NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner, OMH

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Opioid Use, Prevention, and Treatment of Opioid Use Disorder in Patients with Mental Illnesses

Dear OMH-Licensed Article 31 Mental Health Clinics:

The aim of this letter is to increase identification of people with Opioid Use Disorder (OUD) and their access to treatment, including Medication-Assisted Treatment (MAT), for people in the NYS public mental health system.

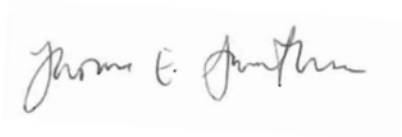
Why is this important? OUD is a recognized public health epidemic. Mortality, morbidity, individual and family suffering, and financial costs continue to rise.

- People with mental illnesses served in the public mental health system have significant rates of OUD. In fact, mental illness is a risk factor for OUD and adverse outcomes (e.g., overdose).
    - 32 percent of the 124,723 NYS Medicaid enrollees with OUD had an OMH licensed mental health clinic visit in the past year.
    - 26 percent of the 34,229 Medicaid enrollees who had been prescribed buprenorphine-naloxone (Suboxone) had an OMH licensed mental health clinic service in the past year.
- MAT reduces overdose deaths, rates of ED visits and hospital stays, costs to payers and families, and improves quality of life with the potential for contribution to the community.
- Patients in the public mental health system often have difficulty going to treatment at one specialty mental health setting, no less two. Evidence shows that integrated treatment, “one-stop shopping”, improves outcomes.
- Some people who are initially treated at a MH clinic may be interested in referral to SUD treatment; we encourage collaborations between article 32 and article 31 clinics.
- Two medications effective for OUD that can be prescribed at Art. 31 services are buprenorphine (Suboxone and others) and long-acting injectable naltrexone (Vivitrol).
- For some patients with an OUD, please keep in mind that a third medication, methadone dispensed at OTP clinics that follow specific federal rules, is an important medication option.
- When clinicians, patients and families obtain naloxone (Narcan), lives can be saved.

How Article 31 clinics and hospitals can contribute to mitigating the Opioid Epidemic:

- Ensure that all patients are screened for a co-occurring OUD (and other substance use disorders), using an OMH-recommended instrument (we are now recommending the use of three: ASSIST, CRAFFT, and/or MSSI-SA). During license surveys, OMH will assess the provision of SUD screening and clinical care, including MAT, by the Tracer Methodology we already use.
- Urge (and support) that multiple physicians and advanced practice RNs in each location you operate are trained in MAT and have the DEA suffix needed to prescribe buprenorphine. Also, ensure those that have MAT prescribing capabilities use them.
- Offer MAT to all patients identified as having OUD.
    - MAT can stabilize cravings and urges to use. CBT, Motivational Interviewing (MI), relapse prevention groups, family education and support, 12-Step or other mutual support groups, and harm reduction strategies complement MAT and improve the likelihood of achieving recovery.
    - Dispense or prescribe naloxone (Narcan) overdose reversal kits to all patients, and their families and friends, with OUD.
- Employ Technical Assistance for using MAT, which is now available through the Columbia Psychiatry Division on Substance Use Disorders (which has federal grant funds to support its provision). These resources include the State Targeted Response Technical Assistance Consortium (https://www.getstr-ta.org) and the Providers Clinical Support System (https://pcssnow.org).
- Monitor your efforts to deliver these needed medications and build oversight of their provision into your clinical meetings, program reviews, and clinical policies and protocols.
- Develop procedures for incorporating toxicology testing into your treatment, as a necessary part of ensuring medication is taken appropriately and safely.

Thank you,



Lloyd I. Sederer, MD
Chief Medical Officer

Thomas E. Smith, MD
Associate Medical Director