

The Opioid Epidemic in Philadelphia

Implementation of the Mayor's Task Force Recommendations

March 14, 2018



Table of Contents

I.	Introduction	2
II.	Graphs of Core Task Force Metrics	3
III.	Progress on the Task Force’s Recommendations	
	a. Prevention and Education	10
	b. Treatment	11
	c. Overdose Prevention	14
	d. Involvement of the Criminal Justice System	15
IV.	Data	15
V.	Succeeding in Recovery	16
VI.	DBHIDS Advancing the Substance Use Disorder Treatment Continuum Fact Sheet and DBHIDS In-Network Adult Community MAT Provider List	

Introduction

On May 19, 2017, Mayor James Kenney's *Task Force to Combat the Opioid Epidemic in Philadelphia* released its final report and recommendations. The 18 recommendations – organized by Prevention and Education, Treatment, Overdose Prevention and Criminal Justice – provide actionable, evidence-based steps the City and its partners can take to reduce the harmful effects of opioids in our community.

The importance of these recommendations cannot be overstated. This epidemic continues to claim Philadelphians' lives every day. The final toxicology is still pending, but we project that over 1,200 people died from drug overdoses in Philadelphia in 2017, an increase from 907 deaths the year prior and four times the number of homicides.¹ Thousands of Philadelphia residents had non-fatal overdoses, while an estimated 469,000 people used a prescription opioid in the last year.² Addressing the crisis has been, and continues to be, one of the City's top priorities.

The Task Force resulted in new targeted efforts and opportunities, and implementation of the recommendations is underway across the city. Since the final report was released, progress has been made on all 18 recommendations and the City has provided quarterly updates to the Mayor's Drug and Alcohol Executive Commission, the group designated to provide feedback to and oversight of the City's efforts.

This report summarizes the progress made towards full implementation of the recommendations. Previous quarterly reports made to the Mayor's Drug and Alcohol Executive Commission can be found at: <http://www.phila.gov/opioids>

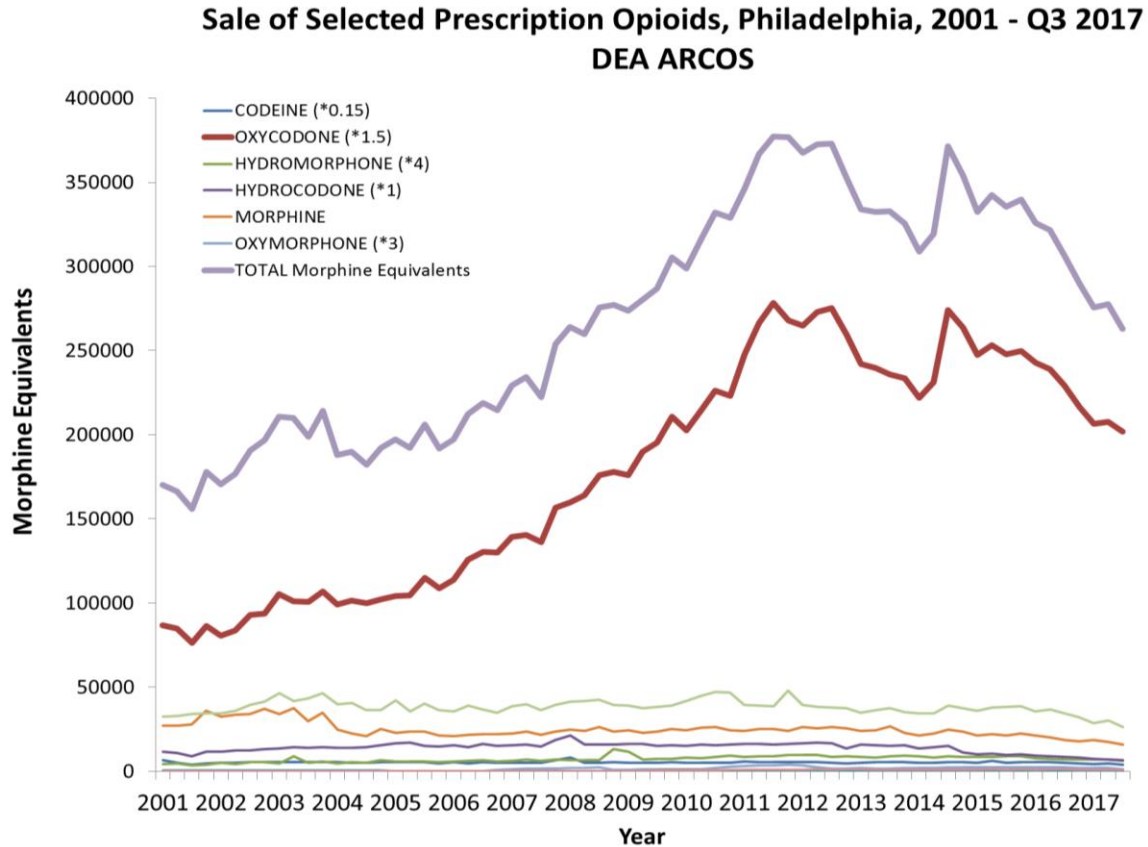
¹ Medical Examiner's Office, Philadelphia Department of Public Health.

² Philadelphia Department of Public Health. Prescription Opioid and Benzodiazepine Use in Philadelphia, 2017. CHART 2017;2(9):1-6.

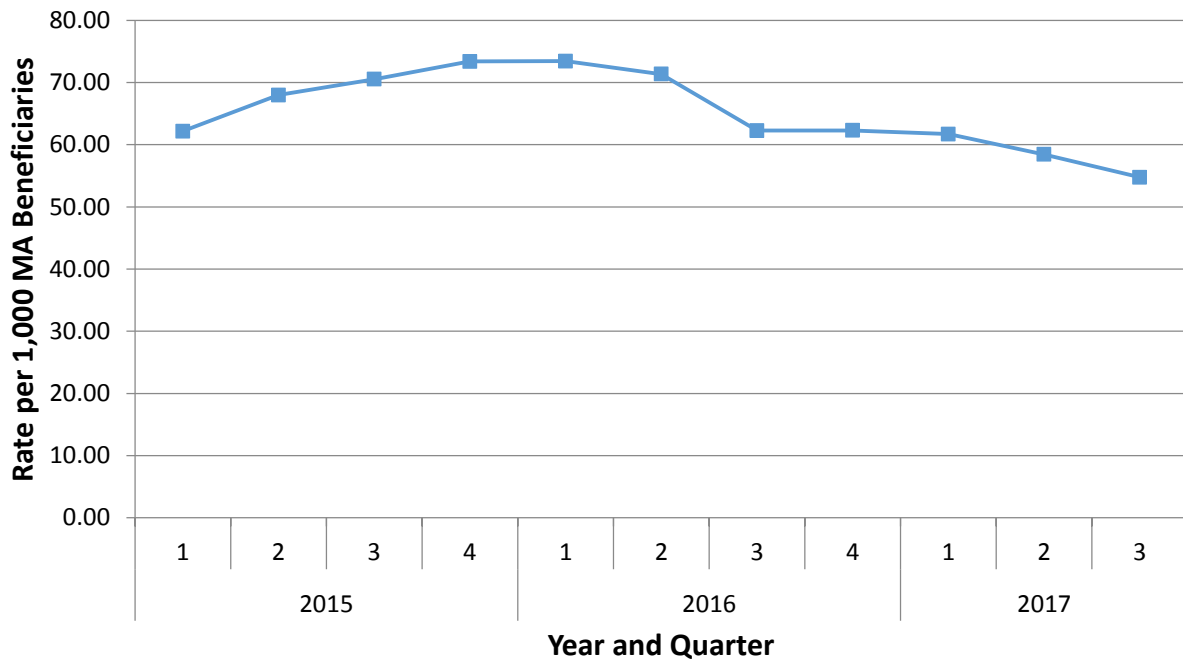
**Graphs of Core Task Force Metrics from the
Opioid Misuse and Overdose Report, Philadelphia, PA
(last updated March 2018)**

