



Commonwealth of Massachusetts
The Office of Health and Human Services
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June 30, 2016

Steven T. James
House Clerk
State House Room 145
Boston, MA 02133

William F. Welch
Senate Clerk
State House Room 335
Boston, MA 02133

Dear Mr. Clerk,

Pursuant to Section 158 of Chapter 46 of the Acts of 2015, please find enclosed a status update from the Department of Public Health on the extended-release injectable naltrexone pilot program.

Sincerely,

Monica Bharel, MD, MPH
Commissioner
Department of Public Health

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor



Marylou Sudders
Secretary

Monica Bharel, MD, MPH
Commissioner

Extended-Release Injectable Naltrexone Pilot Program Status Update

July 2016



Legislative Mandate

The following status update is hereby issued pursuant to Section 158 of Chapter 46 of the Acts of 2015:

The department of public health, in consultation with the bureau of substance abuse services, shall create an extended-release injectable naltrexone pilot program for individuals with opioid or alcohol addiction being treated in licensed clinical stabilization service programs. The department of public health shall select locations for the pilot program based on prevalence of need; provided, however, that there shall be not less than 2 program locations selected. Each program shall operate for 2 years and collect outcomes data on an ongoing basis, in a manner described in this section and as determined by the commissioner of public health.

Locations selected by the department for the pilot program shall be granted additional funding, as determined by the department, for staff or other needs associated with prescribing and administering extended-release injectable naltrexone to patients prior to discharge and, as part of discharge planning, connect such patients with community providers prescribing extended-release injectable naltrexone and offering substance abuse counseling.

The department of public health shall collect data in order to gauge the success of the program in effectuating long-term recovery and track trends within the patient population. Such data shall be collected by tracking each individual participant post discharge from the clinical stabilization service program for no less than 1 year in a manner to be determined by the commissioner of public health. Information collected by the department during this time shall include to the extent possible, but shall not be limited to: (i) whether the individual is actively engaged in outpatient or inpatient treatment for a substance use disorder; (ii) whether the individual is using extended-release injectable naltrexone or other medication-assisted therapies; (iii) any barriers to accessing treatment in the community; (iv) any episodes of relapse; (v) any hospitalization related to substance misuse or overdose; and (vi) any record of arrest or incarceration for drug-related offenses since discharging from the clinical stabilization service program.

For the purposes of this section, “clinical stabilization service programs” shall mean 24-hour clinically managed post-detoxification treatment for adults or adolescents, as defined by the department of public health that usually follows acute treatment services for substance abuse; provided, however, that “clinical stabilization service programs” may include intensive education and counseling regarding the nature of addiction and its consequences, relapse prevention, outreach to families and significant others and aftercare planning for individuals beginning to engage in recovery from addiction.

For the duration of the pilot program, the department of public health shall issue a report annually, on or before June 30, to the clerks of the house of representatives and the senate who shall forward the same to the house and senate committees on ways and means, the joint committee on health care financing, the joint committee on mental health and substance abuse, and the joint committee on public health. The report shall include a program progress update and provide outcomes data.

Background

The Bureau of Substance Abuse Services (BSAS) within the Department of Public Health is the Commonwealth's single state authority (SSA) to oversee the provision of substance abuse and gambling addiction treatment in Massachusetts. BSAS is responsible for licensing substance abuse and gambling addiction treatment programs, Licensed Alcohol and Drug Counselors (LADC), and certification of addiction prevention programs.

Beyond its regulatory function, BSAS is a vendor of a continuum of addiction services including prevention, intervention, treatment, and recovery support. These services include: licensed treatments such as inpatient detoxification; inpatient post detoxification stabilization; residential rehabilitation; outpatient counseling; and, medication assisted treatment including methadone maintenance and Office Based Opioid Treatment (OBOT). In addition, BSAS funds non-licensed services such as case management for individuals and families and for recovery support.

This report provides a status update for the extended-release injectable naltrexone pilot program for FY2016.

Status Update

Pursuant to Section 158 of Chapter 46 of the Acts of 2015, please find a status update for the extended-release injectable naltrexone pilot program.

Two provider meetings were convened to inform a Request for Applications (RFA) for the extended injectable naltrexone pilot program that was posted on COMMBUYS on March 17, 2016. The RFA will remain open through June 30, 2017, allowing a group of newly-funded Clinical Stabilization Services (CSS) programs an opportunity to participate. Applications will be accepted on a rolling basis.

The intent of this pilot program is to increase capacity to initiate voluntary clients on extended release injectable naltrexone (ERIN) during their treatment episode at the CSS program and to ensure effective transitioning of these clients to community-based services to continue their medication assisted treatment and support services. BSAS will award existing and new CSS programs \$100,000 each to hire staff and to develop infrastructure for implementing access to and monitoring of ERIN from the time a client is within a CSS program through the transition to a community-based provider upon discharge from CSS. Participating programs will also be responsible for reporting of metrics and outcomes data for clients participating in the ERIN pilot program.

The following eight existing CSS programs have applied for the RFA:

- Community Health Link (CHL) – Worcester
- Dimock – Roxbury
- High Point – Brockton (2 programs)
- High Point – Plymouth
- High Point – New Bedford
- Spectrum – Westborough
- Stanley Street Treatment and Resources (SSTAR) Inc. – Fall River

Contracts are in place for all programs that have applied thus far, and additional programs from a group of newly-funded CSS programs are also expected to apply, increasing opportunities for data collection and evaluation from the pilot.

A Request for Quote for an Evaluator was posted on COMMBUYS on May 13, 2016. The evaluator will be expected to enroll clients being treated with extended release injectable naltrexone (ERIN) into the study, track and interview clients enrolled in the ERIN pilot program for up to one year, and collect, analyze, and report on outcomes data on an ongoing basis to examine measures such as:

1. whether individuals in the pilot are actively engaged in outpatient or inpatient treatment for a substance use disorder, including which types of treatment and why;

2. whether they are continuing to use ERIN to treat alcohol or opioid dependence;
3. participants' experience with ERIN and reasons they continued or did not continue;
4. participants' recovery supports;
5. any barriers to accessing ongoing treatment in the community for participants using ERIN;
6. any episodes of relapse, and the antecedents;
7. any hospitalization related to substance misuse, including overdose; and
8. any report or record of arrest or incarceration for drug-related offenses since being discharged from the CSS ERIN pilot program.

This pilot is currently in its start-up phase and will continue through the next fiscal year. Data and outcomes will be presented in subsequent reports as more information becomes available.