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Team-Based Care to Address Psychiatric and Physical Health Co-morbidities in Persons with Opioid Use Disorders: Responding to Chicago's Opioid Crisis

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Nicholas Chien, MD, Ruchi Fitzgerald, MD

Thresholds

April 13, 2021



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Disclosures

Steve Weinstein, MD, Tim Devitt, Psy.D., Wesley Cook, DO, Nicholas Chien, MD, and Ruchi Fitzgerald, MD have no financial relationships with an ACCME defined commercial interest to disclose.

*The content of this activity may include discussion of off label or investigative drug uses.
The faculty is aware that is their responsibility to disclose this information.*

Target Audience

- The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.

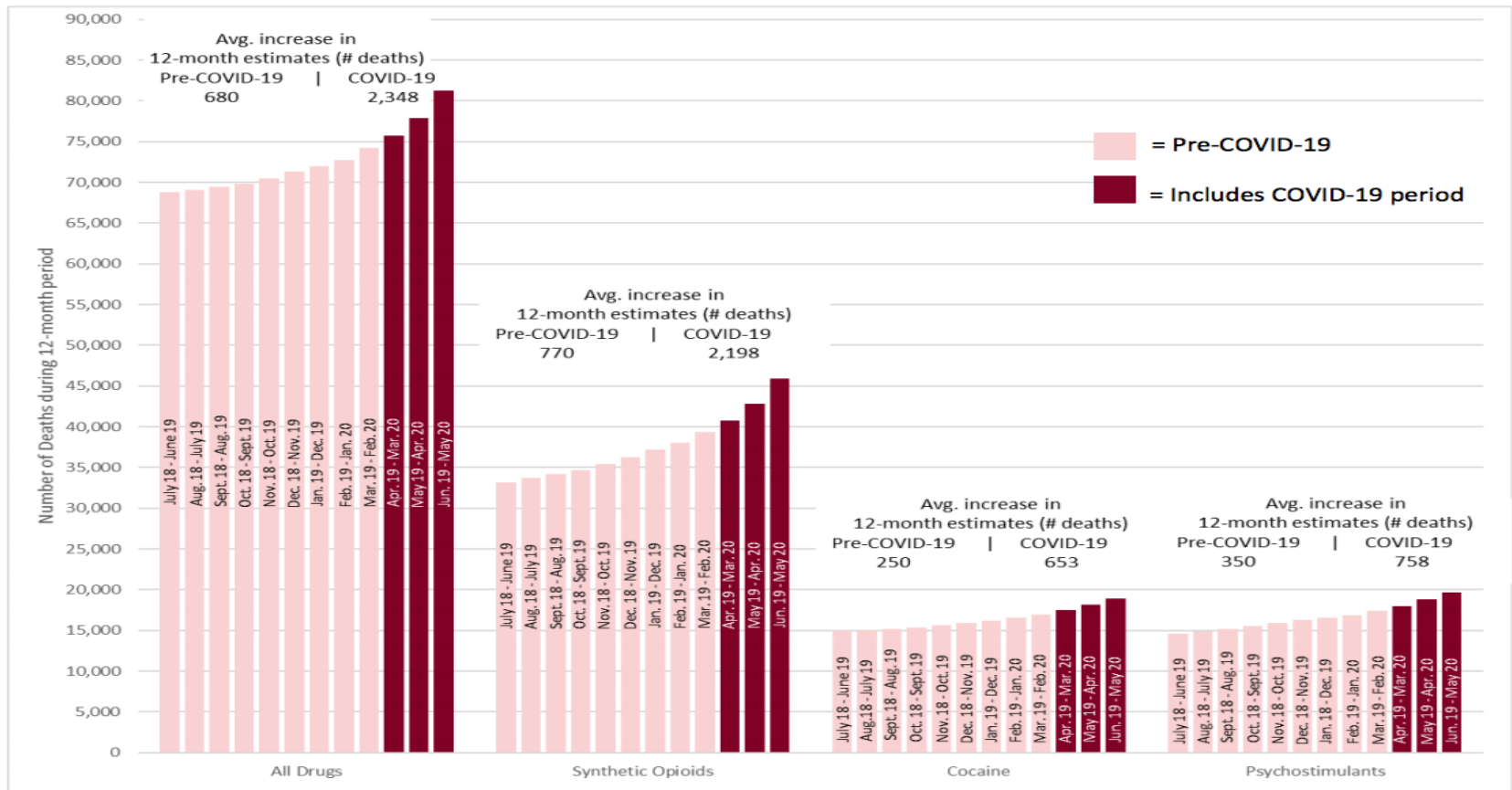
Educational Objectives

- Develop an understanding of psychiatric and health conditions common in people with opioid use disorder (OUD)
- Identify effective treatment engagement strategies for people with OUD, particularly during COVID-19
- Examine team-based treatment approaches to addressing psychiatric and health conditions in people with OUD
- Explore the importance of networking and communicating with community medical and psychiatric providers to address client needs
- Discuss effective strategies to reduce risk and opioid use disorder related harm

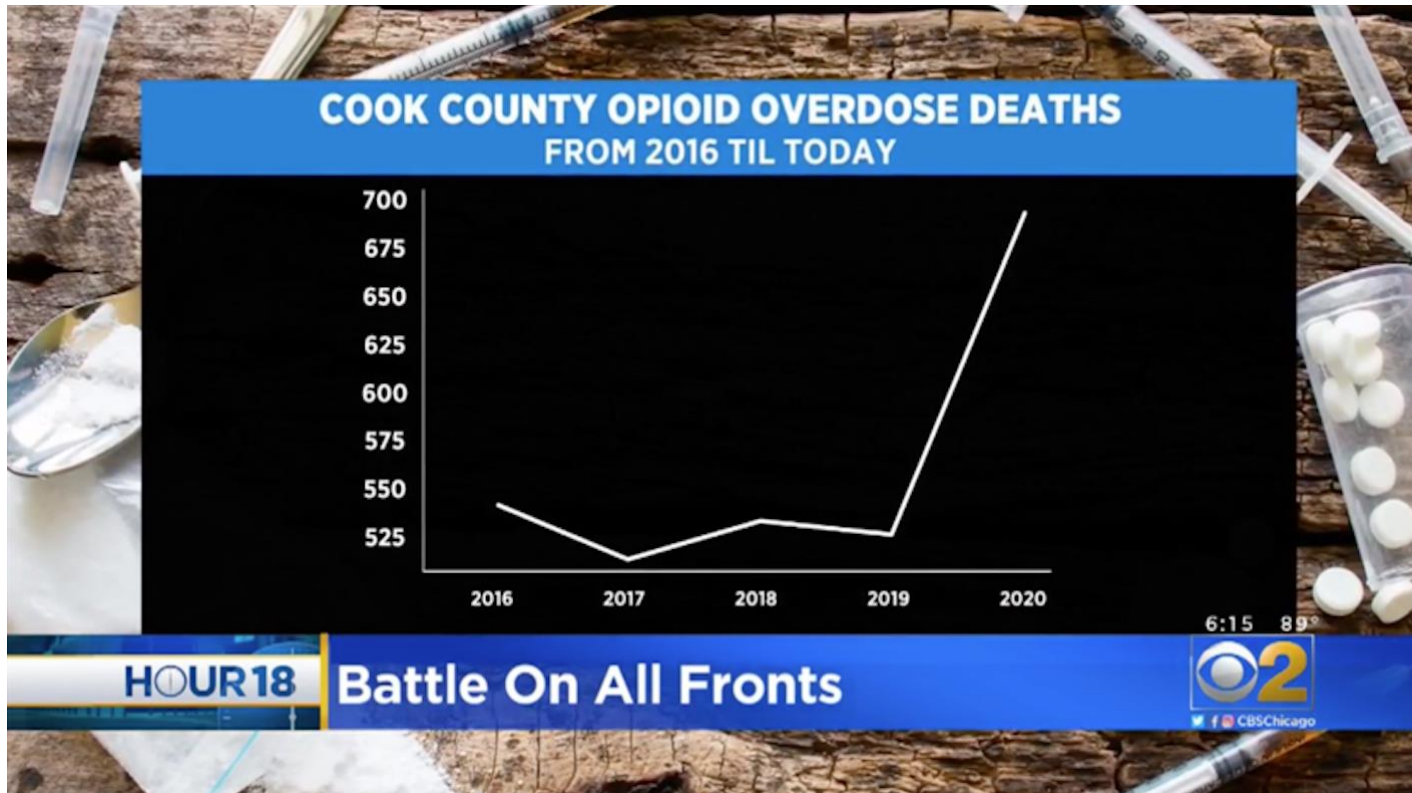
National Opioid Overdose Crisis

National Drug Overdose Deaths During COVID-19

Figure 1: Twelve-month provisional^a drug overdose death counts for all drugs^b, synthetic opioids^c, cocaine^d, and psychostimulants^e, for 50 states, the District of Columbia, and New York City: 12-months ending in June 2019 to 12-months ending in May 2020^f



