



Advancing Recovery in Missouri: Using Medications to Treat Alcoholism

In Missouri, 10 treatment agencies participating in the Robert Wood Johnson Foundation (RWJF) national program, *Advancing Recovery: State and Provider Partnerships for Quality Addiction Care*, were able to overcome barriers to the use of medications for treating people suffering with alcoholism. Medication-assisted treatment is an evidence-based approach that combines medications with counseling to treat alcoholism and other substance use disorders. Participating agencies worked with the Missouri Division of Alcohol and Drug Abuse to bring about lasting improvements in the way people with severe alcoholism are treated.

See the [Program Results Report](#) for a complete description of *Advancing Recovery*, which provided grants to state-provider collaboratives in 12 states.

A LARGE AND DIVERSE PARTNERSHIP

The Missouri Division of Alcohol and Drug Abuse invited all 23 addiction treatment providers who had contracts with the state to join the *Advancing Recovery* partnership. Ten accepted and participated in this two-year initiative. The large and diverse group served Missouri's two biggest urban centers, Kansas City and St. Louis, as well as rural areas in the southernmost part of the state.

[Comprehensive Mental Health Services](#), an Independence-based multi-site provider of mental health and substance abuse services, exemplifies the diversity of the Missouri partnership. Its Renaissance West program, located in the urban core of Kansas City, was the site for *Advancing Recovery*. Renaissance West offers detoxification services as well as residential and outpatient programs for adults, including pregnant and post-partum women with children.

Renaissance West clients are predominantly Black, mostly low-income and in many cases under supervision of the state Department of Corrections. "Our urban community is very close knit," according to Kay Murphy-Collins, director of Addiction Recovery at Comprehensive Mental Health Services, "so it was really nice to work with people from different regions and get a larger perspective."

"Prior to participating in *Advancing Recovery*, addiction program directors in the state met on a quarterly basis. We had worked together on specialized projects, but had not

worked as closely with each other as we did during *Advancing Recovery*. At first we met every two weeks in person or by phone. Once we got established, we continued having monthly conference calls. Being able to say ‘help me’ to the group was one of the things that made our grant so successful.”

FOCUSING ON PEOPLE WITH SEVERE ALCOHOLISM

Data for 2005 show that for nine of the 10 participating agencies, alcohol was the drug most frequently used by adult clients. None of the agencies had used medication-assisted treatment for alcoholism, although most were interested in trying it. The state was interested as well. According to Mark Stringer, director of the Division of Alcohol and Drug Abuse, *Advancing Recovery* was an opportunity to have “another run” at medication-assisted treatment, which the state had tried to implement several years earlier.

The goal was to increase the use of two medications approved for the treatment of moderate-to-severe alcoholism, naltrexone and acamprosate. These are called anti-craving drugs¹ because they reduce the intoxicating effects of alcohol and the urge to drink. Most *Advancing Recovery* providers and clients preferred naltrexone, which is taken once a day in tablet form, to acamprosate, which must be taken three times a day.

In 2006, the Food and Drug Administration (FDA) approved a once-a-month injectable form of naltrexone, which is marketed as **Vivitrol™**. Long-acting Vivitrol is a “godsend” compared with earlier drugs like acamprosate, says Murphy-Collins. For her clients, who often struggle to remain compliant with treatment regimens, the reaction was “Oh my gosh. I don’t have to remember to take a pill three times a day?”

Murphy-Collins and other providers appreciated the support and training that the drug’s manufacturer, Waltham, Mass.-based **Alkermes**, provided for physicians, counselors, and other staff members. A representative of the company was a member of the project team.

USING THE WALKTHROUGH TO IDENTIFY BARRIERS

As part of applying for an *Advancing Recovery* award, providers and states were required to walk through a selected system or process. In walkthroughs, senior staff members apply for services at their agency as if they are clients, gaining a view of the organization from the client’s perspective. Walkthroughs also help identify the most significant barriers that prevent use of medication-assisted treatment or other evidence-based practices.

¹ Alcoholism In Depth Report. New York Times, available [online](#).

