

Racial Inequities in Treatment Retention Evidenced through the Implementation of Missouri's State Targeted/Opioid Response Grants

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SAMHSA
Substance Abuse and Mental Health
Services Administration



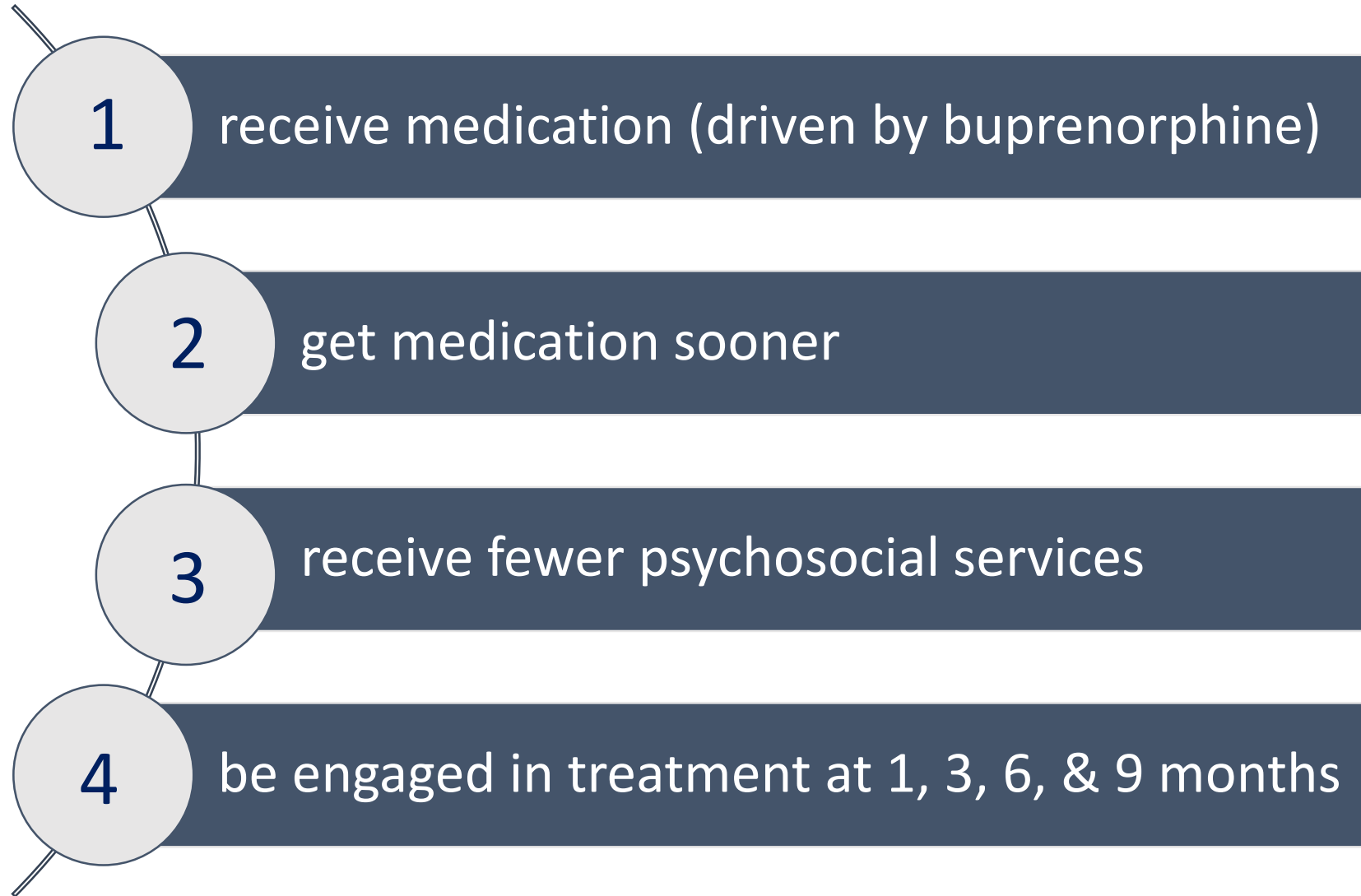
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Medication First Principles vs. Traditional OUD Treatment Approach

