



West Virginia Tackles a Substance Abuse Epidemic With Medication-Assisted Treatment

Four West Virginia substance abuse treatment agencies were able to overcome barriers and expand the use of medication-assisted treatment, an evidence-based approach that combines medications with counseling to treat opioid addiction and other substance use disorders.

West Virginia was one of 12 sites that participated in the Robert Wood Johnson Foundation (RWJF) *Advancing Recovery: State and Provider Partnerships for Quality Addiction Care* national program. West Virginia's experience illustrates how an agency-led partnership with limited involvement from the state was able to work collaboratively. The partners made agency-level changes that resulted in a "dramatic expansion" of medication-assisted treatment in the state, according to Project Coach Colette Croze.

See the [Program Results Report](#) for a complete description of *Advancing Recovery*.

GETTING READY FOR *ADVANCING RECOVERY*

Even before becoming an *Advancing Recovery* grantee agency, the [Pretera Center for Mental Health Services](#) and three partner agencies in West Virginia benefited from being part of [NIATx](#), a learning collaborative based at the University of Wisconsin that works to improve the cost and effectiveness of the nation's substance abuse treatment system. Bob Hansen, Pretera's executive director, learned about *Advancing Recovery* from colleagues at Kentucky River Community Care, a prior *Advancing Recovery* grantee as well as a grantee under RWJF's earlier national program, *Paths to Recovery: Changing the Process of Care for Substance Abuse Programs*. See [Program Results Report](#) for more information.

Although the four West Virginia agencies were interested in *Advancing Recovery*, they decided they were not ready to apply for the first round of funding. "Punting during Round I gave us time to become involved with NIATx," says Hansen.

"We participated in a NIATx training and worked with coaches Lynn Madden and Scott Farnham, who were *Paths to Recovery* grantees. They were two of the best consultants I've ever worked with, as both role models and teachers. They encouraged us to do more to develop relationships with state agencies. When the second round of *Advancing Recovery* competition came out, we were in better shape."

In February 2008, RWJF awarded the collaborative a two-year grant of \$358,299, with Pretera as the lead agency. Pretera Addiction Recovery Centers operates more than 50 substance abuse facilities that provide a full continuum of care. Pretera facilities offer outpatient services, short and long term residential programs, medically monitored detoxification and a transitional living program that helps former substance abusers adjust to life in the community.

Three partners worked with Pretera:

- [Seneca Health Services](#), a behavioral health provider serving adults and adolescents in southeastern West Virginia with substance abuse, mental health, or developmental disabilities
- [Westbrook Health Services](#), a comprehensive behavioral health service provider
- [Valley Healthcare System](#), based in Morgantown, offers outpatient and residential care for adults and adolescents. New Beginnings is the agency's specialized extended care program for women.

Together, these four agencies provide substance abuse services to more than 40 percent of West Virginia's 55 counties and to 49 percent of the population of the state.¹

BUILDING A UNITED FRONT AGAINST ADDICTION

Prior to participating in *Advancing Recovery*, the partners had worked individually to introduce evidence-based practices for addiction treatment, including motivational interviewing (a counseling approach which acknowledges that many people are ambivalent about making changes) and medication-assisted treatment. Seneca and Pretera also had established programs using buprenorphine to treat opioid addiction. (Buprenorphine, marketed as Suboxone, was approved in 2002 by the FDA for treatment of opioid addiction).

But, says Pretera's director of addiction services, Genise Lalos, "when you work individually within your own agency, you don't have to go through the changes and compromises that are necessary when you're part of a group. When *Advancing Recovery* began, we talked every day on the phone and eventually became a separate entity, a hybrid of all agencies. We were accountable to each other. That was the *Advancing Recovery* way."

Focusing on medication-assisted treatment made sense. Nearly one out of five West Virginians in substance abuse treatment uses opiates like OxyContin[®] and Percocet[®],

¹ Clark L, Haram E, Johnson K and Molfenter T. *Getting Started with Medication-Assisted Treatment*. Madison, Wis.: NIATx.

which have become the drugs of choice in the state. West Virginia has the fastest growing rate of opiate addiction in the country, according to Hansen.²

“West Virginia is unusual in that methadone treatment is for-profit only. Those with no income, our patients, weren’t being served. Medication-assisted treatment was a new level of care that we, as public providers, needed to offer,” says Hansen.

