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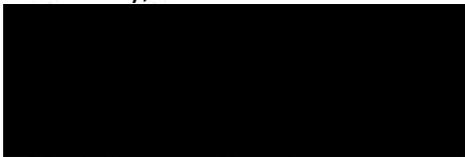
June 23, 2015

Brittany Havens, Legislative Clerk
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

Ms. Havens:

Thank you for the opportunity to provide testimony before the Subcommittee on Oversight and Investigations at their hearing, "What are the State Governments Doing to Combat the Opioid Abuse Epidemic?" Attached are my responses to the additional questions and member requests. Please let me know if I can be of further assistance.

Sincerely,



Mark Stringer, Director

Enclosure

Responses to Additional Questions for the Record

Honorable Michael C. Burgess:

Complaints regarding PDMPs suggest that these systems are not real time, not widely used, and are time consuming and burdensome. In 2005, Congress enacted NASPER, with strong support from health care providers and broad, bipartisan support. However, the program has not been funded since 2010 and faced similar lack of funding prior to 2010. NASPER would provide assistance to allow PDMPs to meet consistent national criteria and allow for interoperability between state PDMPs. This is a question that I had previously asked of the CDC, due to their state monitoring efforts. However, I would like to hear the state perspective. Do you think the national criteria and standardized content would be beneficial in fostering a more attractive state-based PDMP network for providers?

Since Missouri does not yet have one, I regret (truly) that I do not have the experience with PDMPs to give a helpful or meaningful response.

Interoperable PDMPs would do much to decrease incidence of doctor shopping. What has been your experience with interstate accessibility of PDMPs? Are the current interstate data-sharing exchanges, such as the Prescription Monitoring Program Interconnect effective?

Missouri does not currently have a PDMP. However, the most effective and efficient system would be one that would interconnect with other states, especially for Missouri since there are seven states that border us.

It is my understanding that obstacles to managing the opioid abuse epidemic vary widely from state to state, ranging from stigma associated with medication assisted treatments to lack of adequate data, which is sometimes associated with the need for interoperable PDMPs. Could each of you discuss what you recognize as being the biggest obstacle towards controlling the opioid epidemic in your state? Do you think that the federal response to the opioid epidemic has been sufficient?

Missouri could certainly benefit from a PDMP and increased access to treatment services and addiction medications. This problem warrants the need for increased prevention and intervention services.

Recommendations for federal action:

- Ensure that federal initiatives related to addiction work through state substance abuse agencies
- Maintain a strong commitment to the Substance Abuse Prevention and Treatment (SAPT) Block Grant – with equally strong commitment to primary prevention services
- Provide federal funding for the purchase of naloxone
- Increase access to treatment – specifically MAT services
- Mandate prescriber education
- Assist with improvements in linking substance use disorder services with primary care
- Support and coordinate with state-based groups focused on opioid abuse, including the National Governors Association (NGA)

Responses to Member Requests for the Record

The Honorable Tim Murphy:

What are the pros and cons of giving someone Naloxone? What type of educational component should be directly linked to the expansion of this overdose reversal drug?

The wide availability of naloxone could save lives by reversing overdoses from opioids if used correctly and with follow-up care and addiction treatment. Conversely, misuse of the product could result in deaths through lack of patient education and failure to receive additional medical services. I defer to health officials on recommendations for an educational component.

The Honorable David McKinley:

You spoke in great detail about the measures you have taken in Missouri to combat this epidemic. Please share any ideas that you have that we would be able to apply to West Virginia and across the country.

Treatment services, including the use of medication assisted treatment (MAT): Missouri introduced recently approved medications for addiction treatment as part of a Robert Wood Johnson Advancing Recovery Grant in 2006. Research shows that pharmacologic interventions in conjunction with psychosocial services (counseling, case management, etc.) are most successful. MAT represented a change in the philosophy and culture of substance use disorder treatment. A person's openness to taking medications correlates with the clinician's attitudes about MAT. Missouri found that client, clinician, and prescriber education were essential. The Department sponsored numerous training and educational opportunities for providers and referral sources about the benefits of MAT. The Department also provided technical assistance to providers to support the integration of MAT into mainstream treatment. The FDA-approved medications are on the state's Medicaid formulary, which has increased access; however, MAT continues to be restricted for the uninsured because of limited funding.