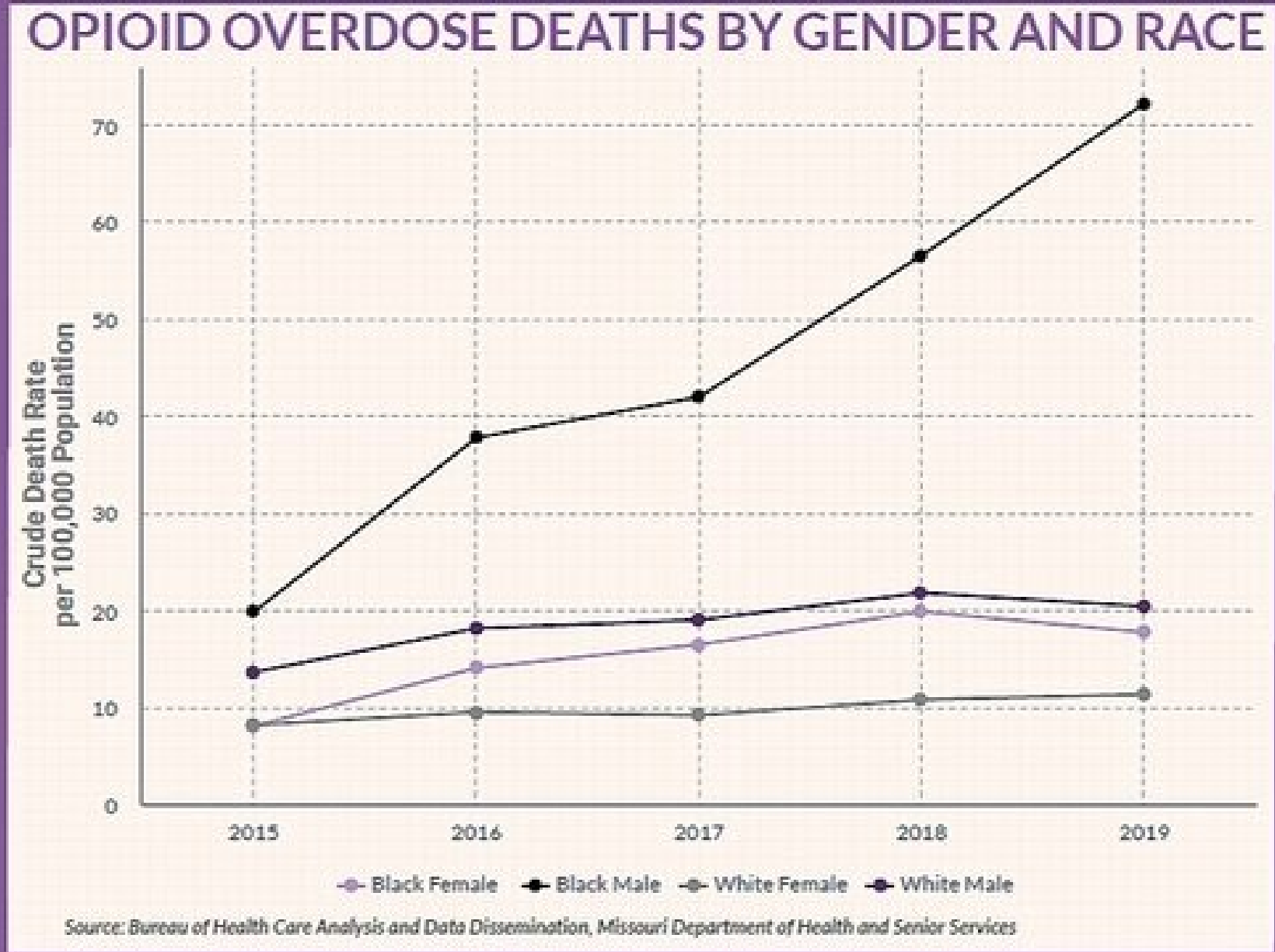
1. Clients receive **pharmacotherapy as quickly as possible** prior to any lengthy assessments or treatment planning sessions
2. Maintenance pharmacotherapy is delivered **without arbitrary tapering or time limits**
3. Individualized **psychosocial services are offered but not required** as a condition of pharmacotherapy
4. **Do not discontinue medical treatment** unless it is clearly worsening the patient's condition.

