

**Medication Assisted Treatment**

By delivering effective medication assisted treatment throughout our delivery system, we hope to have a positive impact on the reduction of opioid use throughout Indiana Current MAT medications used at Acadia treatment centers are:

**Methadone**

One of the most studied medications offered within MAT, methadone is administered once per day via dissolvable tablet or liquid solution. Methadone decreases cravings for continued opioid use and eases the physical symptoms of withdrawal that emerge once an individual is no longer abusing heroin and/or prescription painkillers.

**Buprenorphine**

Buprenorphine is an MAT medication option for those who wish to receive MAT OTP treatment services. A partial opioid agonist, it is often used at the start of treatment, with the goal of transitioning the individual to buprenorphine for long-term maintenance. Like methadone, Buprenorphine blocks opioid cravings and physical withdrawal symptoms with little to no risk.

**Buprenorphine/Naloxone**

Buprenorphine/Naloxone helps to alleviate the physical symptoms of withdrawal and decrease cravings for continued opioid use. If an individual attempts to abuse opioids such as heroin and prescription painkillers while taking Buprenorphine/Naloxone, that person will experience adverse results because naloxone counteracts the effects that opioids have on the brain. This medication is often used as a long-term medication option after an individual begins treatment with Buprenorphine.

**Naltrexone (Vivitrol injectable):**

Administered once each month, this naltrexone-based medication alleviates physical symptoms of withdrawal, and prevents overdose from occurring. This medication is extremely effective at helping adult men and women defeat addictions to opioids, and it has a proven track record of preventing individuals in recovery from experiencing relapse. Vivitrol has been very effective for re-entering ex-offenders in maintaining their sobriety.

***Protocols:*** The intake clinician will assess for diagnosis of opioid dependence for the client to be evaluated for appropriateness for medication assisted treatment included in this program by using the Treatment Need Questionnaire tool. The clinician will also assess whether a presenting client needs immediate referral to a substance abuse treatment facility/detox facility for detoxification or to a general hospital for medical stabilization. All clients will have a comprehensive biopsychosocial assessment that will review the client’s current and past substance use, current mental status as well as history of psychological functioning, treatment histories for substance abuse and psychiatric problems, their family’s addiction and psychiatric histories, current level of social functioning, risk status, and social environment and needs (e.g. housing, employment, etc.). Assessment for buprenorphine or methadone treatment and-or other medications will be performed with the individual’s preference being considered. To address sub-population disparities, part of the assessment of each potential participant will be a risk assessment related to substance use or high risk of disengagement or non-adherence based on prior drug use history, negative health indicators, onset of acute symptoms of mental illness for those who are dually diagnosed. Interview data are supplemented by standardized questionnaires and collateral contact with physicians to provide a holistic assessment.

***Treatment Plan:*** The client’s Treatment Plan is an individualized plan, developed with the participation and approval of the client. The plan includes problems (diagnoses, other conditions and life circumstance issues that act as barriers to recovery), recommended MAT, expected outcomes, feasible interventions and evaluation of progress toward outcomes based on follow up assessment. It is a framework to document critical thinking necessary for evidenced based outcomes that promote the client’s recovery.

The elements of a Treatment Plan are:

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| 1. Assessment | 5. Implementation |
| 2. Diagnosis | 6. Evaluation |
| 3. Outcomes Identification | 7. Follow-up/aftercare |
| 4. Planning |  |

This is a person-centered model where the choice of care is consumer driven. Matching settings, interventions, and services to each client’s particular problems and needs is critical to his or her ultimate success in returning to productive functioning. Treatment Plans are strength-based and person-centered, and initially developed as a collaborative process between the client and the Counselor. Treatment Plans will be reviewed, clinical considerations incorporated and approved by the joint Multidisciplinary Team (MDT). Systems to identify high-risk clients will be used to trigger a high-risk case review, associated safety or re-engagement plan and updated Treatment Plan.

Retention in treatment is associated with better outcomes, and a principal goal of care coordination is to keep clients engaged in treatment and moving toward recovery and independence. The CTC Counselors will focus on those activities and accomplishments that promote the participant’s engagement in all aspects of treatment and recovery supports. Counselors will advocate on the client's behalf to identify service needs, locate available service options, and link clients with these services. Clients and their Counselors will regularly review and revise the Treatment Plan according to changes in substance use and physical and mental health status. Clients will be ready for discharge when the client’s apparent risk for further substance abuse is low, coping skills have improved, and physical and mental health are stable.