Additional data can be found on the Health Information Portal's Opioid Surveillance Page:
<https://hip.phila.gov/DataReports/Opioid>

Prescription Opioid Metrics

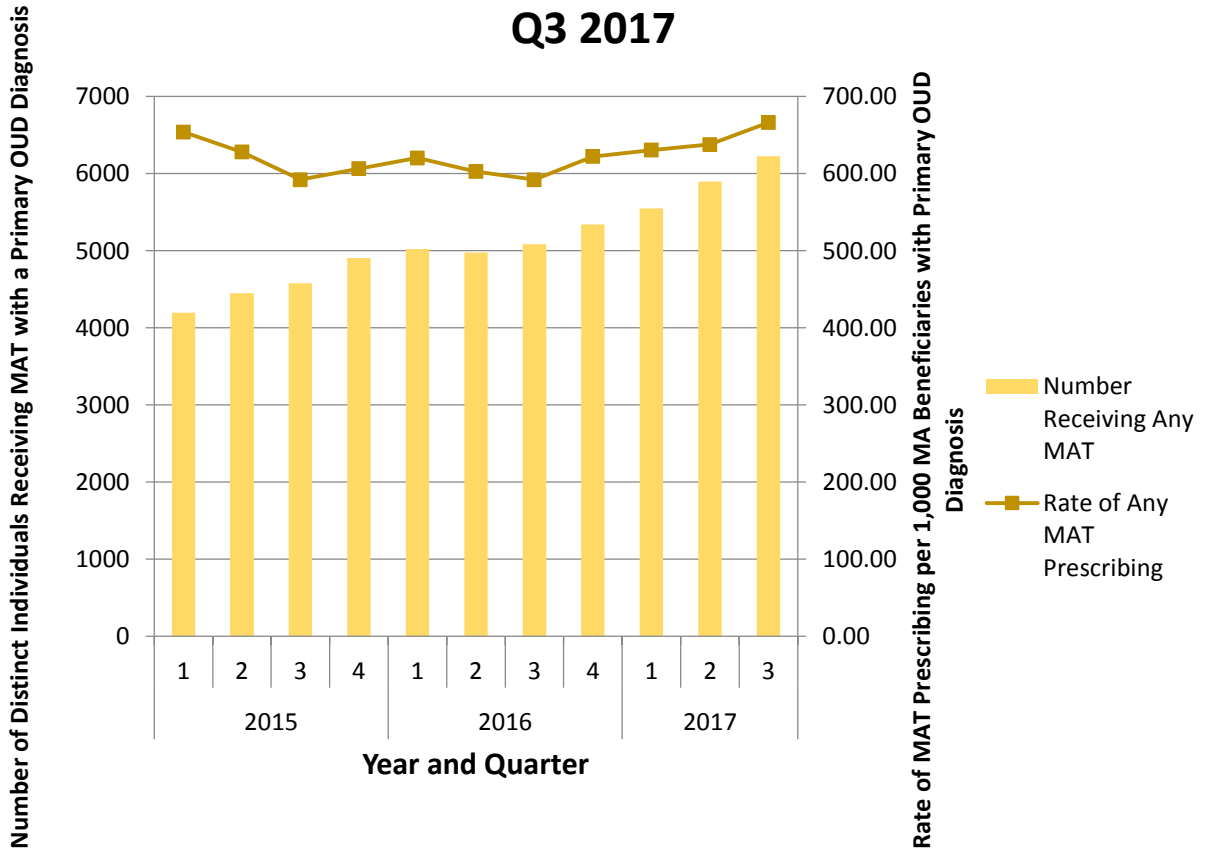


Opioid Prescribing Rate for Medicaid Beneficiaries, Philadelphia, Q1 2015 - Q3 2017

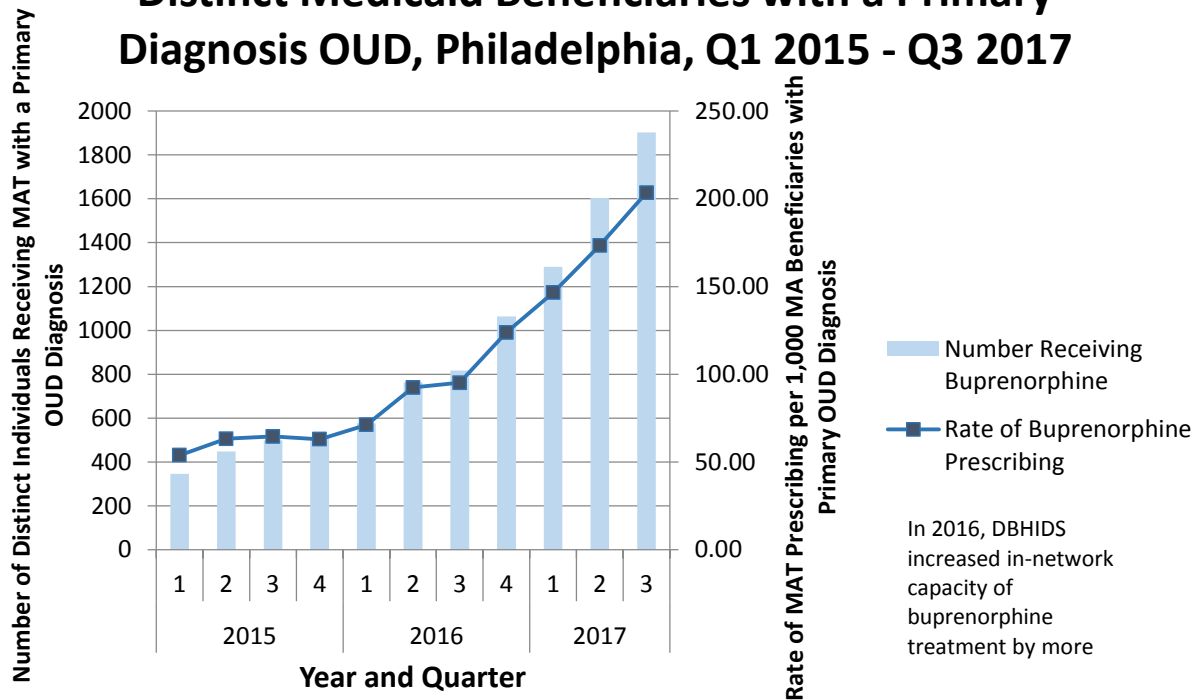


Drug Treatment Metrics

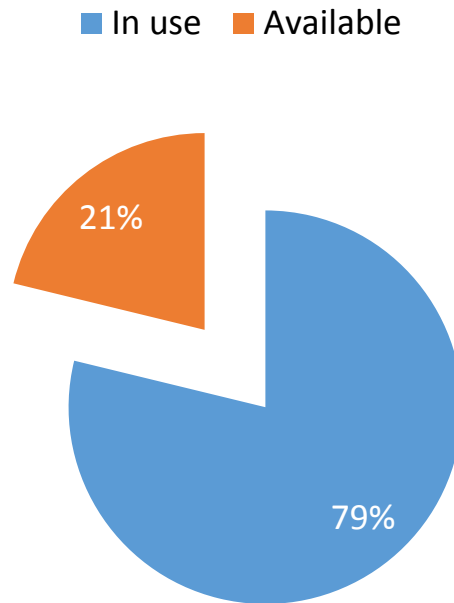
Number and Rate of Medication Assisted Treatment (Any Medication) for Distinct Medicaid Beneficiaries with a Primary OUD Diagnosis, Philadelphia, Q1 2015 - Q3 2017



