

**The Opioid Epidemic in Philadelphia**  
*Implementation of the  
Mayor's Task Force Recommendations*

January 23, 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	13
	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 DBHDIS 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. Nine hundred and seven individuals died of an overdose in 2016, and while the final toxicology results are pending, we project that approximately 1,200 died in 2017.<sup>1</sup> Thousands of Philadelphia residents had non-fatal overdoses, while an estimated 469,000 people used a prescription opioid in the last year.<sup>2</sup> Addressing the crisis is 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. The quarterly reports made to the Mayor's Drug and Alcohol Executive Commission can be found at:

<http://www.phila.gov/opioids>

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<sup>1</sup> Medical Examiner's Office, Philadelphia Department of Public Health.

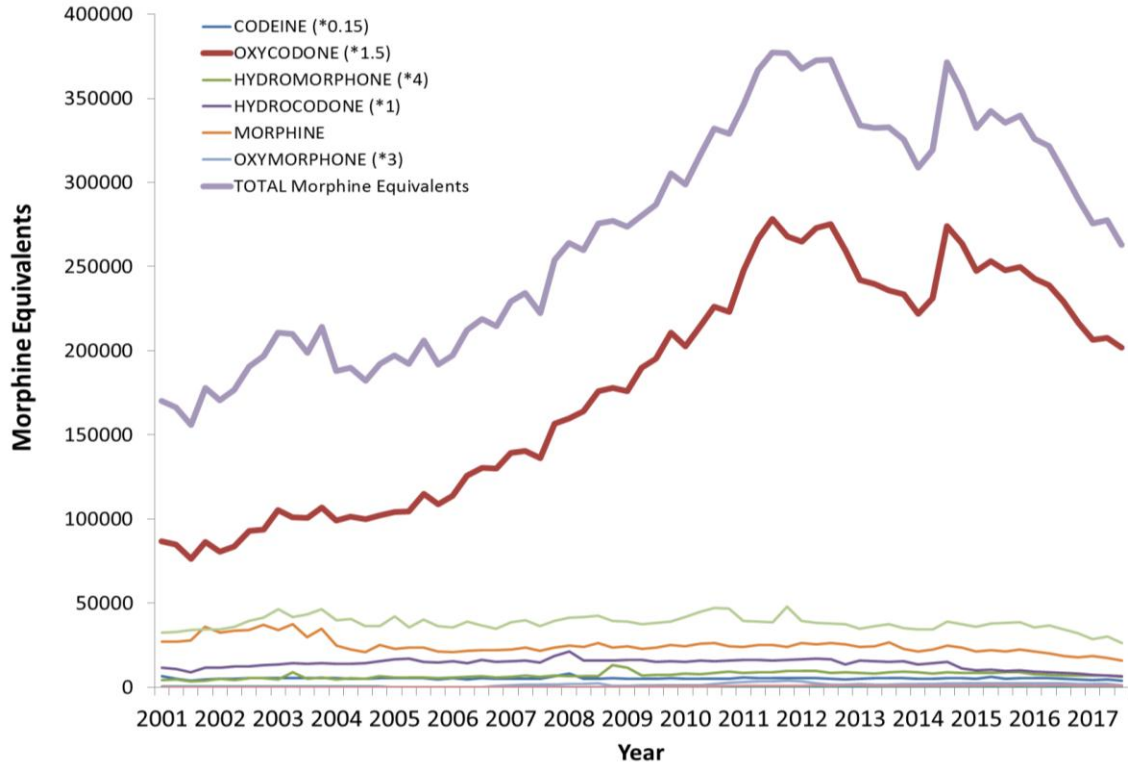
<sup>2</sup> Philadelphia Department of Public Health. Prescription Opioid and Benzodiazepine Use in Philadelphia, 2017. CHART 2017;2(9):1-6.

**Graphs of Core Task Force Metrics from the  
Opioid Misuse and Overdose Report, Philadelphia, PA  
(last updated December, 2017)**

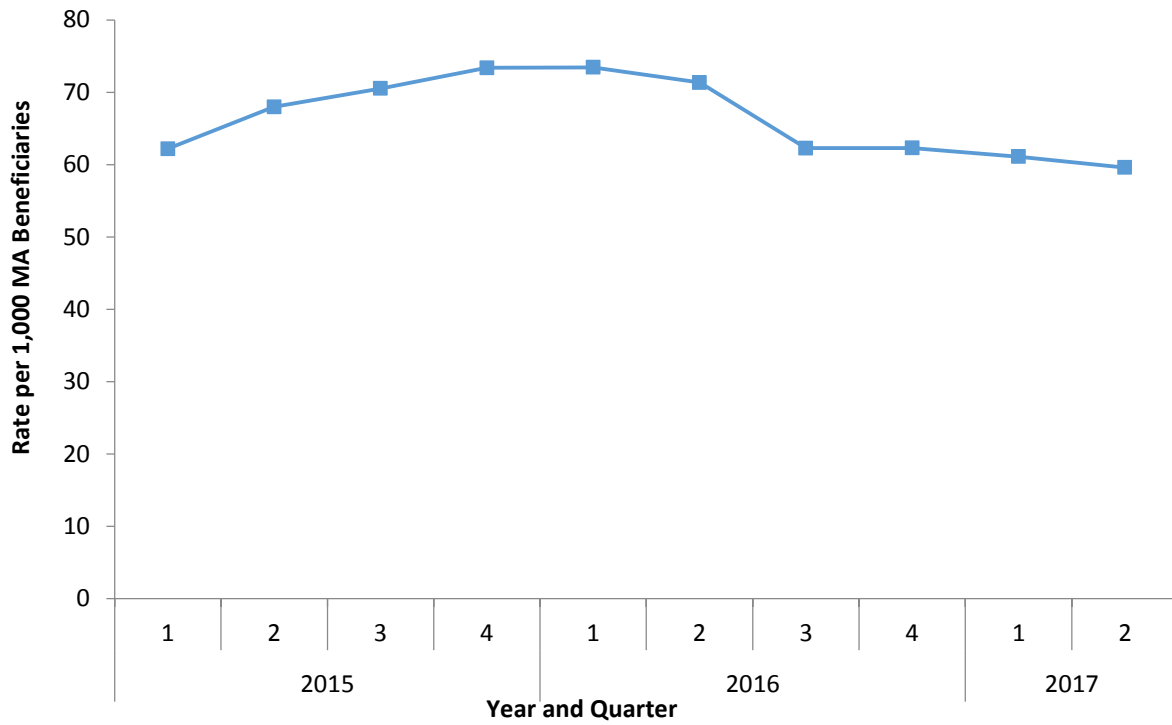
Additional data can be found on the Health Information Portal's Opioid Surveillance Page:  
<https://hip.phila.gov/DataReports/Opioid>