Cook County Overdoses During COVID-19



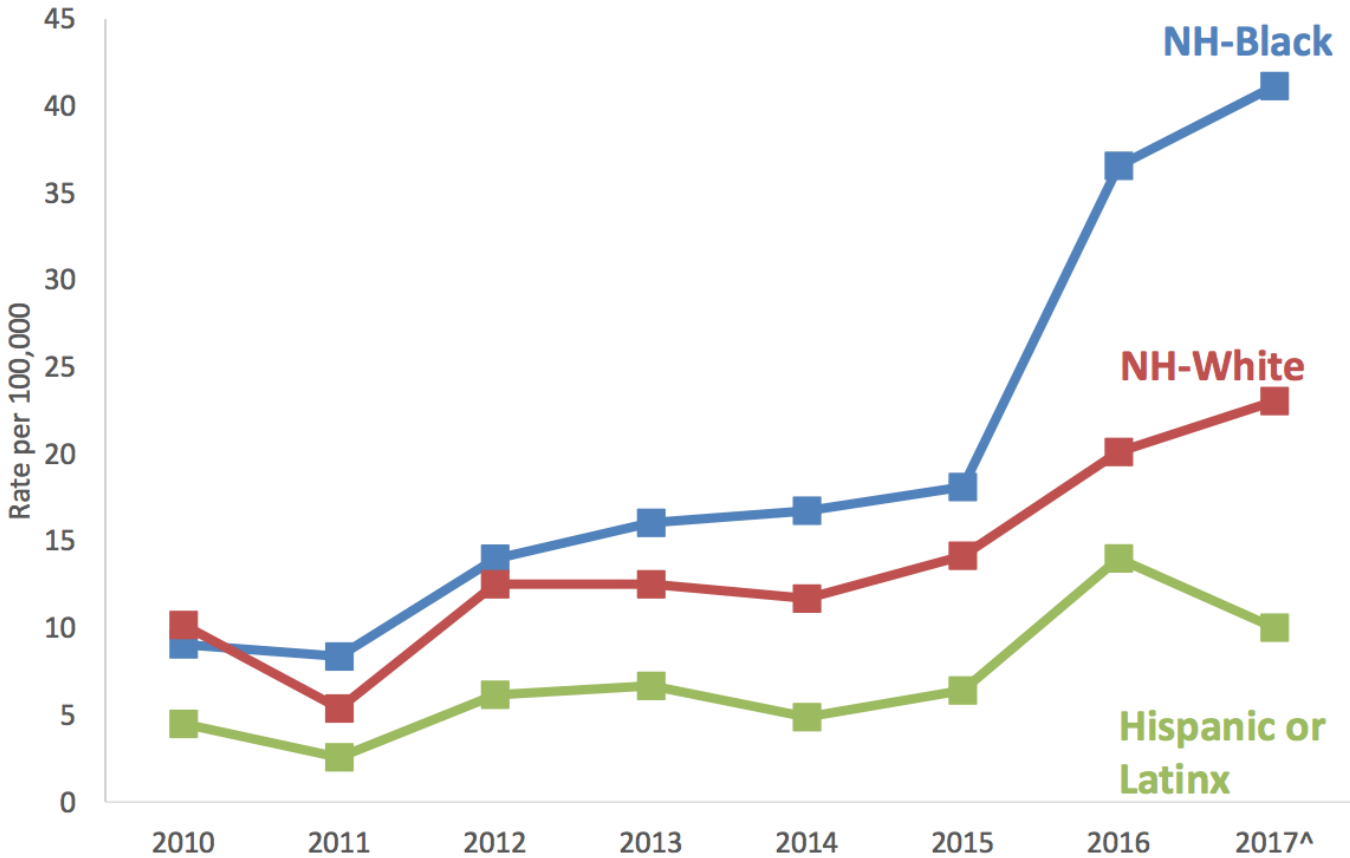
HOURLY

Battle On All Fronts

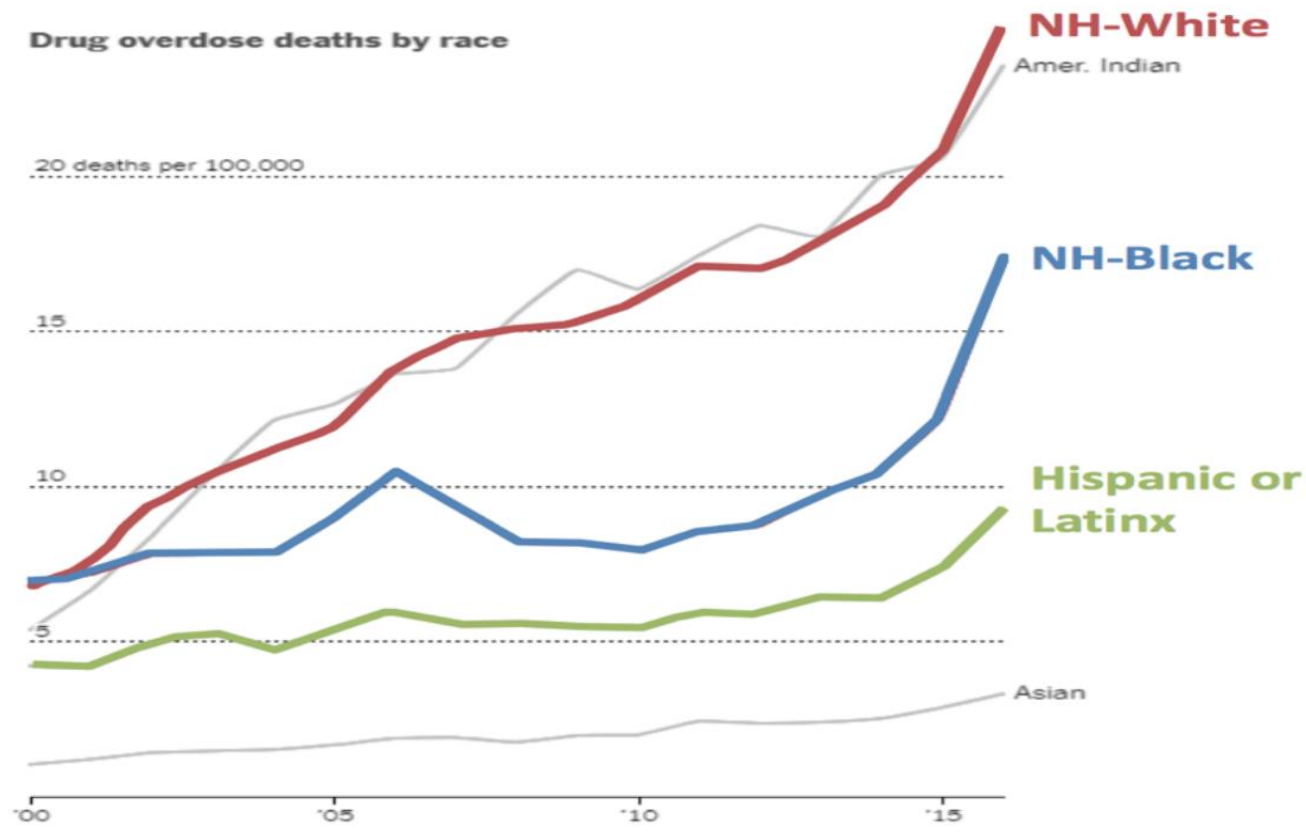


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Racial Disparities Opioid Overdose Deaths in Cook County



Racial Disparities Opioid Overdose Deaths Nationally



Opioid Use Disorder & Associated Comorbidities

Mental Illness and Substance Use Disorders in America

PAST YEAR, 2019 NSDUH, 18+

Among those with a substance use disorder:

- 2 IN 5 (38.5% or 7.4M) struggled with illicit drugs
- 3 IN 4 (73.1% or 14.1M) struggled with alcohol use
- 1 IN 9 (11.5% or 2.2M) struggled with illicit drugs and alcohol

Among those with a mental illness:

- 1 IN 4 (25.5% or 13.1M) had a serious mental illness

7.7%
(19.3 MILLION)
People aged 18
or older had a
substance use
disorder (SUD)

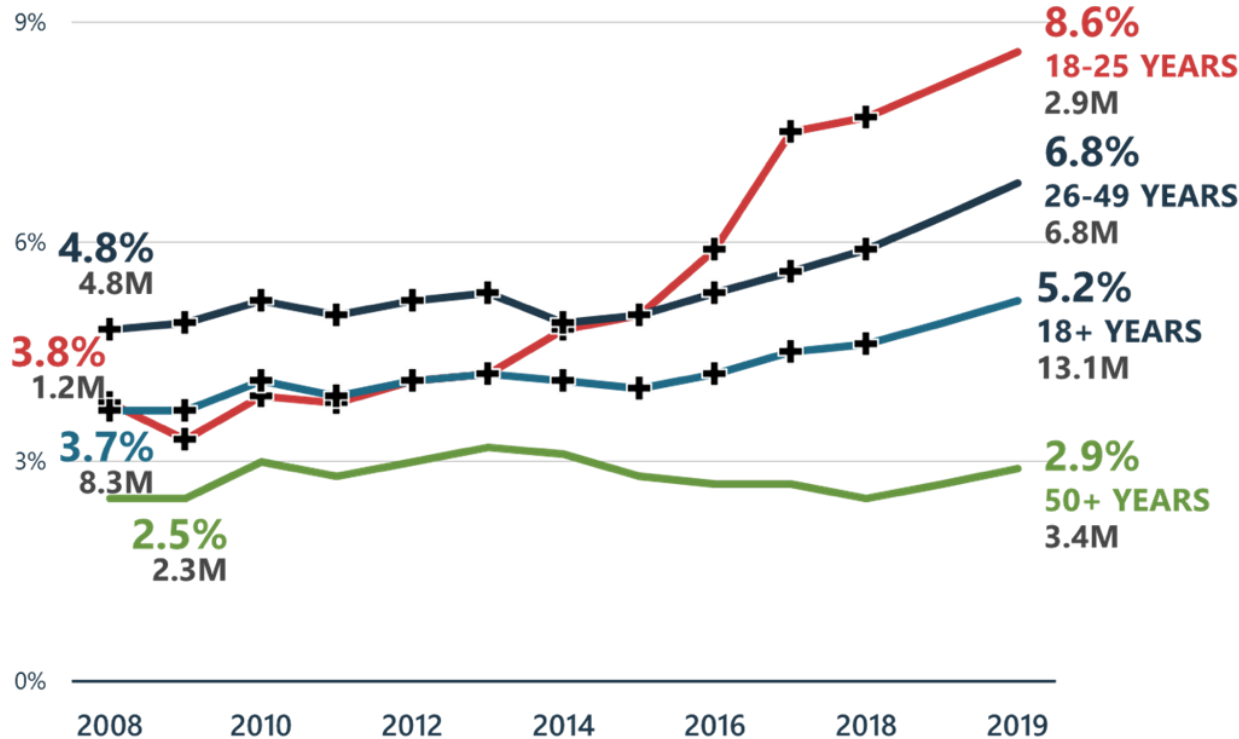
3.8%
(9.5 MILLION)
People 18 or older
had BOTH an SUD
and a mental
illness