The take-aways

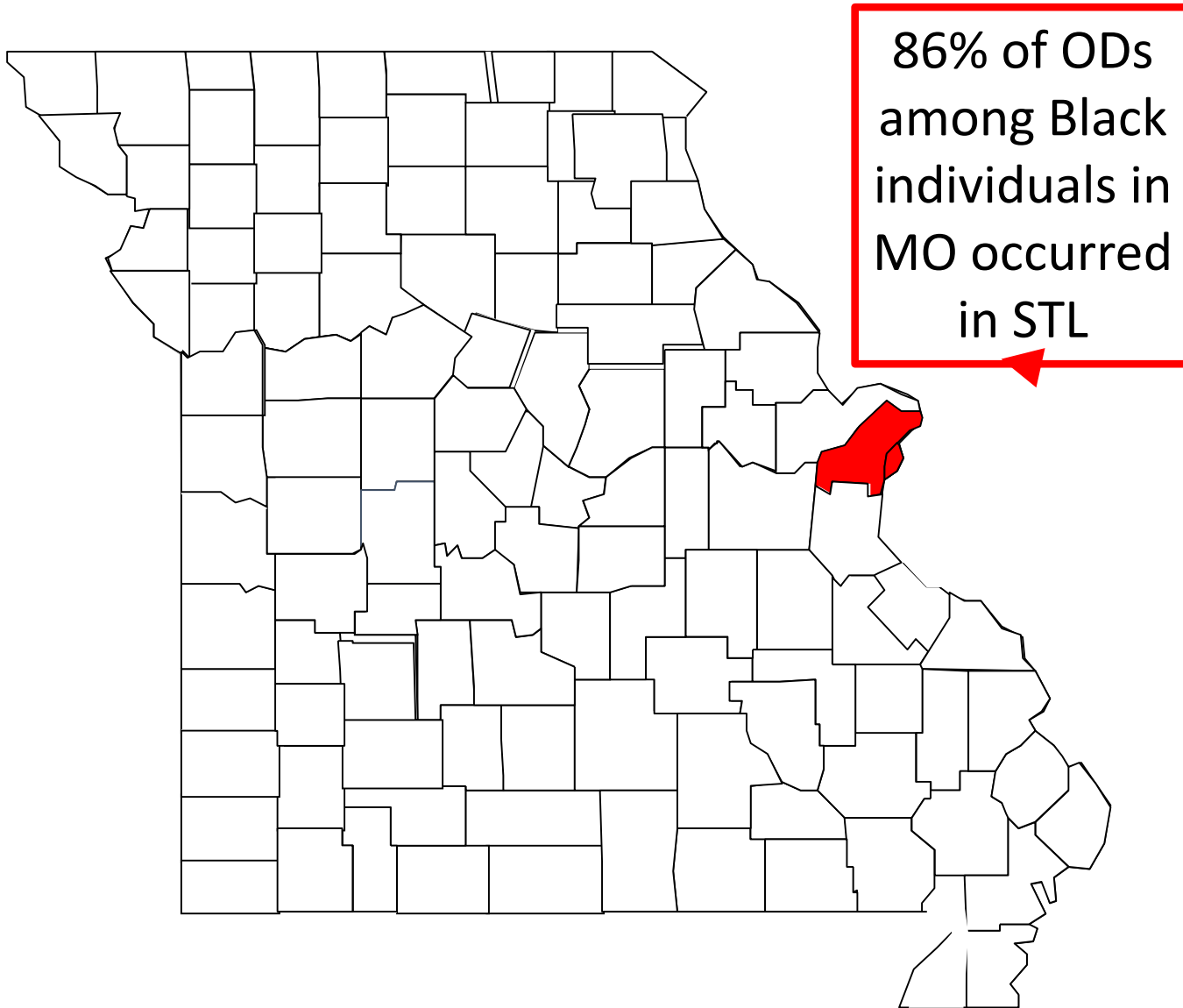
Individuals
enrolled in
STR were
more
likely to...



Missouri Opioid Overdose Deaths by Race and Sex



Opioid Overdose Deaths in MO in 2019



2019	Missouri	STL
Population	6 mil	1.3 mil
% Black	12%	30%
Opioid Overdoses	1,094	512
OD among Black individuals (% of total)	307 (28%)	265 (52%)