Missouri’s walkthrough showed providers that their screening processes were not set up to evaluate whether the client was appropriate for medication-assisted treatment. Before participating in *Advancing Recovery*, staff at Renaissance West did not screen for eligibility for medications until three weeks after the person had been admitted. “That’s all changed now,” says Murphy-Collins. “On the first day, clinicians determine whether a client is alcohol-dependent and at the same time whether he or she is eligible for Vivitrol.”

Even after improving the screening system, staff struggled to convince clients to take advantage of medications as part of treatment. They found that clients lacked information about medications, indicating that they entered treatment to become drug free. “Their perception is still the biggest barrier, says Murphy-Collins. “They’re afraid of the side effects. They worry that, if they drink when on the medications, they will become severely ill, as they would with some other drugs. It takes ongoing training and constant reminders from clinicians and counselors to let clients know the medication is available and to overcome their resistance.”

INCREASING RETENTION WITH MOTIVATIONAL INTERVIEWING RESULTS IN CHANGED STATE POLICY

To help clients overcome resistance to using medications, the Missouri partner agencies introduced motivational interviewing, a counseling approach which acknowledges that many people are ambivalent about making changes. The goal for the project’s second year was to coach clinical supervisors in motivational interviewing and then have them monitor and mentor counselors as they delivered the service.

Stringer believed that motivational interviewing could be an effective strategy for engaging clients in medication-assisted treatment. He also saw it as a way to lower the 30 percent consumer dropout rate between first contact and completion of the clinical assessment. Stringer claims he “stole the idea” from a former state substance abuse director in Kentucky whom he met at a separate RWJF-sponsored conference.

Historically, Missouri had not reimbursed providers for treatment services delivered prior to completion of the clinical assessment. However, to test the impact of motivational interviewing, the state authorized and reimbursed two *Advancing Recovery* providers to begin delivering one hour of motivational interviewing to consumers between first contact and completion of the clinical assessment.

The two providers offered an hour of motivational interviewing to clients before they began their treatment. The providers examined the impact of the service on client return rates and found, on average, that return rates increased dramatically from 70 percent to 97 percent. This success convinced the state to reimburse all contracted providers for an hour of motivational interviewing before the clinical assessment was completed.

Not all providers had equal success implementing motivational interviewing. Like other *Advancing Recovery* grantees across the country, the Missouri providers found that the intense effort to implement one evidence-based practice depleted the resources they could devote to next. As Murphy-Collins explains, “All of us put so much into getting medication-assisted treatment up and running that our response to motivational interviewing in the second year was ‘Whoa wait a minute.’”

CHANGING THE SYSTEM TO SUPPORT MEDICATION-ASSISTED TREATMENT: THE STATE’S ROLE

While providers addressed clients’ resistance to engaging in treatment, the state used its leverage to overcome financial barriers. The Division of Alcohol and Drug Abuse amended provider contracts, allowing agencies to use allocated funds to pay for the services of physicians and advanced practice nurses who assessed clients and prescribed medications. The amended contracts also covered the cost of medications and laboratory services.

Despite state coverage for medication-assisted treatment services, Stringer found that some providers remained resistant. With some frustration he notes that “back in 1956, when alcoholism was first considered a disease, we testified with passion to get insurance coverage. Now when medications become available, we balk.”

Stringer says that at first he tried “coaxing and fussing,” but, in January 2011, he began requiring that medication-assisted treatment be available for people who needed it. “We will no longer certify providers that will not offer—no, don’t deliver— medication-assisted treatment. We will examine paid claims to verify that providers are actually intervening, not just offering it. If it isn’t part of their service delivery continuum, they will lose their certification.”

Murphy-Collins agrees. “Most providers are now providing medication-assisted treatment, but they got to that point kicking and screaming. It was a dream of Mark’s for a very long time to make medications available to clients in addiction programs, the same way that people with schizophrenia or bipolar disorders have them in mental health.”

As a result of *Advancing Recovery*, we went from no funding for medication-assisted treatment for addiction clients to making it mandatory. That was a huge change for the state and a huge change for providers who weren’t originally involved in *Advancing Recovery*.”