20.6%
(51.5 MILLION)
People aged 18
or older had a
mental illness

In 2019, **61.2M** Americans had a mental illness and/or substance use disorder-an increase of 5.9% over 2018 composed entirely of increases in mental illness.

Serious Mental Illness (SMI) Increasing

PAST YEAR, 2008-2019 NSDUH, 18+



56.4%
1.6 MILLION YOUNG ADULTS WITH SMI RECEIVED TREATMENT IN 2019

43.6% got NO treatment

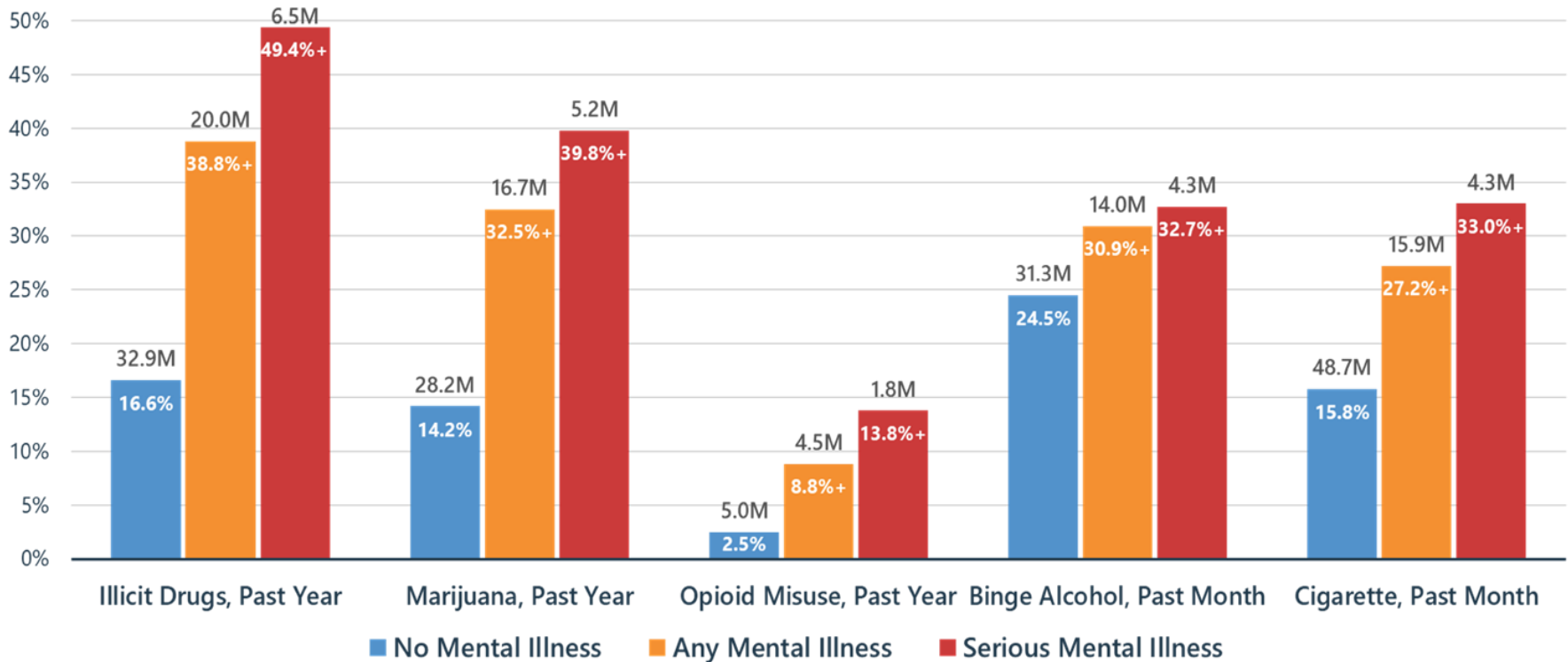
65.1%
4.5M ADULTS AGED 26-49 WITH SMI RECEIVED TREATMENT IN 2019

34.9% got NO treatment

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Co-Occurring Issues: Substance Use and Mental Illness among Adults

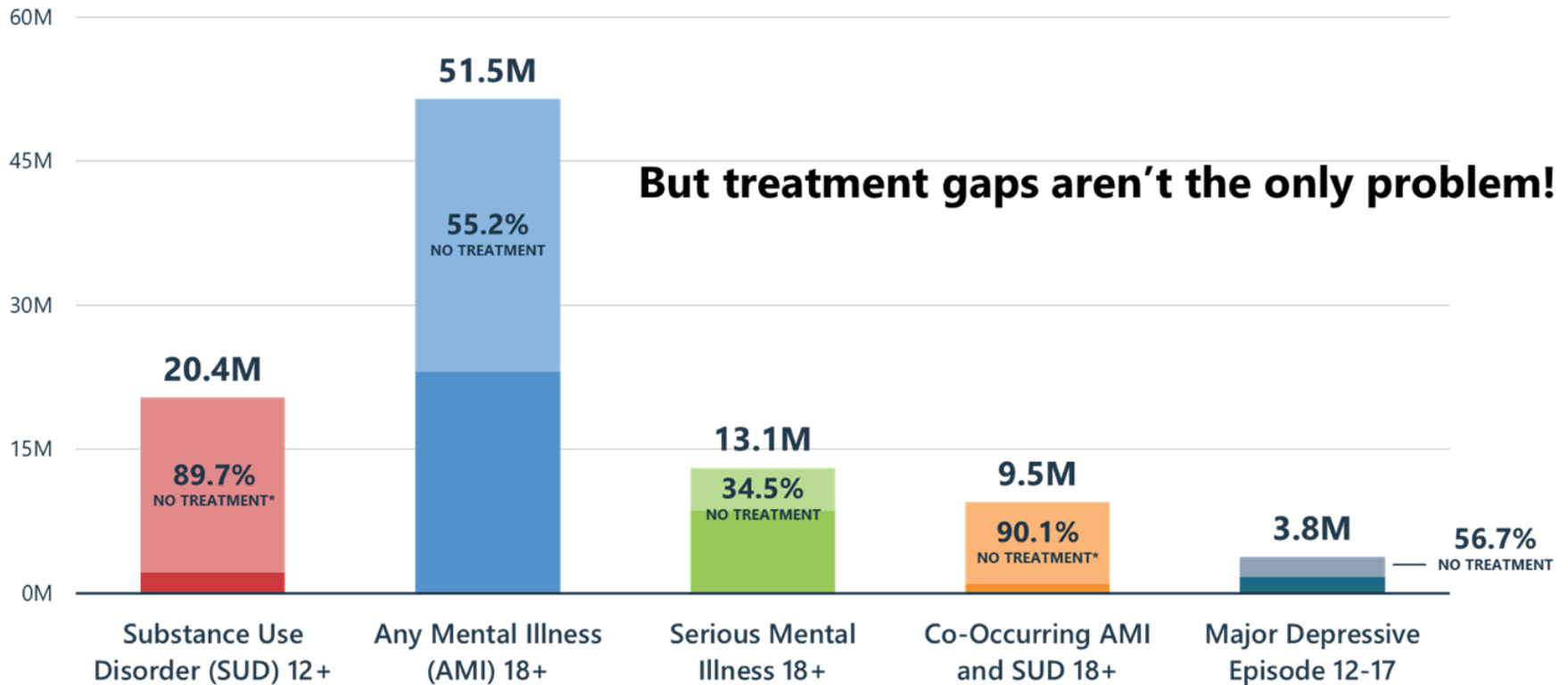
PAST YEAR/MONTH, 2019 NSDUH, 18+



+ Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.