**Prescription Opioid Metrics**

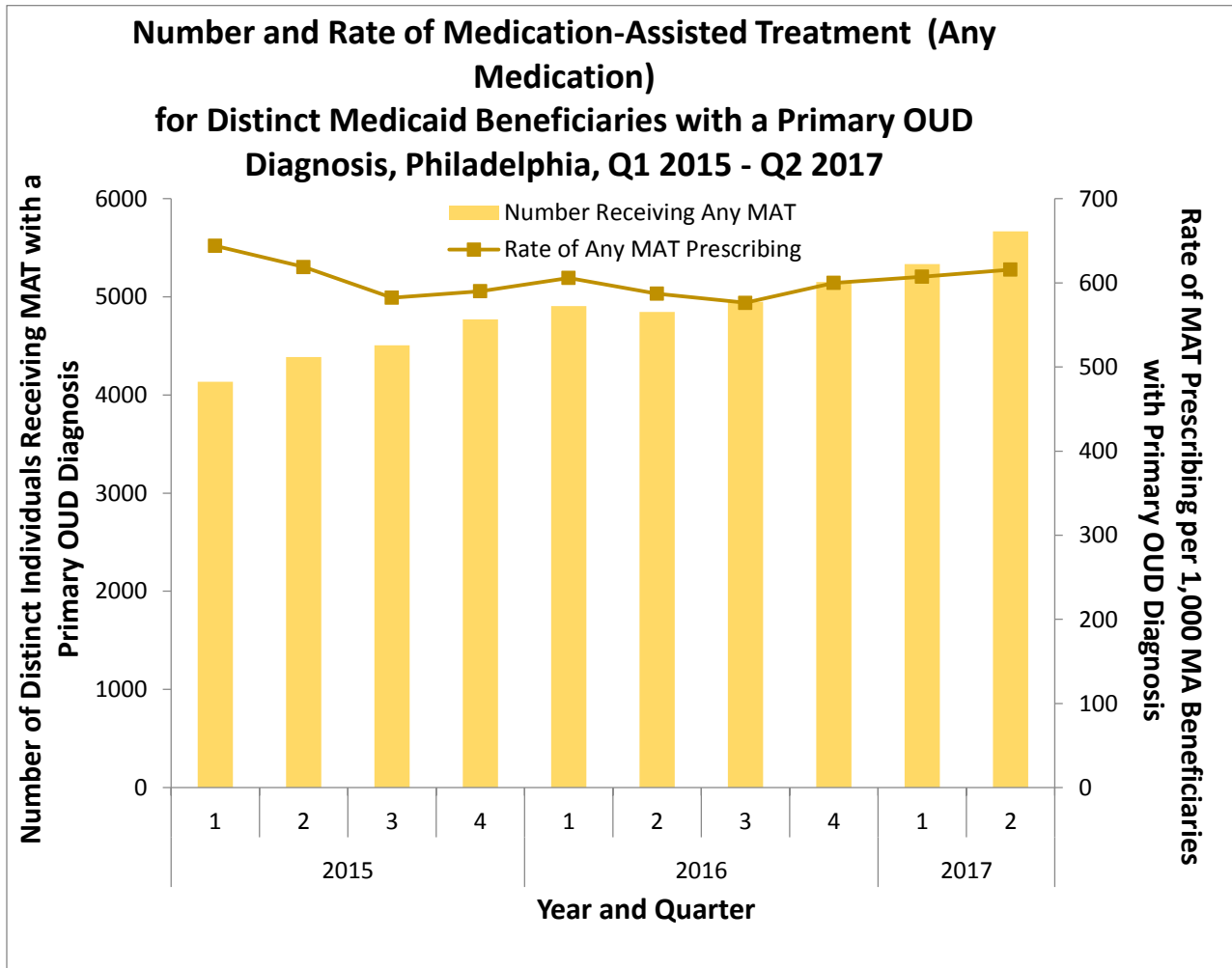
**Sale of Selected Prescription Opioids, Philadelphia, 2001 - Q3 2017  
DEA ARCOS**