Number and Rate of Buprenorphine Prescribing for Distinct Medicaid Beneficiaries with a Primary Diagnosis OUD, Philadelphia, Q1 2015 - Q3 2017



Philadelphia DBHIDS In-Network Medication Assisted Treatment Capacity, as of 3/13/2018



Total DBHIDS In-Network MAT Program Capacity (any medication) = **8,707** slots.
1,846 MAT slots are available as of 3/13/2018.

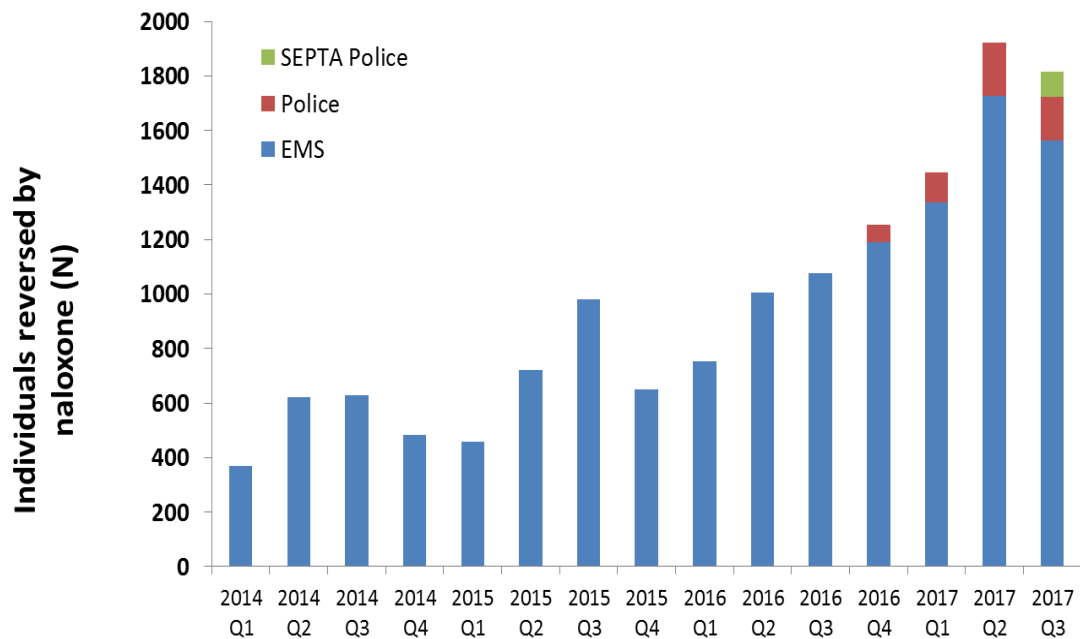
Naloxone Use and Overdose Metrics

Naloxone – doses distributed

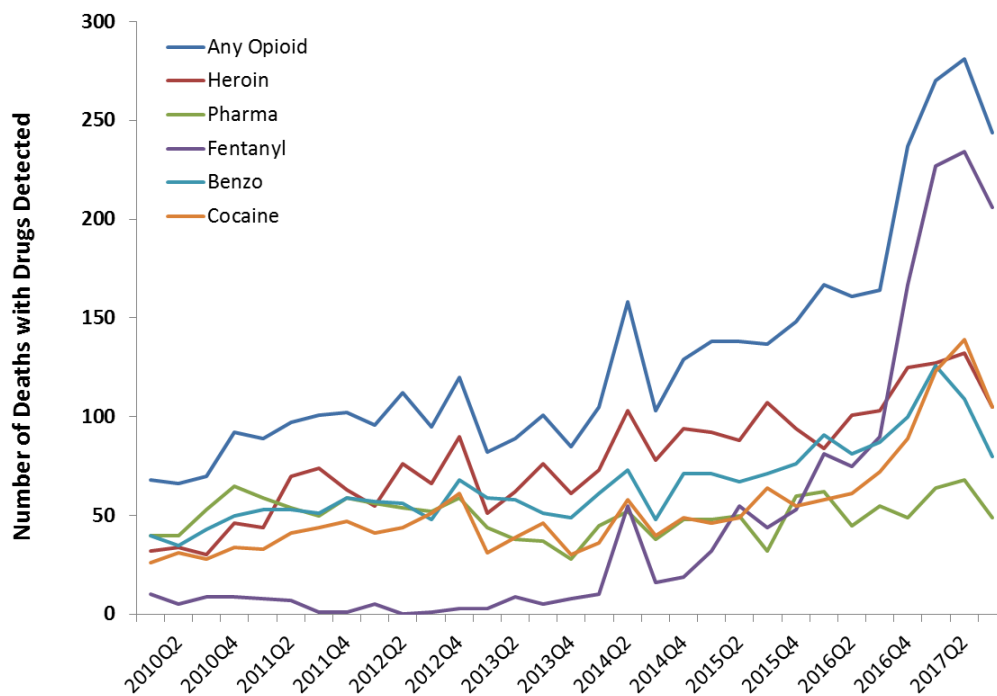
Since July 1, 2017, the City has **distributed 28,690 doses of naloxone** to law enforcement agencies and other organizations:

- **Providers and Community Organizations:** 23,464 doses
- **Criminal justice organizations:** 3,626 doses
- **EMS, Philadelphia Police Department and SEPTA Police:** 1,600 doses