Mental and Substance Use Disorders: High Prevalence / Huge Treatment Gaps

PAST YEAR, 2019 NSDUH, 12+



* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Medical Comorbidities Associated with OUD

Acute comorbidities:

- Injection Drug Use Related Infective Endocarditis (IDU-IE)

Chronic comorbidities:

- HIV
- HCV

Increased morbidity/mortality from chronic illness;
multifactorial (access to care; accessing care)

Geographical Context

- Patients affected by OUD and psychiatric comorbidities may live in neighborhoods impacted by economic deprivation.
- Example: Garfield Park (West Side of Chicago) has a life expectancy of **69 years old**, compared with **77 years old in other Chicago neighborhoods.**
- East Garfield Park has consistently had the highest rates of opioid overdose rates.
- There are **zero** grocery stores in East Garfield Park.

Valve Operations for Drug Use Associated Infective Endocarditis in the United States

34,905 valve operations for endocarditis



33.7%

related to drug use

2.7x

increase in 2011-2018



Highest burden in:
East South Central
South Atlantic

Operations for drug-associated endocarditis

↑ Length of stay

↑ Risk-adjusted hospital mortality (OR **1.15**)

↑ Risk-adjusted major morbidity (OR **1.11**)

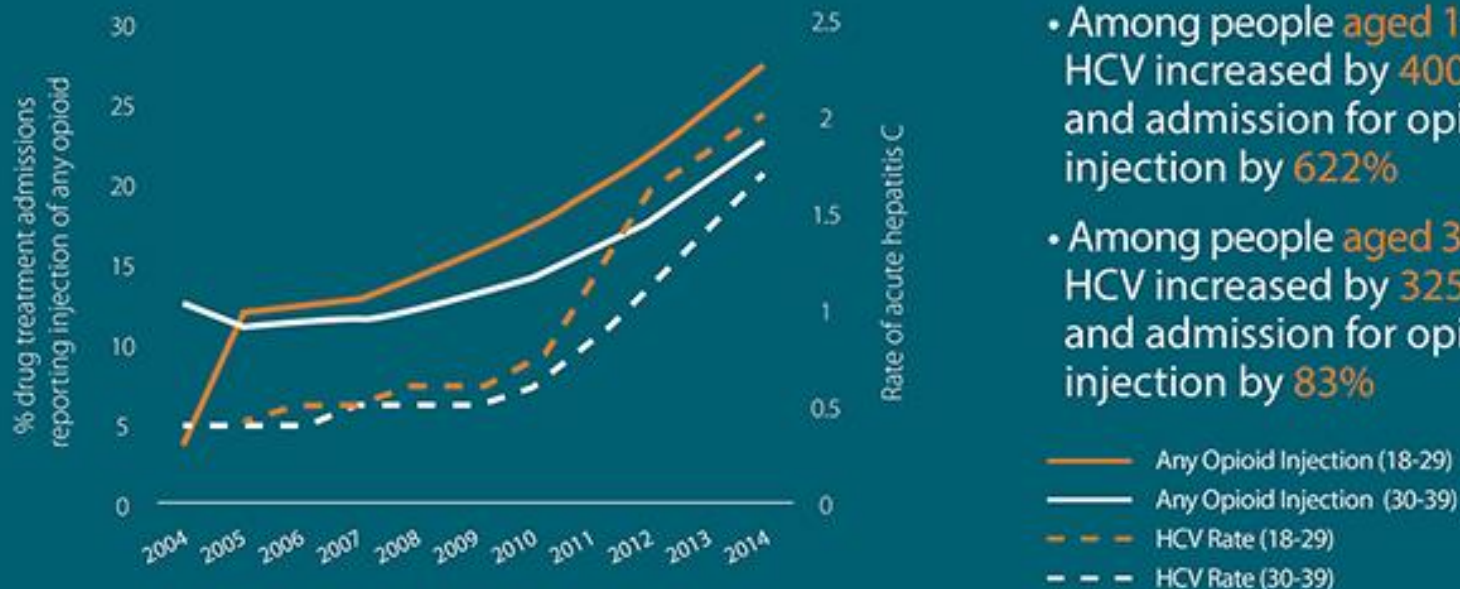
Geirsson A, et al. *Ann Thorac S*.
Richard E. Clark Memorial Paper read at the 55th STS Annual Meeting

THE ANNALS
OF
THORACIC SURGERY



Hepatitis C & Injection Opioid Use

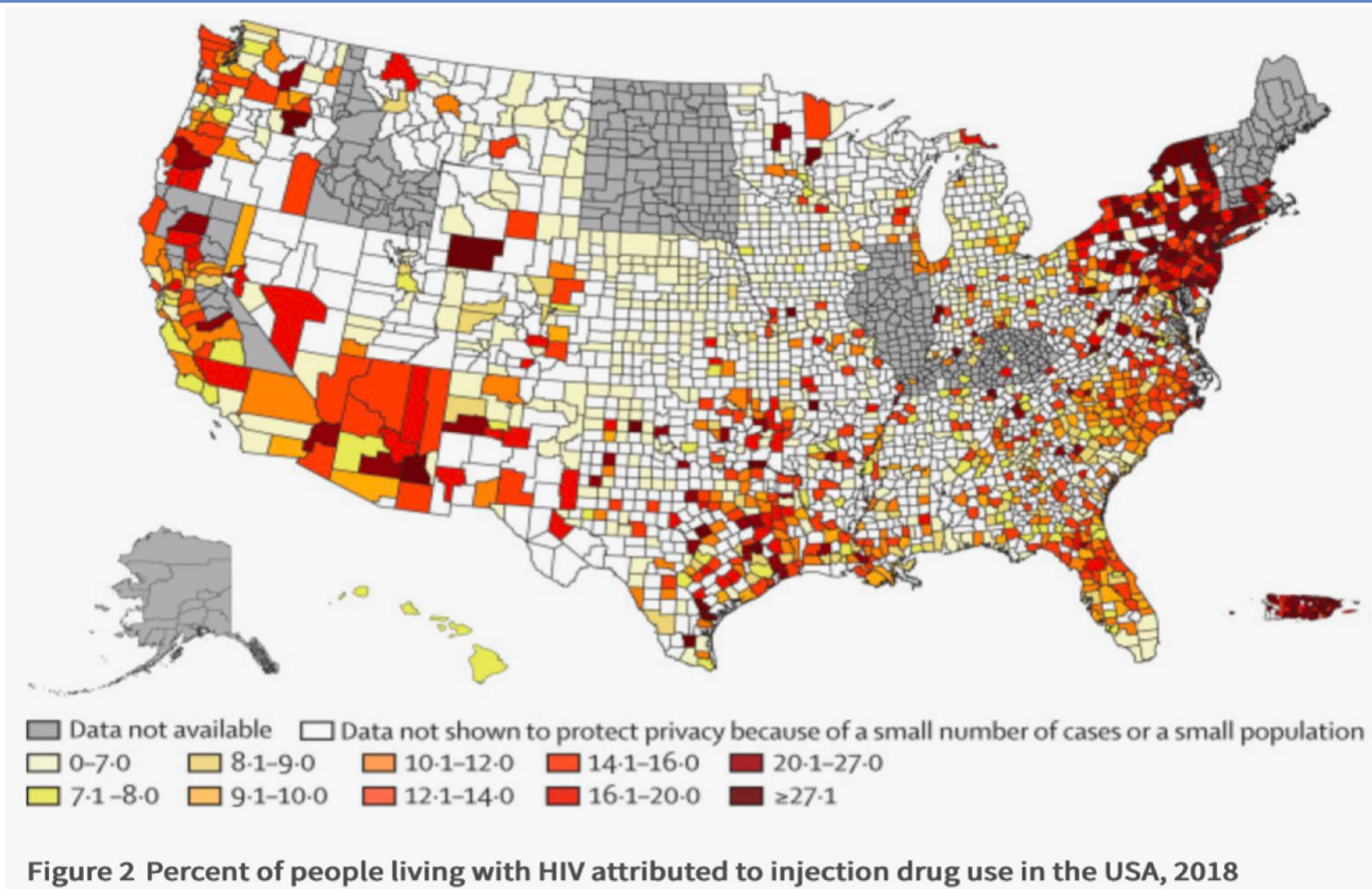
HEPATITIS C AND OPIOID INJECTION ROSE DRAMATICALLY IN YOUNGER AMERICANS FROM 2004-2014



- Among people **aged 18-29**, HCV increased by **400%** and admission for opioid injection by **622%**
- Among people **aged 30-39**, HCV increased by **325%** and admission for opioid injection by **83%**

Source: Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration

HIV & Injection Drug Use



Adverse Social Determinants *Overrepresented* in this Population

- Poverty
- Unemployment
- Justice-involved
- Housing
- Food insecurity
- Communication (cell phone)
- Medical Insurance
- Cost of medications



Integrated Models of Care

- Involves pro-actively reaching out to the community, identifying those who may be at risk.
- Focusing on what people identify as their needs rather than the medical providers.
- Utilizing a **team-based approach** to address the social determinants of health *in an organized manner*.
- Leadership uses system wide training to address any education gaps.

Meeting the Needs of the Community

THRESHOLDS

HOME | HEALTH | HOPE



Harm Reduction in Action - *Any Positive Change*

Primary Aims – HR as a substance use practice:

- Point of engagement
- Help people have increased control over their substance use and lives.
- Assist with helping people build up the pillars needed for foundational recovery.
- The experience of positive change can lead to hope more can occur, step-by-step, one positive change at a time.



