



Division of Behavioral Health 1115 and SUD Implementation Plan

Kathryn Chapman, LCSW, MAC

State Opioid Treatment Authority

Joan Houlihan, M.ED, MAC, CDCS

Behavioral Health Program Manager

Brita Bishop, LCSW

Acting Deputy Director



SUD Implementation Plan

Overview

Goals

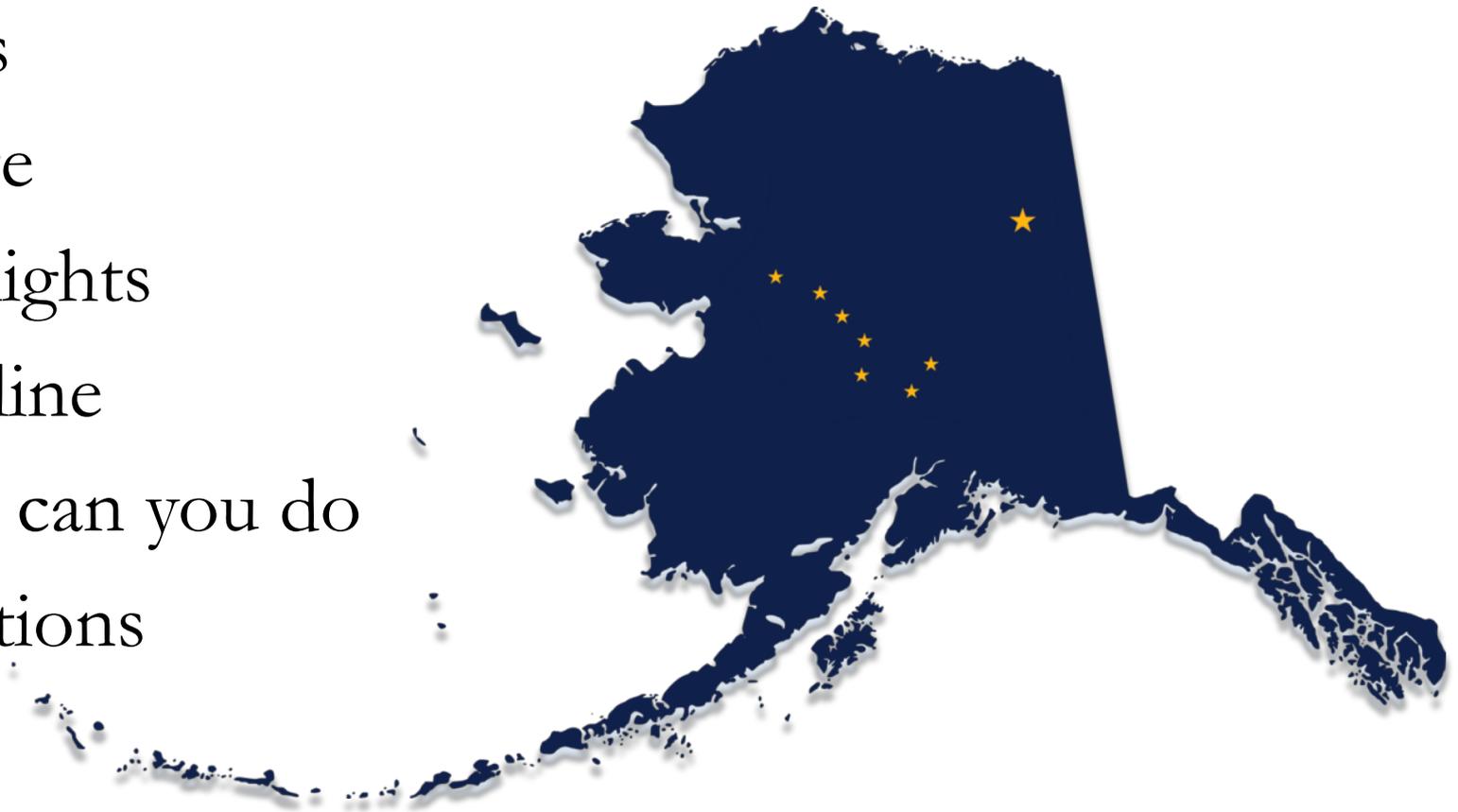
Where

Highlights

Timeline

What can you do

Questions





Why?