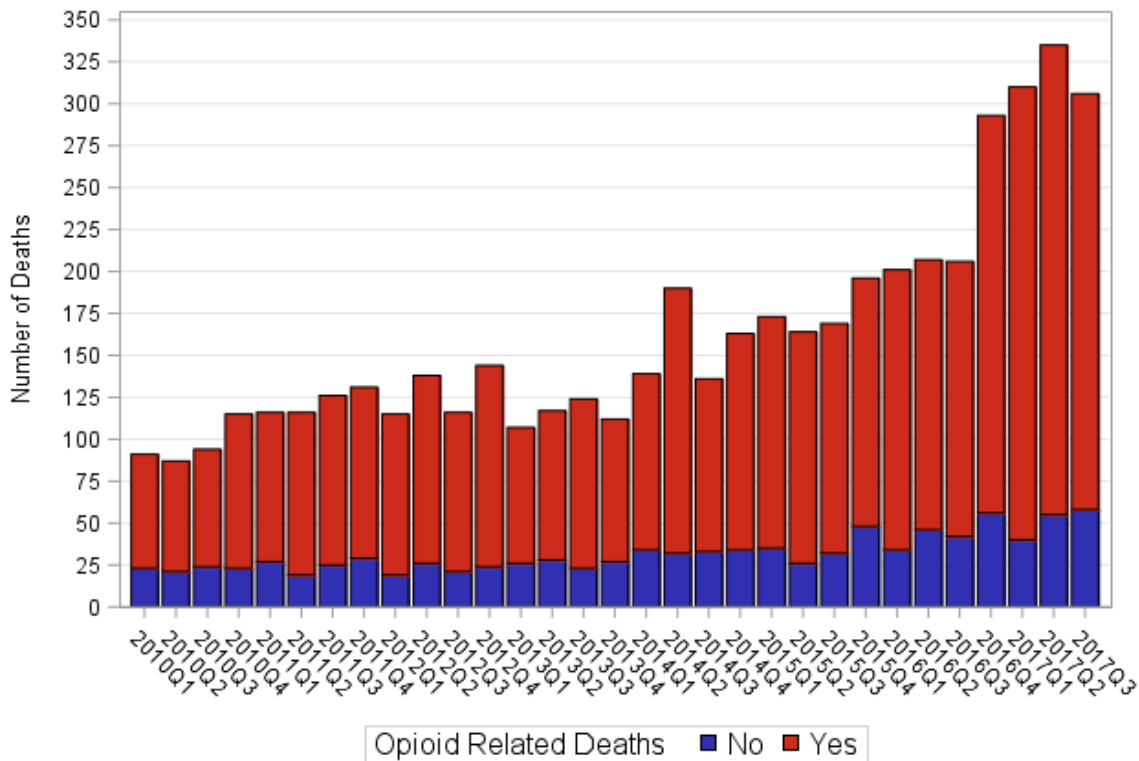
Naloxone – doses administered by first responders



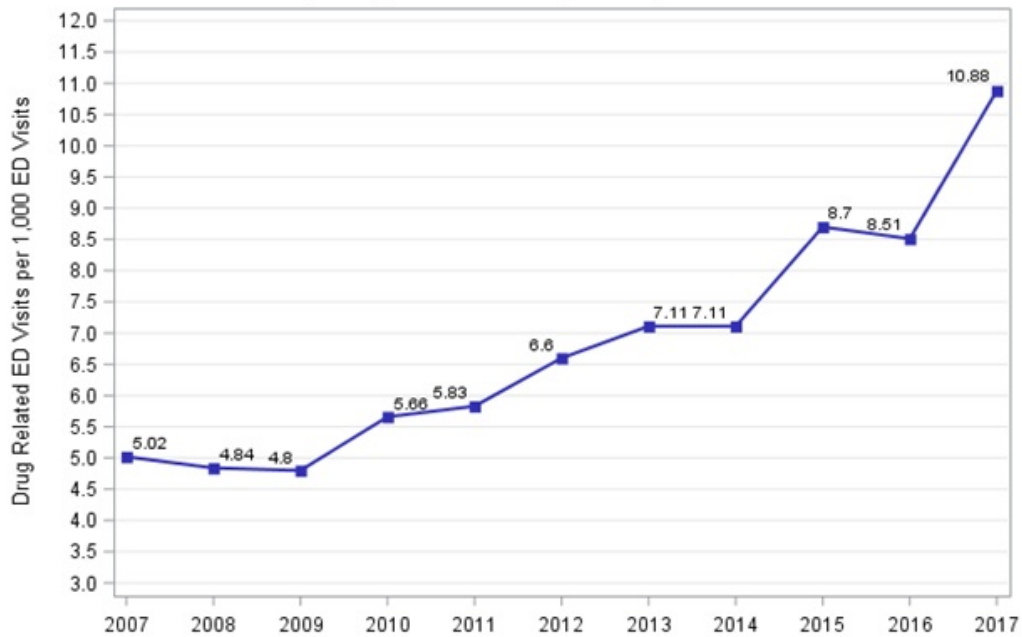
Number of Opioid Related Deaths with Specific Drug Present by Quarter, 2010 Q1 -2017 Q3*



Unintentional Drug Related Deaths by Quarter 2010 Q1 - 2017 Q3



Rate of Drug Related ED Visits per 1,000 Visits by Year, 2007-2017



*Data for 2017 is incomplete and subject to change

Strategy 1: Prevention and Education

Despite the magnitude of the opioid epidemic in Philadelphia, public awareness is low about the dangers of opioids and the need to recognize, intervene, and support people who may be opioid dependent. In addition, doctors and other prescribers still prescribe too many opioids. This strategy area focuses on developing recommendations to change behaviors around use of prescription opioids, including through mass media campaigns, education for doctors and other prescribers and insurance policies, as well as recommendations to increase public awareness about how to help people with opioid use disorder. Addressing stigma will be a core part of making prevention and education efforts successful, but also will ease the entire task of combatting the city's opioid epidemic.

Recommendation	Status	Progress Highlights
1. Conduct a consumer-directed media campaign about opioid risks.	Implementing	PDPH launched a media campaign ("Don't Take the Risk", www.donttaketherisk.org) in May 2017, which effectively raised awareness about the risks of prescription painkillers via television and social media. The second wave of the campaign launched in February 2018.
2. Conduct a public education campaign about naloxone.	Implementing	In March 2018, PDPH launched a campaign to increase awareness about the importance of carrying naloxone, as everyone may be in a position to save a life. PDPH and DBHIDS also have launched a website (www.phillynaloxone.org) intended to educate the public on the signs and symptoms of overdose, how to obtain and use naloxone, and the Good Samaritan law.
3. Destigmatize opioid use disorder and its treatment.	Implementing	Six proposals were received in response to the Community Empowerment Mini-Grants RFP posted by DBHIDS. Grants will be awarded in late March to empower community organizations to lead with solutions addressing the opioid epidemic in the community. DBHIDS published a webpage (DBHIDS.org/MAT) to inform the public and other key stakeholders about the community based treatment options for Medication-Assisted Treatment (MAT) in the city, so current capacity is optimized, and individuals with opioid use disorder (OUD) are directed to evidence-based treatments. DBHIDS staff provides ongoing Crisis Intervention Training to the Police Department, which includes content on the opioid epidemic. All Journey of Hope programs conduct a clinical overdose risk assessment with all participants within the first 14 days of admission, and provide all participants training in naloxone administration and a naloxone kit prior to discharge. DBHIDS continues to: <ul style="list-style-type: none"> • provide MAT information to staff at DBHIDS-Funded Recovery Houses. • require all halfway houses to accept individuals on all forms of MAT and psychiatric medications to decrease discrimination. • host MAT trainings and provide on-site technical assistance for providers to increase knowledge related to MAT. • encourage individuals who achieved recovery through MAT to share their recovery stories to be utilized for storytelling opportunities.
4. Improve health care professional education.	Implementing	PDPH and DBHIDS mailed opioid and benzodiazepine prescribing guidelines to 16,000 health care providers in Southeastern PA. Between November 2017 and February 2018, PDPH conducted an academic detailing program, in which over 1,300 health care providers across the city received one-on-one guidance on how to prescribe judiciously. Leadership from PDPH and DBHIDS visited all of the major health systems serving adult patients in Philadelphia, and is working with them to reduce overprescribing of opioids and benzodiazepines. The City also developed a provider dashboard for the Medicaid system to educate high volume providers of opioids. These were mailed to 2,631 providers in December 2017.