### Opioid Prescription Rate among Medicaid Beneficiaries, Philadelphia, Q1 2015 - Q2 2017

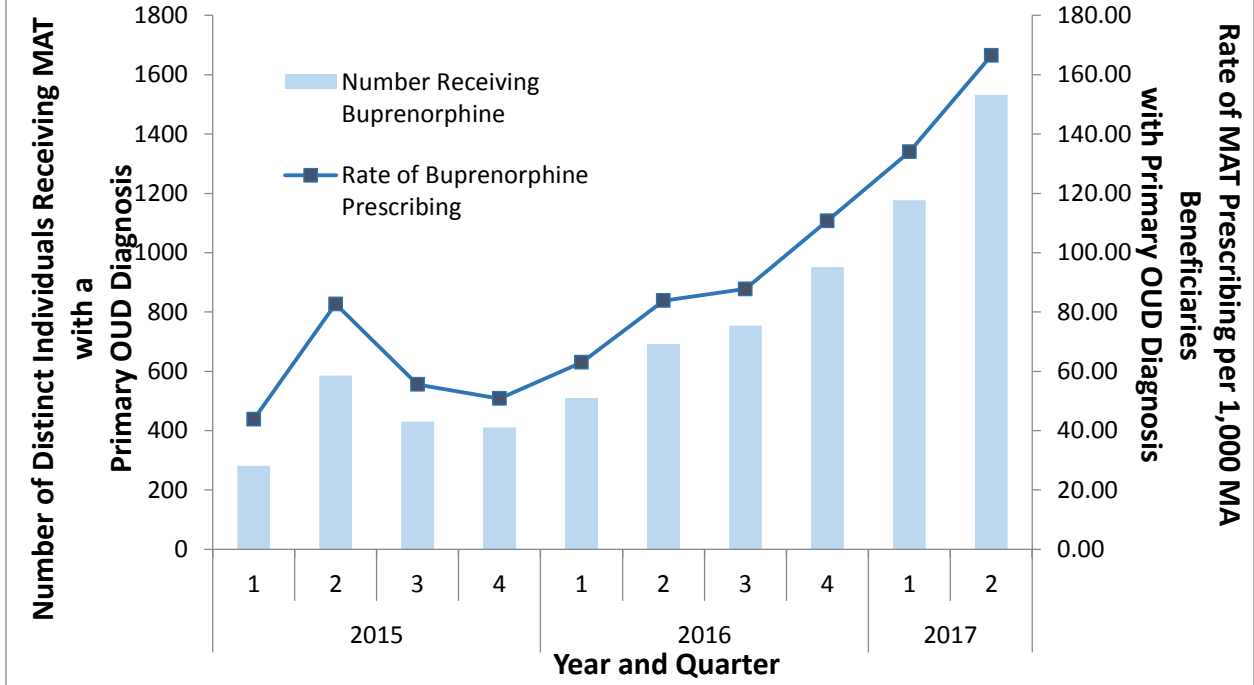


## Drug Treatment Metrics



Total DBHIDS In-Network MAT Program Capacity (any medication) = **8,707** slots as of 11/30/17.

### Number and Rate of Buprenorphine Prescribing for Distinct Medicaid Beneficiaries with a Primary OUD Diagnosis, Philadelphia, Q1 2015 - Q2 2017



In 2016, DBHIDS increased in-network capacity of buprenorphine treatment by more than 1,000 slots.

### Philadelphia DBHIDS In-Network Adult Community Medication-Assisted Treatment Capacity, as of 11/30/2017

■ Available ■ In use



Total DBHIDS Community MAT Program Capacity (any medication) = 8,707 slots.  
2,219 MAT slots are available as of 11/30/2107.

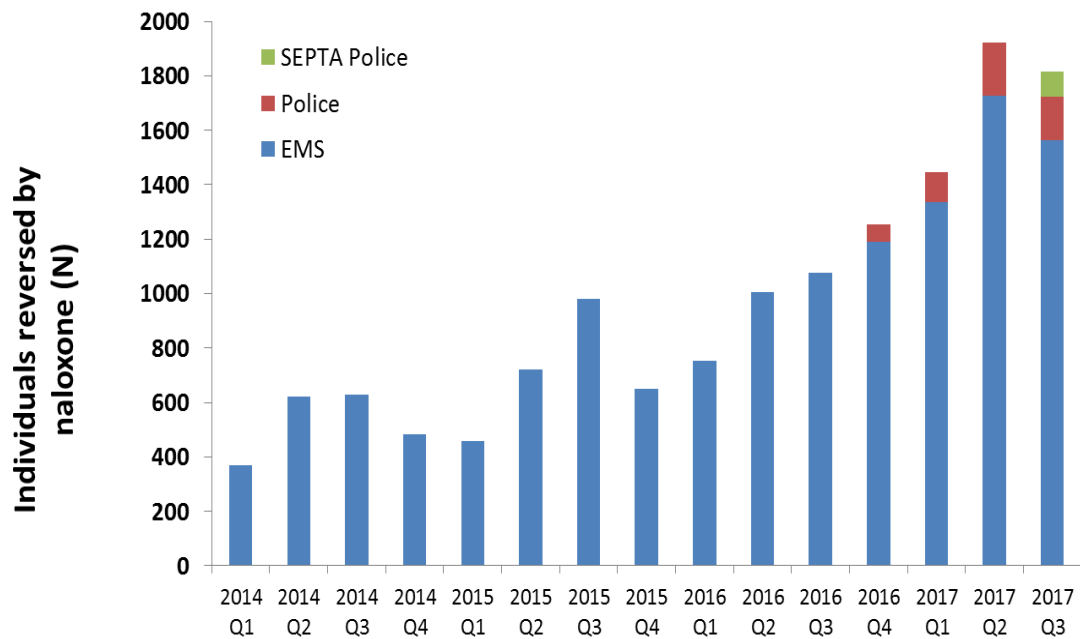
## Naloxone Use and Overdose Metrics

### Naloxone – doses distributed

Since July 1, 2017, the City has **distributed 21,700 doses of naloxone** to law enforcement agencies and other organizations:

