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

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The authors have no conflicts of interest to disclose
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.

Individuals enrolled in STR were more likely to...

1. receive medication (driven by buprenorphine)
2. get medication sooner
3. receive fewer psychosocial services
4. be engaged in treatment at 1, 3, 6, & 9 months

Winograd et al., 2019, JSAT
Missouri Opioid Overdose Deaths by Race and Sex

OPIOID OVERDOSE DEATHS BY GENDER AND RACE

Source: Bureau of Health Care Analysis and Data Dissemination, Missouri Department of Health and Senior Services
### Opioid Overdose Deaths in MO in 2019

<table>
<thead>
<tr>
<th></th>
<th>Missouri</th>
<th>STL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>6 mil</td>
<td>1.3 mil</td>
</tr>
<tr>
<td>% Black</td>
<td>12%</td>
<td>30%</td>
</tr>
<tr>
<td>Opioid Overdoses</td>
<td>1,094</td>
<td>512</td>
</tr>
<tr>
<td>OD among Black</td>
<td>307 (28%)</td>
<td>265 (52%)</td>
</tr>
</tbody>
</table>

86% of ODs among Black individuals in MO occurred in STL.
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
Buprenorphine Utilization

No significant differences

<table>
<thead>
<tr>
<th></th>
<th>Pre-STR</th>
<th>STR</th>
<th>STR/SOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>53%</td>
<td>56%</td>
<td>64%</td>
</tr>
<tr>
<td>Black</td>
<td>60%</td>
<td>57%</td>
<td>62%</td>
</tr>
</tbody>
</table>
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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• Allocate funding to more intentionally center racial equity

• 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
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: Claire.Wood@mimh.edu