Research Questions

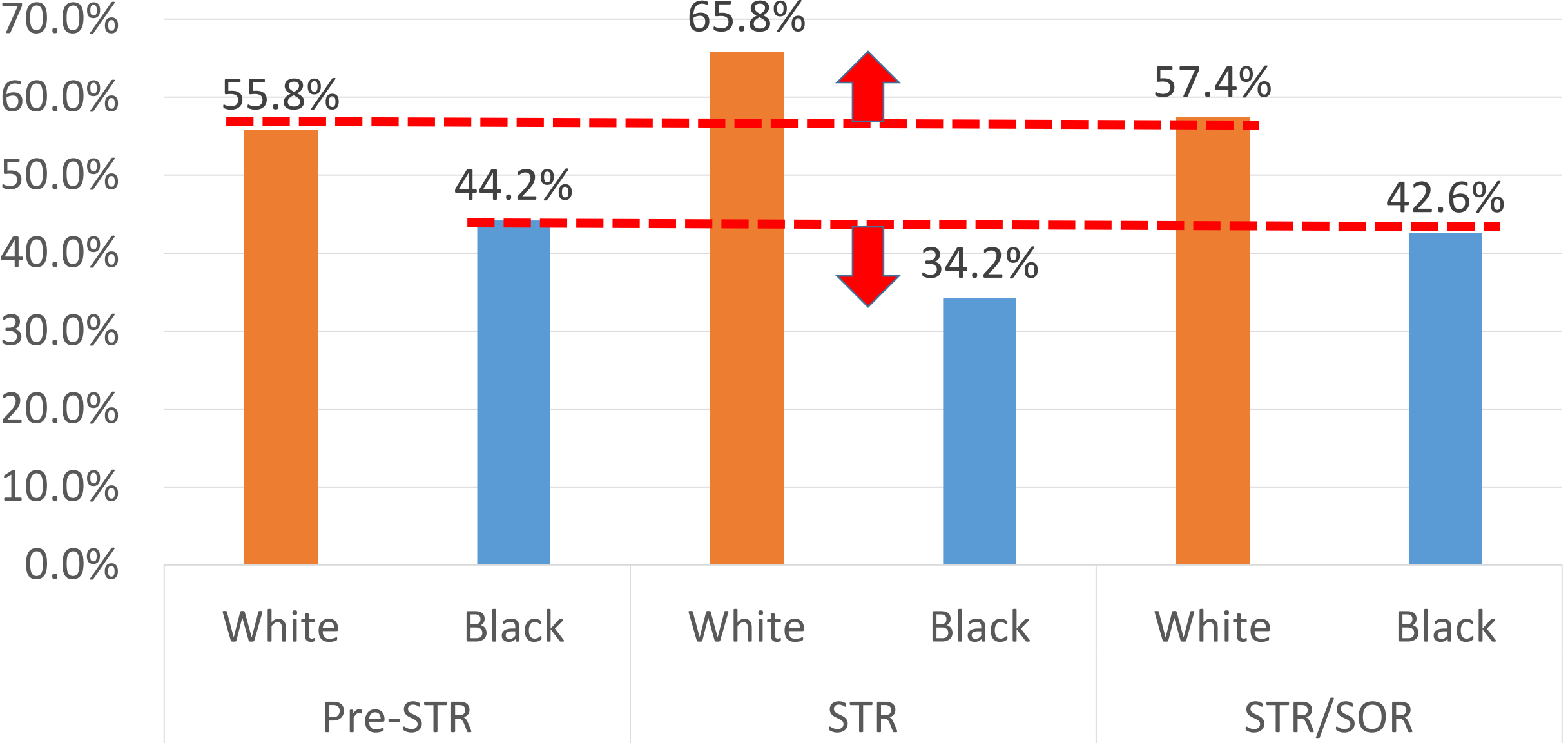
Were White and Black people with OUD equally likely to:

- 1. be served during STR/SOR compared to baseline?**
- 2. receive buprenorphine?**
- 3. be retained by treatment providers at 1, 3, 6, and 9 months?**