In Missouri, about 3,400 or one-third of consumers with an opioid use disorder receive MAT including methadone, buprenorphine, or naltrexone. Missouri's data show that higher retention in treatment is obtained with pharmacotherapy in combination with counseling. Missourians who receive MAT tend to be more difficult to treat in terms of higher rates of unemployment, longer history of substance use, higher rates of psychiatric disorders, and more recent substance use. However, these individuals achieve comparable or better outcomes compared to those who receive counseling with no addiction medications. For example, 61 percent of clients receiving extended-release naltrexone have been abstinent for at least 30 days at discharge, compared to 54 percent who received counseling with no medications (Missouri Department of Mental Health, 2013).

Recovery services in Missouri: Missouri's work on recovery services is attributed in large part to SAMHSA's Access to Recovery (ATR) program. The state was just recently awarded its 4th ATR grant (\$13 million over 4 years, \$3.3 available in first year). The new round of grant funding will be used to support clinically appropriate treatment as well as recovery services. The grant will target veterans, including National Guard service members returning from Iraq and Afghanistan; offenders reentering the community from prisons; treatment courts; and other disadvantaged populations as identified in local areas. The funding will support providers in the southwest, southeast, Kansas City, and west central areas of the state.

The funds from the ATR program from the previous three cycles helped our state move a number of recovery-related initiatives. We enhanced the array of available services by basing them on a recovery-oriented model and the patient's right to choose their path to recovery. We established a credentialing process for recovery support programs, increasing accountability and quality of services provided. The State also expanded the recovery workforce by establishing the Missouri Recovery Support Specialist (MRSS) and Missouri Recovery Support Specialist-Peer (MRSS-P) credentials in cooperation with the Missouri Substance Abuse Professional Credentialing Board. In addition, we created a process for offenders in reentry and under correctional supervision to apply to the DMH Exceptions Committee for approval to be employed by a recovery support program. We also developed targeted training for faith- and community-based organizations, mentors, and peers in cooperation with the Missouri Substance Abuse Professional Credentialing Board. Finally, we developed an automated billing, documentation, and payment system.

The state collects outcome data on services supported by the ATR program. Data points include abstinence from alcohol use, abstinence from drug use, stable housing, employment, improved social connectedness, and elimination of criminal activity. From 2004-2013, ATR served 124,496 individuals and families with substance use disorders. Overall, 83 percent of consumers who received recovery support services (either alone or in combination with clinical treatment) were abstinent from alcohol and drugs after six months, and 95% of consumers had no new arrests after six months.

Prevention: In 2012, we began a strategic planning process for prevention, looking specifically at the non-medical use of prescription drugs. In 2011, 12% of young adults (aged 18-25) in Missouri reported that they were misusing prescription drugs. This compares to 6% for 12-17 year olds and 3% for adults older than 26. As a result, we decided to prioritize reducing the non-medical use of prescription drugs by 18-25 year olds.

Partners in Prevention (PIP) is a coalition of 21 college campuses across the state that works to promote health and safety for students. The coalition has specifically moved forward with a prescription drug abuse initiative in order to educate students on the dangers of prescription drug misuse and provide safe and healthy alternatives. Critical funding is provided by SAMHSA/CSAP's Partnerships for Success Grant along with support from the Missouri Department of Liquor Control, the Missouri Division of Highway Safety, and my division. One impressive aspect of the initiative is the array of stakeholders involved: campus prevention professionals, University administration officials, police and public safety officers, student volunteers, community business owners, and others.

In its first three years, PIP's prescription drug abuse prevention initiative noted several outcomes. From 2013 to 2014, PIP noted a 10 percent decrease in students' misuse of prescription drugs in the past year along with a 5 percent decrease in the amount of students misusing opioids, specifically pain medication, in the past year. Due to the project, the 21 participating campuses implemented take-back events, peer education presentations regarding the misuse of painkillers/opioids, and marketing campaigns regarding prescription drug misuse.

We have also partnered with the National Council on Alcoholism and Drug Abuse-St. Louis Area (NCADA) to launch a media campaign called "Curiosity and Heroin" in an effort to increase awareness about the dangers and realities of heroin in the St. Louis region. The campaign uses advertisements in movie theaters, newspapers, magazines, bus stops, and social media sites. The campaign also utilizes a website (www.curiosityandheroin.org) geared toward young people that provides statistics, information on the risks associated with prescription drug and heroin misuse, information on accessing treatment,

and stories of recovery. One of the most poignant aspects of the website is a section composed of pictures and memorials to those who have died from a heroin overdose.