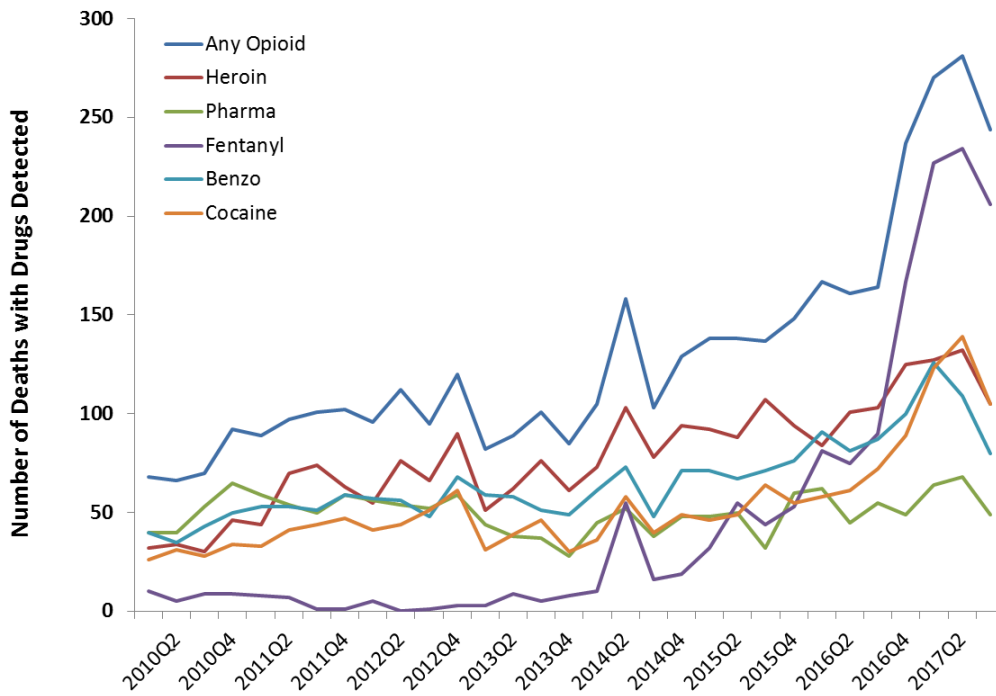
- **Providers and Community Organizations:** 16,600 doses
- **Criminal justice organizations:** 3,500 doses
- **EMS, Philadelphia Police Department and SEPTA Police:** 1,600 doses