SAMHSA Definition of Recovery:

Four major dimensions that support a life in recovery

- **Purpose:** meaningful daily activities, such as a job, school, volunteering, family caretaking, and the independence, income and resources to participate in one's community.
- **Home:** a stable and safe place to live.
- **Community:** relationships and social networks that provide support, friendship, love, and hope.
- **Health:** access to care for overcoming or managing one's disease(s) or symptoms, including physical and behavioral health, and making informed, healthy choices that support physical & emotional wellbeing.

Thresholds Integrated Treatment Model: Operationalized Harm Reduction

Thresholds provides [Outpatient, Intensive Outpatient Services](#) and [Community Support Treatment Services](#)

CORE MODALITIES

- Harm Reduction Orientation
- Assertive Outreach
- Group and Individual Therapy
- Recovery Coaching
- Recovery Management Support
- MOUD

CORE PRACTICES

- Motivational Interviewing
- CBT
- Mindfulness-based Sobriety
- Integrated Trauma Therapy
- Mutual Aid Group Facilitation

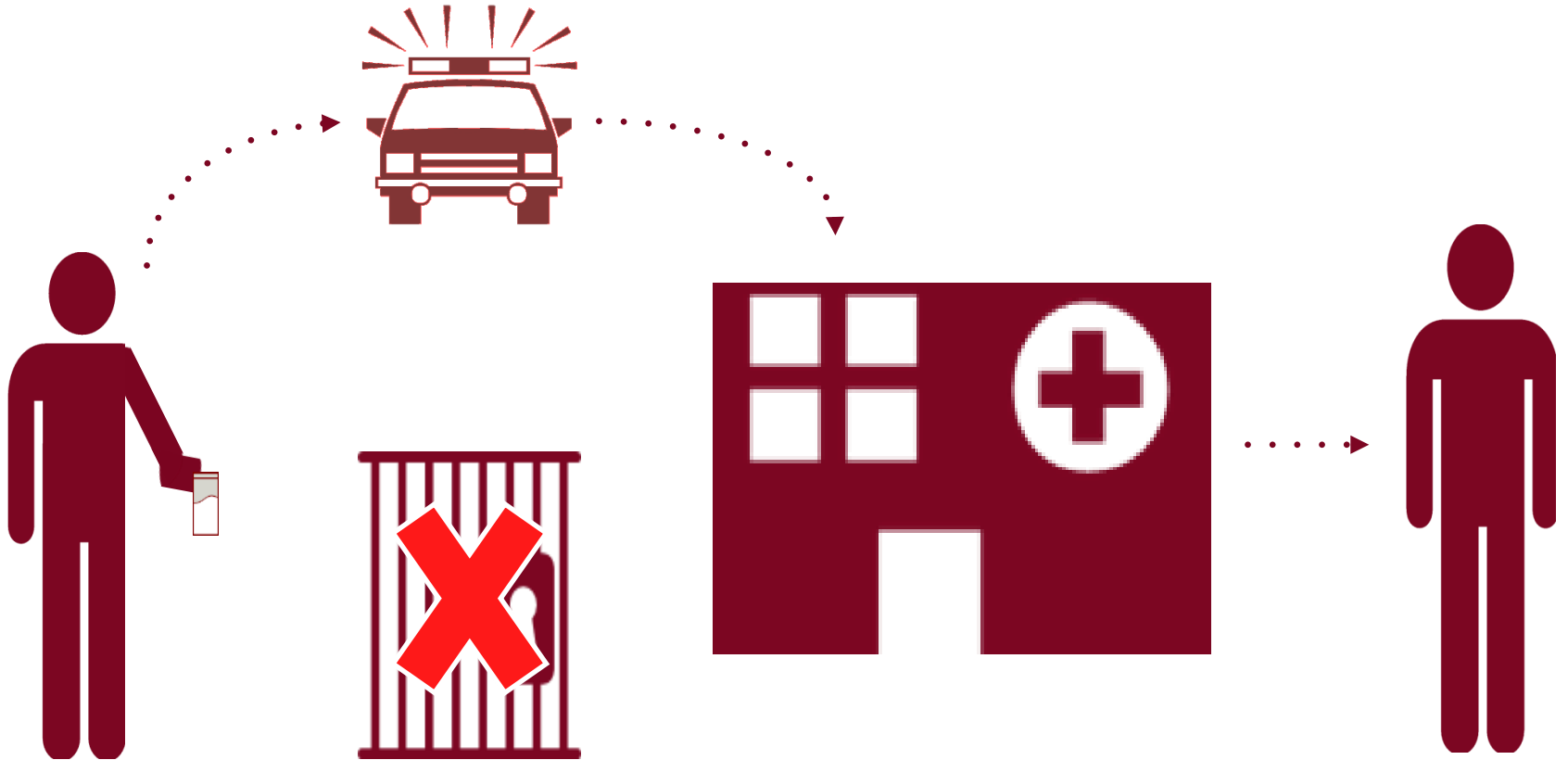
Westside Narcotics Diversion and Treatment Initiative

- **Garfield Park** is a west side neighborhood acknowledged as the epicenter of the opioid epidemic in Chicago.
 - Represents approximately 2.6% of the City's landmass and population
 - In 2018:
 - 3,020 overdose incidence (32.3% of the entire City total)
 - 1,517 narcotics arrests (30% of the entire City total)
- **Chicago Police Station District 11** serves Garfield Park.
- **Thresholds** moved to this location March 2019, 2 blocks from the District 11 Police Station.

Traditional Approach



Diversion and Treatment Approach



Westside Narcotics Diversion and Treatment Initiative



THRESHOLDS

HOME | HEALTH | HOPE



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Thresholds SU Counselor Engages with Candidate



- Non-judgmental approach
- Supportive
- Compassionate
- Screen and assesses for substance use disorder
- Links to treatment

WNDTI – Pilot Year Results

Launched in April 2016 as a pre-booking drug diversion program under CPD's Westside Narcotics Unit for pre-identified, eligible individuals arrested on narcotics possession and delivery charges

| Recidivism | | SUD Treatment | |
|--|---|--|---|
| Reverse Sting Group | Round Up Group | Reverse Sting Group | Round Up Group |
|  <p>39 of 41 Engaged in Treatment</p> |  <p>43 of 46 Engaged in Treatment</p> |  <p>39.21 Avg. Days in Treatment for those who accepted treatment</p> |  <p>64.52 Avg. Days in Treatment for those who accepted treatment</p> |
|  <p>7.5% 3 of 40 have rearrested</p> |  <p>58% Of Traceable Participants Have rearrested</p> | <p>38% Engaged in 1+ Days Treatment</p> | <p>68% Engaged in 1+ day of Treatment</p> |
|  <p>2.5% Have rearrested 1+ times</p> |  <p>19% Have rearrested 1+ times</p> | <p>86% Engaged in 30+ Days Treatment (for those engaged in 1+ Day)</p> | <p>82% Engaged in 30+ days of Treatment (for those engaged in 1+ Day)</p> |

Building Community Partnerships

Making It Happen

Overdose prevention and access to care through street outreach partnerships.



POP UP THURSDAY, JULY 23 @ NOON PULASKI & JACKSON

**HEALTHCARE, SHELTER, CARE PACKAGES,
RE-ENTRY/SUBSTANCE ABUSE**

THRESHOLDS

Provides home, health, hope for people living with mental illness and substance abuse.
Intake: 773.572.5500 intake@thresholds.org

Illinois Domestic Violence Hotline
1.877.863.6338

NATIONAL RUNAWAY SAFELINE
1.800.RUNAWAY

Youth American Hotline
1.877. YOUTHLINE



BAM
YOUTH GUIDANCE



Westside Community Triage and Wellness Center



Bobby E. Wright
Chicago's African American Health Center
4133 W. Madison • Chicago, IL 60624



JASON C. ERVIN
Alderman • 28th Ward
www.alderman28.com
Austin • East Garfield • West Garfield • North Lawndale
Little Italy • Lake Village • Polite • Taylor Square
University Village • West Loop



11TH DISTRICT CAPS
SGT. DANIEL ALLEN
312.746.9841

FACEBOOK :
11TH DISTRICT CPD

TWITTER:
@CHICAGOCAPS11

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MELODY**
STEM ELEMENTARY SCHOOL

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Essential Ingredients to Street Outreach

- The next few slides summarize what we've found to be “ingredients” essential of a comprehensive street outreach model.
- Starting in Late Spring 2020, Thresholds began teaming up weekly with organizations part of the Westside Opioid Task Force.
- Each organization brings something essential to the outreach effort. Implementing the model has been possible because of our collaborative approach.

Street outreach - led by people who have the lived experience

- **The street outreach effort needs to be led by people who have the lived experience of homelessness and recovery from substance use and/or mental health conditions.**
- Their partnership is essential for conveying hope and expectancy that this type of engagement can be trusted and will make a positive difference in their lives.