5. Establish insurance policies that support safer opioid prescribing and appropriate treatment.	Implementing	PDPH participated in a statewide discussion with insurers in Harrisburg, and is continuing to work with public and private health insurers to establish policies that support safer opioid prescribing and improve access to medication assisted treatment. Independence Blue Cross and all four Medicaid managed care organizations in Philadelphia are implementing policies to reduce overprescribing to their members. By May 2018, the prior authorization requirement for buprenorphine is to be removed for Medicaid beneficiaries.
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Strategy 2: **Treatment**

Many barriers impede access to quality treatment for substance use, including a shortage of sites that provide medication-assisted treatment, gaps in services for special populations, restrictive hours of operation, antiquated treatment modalities, requirements of clients for state-issued identification cards, housing issues, workforce limitations, and the separation of behavioral health treatment from physical health care.

Recommendation	Status	Progress Highlights
6. Increase the provision of medication-assisted treatment.	Implementing	<p>Since the last status report, MAT utilization increased from 74.5% to 79%. The Center for Mental Health Policy and Services Research has begun meeting with providers to identify barriers to MAT provision and will then draft policy recommendations to DBHIDS on how to best address and eliminate barriers so that adoption of MAT can be supported. DBHIDS advocated with Physical Health Plans to reduce barriers to MAT by waiving prior authorization requirements, resulting in action by Keystone. Advocacy with the Governor's office on behalf of the Health and Human Services Cabinet helped lead to removal of OMAP prior-authorization for buprenorphine, with the Governor's office committing to reach out to HealthChoices Medicaid managed care organizations to encourage similar policies across the commonwealth. MAT inductions are now occurring in the Emergency Department of Temple Episcopal Hospital. DBHIDS is advocating for a waiver for MAT identification requirements with the Pennsylvania Department of Drug and Alcohol Programs.</p> <p>DBHIDS continues to:</p> <ul style="list-style-type: none"> • plan a regional MAT Learning Collaborative in partnership with the SAMHSA Addiction Technology Transfer Center (ATTC) to create a forum for provider learning about best practice approaches to MAT. • use State Targeted Response (STR) Grant funds to provide MAT (specifically buprenorphine and Vivitrol) to under/uninsured individuals and has contracted with two provider agencies. • partner with PDPH and the SAMHSA ATTC to host Buprenorphine Waiver trainings and other MAT Best Practice trainings. Trainings have been held at CBH, Pennsylvania and Jefferson Hospitals to increase prescriber capacity. An additional training is scheduled at Einstein Hospital for April 14th, 2018. • plan for the development of a 24/7 walk-in center where individuals can receive immediate stabilization with MAT in an outpatient setting and access further treatment. This is expected to be operational within 90 days and will be located at 5th and Spring Garden. • require all newly procured addiction treatment facilities to accept MAT. • plan for a specific evidence-based practice (EBP) Certification for MAT for the DBHIDS provider network, marketing the EBP nature of MAT and incentivizing program level standards.

7. Expand treatment access and capacity.	Implementing	<p>DBHIDS is planning the Mural Arts Storefront Initiative which will provide two Certified Peer Specialists (CPS) at the Mural Arts Storefront in Kensington to promote access to SUD Treatment. DBHIDS staff are actively assisting with placements for individuals authorized for residential services. DBHIDS also continues to monitor treatment capacity for MAT and verify that there are open treatment slots in the system to which members can be directed. Information on how and where to access treatment is on the DBHIDS website (DBHIDS.org/MAT). DBHIDS is developing a new system to document available treatment capacity.</p> <p>DBHIDS continues to:</p> <ul style="list-style-type: none"> • explore further expansion to The Journey of Hope Project which added a seventh program and increased capacity to 128 slots. • support a mobile engagement unit through Prevention Point Philadelphia (PPP) with staff from PPP, DBHIDS, and volunteer MDs/RNs traveling in a medical van to hot spots to engage individuals in encampments in the Kensington/Fairhill area three days/week, which was launched in December 2017. • offer in-person screening in addition to telephonic screening for under/uninsured individuals seeking access to substance use disorder (SUD) treatment through BHSI Clinical Service Management • support eight newly funded SUD Early Intervention Programs that target adolescents, families, and at-risk adults across the entire city and provide individual, group, and family therapy and service linkages at both provider agencies and in the community. • require significant clinical enhancements for new procurements including increased staff qualifications, integrated psychiatric and lab services, MAT provision requirements, emphasis on linkage to next level of care, transformation from detoxification to withdrawal management, peer support, implementation of American Society of Addiction Medicine (ASAM) Criteria, ambulatory stabilization, and the expansion of Opioid Treatment Programs.
8. Embed withdrawal management into all levels of care, with an emphasis on recovery initiation.	Implementing	<p>DBHIDS is phasing in withdrawal management across all levels of care working towards the goal of having all providers offer this service. Withdrawal management is currently being offered in the community through several providers including PHMC Pathways to Recovery, Northwestern Human Services, and Wedge Recovery Centers in Narcotic Treatment Programs, partial hospitalization, outpatient, and Centers of Excellence.</p> <p>DBHIDS continues to:</p> <ul style="list-style-type: none"> • explore the incorporation of withdrawal management with MAT induction into the Journey of Hope Project • plan for the implementation of ASAM Criteria, which recognizes withdrawal management embedded in all levels of care, instead of traditional detoxification.
9. Implement “warm handoffs” to treatment after overdose.	Implementing	<p>In December 2017, DBHIDS launched the Recovery Overdose Survivor Engagement (ROSE) Project through PRO-ACT in Temple Episcopal Emergency Room and Crisis Response Center (with plans to expand to Temple University Hospital and other emergency Departments). The ROSE Project employs Certified Recovery Specialists (CRS) to connect any individual who is at risk of or has survived an opioid overdose to treatment. During the month of January, 125 individuals were engaged from which 78 referrals to treatment were coordinated. DBHIDS is also contracting with PRO-ACT to deploy CRS in the community, particularly targeting individuals who are presenting to acute medical settings such as inpatient medical and emergency department settings with other opioid related issues. The goal is to increase engagement and encourage linkage to addiction treatment.</p> <p>DBHIDS continues to:</p> <ul style="list-style-type: none"> • work with the Pennsylvania State Office of Mental Health and Substance Abuse Services (OMHSAS) on the implementation of CRS