RECRUITING PHYSICIANS

Like most *Advancing Recovery* grantee organizations that proposed to implement medication-assisted treatment, West Virginia found that recruiting physicians to administer buprenorphine was a major hurdle. When *Advancing Recovery* began in 2008, just three doctors among those working at the four participating providers were certified to prescribe buprenorphine. By the end of the first year, thanks to the partners’ diligent use of educational resources and outreach efforts to the medical community, nine doctors were using medication-assisted therapy, including five at Pretera, one at Valley, one at Westbrook, and two at Seneca.

Despite their success in recruiting physicians within their agencies, the partners stress that the stigma attached to medication-assisted treatment remains a barrier to building a larger, statewide network of prescribers. Physicians in primary care settings are often reluctant to start a medication-assisted treatment program because they are afraid they would be treating a different and difficult clientele. “We pointed out that ‘those people’ are quite likely their patients already—just not revealing their addiction problems,” said Hansen.

Adding more physicians was not the only challenge Pretera’s Lalos, explains: “We had to find a way to make it feasible for our physicians to add 50 to 100 clients to their case load, see these clients every week and continue to provide quality care. After much passionate discussion, we decided that having physicians see clients in groups was the most efficient way to use their time as well and the client’s.

To help physicians manage higher caseloads, Pretera added a full-time nurse. Even though the nurse’s services were not billable, Pretera considered the position necessary to raise physician productivity. The nurse prepared treatment information for the physician’s review, collected urine drug screens from patients and co-facilitated the physician groups. She also made sure prescriptions were received and clients’ questions about side effects of their medication were answered.

² *Getting Started with Medication-Assisted Treatment*

OVERCOMING RESISTANCE FROM “EVERYWHERE”

Hansen and his partners knew they would “face resistance from everywhere, not only from providers, but from clients, the recovering community and staff. We had to do a lot of education.”

Pretera staff gave board members outcome data from successful medication-assisted treatment programs around the country. They also provided personal recovery stories from individuals who had tried and failed many times to sustain their recovery from opiates with traditional therapies. Presenting these outcomes along with a well-thought-out business case helped convince skeptical board members that medication-assisted treatment was in the best interest of the agency and its clients.

Hansen and his colleagues knew that starting a medication-assisted treatment program would likely also cause controversy in the community at large. To make their case to the public, the partners shared stories through the local newspapers and other media. In a December 2009 *Charleston Gazette* editorial, Hansen stressed that while opioid addiction remains a “huge problem in West Virginia, medication-assisted treatment can make a difference.” He urged extending the service more broadly across the state.

The team’s outreach and education efforts paid off. At the start of *Advancing Recovery*, only Seneca and Pretera were providing medication-assisted treatment to 128 clients. One year later, all four agencies had prescribed buprenorphine to 259 clients, an increase of 131 individuals, or 102 percent. By the end of the project period, the team reported providing medication-assisted treatment to 627 people.

The providers also changed their internal admissions protocols, streamlining the intake process and decreasing wait time for medication-assisted treatment from 34 days to seven. Pretera implemented either open access or 24-hour access for all new admissions at two of its three medication-assisted treatment locations. This change drastically decreased no-show rates and increased the number of clients seen at each location.

CREATING MEDICATION-ASSISTED RECOVERY SUPPORT GROUPS

Treatment alone isn’t enough. People in recovery need fellowship and support from others. Many clients in medication-assisted treatment were reluctant to attend traditional 12-step support groups, such as Alcoholics Anonymous and Narcotics Anonymous, where the use of medication is not accepted as part of a recovery-based lifestyle.

To give these people a community of peers, the team created Medication-Assisted Recovery Support (MARS) groups throughout the state. The number of groups, the first of their kind in the state, grew in response to the need. At the end of the second year, there were 14 MARS groups up and running across the state. In 2010, Pretera’s

medication-assisted treatment program coordinator, Josh Parker, reported there were some 20 groups operating in the state.

Prestera recruited recovery coaches to lead its MARS groups. Recovery coaches are people recovering from addiction who work with people in treatment, providing between-session contact, home visits, and encouragement to attend support group meetings. Working with people in treatment added a valuable component to their own recovery, according to the coaches.

FINDING FUNDING FOR MEDICATION-ASSISTED TREATMENT

West Virginia was one of four *Advancing Recovery* partnerships led by a provider rather than by a state agency. “Although state representatives participated in *Advancing Recovery*, the state may not have realized it had to do heavy lifting to support innovation,” according to NIATx Coach Colette Croze. Multiple state leadership transitions complicated matters further, with mid-level staff assigned to the project who lacked the authority to be strong advocates for funding to support medication-assisted treatment.