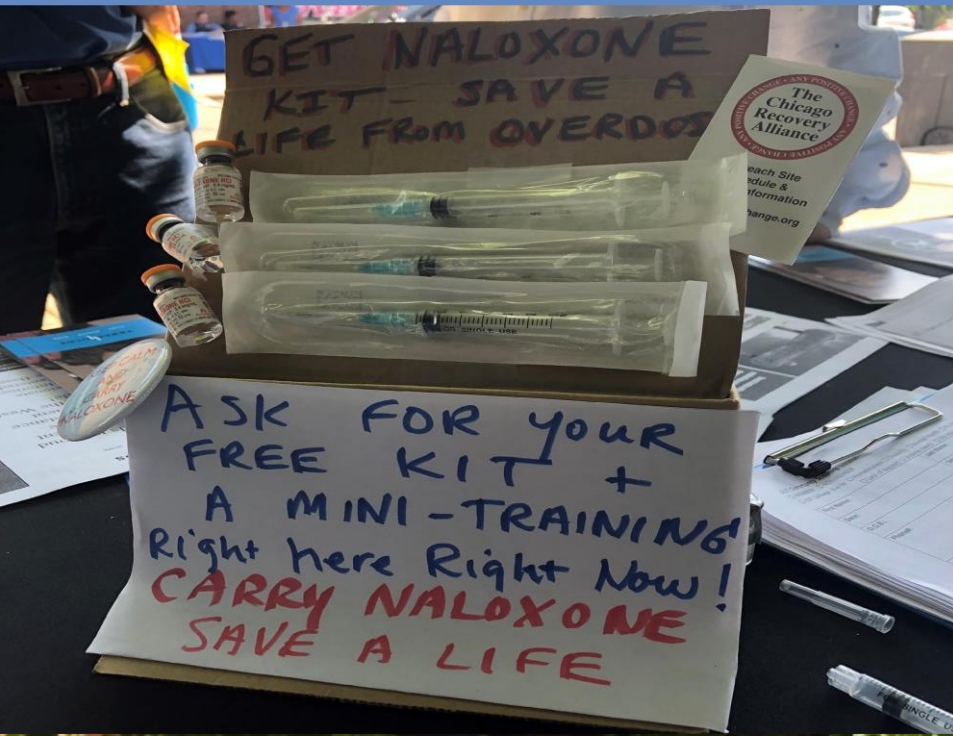
Offer Free PPE

- **Offer free PPE** to decrease the spread of COVID-19. Most people are in need of PPE and convey gratitude when offered a mask and hygiene packet.



Offer Free Naloxone Kits

- Offer training on overdose prevention and reversal and free Naloxone Kits.
- Most people living along the Pulaski Corridor know someone who has experienced an accidental opioid overdose.
- There is a strong interest learning how to administer naloxone and receiving free naloxone kits.



Offer an Array of Substance Use Treatment Options

- When people identify wanting to initiate substance use and/or mental health recovery, **provide linkage to the type of substance use or mental health service that matches their level of motivation to address any positive change.**



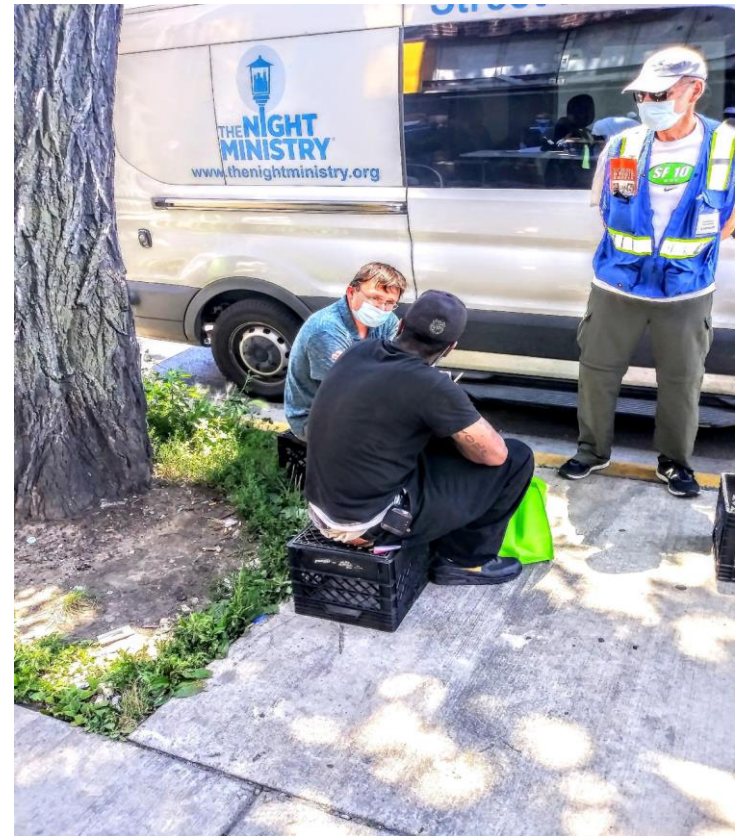
Provide Same Day Linkage to MOUD

- When people identify wanting help alleviating the effects of opioid withdrawal, **offer same day linkage to MAR (medication assisted recovery), through telemedicine or a same day office visit.**



Provide Mobile Medical Care

- **Team up with mobile medical care providers who can immediately treat acute and chronic ailments.**
- Medical care is regularly requested along the Pulaski Corridor by people who don't have medical insurance, and don't want to go to an emergency room (long waits, fear of getting COVID, being turned away).



Practical Assistance Applying for Affordable Housing

Educate on the process of applying for affordable housing

Offer practical assistance taking steps to access housing:

- State ID
- Birth Certificate
- SS Card
- Enroll in Coordinated Entry / Local Housing Authority Wait Lists
- Assist with making informed selections based on HUD and community priorities and personal preferences.

4 GET YOUR TEMPORARY ID AND PERMANENT ID

→ Temporary IDs are now issued the same-day you bring you documents to the Secretary of State's Office.

→ Permanent IDs are mailed out within 15 days to the address of either the provider on your homeless certification letter or to the address you provide on state-issued residency documents. If it is mailed to a service provider, you must be sure to stay in touch with them and pick up the ID, or they are required to by law to mail it back after 60 days.

RESOURCES

Illinois Secretary of State
www.cyberdriveillinois.com

Cook County Free Birth Certificate Form
www.chicagohomeless.org/cook-birth-certificate/

Other Illinois Counties Free Birth Certificate Form
www.chicagohomeless.org/il-birth-certificate/

State-by-State Identification Guide
www.chicagohomeless.org/bc-outside-illinois/

Social Security Card Application
www.ssa.gov/forms/ss-5.pdf

Homeless Verification Letter
www.chicagohomeless.org/verification-letter/

Call the
LAW PROJECT
OF THE
CHICAGO COALITION FOR THE HOMELESS
1-800-940-1119
for additional guidance in obtaining identification documents.

GETTING AN ILLINOIS ID AND OTHER IDENTIFICATION DOCUMENTS: A GUIDE FOR PEOPLE EXPERIENCING HOMELESSNESS

LAW PROJECT OF THE CHICAGO COALITION FOR THE HOMELESS
1-800-940-1119
www.chicagohomeless.org

Requirements for us...



- Show up no matter what
- Lower threshold to accessing care
- Collaborate - to provide needed for immediate access services and resources
- Advocate - To change regulations and policies that create unintentional barriers to recovery.

The Thresholds Program

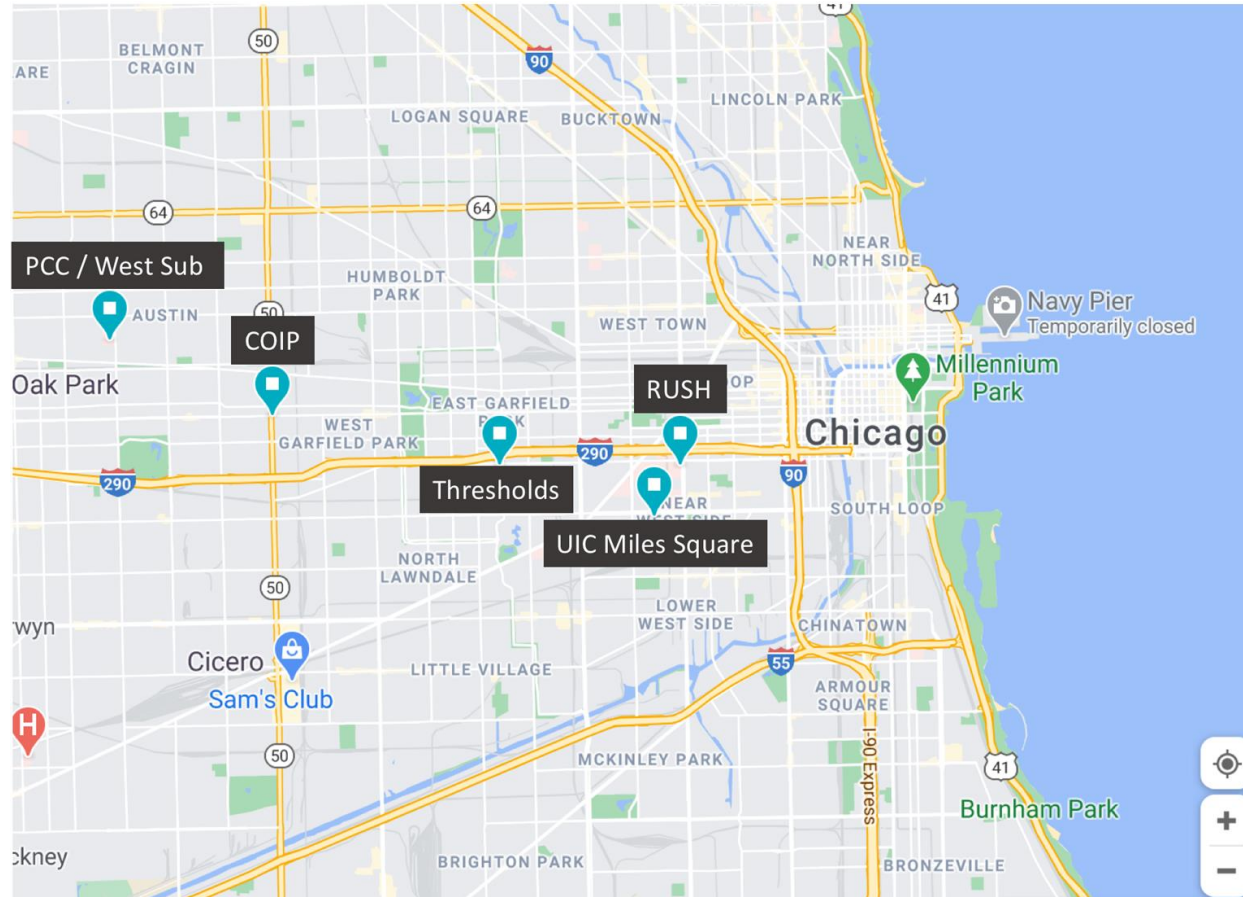
- Early utilizer of telemedicine for buprenorphine access.
- Unique opportunity for Addiction Medicine and Addiction Psychiatry Fellows to **learn and care for a vulnerable population on Chicago's West Side.**
- **Teaching Fellows about harm reduction.**
- Primary care links are driven mostly by Medicaid plans.
- Psychiatric treatment-Most is managed within the program, not solely by Addiction Psychiatry.
- Docs who treat addiction are going to address psychiatric treatment. Most handled in-house.
- Team dynamics when they expect referral to psychiatry.

