Texas A&M HSC Texas Opioid Task Force

White Paper on Evidence-Based Solutions to the Texas Opioid Crisis

Prepared by Drs. Joy Alonzo and Marcia Ory

April 2022

Since 2017, members of the Texas A&M Opioid Task Force (TAMU OTF) under the leadership of Drs. Joy Alonzo and Marcia Ory have been actively engaged in interventions and innovation regarding the Opioid Crisis in Texas and the US. With active involvement of the TAMHSC College of Pharmacy and School of Public Health, we are uniquely positioned to scale up current interventions that address ***Opioid Overdose Education and Naloxone Administration Training and the distribution of naloxone rescue kits***, training and mentoring for clinicians regarding Medication Assisted Treatment to treat Opioid Use Disorder (MOUD) to include the TAMU EMPOWER ECHO online learning community, assistance and training for clinicians regarding DEA X-waiver training, establishing and supporting community substance use disorder (SUD) coalitions, training regarding impacts of the COVID-19 Pandemic on the Opioid Crisis and the effects of stigma on care and prevention education for SUD/OUD.

The following describes a comprehensive network of activities that are necessary to address the Opioid Crisis in Texas and ensure a response that has a direct measurable positive impact on all those in the state who have been negatively affected by opioid use disorder (OUD) and its consequences. These recommended interventions are derived from the experience of TAMU OTF, clinical, academic and community partners, the AMA Opioid Task Force National Roadmap, and the CDC Opioid Crisis Recommendations. With four years of experience in opioid overdose prevention, treatment, and recovery, the TAMU OTF, with appropriate resources, is prepared to help conceptualize and lead the following activities, coordinating with existing partners in health care, public health, emergency management, communities, schools, law enforcement and criminal justice.

1. ***Statewide training and distribution of naloxone rescue kits and harm reduction initiatives.*** Capitalize on the TAMU OTF OENA (Opioid Overdose and Naloxone Administration) program. The TAMU OTF AMA award-winning OENA program has been delivered throughout the state of Texas and surrounding region since 2017. The program provides training targeted to the specific needs of the audience (health systems, clinicians & clinical learners, students, youth, law enforcement, justice department assets, first responder organizations, school districts, county health departments, county government officials, substance use recovery organizations to include state supported Prevention Resource Centers, community substance use coalitions to include community Recovery Oriented Systems of Care (ROSCs), faith-based organizations, and interested community member groups). This program provides an overview of drivers of the opioid crisis, identifying opioids, risk factors of overdose, signs and symptoms of overdose, what naloxone is and how to use it to reverse an overdose. A key component of the OENA program is demonstrating a simple naloxone delivery action plan that partners can adopt. Our goal is to expand reach through a train-the-trainer approach with mentorship and ongoing support as well as online delivery of standardized opioid overdose reversal training targeted at specific populations.

To date TAMU OTF OENA program by the numbers:

- ✓ Documented Reversals: ~200 (since 2017) requested new kit
- ✓ Number of naloxone rescue kits distributed (since 2017): 10,000+
- ✓ Number of persons trained: 40,000+
- ✓ Organizations who have adopted TAMU OTF OENA program: 100+ (includes DEA/HIDTA, Universities, Ag Extensions, PDs, HDs, COGs, SUD Coalitions, PRCs across the state)
- ✓ Recognized nationally by the AMA in 2019 as an outstanding training and outreach program

Recommended Strategies:

- ➤ Replicate the above successes EVERYWHERE in EVERY Texas Community. Strategically use the Texas A&M Agricultural Extensions, local health departments, community coalitions and Texas Public Community College and University network as access points, knowledge and resource repositories, and centers of excellence. Utilize long standing relationships with DEA/HIDTA.
- ➤ Engage and support state supported Prevention Resource Centers (PRCs) and Outreach, Screening, Assessment, and Referral Centers (OSARS) as critical access points for naloxone training and distribution.
- ➤ Ensure every middle, high school, college, and university campus is trained and has access to naloxone.
- ➤ Ensure every PD and first responder organization across the state is trained and has access to naloxone.
- ➤ Ensure all community health systems and ERs are trained and have access to naloxone.
- ➤ Ensure EVERYONE in Texas who wants to carry naloxone has access to training and resources.
- ➤ Expand harm reduction services offered to include needle/syringe exchange services and fentanyl test strip access in addition to access to naloxone.
- ➤ Ensure that naloxone rescue kits are available at every public AED location across the state.
- ➤ Refine and implement nascent technology to assist potential OD rescuers connection with persons who overdose county by county with the use of smart phone applications coordinated with local dispatch. This involves the creation of a citizen naloxone response.
- ➤ Offer small grants with companion technical assistance to every county, city, and community entity to initiate harm reduction programs and function as community-based partner and provide mentorship and oversight to these entities.
- ➤ Create a facilitated collaborative learning network to address research needs of high relevance to Texas through larger grants to universities and research institutions that agree to share data and research approaches.

