The Council of State Governments
West Region

Opioid and Suicide Epidemic

Chuck Ingoglia, MSW
Senior VP Public Policy/Practice Improvement
National Council for Behavioral Health
The current state of the opioid epidemic
In 2016, **63,632 drug** overdose deaths occurred in the US (66.4% of which were linked to opioids).
Overdose Deaths

Drugs Involved in U.S. Overdose Deaths - Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with over 20,000 overdose deaths. Source: CDC WONDER
For CSG West states – cause of death (unintentional).

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Poisoning</td>
<td>28.5%</td>
</tr>
<tr>
<td>Motor Vehicle, Traffic</td>
<td>26%</td>
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<tr>
<td>Fall</td>
<td>24.2%</td>
</tr>
<tr>
<td>Suffocation</td>
<td>3.5%</td>
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<tr>
<td>Unspecified</td>
<td>2.9%</td>
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<tr>
<td>Natural/Environmental</td>
<td>1.6%</td>
</tr>
<tr>
<td>Fire/Flame</td>
<td>1.3%</td>
</tr>
<tr>
<td>Other Specified and Classifiable</td>
<td>1.1%</td>
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How can states continue to address the opioid crisis?
State legislation to curb the over-prescribing of opioids

As of April 2018

Laws Setting Limits on Certain Opioid Prescriptions

- Statutory limit: 14 days
- Statutory limit: 7 days
- Statutory limit: 5 days
- Statutory limit: 3-4 days
- Statutory limit: Morphine Milligram Equivalents (MME)
- Direction or authorization to other entity to set limits or guidelines
- No limits

*Note: The map displays the state’s primary opioid prescription limit and does include additional limits on certain providers or in certain settings. Arizona allows prescriptions up to 14 days following surgical procedures and North Carolina allows up to 7 days for post-operative relief. Maryland requires the "lowest effective dose." Minnesota’s limit is for acute dental or ophthalmic pain. The map also does not reflect limits for minors that exist in at least eight states.

Source: NCSL, StateNet
Increase access to MAT
What is Recovery Housing?
Recovery housing support individuals by providing a safe living environment and readily available community of recovery-related social support.

THE NATIONAL COUNCIL RECOMMENDS THAT STATES SUPPORT EFFORTS TO:

1. Adopt a common definition of recovery housing and establish a recovery housing certification program based on national standards;
2. Incentivize recovery housing operators to adhere to nationally-recognized quality standards; and
3. Expand investment in and technical assistance for recovery housing.

Building Recovery: State Policy Guide for Supporting Recovery Housing (Toolkit)

- Protecting Recovery Housing: Standards, Incentives, and Investment
- Supporting Recovery Housing in Practice: Additional Quality and Access Considerations
- Sample Legislative Language
Invest in CCBHCs

Certified Community Behavioral Health Clinics (CCBHCs) are responsible for directly providing (or contracting with partner organizations to provide) nine required types of services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination, and integration with physical health care.

How are they an improvement over the status quo?

- Payment **based on anticipated costs** supports hiring new staff, filling vacancies, expanding service lines
- Ability to fund **services outside the four walls** and **include expenses not traditionally billable** (like EHRs, care coordination, outreach)
- **Coverage for services** not otherwise in the Medicaid state plan (e.g. peer services)
Impact of CCBHCs on the Opioid Epidemic

Nevada

Since becoming a CCBHC, how have your addiction treatment and recovery support services changed?

- % Launched
- % Expanded

- Medication-assisted treatment: 100%
- Peer recovery: 50%
- Supported employment: 50%
- Triage: 100%
- Wellness management: 50%
- Case management: 50%
- Support housing: 50%
- Education support services: 50%

Oregon

Since becoming a CCBHC, have you launched or expanded the following addiction-focused treatment and recovery services?

- % Launched
- % Expanded

- Medication-assisted treatment: 71%
- Peer recovery: 43%
- Withdrawal management: 29%
- Addiction counseling: 43%
- Case management: 43%
- Ambulatory detoxification: 29%
- Supported employment: 14%
- Education support services: 29%
Current state of the suicide epidemic
In 2016, **44,925** individuals died by suicide

Rates of suicide continue to grow across the country. Since 2005, there has been a 38% increase in death from suicide (32,604 in 2005; 44,925 in 2016)

https://www.samhsa.gov/data/substance-abuse-facilities-data-nssats/reports

Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015
<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Group</th>
<th># Deaths</th>
<th>Rank</th>
<th>Age Group</th>
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<td></td>
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Data Sources: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using VISQARDM.
How can states continue to address the suicide crisis?
WHAT IS MENTAL HEALTH FIRST AID?
Mental Health First Aid is an 8-hour course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

The Mental Health First Aid Action Plan

1. Assess for risk of suicide or harm
2. Listen nonjudgmentally
3. Give reassurance and Information
4. Encourage appropriate professional help
5. Encourage self-help and other support strategies

Extensive research indicates that adults & youth who are certified in MHFA are better informed regarding when to assess for risk of suicide, listen non-judgementally, encourage appropriate help, and encourage self-help strategies.
Many Americans face difficulties in accessing proper mental health treatment

States can improve access to quality treatment by:
- Increasing access to early intervention programs that address serious mental illness
- Expand the behavioral health workforce through scholarships and loan repayments
- Focus interventions on preventing suicide that will reduce key risk factors for suicide
- Address key barriers to accessing treatment such as cost/insurance coverage and structural barriers (e.g., geographic constraints)

2016 SAMHSA National Survey on Drug Use and Health:
- 35% of individuals with a serious mental illness (SMI) did not receive treatment
- 64% of individuals with any mental illness (not SMI) did not receive treatment.
- 40% of individuals with any mental illness who received treatment ONLY received prescription medication treatment

Reasons for not receiving mental health services among young adults aged 18 to 25 who felt they needed mental health services in the past year: combined 2009 to 2013

Impact of CCBHCs on the Suicide Epidemic

All CCBHCs

CCBHCs’ activities to expand services, technology, and treatment innovations

- Improve outreach (e.g., hiring outreach workers, hiring care coordinators, implementing protocols to reduce no-shows via texting or other outreach, etc.) 78.7%
- Expand capacity to provide crisis care 74.5%
- Adopt new technologies that support care delivery, such as EHR upgrades, mobile apps, web platforms, telehealth, etc. 72.3%
- Implement new care delivery or outreach partnerships with hospitals 72.3%
- Improve or expand services to veterans 63.8%
- Implement same-day access protocols so that every client can be seen on the same day they are referred for services 57.4%
- Implement new care delivery or outreach partnerships with schools 48.9%
- Initiate new programs, service lines or locations 46.8%
- Implement new care delivery or outreach partnerships with criminal justice agencies, jails, prisons, or courts 44.7%
- Implement remote monitoring technologies 27.7%
Questions?

Chuck Ingoglia, MSW
Senior Vice President
chucki@thenationalcouncil.org
202.684.3749