdose Data
 - » Previous studies and reports
 - » Past and Current initiatives, programs and committees/commissions
- » Stakeholder Interviews
- » Provider Survey of Licensed SUD treatment programs
- » Claims Data Analysis (public and commercial)
- » SUD Treatment Reimbursement Rate Comparison

NATIONAL ACADEMY OF MEDICINE (NAM) FRAMEWORK FOR THE NEEDS ASSESSMENT

Capacity

SUD is a treatable, chronic, relapsing, and remitting disease. The needs of patients may vary over time, requiring changing LOCs. Therefore, the entire continuum of care must accommodate individuals who will likely require higher or lower LOCs as their disease progresses or is better controlled. It is critical to build a sustainable system of care that is rightsized and adaptable to the needs of the community it serves.

Competency

Providers in the SUD treatment system must have the education and training to ensure person-centered care, interdisciplinary and evidence-based practice, continuous quality improvement (CQI), and outcome measure tracking. Unfortunately, SUD has long been treated as a behavioral or moral failure, rather than a treatable medical condition. Education and training that align with current best practices are critical to building and sustaining an effective SUD treatment ecosystem.

NATIONAL ACADEMY OF MEDICINE (NAM) FRAMEWORK FOR THE NEEDS ASSESSMENT

Consistency

The ideal treatment system empowers providers to provide high-quality care and maintain professional standards across the systems of care for individuals with all types of medical conditions, including SUD. The quality of care is often assessed based on fidelity to best practices and appropriate use of the system's infrastructure. While the ASAM Criteria specifies a tailored treatment plan and LOC for individuals, the care provided must also maintain best treatment practices.

Compensation

Adequate compensation for SUD treatment services is critical to establishing a durable, effective, and sustainable system of care. Consistency, competency, and capacity all require reimbursements that align with best practices and desired outcomes. Adequate funding is necessary for the delivery of services in a reliable and sustainable way; unfortunately, the existing payment model for SUD often marginalizes people and can be unreliable and unpredictable.

Community

A fifth "C" might necessarily be contemplated. Creating communities that can better engage and support individuals needing treatment, their families, providers, and others to overcome stigma and ensure widespread access to treatment require targeted investments.

KEY FINDINGS: INTERVIEWS & FOCUS GROUPS

Stakeholder Interviews, Town Halls and Focus Groups

38 Stakeholder Interviews, 57 attendees at 7 Townhalls, 3 Focus Groups - findings include:

- » Inadequate treatment beds, across the state, particularly for children/adolescents
- » Often a discrepancy between what an individual experiences and what the state or providers believe is available.
- » There are substantial transportation challenges particularly Sussex County
- » Adequate reimbursement is an ongoing challenge
- » There is a need for broad and consistent provision of and use of Narcan Nasal Spray
- » EDs need to rapidly increase initiation of treatment and link to the community providers

Strengths

- » Delaware Treatment and Referral Network (DTRN)
 - » Recommendation for improvement - include all providers including in adjacent states
- » Peer specialists and recovery system
 - » Recommend an extended and mandated period of stable recovery before supporting others in their recovery
- » Multiple Invested Stakeholders

KEY FINDINGS: PROVIDER SURVEYS

» Provider Survey

HMA IOA received 24 of 39 (approximately 61%) completed surveys

» Significant impact from COVID in all 3 counties

- » Hiring and retaining staff
- » Workforce shortages
- » Notably, an increased demand for services

» Consistency Concerns

- » Little uniformity in screening and assessment tools
- » Lack of widespread use of Evidence-Based treatment modalities (CBT, DBT, EMDR, etc.)

» Significant need for initial and sustained continuing education and training opportunities for treatment providers/staff.

» Due to pandemic, telehealth use increased

- » Importantly although this was seen as positive, those with more severe SDOH impacts might not have been as able to access services through telehealth
- » Many states have very robust telemedicine treatment programs that could serve as models for DE in the future

>> Claims Data Analysis

HMA IOA received 4 years of public and commercial claims for SUD treatment services

- >> Capacity to treat related to ASAM Levels of Care (LOCs): HMA IOA estimates *that consistent with other states and jurisdictions, the Delaware treatment **system operates at approximately 15% of the current need***. While this number is low, it is consistent with the states and counties HMA IOA has studied for other projects.
- >> For higher LOCs, the system is operating at approximately 5% of the current need
- >> Adequate treatment capacity is not available in any Delaware region.
- >> Delivery of Medication for Addiction Treatment (MAT) ***Buprenorphine prescriptions have notably increased between 2017 (4307 scripts) and 2020 (29,336), a 581% increase.***
- >> In 2020, no more than 25% of the prescriber's capacity to write prescriptions for MAT was used (Waiver capacity).
 - >> New providers may need additional supports to increase prescribing to maximize their full capacity
 - >> Pathways to community-based treatments also likely need to be better understood to increase uptake

KEY FINDINGS: RATE COMPARISON

» SUD Treatment Reimbursement Rates

HMA IOA compared rates in neighboring states (MD, NJ, VA, and PA)

- » Delaware's low Medicaid reimbursement rates for SUD services have long been a problem
- » A comparative reimbursement analysis of regional rates supports this concern but does not address how to actually "right-size" reimbursement rates.
- » Work must be done to thoroughly study the actual cost of SUD care and then reimburse appropriately to ensure that appropriate and needed care is available.
- » Although there is a movement now to research and increase these rates, ***this must be considered one of the highest priorities and requires immediate action if Delaware is going to steady its current provider network and mitigate further erosion, address the significant gaps in care, and build a sustainable, robust treatment network for the future.***

KEY RECOMMENDATIONS

The report includes 59 Total Recommendations for the Future State SUD Treatment system in DE.