### Naloxone – doses administered by first responders

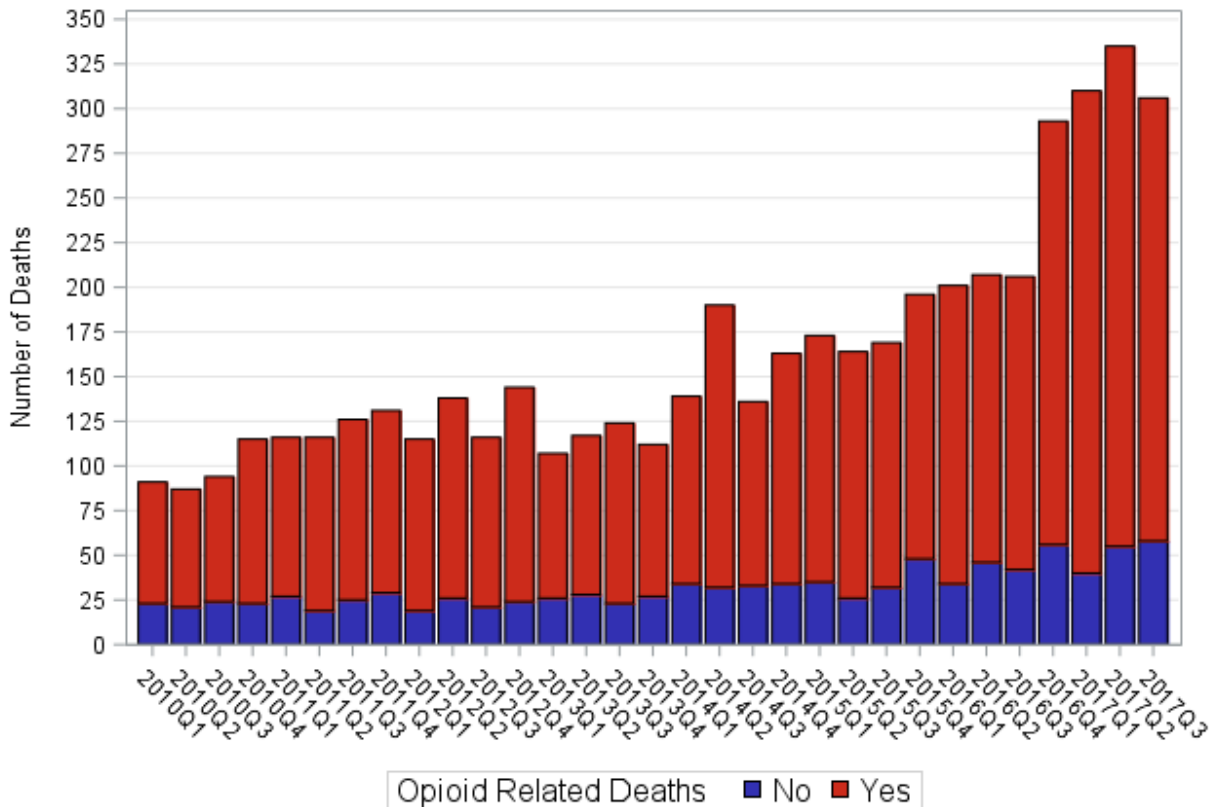




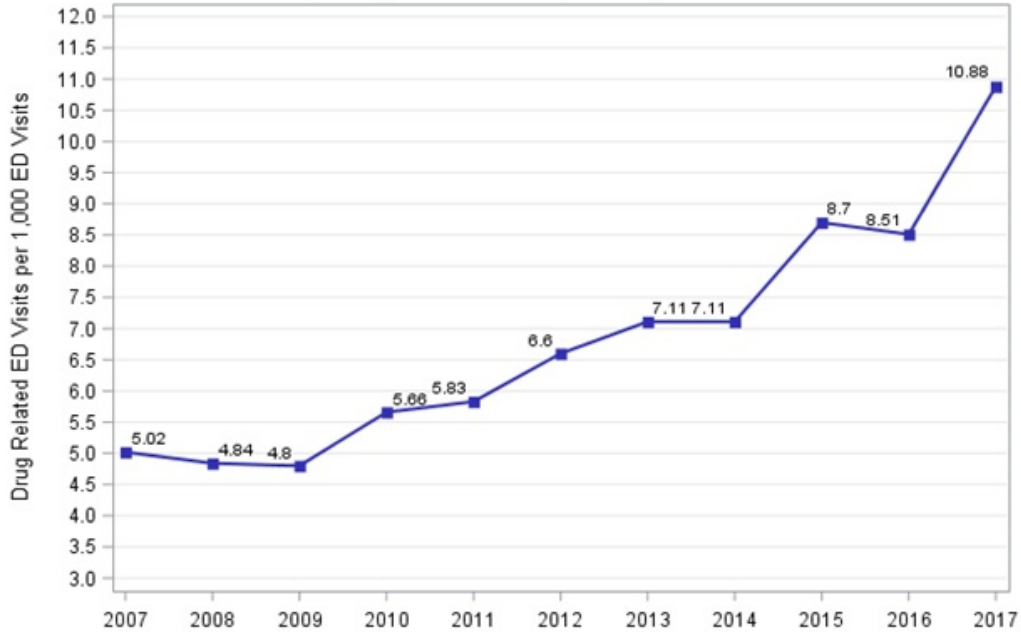
**Number of Opioid Related Deaths with Specific Drug Present by Quarter, 2010 Q1 -2017 Q3\***



**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”, <a href="http://www.donttaketherisk.org">www.donttaketherisk.org</a> ) in May 2017, which effectively raised awareness about the risks of prescription painkillers via television and social media. A second wave of the campaign will start in early 2018.
2. Conduct a public education campaign about naloxone.	Planning	PDPH is developing a campaign to increase awareness about the signs and symptoms of overdose, how to obtain and use naloxone, and the Good Samaritan law. The campaign will launch in early 2018. PDPH and DBHIDS continue to: <ul style="list-style-type: none"> <li>raise awareness about opioid overdoses and naloxone through public educational sessions and trainings.</li> </ul>
3. Destigmatize opioid use disorder and its treatment.	Planning / Implementing	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. 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"> <li>plan Community Empowerment Mini-Grants to address the opioid epidemic by issuing small grants in the community.</li> <li>provide MAT information to staff at DBHIDS-Funded Recovery Houses.</li> <li>require all halfway houses to accept individuals on all forms of MAT and psychiatric medications to decrease discrimination.</li> <li>host MAT trainings, most recently to homeless outreach and safe haven staff, and provide on-site technical assistance for providers to increase knowledge related to MAT.</li> <li>encourage individuals who achieved recovery through MAT to share their recovery stories to be utilized for storytelling opportunities.</li> <li>develop opportunities to host MAT information on the Evidence-based Practice and Innovation Center (EPIC) website in collaboration with the SAMHSA Addiction Technology Transfer Center.</li> </ul>
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. In November 2017, PDPH launched an academic detailing program, in which 1,400 health care providers across the city receive 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 provide 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	Implementing	PDPH participated in a statewide discussion with insurers in Harrisburg, and is

policies that support safer opioid prescribing and appropriate treatment.		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.
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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 first Status Report, DBHIDS increased MAT capacity by 558 slots making total MAT capacity 8,707 slots, of which 2,219 are available. DBHIDS will 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. DBHIDS held a focus group with Methadone Maintenance Treatment (MMT) providers exploring the barriers to offering all forms of MAT and will be following up individually with programs to develop a plan for implementation. DBHIDS is also planning 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. 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 is advocating with Physical Health Plans to reduce barriers to MAT by increasing initial supply of MAT and waiving prior authorization requirements, resulting in action by Keystone and Health Partners Plans. 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. DBHIDS continues to:</p> <ul style="list-style-type: none"> <li>• 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 being scheduled at Einstein Hospital for the 1<sup>st</sup> Quarter of CY2018.</li> <li>• 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 in the 1<sup>st</sup> Quarter of CY18 and will be located at 5<sup>th</sup> and Spring Garden.</li> <li>• require all newly procured addiction treatment facilities to accept MAT.</li> <li>• 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.</li> </ul>
7. Expand treatment access and capacity.	Implementing	DBHIDS staff are actively assisting with placements for individuals authorized for bed based 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 added a seventh