The Addiction Medicine Fellow: Fostering Community Collaboration

Rush Addiction Medicine/UIC Addiction Psychiatry Fellowship Longitudinal Rotation

- Partnership developed to meet the needs of the community, and our fellows.
- **Unique** opportunity.
- Organization based on the pillars of:
 - Harm reduction.
 - Connection.
 - Community.
 - Learning new approaches from team members (Counselors and Peer Workers).

Rush University Medical Center: Addiction Medicine Fellowship



Overdose Prevention Strategies and Promising Practices

Overdose Prevention Strategies and Promising Practices

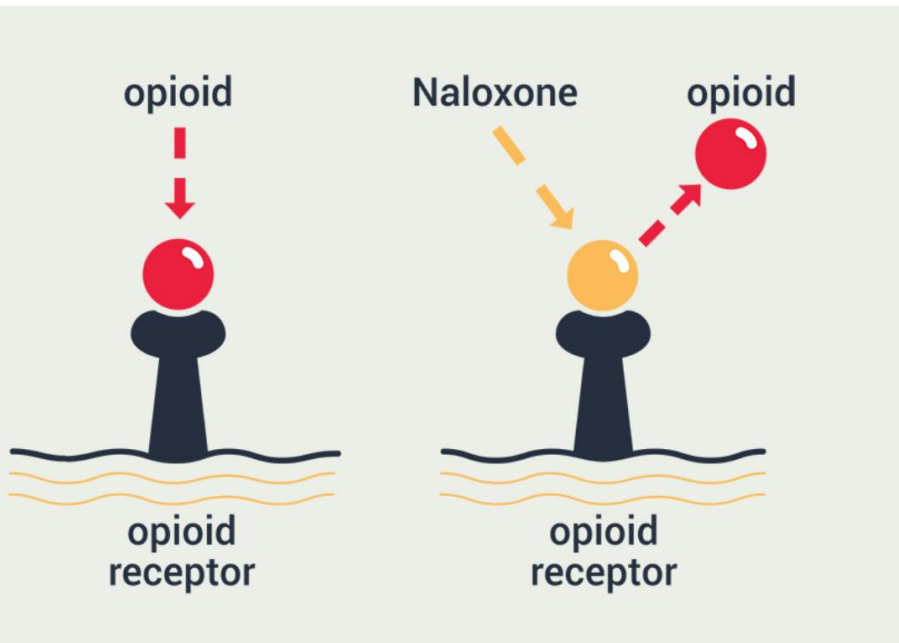
1. Increase naloxone access and education
2. Prescription monitoring programs
3. Medications for opioid use disorder
4. Safe opioid prescribing guidelines

Provider-Focused
Strategies

1. Prescription drug take back programs
2. Supervised injection facilities
3. Legislative response

Community-Focused
Strategies

Naloxone



- Opioid receptor antagonist (mu, kappa, delta receptors)
- Displaces opioids, reversing effects of overdose
- No effect in people not using opioids. No potential for misuse.
- Reverses respiratory depression, hypotension, sedation

Naloxone Formulations



Intramuscular
Manual



Nasal Spray
Narcan





Nasal Spray
Atomizer

Increasing Access to Naloxone

- Community training/distribution
- Prescribing in ED, inpatient & outpatient settings
- Increasing access among first responders
- Pharmacy statewide protocols

Prescription Monitoring Program



Newsletter
JANUARY, 2018

Introducing PMPnow

PMP users: 53,474
December 2017 Registrations: 14,105
PMPnow Integrated Health Systems: 25
PMPnow Integrated Sites: 636
PMPnow Searches: 2,222,739

Illinois Prescription Monitoring Program
401 N 4th St
Springfield, IL 62704
(217)524-1311
www.ilpmp.org
dhs.pmp@illinois.gov

The PMP team has been busy developing and creating new features that will enhance the PMP user experience. We would like to introduce to you a new feature that we hope will improve your daily workflow.

PMPnow allows the seamless integration of PMP data into the EHR system which removes the need for the PMP user to log onto the PMP website to search for their patient's prescription history. **PMPnow** will give you patient records within seconds giving you more time to spend with your patients.

The **PMPnow** can be used at hospitals, physician's offices and pharmacies.

As of December, 2017, the PMP has 25 live connections with 636 sites across Illinois, Iowa and Missouri totaling 2,222,739 searches.

Benefits

- *No more logging onto the PMP website.
- *Instant access to PMP data.
- *Retrieve results up to 10 times faster than a manual user search.
- *Saves valuable clinical time and improves patient quality of care.
- *Available 24 hours a day.

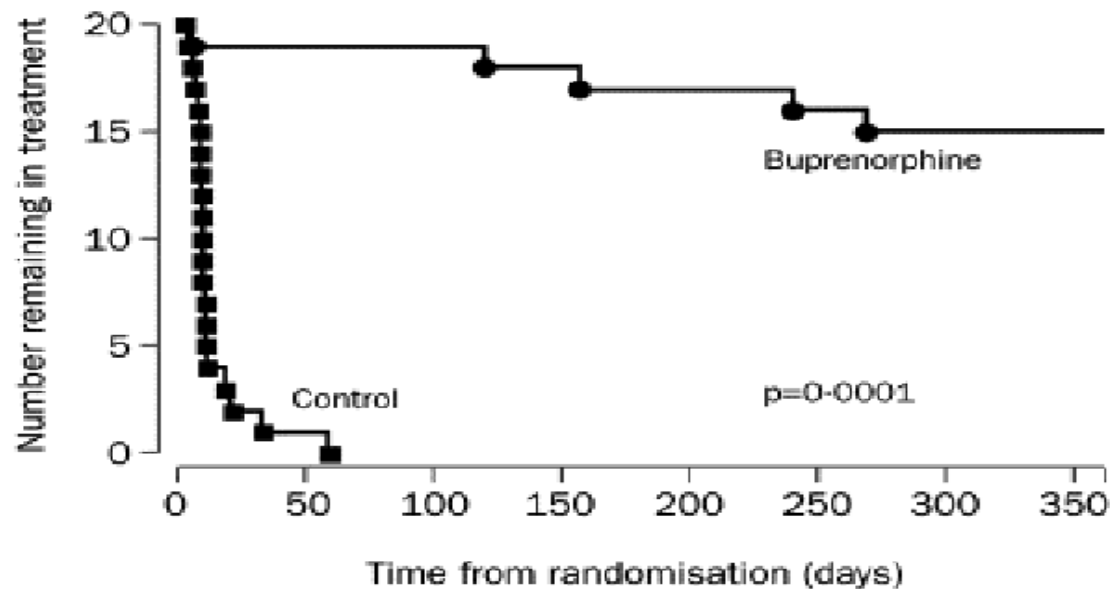
As we continue to enhance your user experience, please let us know your interest in implementing **PMPnow** into your organization by emailing us at dhs.pmp@illinois.gov or by calling us at 217-524-1311.