Recommendations include:

Capacity

- Distribute Narcan 4mg single-step nasal spray (or generic equivalent) to all stakeholders, law enforcement, EMS, and other first responders.
- Every school should have at least one evidence-based program that focuses on the prevention and identification of SUDs.
- Support and expand the use of telemedicine (including commensurate payment to match face-to-face intervention)
- Improve coordination and integration of care statewide. SUD is a chronic, treatable, relapsing medical condition like high blood pressure and diabetes. It is often accompanied by other co-morbid physical and mental health conditions, which can significantly complicate treatment.

KEY RECOMMENDATIONS

Capacity (cont.)

- New programs should prioritize their sites to locations with public transportation routes within walking distance of the treatment program and/or near major highways in the state and intersections. Priority could be given to using space that can readily be converted.
- Given the DHIN data that showed significant high-frequency visitation to the EDs and inpatient units of DE hospitals, all hospitals must play a much larger part in screening, assessment, and initiation of treatment for Delawareans. ***The team strongly recommends that MAT initiation happen consistently in every ED, standalone medical clinic, FQHC, and inpatient unit.***
- Identify the density of adolescent SUD burden in Delaware in conjunction with the Division of Prevention and Behavioral Health Services and public and private stakeholders and build the needed capacity. ***Currently, most adolescents have little or no access to evidence-based SUD treatment in the state of DE.***

KEY RECOMMENDATIONS

Competency

- » Fully identify the competencies needed for each provider type at each LOC for proficiency in all SUDs (not just opioids) and ensure appropriate training is available.
- » It is also critical that the Divisions of Substance Abuse and Mental Health (adults) and Prevention and Behavioral Health Services (children) coordinate comprehensive and ongoing clinical training for SUD and co-occurring disorders. Consider ongoing partnerships with the Universities, Health Systems, and FQHCs to support the necessary training needs.

Consistency

- » Choose universal, evidence-based state-wide tools for screening, brief assessment, and LOC determination.
- » All DSAMH licensed SUD programs must develop robust quality assurance (QA) programs that assure fidelity to evidence-based practices and measure and report outcomes.
- » Reimbursement for Peer Support Specialists should be contingent upon certification.

KEY RECOMMENDATIONS

Compensation

- » Reimbursement rates need to be increased for outpatient, residential, and withdrawal management and be regionally competitive as a minimum.
 - » There is an urgent need to study and define the reimbursement rates to “right-size them” and implement rates that “actually pay for” the treatment that is needed.

Community

- » Continue to develop and fund state-wide educational campaigns; all educational and marketing campaigns must be evidence-based. ***Prevention is a treatment, especially for youth, and all efforts to expand the existing prevention work must be evidence-based.***
- » Hold local health care institutions and providers accountable for their efforts in treating those with a SUD. This will require a sense of urgency from all involved and commitment to measure outcomes.
- » Delaware should provide additional education to include treatment of pain, anti-stigma campaigns, evidence-based interventions for SUD/ODU, and prevention of SUD in youth

FINAL KEY RECOMMENDATION

Delaware should strongly consider a “single point of control and oversight” for addressing the OUD/SUD public health crisis and the SUD treatment system. This body should, at minimum, directly report to the governor or governor’s agent and be supported by legislative mandates for action and include:

- » Budget authority
- » Legislative authority for a plan of action with clear timelines and deliverables
- » Quality oversight to develop metrics, measure outcomes and publicly report them
- » Create and maintain collaboration of efforts and initiatives for all publicly funded efforts, committees and commissions
- » Prioritize implementing evidence-based practices
- » Consider universal standardized tools
- » Develop and implement strategic plan for fully integrated and coordinated evidence-based SUD care to include equity measures to address traditionally marginalized groups (e.g., People of Color, Veterans, Undocumented individuals, those that are LGBTQIA+, those living in poverty including unhoused individuals and those that are incarcerated or have been previously incarcerated)

Based on the identified gaps in and barriers to care identified by the above needs assessment report, HMA IOA outlines an evidence-based “ideal future-State” that offers a right-sized, knowledgeable, high quality, and sustainable ecosystem of care that addresses the true needs of the communities across Delaware. The proposed interventions are grouped into the 5 Cs of the NAM Framework for SUD and OUD treatment ecosystems and, where helpful, into several more specific components of care that are critical to consider.