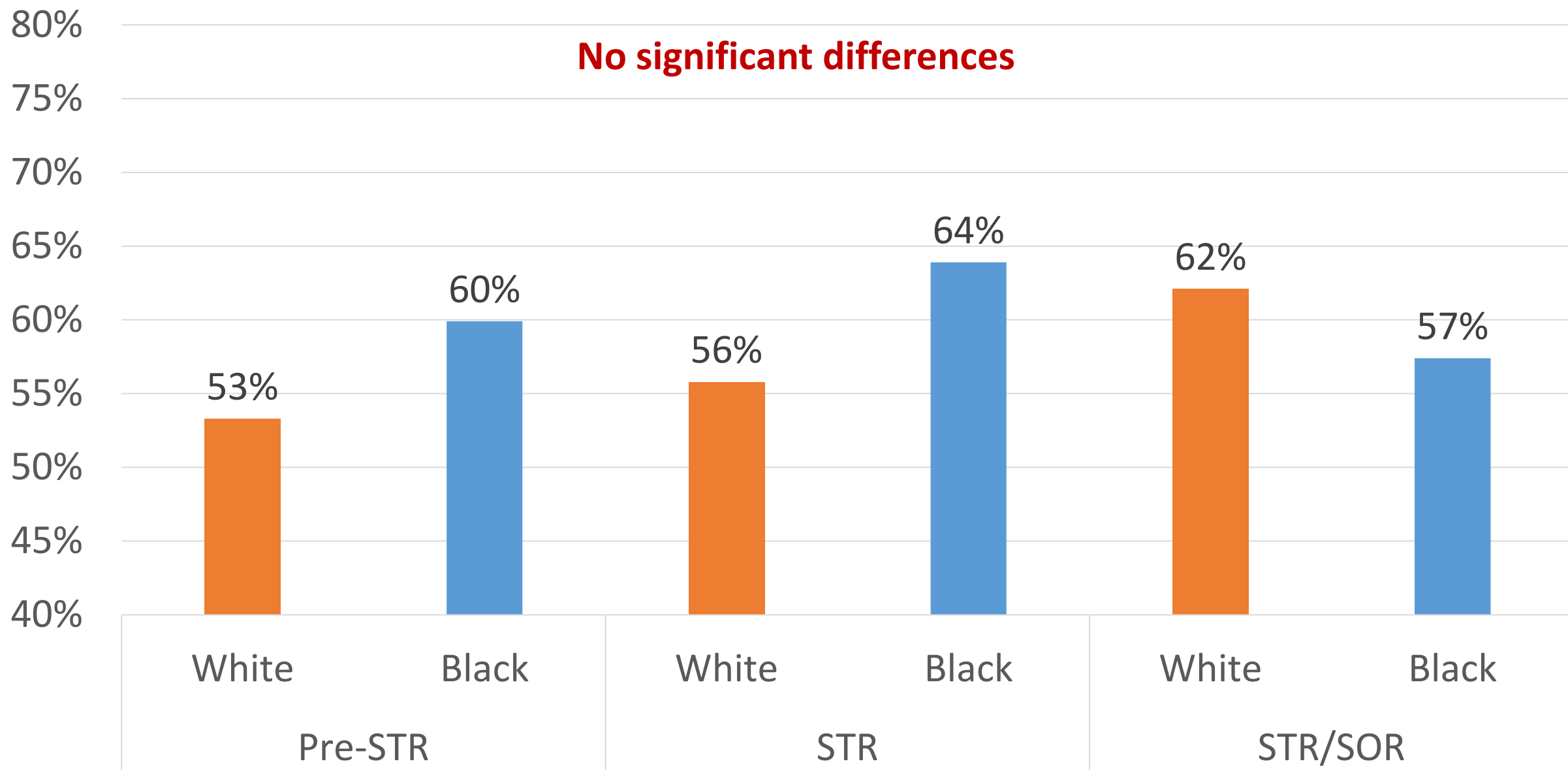
Methods

- **Time period:** 3 years (2017, 2018, 2019)
 - Year prior to STR (FY17 Pre-STR)
 - First year of STR (FY18 STR)
 - Second year of STR/beginning of SOR (Fy19 STR/SOR)
- **Data source:**
 - State billing/claims records
 - Treatment episodes
- **Population:**
 - Uninsured individuals with OUD
 - St. Louis region

Treatment Admissions by Race



Buprenorphine Utilization



Overall Treatment Retention

100.0%
80.0%
60.0%
40.0%
20.0%
0.0%



Discussion of results

1. Why did the racial breakdown of treatment admissions change during STR Year 1 only?
2. Why were treatment providers able to improve retention to a greater extent among White individuals than Black individuals?
3. Why was this pattern only evident during the first year of STR?

How do we address this?

- Improve access and remove additional barriers to treatment and other services for Black individuals
- Identify what resources/support/information is lacking in treatment environments to better serve Black individuals and then address gaps
- Allocate funding to more intentionally center racial equity

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Incorporating a Racial Equity Lens Upfront

- Were providers expected/asked to do anything different in their programs as it relates to racial equity?
- Were providers equipped to take into consideration the systems of oppression and additional obstacles people of color face both within the treatment system and everyday life?

So if there was little or no intentional effort made to center racial equity upfront, why would equitable outcomes be an expectation?

**Please reach out with questions:
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