		<p>program to The Journey of Hope Project which increased capacity to 132 slots and further expansion is being explored. In December 2017, DBHIDS initiated 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 three days/week.</p> <p>DBHIDS continues to:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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.</li> <li>• 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.</li> </ul>
8. Embed withdrawal management into all levels of care, with an emphasis on recovery initiation.	Implementing	<p>DBHIDS is exploring the incorporation of withdrawal management with MAT induction into the Journey of Hope Project.</p> <p>DBHIDS continues to:</p> <ul style="list-style-type: none"> <li>• offer withdrawal management in the community through several providers including PHMC Pathways to Recovery, Northwestern Human Services, and Wedge Recovery Centers.</li> <li>• plan for the implementation of ASAM Criteria, which recognizes withdrawal management embedded in all levels of care, instead of traditional detoxification.</li> <li>• negotiate with awardees for new ambulatory stabilization programs resulting from a recently issued RFP, which aimed to expand withdrawal management into ambulatory programs.</li> </ul>
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. 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"> <li>• work with the Pennsylvania State Office of Mental Health and Substance Abuse Services (OMHSAS) on the implementation of CRS as a supplemental service.</li> <li>• 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.</li> </ul>
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. Within DBHIDS, BHSI Intensive Case Management created a new Assertive Outreach Team which provides same day case management authorization and is currently serving 147 participants with OUD, working 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</p>

		<p>specialist working specifically with the CRAFT Project.</p> <p>DBHIDS continues to:</p> <ul style="list-style-type: none"> <li>• coordinate with HUD, OVR, and several other organizations to pilot the Customized Employment Project which serves individuals from safe haven and Journey of Hope programs.</li> <li>• work with First Step (a staffing agency) that will service individuals who are homeless and people in recovery.</li> <li>• increase capacity of Housing First by supporting 60 additional slots through Pathways to Housing targeting individuals from Kensington with OUD.</li> </ul>
11. Incentivize providers to enhance the quality of SUD screening, treatment, and workforce.	Planning	<p>DBHIDS is finalizing MAT quality standards for the network and a MAT credentialing protocol for outpatient providers. DBHIDS will convene Emergency Departments, MAT providers, and Centers of Excellence to provide further education on the continuum of SUD treatment and services, create linkages for warm hand-offs and care coordination, and offer MAT as evidence-based OUD treatment on January 30<sup>th</sup>, 2018. 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.</p> <p>DBHIDS continues to:</p> <ul style="list-style-type: none"> <li>• work with various SUD Treatment providers to implement and sustain Prolonged Exposure and Cognitive Therapy through the Beck Community Initiative throughout their locations and levels of care. An additional intensive outpatient program will be selected via a Request for Applications.</li> <li>• conduct quarterly visits to Crisis Response Centers (CRC) by the CRC Monitoring Team to assess knowledge of SUD treatment.</li> <li>• 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.</li> <li>• require provision of more licensed staff to support the treatment of individuals with addiction through recent RFPs for addiction services.</li> <li>• draft new standards for assessment and develop an ASAM training plan for its network.</li> </ul>

### 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>PDPH and DBHIDS were awarded a statewide grant for an additional 8,000 doses of naloxone over 2 years. Data on non-fatal and fatal are guiding the distribution of over 35,000 doses of naloxone to people at highest risk of an overdose and in high risk settings. Since July 1, 2017, DBHIDS hosted two overdose awareness and naloxone training, and PDPH expanded its opioid program to include a Harm Reduction Coordinator who is also offering overdose awareness and naloxone training to other city agencies and the public. Over 600 people have collectively been trained.</p> <p>PDPH and DBHIDS continue to:</p> <ul style="list-style-type: none"> <li>• work with other city agencies and community organizations to implement a city-wide naloxone distribution strategy.</li> <li>• partner with community organizations to increase naloxone</li> </ul>

		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"> <li>• consulting experts and reviewing studies of user engagement facilities that allow safe injection.</li> <li>• having a City delegation visit Insite, the most well-studied facility in North America and meeting with local leaders on the issue.</li> <li>• 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.</li> <li>• commissioning a study of the potential health impacts of a safe consumption facility in Philadelphia if one were to be implemented.</li> </ul> <p>The City has concluded that it would benefit from having CUES and will actively pursue one or more facilities.</p>
14. Establish a coordinated rapid response to “outbreaks.”	Planning	<p>PDPH and DBHIDS have begun development of a cross-departmental rapid response team. DBHIDS is partnering with PRO-ACT to make trained volunteers, family members, certified recovery specialists, and certified peer specialists available for assistance in responding to the opioid outbreaks.</p> <ul style="list-style-type: none"> <li>• PDPH, DBHIDS and PPD continue to partner on establishing a rapid response protocol that involves both public health and public safety approaches.</li> </ul>
15. Address homelessness among opioid users.	Planning / Implementing	<p>Using STR Grant funds, DBHIDS increased the Identification Card Acquisition Program at Prevention Point Philadelphia to five days per week. The City, DBHIDS, and Project HOME are partnering to launch a full-service homeless outreach engagement center on January 30<sup>th</sup>, 2018. The Hub of Hope will offer medical, behavioral health, and social services. DBHIDS is collaborating with the Office of Homeless Services to pilot a Shallow Rent Subsidy with individuals experiencing homeless 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.</p> <p>DBHIDS continues to:</p> <ul style="list-style-type: none"> <li>• create new capacity for DBHIDS Funded Recovery Houses, which will target homeless individuals with OUD leaving Gurney Street.</li> <li>• develop the newly created bilingual homeless outreach team at Prevention Point Philadelphia targeting individuals experiencing homelessness with OUD in the Gurney Street/Fairhill area.</li> </ul>

