

SAVING LIVES, IMPROVING HEALTH: Redesigning Opioid Use Disorder Care

PHASE I: Fall 2017
Design Grant

PHASE II: Spring 2018
Implementation Grant

GRANT OVERVIEW

Background

RIZE Massachusetts (RIZE) is a state-wide, private sector initiative created to build a \$50 million fund focused on bringing real and lasting change to those struggling with, or affected by, opioid use disorders in the Commonwealth. Grants supported by this fund will address the opioid epidemic through a full continuum of programs from prevention to long-term sustainable recovery and focus on areas where more resources are immediately necessary.

Context

Drug overdose is the leading cause of death for Americans under age 50. It is estimated that over 4% of Massachusetts residents have an opioid use disorder. In 2016, an estimated 2,107 people died from opioid overdose and between 2011 and 2015 there were more than 65,000 non-fatal overdoses here. Certain populations are particularly vulnerable to opioid overdose and death. For example, opioid-related overdose death is 30 times higher among people who have experienced homelessness, 120 times higher for those released from prisons and jails, and 321 times higher among mothers with opioid use disorder than among mothers without it. In addition, certain areas of the state experience higher rates of incidence and death, coupled with greater resource needs, limited treatment facilities, and lack of certified providers.

The Grant Program

Through this program, \$2.3 million is being made available over two years to fund opioid use disorder treatment programs. This inaugural grant program will fund pilot or existing collaborations among local community organizations to identify, assess, and immediately initiate treatment for individuals with opioid use disorder where they live, with a focus on populations at highest risk for overdose and death.

The goals are to 1) establish or expand a system of low threshold¹ community-based, on-demand treatment to immediately stop the death toll from opioid overdose and 2) support long-term treatment to improve health and quality of life. These goals align with the 2016 MA Health Policy Commission's report on opioid use disorder, which recommends that the Commonwealth should "promote use of broad-based, multi-stakeholder coalitions between hospitals, outpatient providers, patients and their families and other key stakeholders to address the epidemic locally."

¹ By definition, low threshold means programs that focus on access and engagement rather than strict rules or barriers to treatment. Examples would include providing but not requiring counseling and not terminating patients from treatment for ongoing substance use.

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RIZE's vision is that this program will have meaningful and positive results in addressing not just the immediate opioid epidemic, but also inefficiencies within the larger health care system and the disconnect between public policy and evidence-based addiction treatment practices.

The grant will be implemented in two phases:

- **Phase 1:** Six-month grants for up to six applicants at \$50,000 each to design innovative treatment-on-demand models or expand existing programs that provide immediate treatment to reduce overdose deaths.
- **Phase 2:** Two-year grants awarded to up to four of the grantees from the Phase 1 cohort that demonstrate the greatest potential in fulfilling the goals of the program. Awarding of these grants is contingent upon the efficacy of the planning models.

The ideal program will serve an under-resourced area and/or vulnerable population such as those currently incarcerated or newly released, the homeless, and pregnant or parenting women. It will also promote cross-system collaboration between numerous community-based organizations and provide an integrated model of care.

All applicants must have a designated lead organization that will act as the patient's medical home. The involvement of community organizations is strongly encouraged. Applicants must also have the capacity to provide treatment for co-occurring medical and psychiatric disorders, the ability to deliver immediate access to two FDA-approved medications for opioid addiction treatment (buprenorphine and naltrexone), and have referral authorization to a methadone clinic. Outcome measures will be tracked and the program will be evaluated.

- Design grants are expected to run from December 2017-May 2018
- Implementation grants are expected to run from June 2018-May 2020