		<p>as a supplemental service.</p> <ul style="list-style-type: none"> work collaboratively with PDPH to develop buprenorphine induction protocols in emergency departments in order to increase the likelihood that individuals will link to addiction treatment.
10. Provide safe housing, recovery, and vocational supports.	Planning / Implementing	<p>DBHIDS is projecting to increase Halfway House capacity as a result of the Specialized Alcohol and Other Drugs Services RFP. DBHIDS continues to:</p> <ul style="list-style-type: none"> provide same day drug and alcohol case management authorization through BHSI Intensive Case Management's new Assertive Outreach Team which now serves 178 participants with OUD, and continues to work closely with all MAT providers, the Coordinated Response to Addiction by Facilitating Treatment (CRAFT) Project, and Prevention Point Philadelphia. The team also includes a certified peer specialist working specifically with the CRAFT Project. collaborate with HUD, OVR, CareerLink and community partners to pilot the DBHIDS Customized Employment Project which is engaging six job-seekers, who have a history of homelessness, substance use and incarceration around the goal of finding meaningful, living-wage employment. continues to assist First Step Staffing (FSS) employment services in connecting with individuals who are in recovery and may also have a history of homelessness and/or substance use and/or incarceration. 13 full-time positions have been developed for this population and filled. DBHIDS recently hosted an Orientation and Job Placement session for FSS that attracted 67 job-seekers interested in full-time jobs. increase capacity of Housing First by supporting 60 additional slots through Pathways to Housing targeting individuals from Kensington with OUD.
11. Incentivize providers to enhance the quality of SUD screening, treatment, and workforce.	Planning	<p>DBHIDS, in partnership with PDPH, convened Emergency Departments, MAT providers, and Centers of Excellence and provided education on the continuum of SUD treatment and services, created linkages for warm hand-offs and care coordination, and discussed MAT as evidence-based OUD treatment on January 30th, 2018. DBHIDS will be hosting a follow-up meeting in the near future to discuss key policy issues that were raised. The annual, six-week long Recovery House Training Series beginning in April 2018 will focus on MAT and continues to be open to staff from any Recovery House in Philadelphia. DBHIDS continues to:</p> <ul style="list-style-type: none"> finalize MAT quality standards for the network and a MAT credentialing protocol for outpatient providers. support the implementation of evidence based practices in SUD Treatment programs. Several SUD providers are receiving expert training and consultation in Prolonged Exposure for PTSD and others are participating in the Beck Community Initiative training in Cognitive Behavioral Therapy. Since the last report, an additional intensive outpatient provider was selected through a Request for Applications. conduct quarterly visits to Crisis Response Centers (CRC) by the CRC Monitoring Team to assess knowledge of SUD treatment. enhance the capacity of the Temple Episcopal Crisis Response Center to engage, assess and treat individuals with OUD. Buprenorphine inductions and extended stabilization will be available through this expansion. This will foster the training of various health professionals in SUD, including social workers, RNs, and MDs. require provision of more licensed staff to support the treatment of individuals with addiction through recent RFPs for addiction services. draft new standards for assessment and develop an ASAM training plan with the goal to have the entire network trained in 2019.

Strategy 3: Overdose Prevention

Not all opioid users are able and willing to begin drug treatment. Until those persons do begin treatment, actions can be taken to increase use of health and treatment services and reduce fatalities, non-fatal overdoses, and the infectious complications (HIV, hepatitis B and C, infections) of drug use.

Recommendation	Status	Progress Highlights
12. Expand naloxone availability.	Implementing	<p>Since July 1, 2017, PDPH and DBHIDS have distributed over 28,000 doses of naloxone to first responder agencies and community organizations. PDPH and DBHIDS were awarded a statewide grant for an additional 8,000 doses of naloxone over 2 years. Additionally, since the task force concluded, PDPH and DBHIDS have trained over 600 people in overdose awareness and naloxone training.</p> <p>PDPH and DBHIDS continue to:</p> <ul style="list-style-type: none"> work with other city agencies and community organizations to implement a city-wide naloxone distribution strategy. partner with community organizations to increase naloxone availability in pharmacies in Philadelphia.
13. Further explore comprehensive user engagement sites.	Implementing	<p>The City has explored the issue by:</p> <ul style="list-style-type: none"> consulting experts and reviewing studies of user engagement facilities that allow safe injection. having a City delegation visit Insite, the most well-studied facility in North America, and meet with local leaders on the issue. having the delegation visit the City of Seattle, which is seeking to implement a safe injection site, and learning from its approach in a large US city. commissioning a study of the potential health impacts of a safe consumption facility in Philadelphia if one were to be implemented. <p>The City has concluded that it would benefit from having CUES and will actively pursue one or more facilities. City leadership are currently meeting with organizations interested in potentially funding or operating a CUES, as well as engaging communities to solicit feedback and input.</p>
14. Establish a coordinated rapid response to “outbreaks.”	Planning/ Implementing	<p>PDPH and DBHIDS have created an Outbreak Rapid Response Team that meets bi-weekly to develop the rapid response protocol. The protocol includes:</p> <ul style="list-style-type: none"> creating an algorithm to define, confirm, and verify outbreaks using information about non-fatal overdoses occurring in area emergency departments. developing alert notifications that provide information about geographic areas of concern, number of people impacted, etc. developing a list of key contacts and officials within various city and community agencies that will be notified in the event of a surge. developing educational content for outreach workers to share with affected communities. defining roles for OHS outreach response teams in the rapid response plan. <p>DBHIDS continues to:</p> <ul style="list-style-type: none"> partner with PRO-ACT to make trained volunteers, family members, certified recovery specialists, and certified peer specialists available for assistance in responding to opioid outbreaks.
15. Address homelessness among opioid users.	Planning / Implementing	<p>DBHIDS is collaborating with the Office of Homeless Services to pilot a Shallow Rent Subsidy with individuals experiencing homelessness from the Journey of Hope Project, Safe Havens, and DBHIDS Funded Recovery Houses. DBHIDS is developing a palm card on treatment access for the homeless outreach teams. Using STR Grant funds, DBHIDS increased the Identification Card Acquisition Program at Prevention Point Philadelphia to five days per week. The City,</p>

		<p>DBHIDS, and Project HOME launched a full-service homeless outreach engagement center on January 30th, 2018. The Hub of Hope offers medical, behavioral health, and social services.</p> <p>DBHIDS continues to:</p> <ul style="list-style-type: none"> • create new capacity for DBHIDS Funded Recovery Houses, which will target homeless individuals with OUD in Kensington. • develop the newly created bilingual homeless outreach team at Prevention Point Philadelphia targeting individuals experiencing homelessness with OUD in the Gurney Street/Fairhill area.
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Strategy 4: **Involvement of the Criminal Justice System**

Individuals in the justice system continuum, from arrestees to sentenced prisoners, with OUD who are not participating in adequate treatment services constitute a particularly risky population. A change to a public health approach within the justice system is urgently needed, however, members of the Justice System, Law Enforcement, and First Responders subcommittee reported systemic barriers and gaps in programming, resources, and training which must be addressed in Philadelphia to enable implementation of an evidence-based public health strategy.

Recommendation	Status	Progress Highlights
16. Expand the court's capacity for diversion to treatment.	Planning / Implementing	DBHIDS and the District Attorney's Office continue to mutually support existing diversion programs – Accelerated Misdemeanor Program (AMP) II, the Forensic Intensive Recovery (FIR) Program, and the Intermediate Punishment Program (IPP) – and agreed to mutually support the expansion of AMP II to a second courtroom.
17. Expand enforcement capacity in key areas.	Implementing	The City is piloting a law enforcement assisted diversion (into treatment) program in the 22 nd district, with plans to evaluate and expand it in the future.
18. Provide substance use disorder assessment and treatment in the Phila Dept. of Prisons (PDP).	Implementing	<p>Since the previous status report, PDP began offering Suboxone treatment to individuals with opioid use disorder in February 2018.</p> <p>PDP continues to:</p> <ul style="list-style-type: none"> • provide substance use disorder assessments of all inmates at intake, cognitive behavioral therapy for addictions and maintenance of inmates on methadone or buprenorphine. • provide withdrawal management for ~8,000 residents/year. • show a public service announcement on overdose recognition and naloxone use to inmates on all housing units daily, and distribute naloxone to individuals at highest risk of an overdose at the time of release. Every inmate receives a prescription for naloxone with accompanying instructions. • enroll in Medicaid anyone housed at PDP for more than 5 days.