2. ***Statewide training and mentoring of Clinicians to support Medication Assisted Treatment for Opioid Use Disorder (MOUD) to expand access.*** Empower prescribers to provide MOUD in the community via a network of mentors and support care for the under/uninsured by remuneration for physician fees for participating prescribers. Ensure prescribers are supported and have access to community and/or telehealth psychosocial treatment providers. TAMU OTF currently operates the **EMPOWER ECHO** online learning community to provide expert mentorship in OUD treatment to include MOUD services.

Recommended Strategies:

- ➤ Establish partnerships with mental and behavioral centers of excellence across Texas and the US
- ➤ Adopt and distribute standard operating procedures for MOUD to support clinic operations for MOUD
- ➤ Incorporate technology to function as a force multiplier for clinicians and assist in patient engagement.
- ➤ Bring attention to arbitrary third-party payer restrictions for patients that would benefit from MOUD and work toward elimination of such restrictions.
- ➤ Adopt best practices to ensure that medical, mental, and behavioral health care is INTEGRATED.
- ➤ Support clinicians with collaborative care models to enhance the workforce.

3. Ensure all forms of MOUD are accessible (methadone, buprenorphine, naltrexone)

   Recommended Strategies:
   - ➢ Work with state insurance regulators and Medicaid officials to require all health carriers to publicly disclose the number of X waivered clinicians in network, the number of patients the clinician is able to see (patient limit allowed by the waiver), and the number of patients currently being treated with buprenorphine.
   - ➢ Address the shortage of minority and rural residing X-waivered physicians to ensure health equity distribution.

4. ***Statewide enhancement of data surveillance, data evaluation, and technology proliferation.*** State level efforts must develop data collection and surveillance of fatal overdoses, non-fatal overdoses, use of naloxone and referral to treatment in all communities in the state.

   Recommended Strategies:
   - ➢ Ensure law enforcement and first responder overdose and illicit opioid encounters are captured.
   - ➢ Provide real-time sentinel event capture capability to reduce data capture burden.
   - ➢ Evaluate and corroborate existing data streams available to include state Medicaid and Medicare drug poisoning and OUD treatment events. State policy must compel private insurers to provide drug poisoning and OUD treatment data.
   - ➢ Evaluate and corroborate opioid distribution by county as maintained by the DEA.
   - ➢ Disaggregate data to highlight racial, ethnic, age, gender and other factors critical to health inequity.
   - ➢ Coordinate efforts between EDs, first responders/law enforcement, treatment providers, local health departments, and community-based organizations to improve appropriate response.
   - ➢ Evaluate and review policy to determine if state actions taken have measurable impacts.
   - ➢ Ensure EMTs across the state partner with HIDTA/DEA ODMAP efforts.

5. ***Statewide training, support, and proliferation of Peer Support Specialists.*** Peer support specialists provide evidence-based support of OUD patients by functioning as a recovery coach and ensuring patients are connected to all necessary resources to successfully achieve and maintain recovery. Texas has developed an excellent training and certification program for peer support specialists, and they are considered billable resources by the Texas HHS. TAMU OTF members are currently peer support specialist trained.

   Recommended Strategies:
   - ➢ Increase the number of peer support specialist training events and provide financial support to establish corps of certified peer support specialists.
   - ➢ Proliferate training across Texas to ensure every community has access to peer support. Establish core of peer support specialists that can provide service in every county.

6. ***Statewide training for clinicians regarding screening, brief intervention, referral to treatment (SBIRT) during all medical care appointments for OUD.*** SBIRT is a reimbursable CMS activity. Ensure training is comprehensive to include community resources that provide comprehensive treatment resources to include MOUD care and psycho-social supports.

   Recommended Strategies:
   - ➢ Provide training and support for clinicians to incorporate SBIRT into daily operations for every patient.
   - ➢ Ensure clinicians are trained to use and interpret the Texas Prescription Monitoring Program, AWARxE, and are able to use this data to refer patients to treatment.
   - ➢ Ensure clinicians are trained and have access to comprehensive multimodal, multidisciplinary pain care including nonopioid and non-pharmacological pain options and remove arbitrary restrictions for these options.

> ➤ Revisit policies that restrict opioid prescriptions. Opioid prescribing has decreased; however, the number of opioid overdoses has dramatically increased (approximately doubled in 2021). Unintended consequences of these restrictions must be evaluated.

7. *Statewide delivery of OUD prevention education for children, youth, and young adults delivered through public schools, community colleges, and universities available through traditional classroom delivery and other media outlets such as online learning communities.*

   Recommended Strategies:
   > ➤ Provide children, youth, and young adults with healthy knowledge, skills and attitudes
   > ➤ Draw on evidence-based curricula to dramatically reduce rates of substance misuse to include opioids
   > ➤ Aids in personal strategies to avoid negative social pressures and scenarios
   > ➤ Utilize the long established "Texas School Survey Drug and Alcohol Use" administered by Texas A&M to analyze needs and evaluate programming.

