

## Medication Assisted Treatment: Where We Are Now

**Background:** Historically, Medication Assisted Treatment (MAT) had been limited to methadone maintenance for the treatment of opioid use disorders. In 2006, Missouri received a Robert Wood Johnson Foundation Advancing Recovery grant to expand MAT using more recently FDA-approved medications for the treatment of alcohol use disorders. The grant program used a NIATx walk-through exercise and model of process improvement to identify and address barriers to MAT at providers where medications had not historically been part of the treatment process. This involved creating a shared vision of substance use disorders, recovery, and the role of MAT. The framework provided a whole-patient approach to treatment, focused on individualized care, and integrated behavioral and physical healthcare. Education was essential for clinicians, prescribers, referral sources, and consumers. FDA-approved addiction medications were added to the state’s Medicaid formulary. Since the grant ended in 2008, Missouri has expanded use of MAT in the treatment of alcohol and opioid use disorders at all of its contracted substance treatment providers. In 2009, state funding was dedicated to support MAT. In addition, several pilot projects have been implemented to initiate MAT prior to release from jail and/or prison for offenders with alcohol and/or opioid use disorders. To date, over 3,700 consumers in Missouri have received the newer MAT medications for treatment of substance use disorders.

- ★ *Use of FDA-approved medications in combination with counseling*
- ★ *FDA-approved medications for alcohol and opioid use disorders*
- ★ *Operates to normalize brain chemistry*
- ★ *Supports sustained recovery*

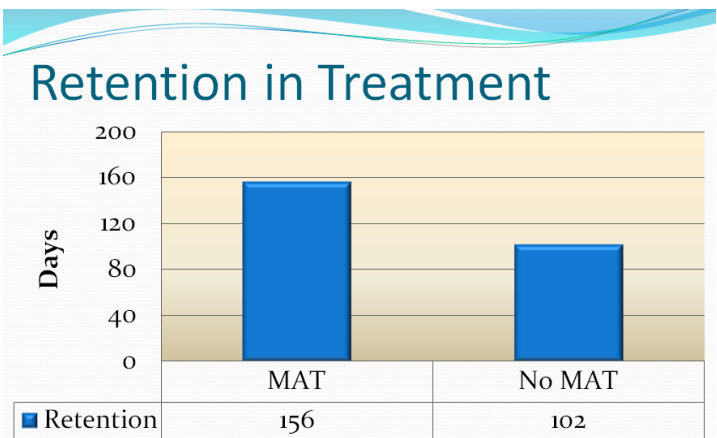
**MAT-Prescription Drug and Opioid Addiction Grant:** In 2015, Missouri was awarded a Targeted Capacity Expansion grant to expand the use of MAT in the treatment of opioid use disorders. The goals of the project are to:

- 1) Increase use of MAT in the treatment of opioid use disorders;
- 2) Increase use of coordinated and integrated care, including recovery support services, in the treatment of opioid use disorders; and
- 3) Improve behavioral health and overall health outcomes for individuals with opioid use disorders.

Target areas were selected based on opioid treatment admissions. An eight-county rural portion of southeast Missouri was selected because of elevated prescription drug abuse. An urban/suburban area including St. Louis city and county was selected based on increased heroin use.

Partnering community treatment providers include Preferred Family Healthcare and Southeast Missouri Behavioral Health. These agencies are experienced in providing MAT, integrated care, trauma-informed care, co-occurring disorder services, and disease management. Both agencies are CARF accredited.

Eligible participants must have no other source of funding for treatment. Priority is given to pregnant women and IV drug users who have an opioid use disorder. Individuals are screened and evaluated to ensure that they are medically and clinically appropriate for non-methadone MAT. An individualized treatment plan is developed for each participant that guides the delivery of treatment and recovery support services. Missouri’s program will serve about 600 individuals over a three year period.



Discharges from July 2012 to March 2016 (MAT = 3,753; No MAT = 44,691)

- Research Outcomes: (SAMHSA, 2015):**
- ➔ *Reduced opioid use*
  - ➔ *Reduced incidence of Hepatitis C and HIV*
  - ➔ *Reduced criminal activity*
  - ➔ *Increased survival*
  - ➔ *Increased retention in treatment*
  - ➔ *Increased employment*
  - ➔ *Improved birth outcomes for pregnant consumers*