Data

PDPH created an **Opioid Surveillance, Epidemiology and Prevention Program** that is the central location for collecting and analyzing city-wide opioid-related data. The program is actively working with DBHIDS, the Philadelphia Fire Department, the Philadelphia Police Department and community organizations, and is quarterly surveillance reports available to the public. Previous reports can be found at: <http://www.phila.gov/opioids>

Succeeding in Recovery, thanks to Medication-Assisted Treatment (MAT)

Patrick Betteley is a Veteran of the U.S. Navy who served on two separate deployments during the Persian Gulf War. As a result of an injury he experienced during his military service, Patrick was prescribed the opioid pain reliever, Oxycodone. Patrick quickly became addicted and once Oxycodone became difficult to obtain, he turned to heroin. Patrick was active in his addiction for three years, which led him to become homeless on the streets of Kensington. During this time, Patrick was too embarrassed to be in contact with his family. Patrick recalled going to three or four detox programs, "Each time I returned to my addiction because there were no supports in place and I was still experiencing some withdrawal symptoms."

When asked, Patrick described how he knew he was ready for treatment, "I knew I could do better. I served my country and that person on the streets wasn't who I was." In an effort to get connected to treatment, Patrick went to a Recovery House that provided him the phone number for Behavioral Health Special Initiative (BHSI) at the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). "The approval process was easy with BHSI." He worked with BHSI staff to arrange placement with MAT at the Goldman Clinic. Since his prior experiences with drug-free treatment were unsuccessful, Patrick was open to trying MAT. "When you go to detox and become sober, nothing prevents you from giving in to that constant feeling of wanting to go back out and use."

Patrick participated in MAT for two years before successfully completing his program in December 2016. He felt methadone helped control his urges to use, and the corresponding therapy provided a recovery atmosphere and social support. "Methadone was the additional support I needed until I was confident enough and ready to be in recovery completely on my own."

When asked what he would want others to know about MAT, Patrick shared, "Methadone is temporary support until you decide you are ready, it is not necessarily lifelong assistance. Since I couldn't hold onto the methadone myself, there was no temptation to sell it."

Patrick will be celebrating three years of sobriety in December 2017. He has been reconnected with his family, including his two children. He is stably housed, attends to all his medical needs, and has even returned to work as an electrician.

As Patrick continues along his recovery journey, Patrick attends outpatient treatment where he formerly participated in MAT. He also accesses support through Healing Ajax, a program of Resources for Human Development (RHD), and Narcotic Anonymous groups.

ADVANCING THE SUBSTANCE USE DISORDER (SUD) TREATMENT CONTINUUM

DBHIDS Response to the Opioid Crisis

DBHIDS is continuing its concerted efforts to increase the availability of Medication Assisted Treatment (MAT) in all forms across all levels of care.

MAT Expansion

- Increased the availability of Buprenorphine from approximately 100 slots to more than 1,000 slots
- Increased availability of Buprenorphine and Naltrexone XR at Opioid Treatment Programs

Expanding Prevention Capacity

- Added 8 Early Intervention Programs
- Published Community Empowerment Mini-Grants RFP on the ePhillyContracts website

Expanding Capacity

- New homeless outreach team in Kensington
- Buprenorphine Waiver Trainings
- Increased capacity of DBH Funded Recovery Houses
- Increased CRAFT to 3 days/week to rapidly assess and link individuals to treatment
- Increased Housing First by 60 slots for individuals with OUD
- Added a co-occurring Partial Hospitalization Program offering MAT
- Launched the Recovery Overdose Survivor Engagement (ROSE) Project through PRO-ACT at Temple Episcopal which employs Certified Recovery Specialists (CRS) to connect overdose survivors and at-risk individuals to treatment
- Launched a mobile engagement unit through Prevention Point Philadelphia (PPP) with staff from PPP, DBHIDS, and volunteer MDs/RNs, traveling in a medical van to hot spots to engage individuals displaced from Gurney Street in the Kensington/Fairhill area 3 days/week

SUD Treatment Continuum

Within DBHIDS, Community Behavioral Health (CBH) manages the behavioral health services for Medicaid beneficiaries while the Division of Behavioral Health (DBH) manages care for uninsured individuals and various recovery support services.



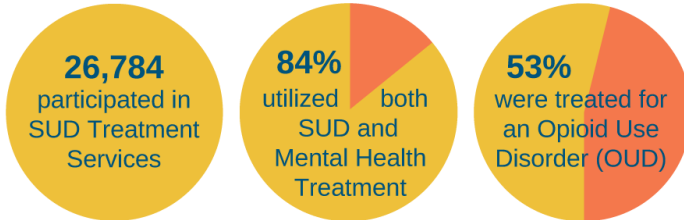
David T. Jones
Commissioner
215-685-5400

*Coordinated Response to Addiction by Facilitating Treatment (CRAFT)

ADVANCING THE SUBSTANCE USE DISORDER (SUD) TREATMENT CONTINUUM

SUD Utilization Data

(1/1/16 - 12/31/16)



52% of individuals who used detoxification were recidivists to high acuity levels of care; which increases overdose risk.

MAT System Transformation

DBHIDS is using detoxification to capacity and has added beds where possible. DBHIDS is employing a more comprehensive response by transforming the practice of detoxification to withdrawal management.

Detoxification

- Isolated level of care; Siloed programs
- Emphasizing detox as the major entry point for treatment strains the perceived availability of treatment
- Individuals who receive only detoxification are at greater risk of relapse and overdose
Inconsistent with current evidence based practice



Withdrawal Management

- A medical intervention offered in every level of care, including outpatient hospital settings
- Emphasis placed on recovery initiation, MAT stabilization, and engagement in sustained treatment
- Expansion of withdrawal management in various settings will reduce perceived unavailability of treatment slots

Multiple studies have proven that Medication Assisted Treatment in combination with psychosocial treatment is effective in:

DBHIDS is linking individuals to a MAT treatment provider to align with best practice and out of concern that numerous individuals are cycling through detox and residential treatment.