Medications for Opioid Use Disorder

| Treatment |
|------------------------------|
| Treatment WITHOUT medication |
| XR Naltrexone ^{1,2} |
| Buprenorphine ¹ |
| Methadone ¹ |

Medications for Opioid Use Disorder

Buprenorphine

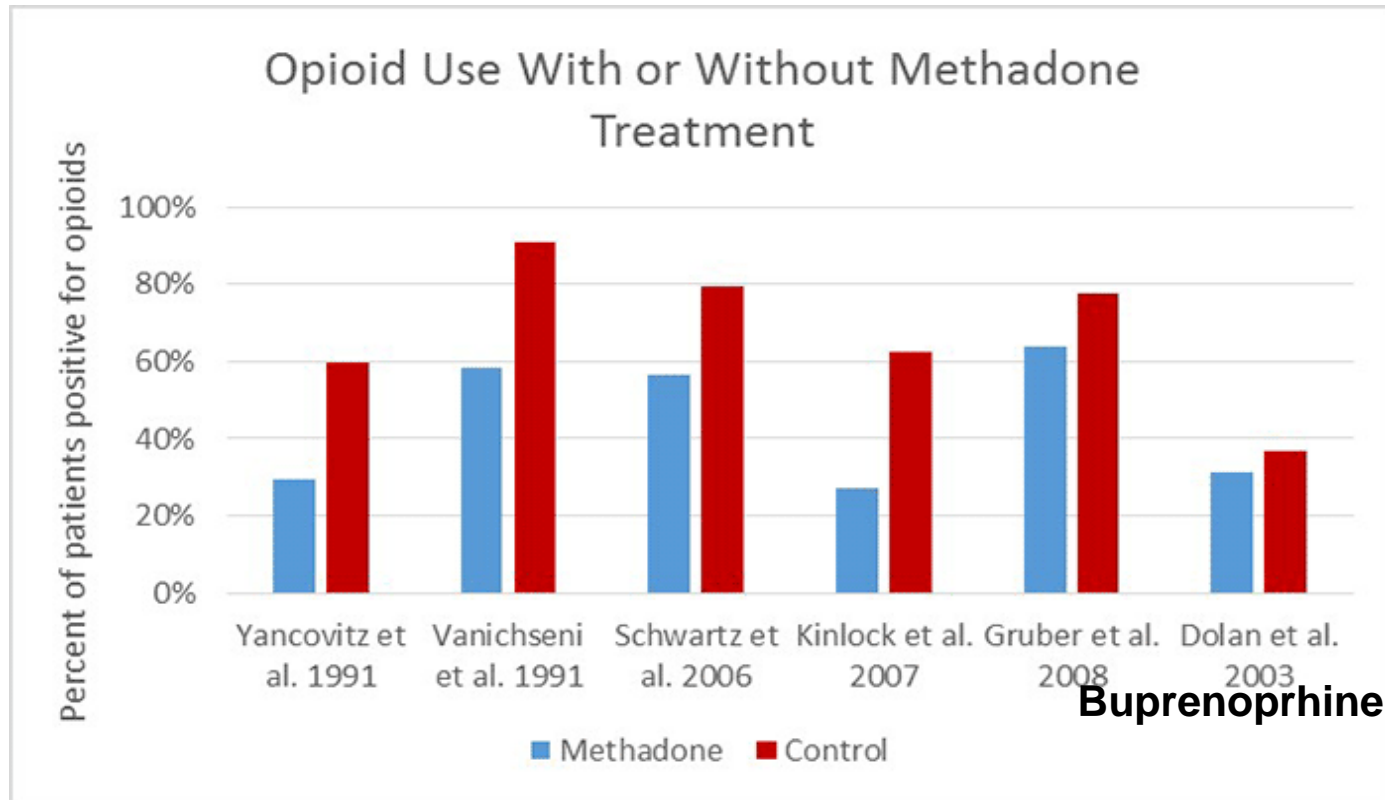


Number at risk

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 20 | 19 | 18 | 17 | 17 | 16 | 15 | 15 |
| 20 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |

Medications for Opioid Use Disorder

Methadone



Safe Opioid Prescribing

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION

ASSESSING RISK AND ADDRESSING HARMS

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

IMPROVING PRACTICE THROUGH RECOMMENDATIONS

CDC's *Guideline for Prescribing Opioids for Chronic Pain* is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose. The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

- 1 Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.
- 2 Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.
- 3 Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

CLINICAL REMINDERS

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of nonopioid therapies with patient

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

1. Evaluate Risk Factors
2. Recommend naloxone if:
 - Hx of SUD/overdose
 - Concurrent benzo use
 - Opioid dose >50 MME
3. Review PMP
4. UDS before Rx
5. Avoid opioid AND benzo Rx
6. Offer treatment for SUD

Overdose Prevention Strategies and Promising Practices

1. Increase naloxone access and education
2. Prescription monitoring programs
3. Medications for opioid use disorder
4. Safe opioid prescribing guidelines

Provider-Focused
Strategies

1. Prescription drug take back programs
2. Supervised injection facilities*
3. Legislative response

Community-Focused
Strategies

*Research suggests supervised injection site practices have shown to be promising in some countries to address overdose prevention, **BUT the US federal government or SAMHSA does not support or allow at this time.**

Prescription Drug Take Back Programs



Overdose Prevention Sites



35% decreased fatal overdoses within 500m radius of facility. No fatal overdose on premises.

- **Globally:** First injection site – Bern, Switzerland (1986). Around 100 active sites worldwide, mostly in Europe, Canada and Australia
- **Public Health:** Reduce overdose fatality and spread of HIV/HCV. Increases entry into treatment.
- **Public Safety:** Less litter, needles on street, public disorder
- **Cost Savings:** Reduction in disease, overdose deaths, need for EMS

*Research suggests supervised injection site practices have shown to be promising in some countries to address overdose prevention, **BUT the US federal government or SAMHSA does not support or allow at this time.**

Legislative Response

**Jan 2010: Drug Overdose Prevention Program [DOPP]
(IL Public Act 096-0361)**

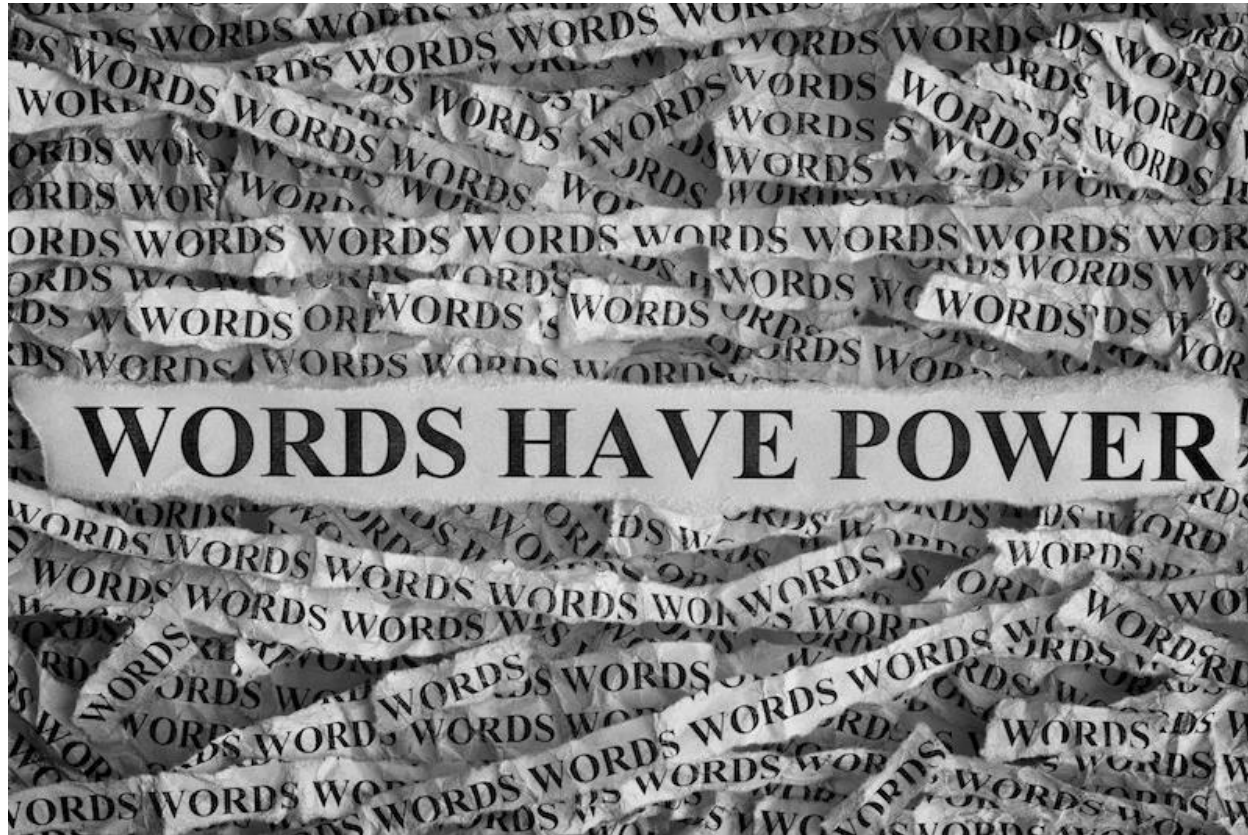
**June 2012: Emergency Medical Services Access Law, aka “Good Samaritan Law”
(IL Public Act 097-0678)**

**Sept 2015: Heroin Crisis Act, aka “Lali’s Law”
(IL Public Act 099-0480)**

Sept 2017: Illinois Naloxone Standing Order

**Jan 2021: Drug Addiction and Treatment Act 2000 (DATA 2000) - Practice
Guidelines Recalled**

Final Words: Words Matter



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Thank You!



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PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medications for addiction treatment.**
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| American Academy of Family Physicians | American Society for Pain Management Nursing |
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