## 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) I & AMP II – 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 <sup>nd</sup> 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>PDP is showing a public service announcement on overdose recognition and naloxone use to inmates on all housing units daily, and is distributing naloxone to individuals at highest risk of an overdose at the time of release. Every inmate receives a prescription for naloxone with accompanying instructions. PDP has also begun enrolling in Medicaid anyone there for more than 5 days. PDP expects to begin offering Suboxone treatment to individuals with opioid use disorder by the end of February 2018.</p> <p>PDP continues to:</p> <ul style="list-style-type: none"> <li>• provide substance use disorder assessments of all inmates at intake, cognitive behavioral therapy for addictions and maintenance of inmates on methadone or buprenorphine.</li> <li>• provide withdrawal management for ~8,000 residents/year.</li> </ul>

## Data

PDPH created an **Opioid Surveillance, Epidemiology and Prevention Program** that will be 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 will make regular surveillance reports available to the public. The second of these reports was released on December 13, 2017. Previous quarterly 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

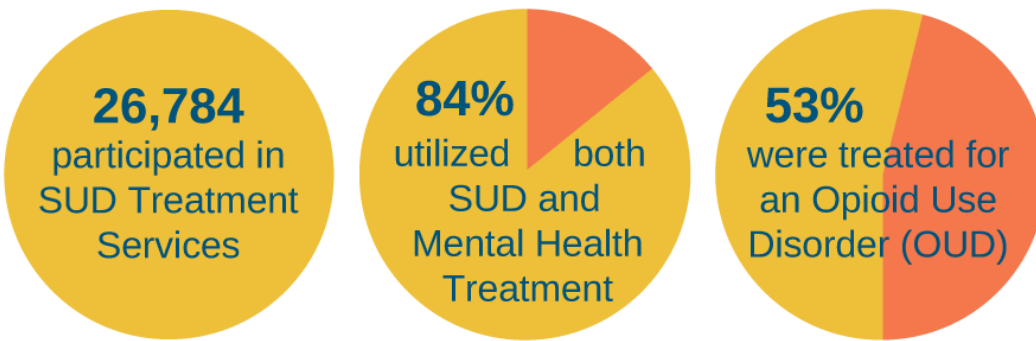
**SUD Treatment Continuum & Utilization Data**

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.



\*Coordinated Response to Addiction by Facilitating Treatment (CRAFT)

**CBH Utilization Data (1/1/16 - 12/31/16)**



OUD was the 3rd highest cost diagnosis overall.

**70%** of the total costs to directly treat the primary diagnosis of SUD were for individuals with an OUD.



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

**David T. Jones**  
Commissioner  
215-685-5400



## 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.

#### New Levels of Care

- Added 8 Early Intervention Programs
- Added a co-occurring Partial Hospitalization Program offering MAT