Death

- 108 opioid related deaths in Alaska in 2017

Can't access treatment easily

- Average 30 days - 4 months for Residential
- System is confusing

Inappropriate levels of care

- Tendency to refer to residential settings when individuals can be stabilized with medications and recovery supports

High utilization of services in acute settings

- Lack of access to treatment after withdrawal management services are provided
- Lack of withdrawal management services



Where is all this happening?

Year One

- Anchorage, Mat-Su, Fairbanks, Juneau, Sitka, and at your agency if you want to start



SUD Implementation Plan: Goals

CMS's required goals for our plan

1. Increase rates of identification, initiation, and engagement in treatment
2. Increase adherence to and retention in treatment
3. Reduction in overdose deaths, particularly those due to opioids
4. Reduce utilization of emergency departments and inpatient hospital setting for treatment where the utilization is preventable or medically inappropriate through related services.
5. Fewer readmissions to the same or higher level of care where readmission is preventable or medically inappropriate
6. Improved access to care for physical conditions among beneficiaries



SUD Implementation Plan: Milestones

CMS's required milestones

1. Access to critical levels of care for OUD and other SUDS
2. Widespread use of evidence-based, SUD –specific patient placement criteria
3. Use of nationally recognized, evidenced based SUD program standards to set residential treatment provider qualifications
4. Sufficient provider capacity at each level of care
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD and;
6. Improved care coordination and transitions between levels of care

Alaska's plan

1. Universally screen all Medicaid recipients, regardless of setting, using industry recognized, evidenced based SUD screening instruments to identify symptoms and to intervene early.

SBIRT in 10 emergency departments (statewide)

2. Implement ASAM Criteria (3rd edition) to match individuals to appropriate services and tools necessary for recovery

Using ASAM to define services across the system

Open Beds to provide linkages to services

continued...here is how we will achieve these goals

3. Increase SUD treatment options for youth (ages 12-17) and adult (ages 18-64) Medicaid recipients

- More emphasis on step up step down options such as intensive outpatient (IOP) and partial hospitalization (PHP)
- IMD requirement lifted- increasing residential bed capacity by approximately 66 beds
- Expand access to pharmacotherapy
- MAT Care Coordination * NEW SERVICE
- Recovery Support Services * NEW SERVICE
- ASAM Level 3.3 (2 programs) * NEW SERVICE

I'm so excited.





continued...here is how we will achieve these goals

4. Improve SUD provider infrastructures and capacity utilizing industry-recognized standards for certification and ongoing accountability (with residential providers and across the board)

- Provisional Designations

5. Elevate SUD workforce

- Certification for qualified addiction professionals

TIMELINE

Sept - Dec

- CMS approval
- Provisional Designation
- Identify screening, assessment tools and EBPs
- Qualified Addiction Professional defined

Jan - Apr

- Onsite reviews for ASAM level of care designations (Residential)
- Residential services implemented
- Train ED staff on SBIRT

May- Jul

- IOP, PHP, and withdrawal management services implemented



What can you do?

- Participate in workgroup with DBH to identify screening and assessment tools, EBPs
- Consider new services- ASAM Level 3.3, and PHP for youth, new OTPs
- Integrate pharmacotherapy into your services
- Get your staff trained and (provide ongoing training in ASAM and EBPs
- Support your workforce- encourage professional development for SUD counselors to obtain certification

SUD UPDATES

- **Opioid Funding**

- State Opioid Response - \$ 4 million a year for two years
- State Targeted Response (STR) - \$2 million a year for two years- focusing on prevention and treatment (FNA, IMAT, CICADA)
- Medication Assisted Treatment –Prescription Drug and Opioid Addiction (MAT-PDOA)- \$1 million a year for 3 years (RRC, NDTC)

SUD UPDATES

Challenges

Alcohol and meth

Stigma- addiction, MAT

Workforce

Opportunities

Access to care: 1115 waiver, Open Beds

Pilot Project focused on Neonatal
Abstinence Syndrome

State level- agencies working together for
coordinated response



**“The only thing I knew how to do was to keep
on keeping on.” - Bob Dylan**