The biggest users of opioids such as OxyContin are single adult males, who are typically not eligible for Medicaid, which covers prescription drugs for low-income consumers. During the first project year, the team worked diligently to obtain state funding for medications. On February 6, 2009, their efforts paid off when the Division of Alcohol and Drug Abuse set aside \$75,000 to be shared by partners to assist indigent clients. A local foundation added a grant of \$11,162 to purchase 100 hours of physician time.

In September 2009, the state budget office decided not to continue this funding for a second year and also ruled that unexpended funds could not be carried over. Unfortunately, the providers, afraid that they would deplete the \$75,000 too quickly, had not used all the money.

“We thought we were being good stewards, but instead we had to leave the money on the table,” says Lalos. The team’s representative at the state advocated for approval to use the unexpended funds.

OUT OF THE BLUE: A CEASE AND DESIST ORDER

In September 2009, West Virginia’s Office of Health Facility Licensure and Certification ordered Prestera to cease and desist providing office-based medication-assisted treatment within 30 days. “We still don’t know why they did it. It was right out of the blue,” says Prestera’s Hansen.

The state claimed that Pretera was not a licensed Opioid Treatment Program. “That’s an example of a bureaucracy making assumptions based on erroneous beliefs. They were not aware that a buprenorphine program, unlike methadone, doesn’t require an opioid license.”

For short period of time, Pretera stopped admitting new consumers, although it never stopped serving existing consumers. “Where else would they go?” asked Hansen. To avoid increasing stress for clients, the partners decided not to alert the public or press about the problem. Instead they called on the resources of their agencies and their NIATx coaches.

Advancing Recovery provided two coaches to each site, one focused on treatment providers and one focused on state agencies. “This was where Colette and I earned our keep,” says provider coach Eric Haram, director of Outpatient Behavioral Health at Maine’s MidCoast Hospital and a recipient of a prior *Advancing Recovery* grant. Colette Croze, an expert in state government financing and experience working in the Illinois governor’s budget office, was the state coach.

“Colette and I read the licensing rules and regulations in West Virginia and saw that the person who brought the complaint was out on a limb. We wrote a letter clearly illustrating that and called on experts at SAMHSA and the National Methadone Association to weigh in.” Haram also appealed to Todd Molfenter, deputy director for *Advancing Recovery*, to write a letter from the national program office to officials at the state.

About a month after the cease and desist order was issued, Hansen set up an informal meeting with state officials to present Pretera’s evidence. With the “full court press” from NIATx coaches and the providers, the state conceded immediately. “What’s the lesson we learned from this? We dispelled problems with people working together. Since then, we’ve had other issues and we deal with them using this collaborative model,” says Hansen.

PLANTING A SEED: SPREADING NIATX PRINCIPLES

With their foundation in NIATx change principles and their experience in collaborative problem solving, the partners were ready to invite other West Virginia behavioral health providers to join their coalition. In February 2010, the team issued a request for proposals and selected three agencies: [FMRS Health Systems](#), serving a four-county area in southern West Virginia; [United Summit Center](#), serving the north central part of the state; and [Healthways](#), a worldwide disease-management provider headquartered in Franklin.

The team held a “Performance Improvement 101” event in March 2010 to welcome the new partners, and it contracted with Eric Haram to help train staff from the three new

agencies. Haram also mentored change leaders from the four original *Advance Recovery* partner agencies, preparing them to serve as coaches for the new partners.

According to Lalos, as of December 2010, only FMRS continued to provide buprenorphine treatment. While the others did not establish a medication-assisted treatment program, they were introduced to NIATx principals and are applying NIATx tools within their organizations. “We planted a seed,” says Lalos.

LEGACY OF A PROVIDER-LED PARTNERSHIP

West Virginia is a franchise state, Croze explains, which means that the state funds a single treatment organization in a particular area. “There are just 13 addiction treatment agencies in West Virginia, and *Advancing Recovery* was involved to some degree in seven of them. The project changed the statewide addiction treatment system for the better.

In spite of difficulty with the state, the four providers made internal changes to accommodate medication-assisted treatment, which resulted in a dramatic expansion of services. More than 600 individuals received treatment, none of whom would have been served without *Advancing Recovery*. Having accomplished this, the partners went on to use the principles for other areas of quality improvement.”

Prepared by: Jayme Hannay

Reviewed by: Mary Nakashian and Molly McKaughan

Program Officers: Victor Capoccia, Jane Isaacs Lowe, Ann Pomphrey

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