FUNDING MEDICATION-ASSISTED TREATMENT

Since participating in *Advancing Recovery*, the state has designated annual funding for medication-assisted treatment, a commitment that has continued since the project ended.

According to Murphy-Collins, this happened because “Mark Stringer really believed in MAT [medication-assisted treatment]. He put people in charge of the project who were also believers as well as good change agents willing to get out there and work.”

These committed individuals included the first *Advancing Recovery* Project Director Terry Morris, director of Clinical Services in the Division of Alcohol and Drug Abuse in 2006. “Terry was very dedicated to making sure everyone in the governor’s office and the Department of Mental Health understood medication-assisted treatment and why it was important to have it. His groundwork has put us where we are today,” says Murphy-Collins.

Interagency cooperation also brought in funds for medication-assisted treatment. The Division of Alcohol and Drug Abuse developed a collaborative agreement with the Department of Corrections, which provided \$500,000 to purchase medications for corrections-referred consumers on probation and parole.

The division also worked collaboratively with providers and a state pharmacy to create a centralized purchasing system that reduced the cost of naltrexone and acamprosate by 70 percent. Although this arrangement did not continue after the project ended, Stringer notes that providers are more conscious of the advantages of collaboration in lowering the cost of medications.

HELPING HUNDREDS, ONE AT A TIME

The results of these provider and state-level changes can be measured in aggregate numbers and in individual stories. In 2005, no consumers served by the partner agencies were receiving medication-assisted treatment to treat their alcoholism. By October 2008, at the end of the two-year *Advancing Recovery* project, the state reported that:

- 3,259 clients were screened for medication-assisted treatment.
- 429 were referred to medical professionals for evaluation.
- 299 received one or more prescriptions of naltrexone or acamprosate to support recovery.

Calling medication-assisted treatment one of the best tools that has come along for people with severe alcoholism, Kay Murphy-Collins describes its impact on one client.

“A gentleman who had been drinking for 30 years came to us. After detox and residential treatment, we discharged him on Vivitrol and an antidepressant with instructions to come back for weekly psychiatrist appointments. To do so, he had to drive past the store where he used to buy his liquor. By reducing his craving, Vivitrol helped him do that. Now he has housing and a job for the first time in 15 years.”

THE LEGACY OF *ADVANCING RECOVERY* IN MISSOURI

According to Murphy-Collins, *Advancing Recovery* and the spread of medication-assisted treatment it produced was the “best thing since sliced bread” for the state and the individual agencies. Unlike other grants she has participated in, Murphy-Collins notes that *Advancing Recovery* has prompted change across the Division of Alcohol and Drug Abuse. These changes have spread to other state agencies and to providers within the partnership and outside it.

The division continues to work with providers to promote the use of medication-assisted treatment and other evidence-based practices. Staff holds conference calls to discuss problems in addiction treatment. These are open to all providers, not only those in *Advancing Recovery*. As Murphy-Collins puts it, “I was always somewhat engaged with the state but *Advancing Recovery* was a catalyst to stay very engaged.”

The state supports the spread of motivational interviewing by paying for an early motivational interviewing session designed to keep consumers in treatment between first contact and completion of the clinical assessment. It also pays for clinical supervision of staff as they learn to use motivational interviewing and other evidence-based practices.

The Missouri Department of Mental Health includes information about the efficacy of medication-assisted treatment and best practices for delivering it to clients in its Spring Training Institute, which provides continuing education to over 1,000 clinicians and mental health administrators every year.

In October 2010, the FDA approved the use of Vivitrol as a treatment for opioid-based addictions.² Although Missouri’s *Advancing Recovery* project focused on people with alcoholism, people with opioid addiction are also in urgent need of treatment. About 40 percent of Renaissance West clients, for example, are opioid dependent. Applying what they have learned from *Advancing Recovery*, Murphy-Collins is hopeful that her agency and other providers will be able to address these needs in the future.

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² <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm229109.htm>