#### 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

### 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 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

**David T. Jones**  
Commissioner  
215-685-5400

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

Provider & Contact Info	MAT	Additional Information
<b>ADDICTION MEDICINE AND HEALTH ADVOCATES (AMHA)</b> 928 MARKET ST, 19107 (215)923-4204	MMT induction	child care on site/Spanish IOP/ OP
<b>ASOCIACION PUERTORRIQUENOS EN MARCHA (APM)</b> 4301 RISING SUN AVE, PHILA, 19140 (267)296-7200	Buprenorphine induction	IOP/ OP & Spanish
<b>BELMONT BEHAVIORAL HOSPITAL</b> 4200 MONUMENT ROAD, 19131 (877)418-7923	Vivitrol	IOP English/Spanish
<b>CARE CLINIC- PHILA HEALTH MGMT CORP (PHMC)</b> 1200 CALLOWHILL ST, SUITE 101, 19123 (215)825-8235	Buprenorphine induction Vivitrol	*Center of Excellence Health Care Center Spanish
<b>CHANCES- PHILA HEALTH MGMT CORP (PHMC)</b> 1200 CALLOWHILL ST, SUITE 102, 19123 (215)825-8220	Buprenorphine induction Vivitrol	*Center of Excellence & IOP/ OP females only- child care on site
<b>COMHAR</b> 2055 E. ALLEGHENY AVE, 19134 (215)427-5800	Buprenorphine induction	OP English/ Spanish
<b>THE CONSORTIUM</b> 451 S. UNIVERSITY AVE, 19104 (215)596-8000	MMT induction Vivitrol	child care on site IOP/ OP & Spanish
<b>DREXEL MEDICINE CARING TOGETHER CLINIC</b> 4700 WISSAHICKON AVE, 19144 (215)967-2130	Buprenorphine/Vivitrol *maintenance	females only/child care on site OP/English
<b>JEVS HUMAN SERVICES - ACT I</b> 5820 OLD YORK ROAD, 19141	MMT induction	IOP/ OP English
<b>JEVS HUMAN SERVICES - ACT II</b> 1745 N. 4TH ST, 19122 (215)236-0100	MMT induction	IOP/ OP English/ Spanish
<b>JOHN F. KENNEDY BEHAVIORAL HEALTH CENTER (JFK)</b> 907 N. BROAD ST, 19123 (215)567-2469	MMT induction	OP English
<b>KENSINGTON HOSPITAL</b> 136 DIAMOND ST, 19122 (215)426-8100	MMT induction	OP English
<b>NORTH PHILA HEALTH SYSTEM - GOLDMAN CLINIC</b> 801 W. GIRARD AVE, 19122 (215)787-2000	MMT induction Vivitrol	IOP/ OP English/ Spanish
<b>NORTHEAST TREATMENT CENTERS (NET)</b> 2701 N. BROAD ST, 19132 (215)226-1600	Buprenorphine induction MMT induction & Vivitrol	IOP/ OP English
<b>NORTHEAST TREATMENT CENTERS (NET)</b> 499 N. 5TH ST, 19123 (215)451-7100	Buprenorphine induction MMT induction & Vivitrol	IOP/ OP English
<b>NORTHEAST TREATMENT CENTERS (NET)</b> 5501 CHESTNUT ST, 19139 (215)747-6480	Buprenorphine induction MMT induction & Vivitrol	IOP/ OP English
<b>NORTHEAST TREATMENT CENTERS (NET)</b> 4625 FRANKFORD AVE, 19124 (215)451-7000	Buprenorphine induction MMT induction & Vivitrol	IOP/ OP English
<b>NORTHEAST TREATMENT CENTERS (NET)</b> 2205 BRIDGE ST, 19137 (215)286-5490	Buprenorphine induction MMT induction & Vivitrol	IOP/ OP English
<b>NORTHEAST TREATMENT CENTERS (NET)</b> 7520 STATE ROAD, 19136 (215)831-6024	Buprenorphine induction MMT induction & Vivitrol	IOP/ OP English
<b>NORTHWESTERN HUMAN SERVICES (NHS) PARKSIDE RECOVERY</b> 5000 PARKSIDE AVE, 19131 (215)879-6116	Buprenorphine induction MMT induction & Vivitrol	IOP/ OP English
<b>NORTHWESTERN HUMAN SERVICES (NHS) PARKSIDE RECOVERY</b> 5429 GERMANTOWN AVE, 19144 (215)754-0240	Buprenorphine induction MMT induction & Vivitrol	IOP/ OP English
<b>NORTHWESTERN HUMAN SERVICES (NHS) PARKSIDE RECOVERY</b> 4806 FRANKFORD AVE, 2ND FL, 19124 (215)533-6204	Buprenorphine induction Vivitrol	IOP/ OP English
<b>NORTHWESTERN HUMAN SERVICES (NHS)</b> 11082 KNIGHTS ROAD, 19154	Buprenorphine induction Vivitrol	IOP/ OP English

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



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

Provider & Contact Info	MAT	Additional Information
<b>PATHWAYS TO RECOVERY</b> 2301 EAST ALLEGHENY AVE, 19134 (215)731-2402	Vivitrol & Buprenorphine induction MMT clinic coordination	*Center of Excellence Partial Hospital Program
<b>PENN MEDICINE PRESBYTERIAN MEDICAL CENTER</b> 3910 POWELTON AVE, 5TH FL, 19104 (215)662-8742	Buprenorphine induction	*Center of Excellence & IOP/ OP English/ Spanish
<b>PENN MEDICINE MOTHERS MATTER PROGRAM</b> 3400 SPRUCE ST, 1 WEST GATES, 19104 (215)573-8882	Buprenorphine induction	*Center of Excellence Pregnant Women
<b>PREVENTION POINT</b> 2913-2915 KENSINGTON AVE, 19134	Buprenorphine induction Vivitrol	*Center of Excellence Harm reduction svcs & English/ Spanish
<b>PROJECT HOME</b> 1515 FAIRMOUNT AVE, 19104 (215)320-6187 x5756	Buprenorphine induction Vivitrol	*Center of Excellence Housing Assistance
<b>SOAR CORP</b> 9150 MARSHALL ST, SUITE 2, 19114 (215)464-4450	MMT induction	OP English
<b>THOMAS JEFFERSON UNIVERSITY FAMILY CENTER</b> 1233 LOCUST ST, SUITE 201, 19107 (215)955-8577	MMT induction	*Center of Excellence (MATER) & English/ Spanish IOP/ OP/females only, childcare on site, pregnancy
<b>THOMAS JEFFERSON UNIVERSITY (NARP)</b> 21 <sup>ST</sup> & WASHINGTON AVE, 19147 (215)735-5979	MMT induction	*Center of Excellence IOP/ OP & English/Spanish
<b>TEMPLE TWO Program</b> 3401 N BROAD ST, 19140 (215)707-3008	Buprenorphine induction	*Center of Excellence Partners with the Wedge MC & OB-Gyn Svcs
<b>WEDGE MEDICAL CENTER</b> 3609 N. BROAD ST, 19140 (215)223-1100	Buprenorphine induction Vivitrol	*Partners with Temple & English/ Spanish TWO Center of Excellence & IOP/ OP
<b>WEDGE MEDICAL CENTER</b> 2009 S. BROAD ST, 19148 (215)271-2200	Buprenorphine induction Vivitrol	IOP/ OP English
<b>WEDGE MEDICAL CENTER</b> 4243 FRANKFORD AVE, 19124 (215)744-3600	Buprenorphine induction Vivitrol	IOP/ OP English

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

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**David T. Jones**  
Commissioner  
215-685-5400