- ✓ Reducing mortality
- ✓ Lessening illicit opioid use
- ✓ Increasing retention in treatment
- ✓ Lowering criminal justice consequences of substance use
- ✓ Diminishing overall health care and societal costs

DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL dISABILITY SERVICES

IN-NETWORK ADULT COMMUNITY MEDICATION-ASSISTED TREATMENT (MAT) PROGRAMS

Provider & Contact Info	MAT	Additional Information
ADDICTION MEDICINE AND HEALTH ADVOCATES (AMHA) 928 MARKET ST, 19107 (215)923-4204	MMT induction	IOP/ OP English/ Spanish; child care on site
ASOCIACION PUERTORRIQUENOS EN MARCHA (APM) 4301 RISING SUN AVE, PHILA, 19140 (267)296-7200	Buprenorphine induction	IOP/ OP English/ Spanish
BELMONT BEHAVIORAL HOSPITAL 4200 MONUMENT ROAD, 19131 (877)418-7923	Buprenorphine maintenance Vivitrol	IOP/ OP English/ Spanish
CHANCES- PHILA HEALTH MGMT CORP (PHMC) 1200 CALLOWHILL ST, SUITE 102, 19123 (215)825-8220	Buprenorphine induction Vivitrol	IOP/ OP English; females only, child care on site
COMHAR 2055 E. ALLEGHENY AVE, 19134 (215)427-5800	Buprenorphine induction	OP English/ Spanish
THE CONSORTIUM 451 S. UNIVERSITY AVE, 19104 (215)596-8000	MMT induction Vivitrol	IOP/ OP English/ Spanish; child care on site
DREXEL MEDICINE CARING TOGETHER CLINIC 4700 WISSAHICKON AVE, 19144 (215)967-2130	Buprenorphine/Vivitrol maintenance	OP English; females only, child care on site
GAUDENZIA OUTREACH I 1306 SPRING GARDEN ST, 19123 215-238-2150	Vivitrol	IOP/ OP English/ Spanish
GAUDENZIA-DRC 3200 HENRY AVE, 19129 215-991-9700	Vivitrol	IOP/ OP English
JEVS HUMAN SERVICES - ACT I 5820 OLD YORK ROAD, 19141	MMT induction	IOP/ OP English
JEVS HUMAN SERVICES - ACT II 1745 N. 4TH ST, 19122 (215)236-0100	MMT induction	IOP/ OP English/ Spanish
JOHN F. KENNEDY BEHAVIORAL HEALTH CENTER (JFK) 907 N. BROAD ST, 19123 (215)567-2469	MMT induction	OP English
KENSINGTON HOSPITAL 136 DIAMOND ST, 19122 (215)426-8100	MMT induction	OP English
NORTH PHILA HEALTH SYSTEM - GOLDMAN CLINIC 801 W. GIRARD AVE, 19122 (215)787-2000	MMT induction Vivitrol	IOP/ OP English/ Spanish
NORTHEAST TREATMENT CENTERS (NET) 2701 N. BROAD ST, 19132 (215)226-1600	Buprenorphine induction Vivitrol	IOP/ OP English
NORTHEAST TREATMENT CENTERS (NET) 499 N. 5TH ST, 19123 (215)451-7100	Buprenorphine induction Vivitrol	IOP/ OP English
NORTHEAST TREATMENT CENTERS (NET) 5501 CHESTNUT ST, 19139 (215)747-6480	Buprenorphine induction Vivitrol	IOP/ OP English
NORTHEAST TREATMENT CENTERS (NET) 4625 FRANKFORD AVE, 19124 (215)451-7000	Buprenorphine induction Vivitrol	IOP/ OP English
NORTHEAST TREATMENT CENTERS (NET) 2205 BRIDGE ST, 19137 (215)286-5490	Buprenorphine induction MMT induction & Vivitrol	IOP/ OP English
NORTHEAST TREATMENT CENTERS (NET) 7520 STATE ROAD, 19136 (215)831-6024	Buprenorphine induction MMT induction & Vivitrol	IOP/ OP English
NORTHWESTERN HUMAN SERVICES PARKSIDE RECOVERY 5000 PARKSIDE AVE, 19131 (215)879-6116	Buprenorphine induction MMT induction & Vivitrol	IOP/ OP English
NORTHWESTERN HUMAN SERVICES PARKSIDE RECOVERY 5429 GERMANTOWN AVE, 19144 (215)754-0240	Buprenorphine induction MMT induction & Vivitrol	IOP/ OP English

DEPARTMENT OF BEHAVIORAL HEALTH AND INTELLECTUAL disABILITY SERVICES

IN-NETWORK ADULT COMMUNITY MEDICATION-ASSISTED TREATMENT (MAT) PROGRAMS

Provider & Contact Info	MAT	Additional Information
NORTHWESTERN HUMAN SERVICES PARKSIDE RECOVERY 4806 FRANKFORD AVE, 2ND FL, 19124 (215)533-6204	Buprenorphine induction Vivitrol	IOP/ OP English
NORTHWESTERN HUMAN SERVICES 11082 KNIGHTS ROAD, 19154	Buprenorphine induction Vivitrol	IOP/ OP English
PATHWAYS TO HOUSING 5201 OLD YORK ROAD, SUITE 108, 19141 (215)390-6187	Buprenorphine induction Vivitrol	*Center of Excellence English/ Spanish; Housing Assistance
PATHWAYS TO RECOVERY (PHMC) 2301 EAST ALLEGHENY AVE, 19134 (215)731-2402	Vivitrol & Buprenorphine MMT clinic coordination	Partial Hospital Program English/ Spanish
PENN MEDICINE PRESBYTERIAN MEDICAL CENTER 3910 POWELTON AVE, 5TH FL, 19104 (215)662-8742	Buprenorphine induction	*Center of Excellence; IOP/ OP English/ Spanish
PENN MEDICINE MOTHERS MATTER PROGRAM 3400 SPRUCE ST, 1 WEST GATES, 19104 (215)573-8882	Buprenorphine induction	*Center of Excellence; Pregnant Women English
PHMC CARE CLINIC MAT PROGRAM 1200 CALLOWHILL ST, 1st Floor, 19123 267-398-0247	Buprenorphine induction Vivitrol	*Center of Excellence; Health Care Center English/ Spanish; PCP
PREVENTION POINT 2913-2915 KENSINGTON AVE, 19134	Buprenorphine induction Vivitrol	*Center of Excellence; Harm Reduction Svcs English/ Spanish
PROJECT HOME 1515 FAIRMOUNT AVE, 19104 (215)320-6187 x5756	Buprenorphine induction Vivitrol	*Center of Excellence; Housing Assistance English
SOAR CORP 9150 MARSHALL ST, SUITE 2, 19114 (215)464-4450	MMT induction	OP English
THOMAS JEFFERSON UNIVERSITY FAMILY CENTER 1233 LOCUST ST, SUITE 201, 19107 (215)955-8577	MMT induction	*Center of Excellence (MATER); IOP/ OP Females only, pregnancy, child care on site; English
THOMAS JEFFERSON UNIVERSITY (NARP) 21 ST & WASHINGTON AVE, 19147 (215)735-5979	MMT induction	*Center of Excellence; IOP/ OP English/Spanish
TEMPLE TWO Program 3401 N BROAD ST, 19140 (215)707-3008	Buprenorphine induction	*Center of Excellence, partners with the Wedge MC OB- GYN Svcs
WEDGE MEDICAL CENTER 3609 N. BROAD ST, 19140 (215)223-1100	Buprenorphine induction Vivitrol	*Center of Excellence, partners with Temple TWO English/ Spanish; IOP/ OP
WEDGE MEDICAL CENTER 2009 S. BROAD ST, 19148 (215)271-2200	Buprenorphine induction Vivitrol	*Center of Excellence, partners with Temple TWO English; IOP/ OP
WEDGE MEDICAL CENTER 4243 FRANKFORD AVE, 19124 (215)744-3600	Buprenorphine induction Vivitrol	*Center of Excellence, partners with Temple TWO English; IOP/ OP

Call 1-888-545-2600 to speak to a service representative and access treatment.

Intensive Outpatient Program (IOP)
Methadone Maintenance Treatment (MMT)
Outpatient Program (OP)

David T. Jones
Commissioner
215-685-5400

City of Philadelphia

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