8. *Statewide support to stand up community Recovery Oriented Systems of Care (ROSC).*

   Recommended Strategies:
   > ➤ *Provide support and consultation to assist assets in the community that are touch points.*
   > ➤ Support community hub-and-spoke model programs that incorporate all aspects of a patient's care to include:
   >> ✓ *Psychosocial supports and counseling resources*
   >> ✓ *Halfway houses and assisted living*
   >> ✓ *MOUD treatment programs*
   >> ✓ *Medical treatment resources*
   >> ✓ *Abstinence based treatment programs*
   >> ✓ *Law enforcement assets*
   >> ✓ *Justice assets*
   >> ✓ *Community coalitions and harm reduction coalitions*
   >> ✓ *Peer support services*
   >> ✓ *Faith-based supports*

9. *Statewide support to develop specialty courts, provide MOUD treatment to incarcerated individuals.* Courts are increasingly favorable to MOUD provided to incarcerated individuals and are ruling that denial of MOUD constitutes a denial of adequate medical care. Follow up with community re-entry programs further reduces relapse and improves disease trajectory.

   Recommended Strategies:
   > ➤ Document economic and societal benefit of SUD/OUD treatment
   > ➤ Promote incarceration alternatives (specialty or drug courts) as a proven benefit to prevent future criminal activity, reduce recidivism, and encourage compliance with treatment plans and education.

10. *Statewide support for emergency room training and implementation of hot handoffs to community Peer Support Specialists, community psychosocial supports and community MOUD programs to ensure post-overdose care is supported immediately.*

    Recommended Strategies:
    > ➤ Train ER physicians and clinicians on most effective post-overdose care practices to include initiating MOUD in the ER and ensuring hot hand offs to appropriate resource for continuum of care.
    > ➤ Ensure EDs and health systems are conducting SBIRT

- ➢ Ensure that patients that survive overdose are provided with naloxone rescue kit, opioid overdose reversal training, and harm reduction services.
- ➢ Discourage medically managed opioid withdrawal and initiate MOUD
- ➢ Ensure that critical data regarding overdoses is captured and reported.

11. ***Statewide expansion of access to care for all mental and behavioral disorders in Texas.*** Untreated mental health disease states are a major risk factor in the development of OUD. Texas currently ranks 50th out of the 50 states regarding access to mental and behavioral health services.

    Recommended Strategies:
    - ➢ Increase funding to train and develop mental and behavioral health professionals throughout the state.
    - ➢ Remove regulatory impediments to care coordination and information sharing between medical, mental, and behavioral health care.
    - ➢ Ensure medical parity for mental and behavioral health care.
    - ➢ Expand access to treatment for under and uninsured populations.
    - ➢ Ensure that mental and behavioral health care is available to all children and youth in Texas through expanded access to school-based mental and behavioral health services
    - ➢ Increase oversight and enforcement of mental and behavioral health parity laws, including proactive payer compliance.
    - ➢ Promote access to the full continuum of mental and behavioral health care.

12. ***Support of research, pilot studies, interventions, innovation, policy and procedures to address the Opioid Crisis in communities and reduce the burden of this terrible disease but treatable and preventable condition on the people of Texas. National funding for research regarding the systemic issues associated with the opioid crisis have been difficult to attract, due in part to misperception and lack of supporting data that Texas dose not suffer from an opioid use disorder issue relative to other states. With additional targeted resources, Texas could become a center of research excellence and innovation to combat the opioid crisis.***

    Recommended Strategies:
    - ➢ Partner with universities, health systems, and other stakeholders to identify, promote, and support increased innovation regarding the prevention, treatment and follow-up care of individuals impacted by OUD.
    - ➢ Ensure that researchers have access to and can collaborate and share state OUD data.
    - ➢ Focus on high priority research needs such as translational research for the comprehensive treatment of OUD in communities, justice related networks, improving MOUD outcomes with behavioral interventions, collaborative care models, at-risk youth prevention programs, novel treatment approaches to include medical device and new medications, increasing participant diversity in MOUD and development of new assessment and referral tools.

Summary

The above recommendations represent a comprehensive strategy to address the Texas Opioid Crisis in a meaningful and measurable way in order to utilize Opioid Settlement funds in the most impactful manner. As previously stated, the recommendations stem from the culmination of the multidisciplinary experience of the TAMU OTF, the recommendations of the AMA Opioid Task Force and the CDC recommendations to address Opioid Overdoses, as well as the National Academy of State Health Policy, Johns Hopkins Bloomberg Foundation, and recommendations from the Substance Abuse and Mental Health Services Administration (SAMHSA). The recommendations listed above have been implemented in other states and have measurable improved outcomes. Effectively addressing the opioid epidemic in Texas must incorporate strategies that address prevention of opioid misuse, reduce opioid overdose deaths, expand access to opioid use disorder treatment and supports, improve OUD treatment in the criminal justice system, improve data and surveillance, and encourages research and innovation in all of these areas.