***MAT:*** We define MAT as pharmacotherapy for OUDs, conducted in combination with behavioral therapy and we believe it to be one of the most effective forms of treatment for opioid addiction Clients are identified by referral or self-referral and, if the initial information obtained by phone or in person is consistent with a diagnosis of opioid dependence, they are scheduled for intake and assessment in person. The formal initial evaluation considers each client’s appropriateness for medication-assisted treatment. MAT includes screening and assessment of severity of the addiction disorder, including presence of physical dependence and appropriateness for MAT. MAT will be provided in combination with comprehensive substance use disorder treatment, including counseling, support groups (including peer support), and behavioral therapies.

***Buprenorphine Induction:*** The client is scheduled for an assessment with one of the buprenorphine-dedicated clinicians. The client sees the clinician; the clinician and client agree if the client is appropriate for treatment with buprenorphine. If the client is not a good fit for buprenorphine but requires MAT, the client will have access to methadone treatment or additional recommendations might be made such as residential rehabilitation or other addiction treatment.

If the client is a good candidate for buprenorphine maintenance, the clinician obtains a urine drug screen during that visit; for women of child-bearing age, the clinician also does a pregnancy test on the same urine sample. The client signs all consent forms for MAT at this time, as well as releases of information for PCP and other providers and treatment agreements/contracts. The client then meets with the physician (or other licensed independent practitioner) in order to complete a comprehensive history and physical exam.

The physician reviews the results of the urine drug test and blood work. Based on the outcome of the medical exam including non-attendance, the client will continue to MAT with buprenorphine or not. If a client is excluded, alternative treatment recommendations may be made. For example, medical follow-up and/or alternative addiction treatment may be needed. If the client is to proceed to buprenorphine induction, the physician prescribes an initial dose of buprenorphine. If the client is currently in withdrawal the induction process will take place the same day. If the client is not in sufficient withdrawal, they will be instructed to return to the clinic the following day.

The client returns to the clinic for the initial part of the buprenorphine induction. If the client does not show up as planned, induction will be cancelled. All clients will be given a breath alcohol test prior to induction; if the client is intoxicated, and possibly if the breath alcohol test is simply positive, the client will be excluded from buprenorphine treatment. Alternative treatment recommendations may be offered; residential rehabilitation may be appropriate.

If the client presents, but not yet in withdrawal, the client will have two options: 1) wait until they manifest withdrawal symptoms with a score of at least 10 on Clinical Opioid Withdrawal Scale (COWS) or 2) return the following day. In that scenario, as before, any breach of the protocol will stop the induction process completely. When the client does present with withdrawal of at least 10 on COWS, the physician will give instructions as to initial buprenorphine dose to be taken at that time, in the clinic. The client will be further evaluated for symptoms of withdrawal and given increases in buprenorphine dosage according to MD’s evaluation. When stable, the physician may choose to give the client an additional dose of buprenorphine for additional symptoms of withdrawal later that evening. The client will be instructed that they can return if necessary the following day for check-in and re-evaluation of ongoing symptoms of withdrawal. Other medications may be given as well to ease lingering symptoms of acute withdrawal.

The client then attends one of the buprenorphine groups with the induction process complete at that point. The client would also be asked, and required to attend other treatment if indicated by the ASAM criteria and evaluation recommendations.

***Methadone Treatment:*** For assessment, Acadia CTCs uses the Addiction Severity Index (ASI) and the Clinical Opiate Withdrawal Scale (COWS) to assess the need for medication adjustments.

Client will be assigned a Counselor for evaluation and assessment and will work together with the client to develop a treatment plan that will include individual and/or group counseling at the CTC, case management, and peer services as appropriate.

***Overdose Prevention:*** Acadia Indiana CTCs make significant efforts to expand access to, and use of, naloxone for overdosing individuals given by lay administrators. Narcan prescriptions will be provided to all clients and family members who present for treatment at any Indiana CTC. Overdose prevention will be a prominent feature of client education.

***Counseling:*** The CTC will provide integrated outpatient behavioral health services, including one-to-one counseling; psycho-education and peer support groups; specialized Treatment Plan, HIV/HCV/STI testing and referral to psychiatric services and psychopharmacology. Counseling, individual and group sessions are provided by credentialed counselors.

As part of routine medical practice, all Acadia practitioners will educate their clients about addiction. Components include: the adverse consequences of risky use and the nature of addiction—that it is a disease that can be prevented and treated effectively; the risk factors for substance use, tailoring the information to the client’s age, gender, mental health history and other relevant medical, social and demographic characteristics; and steps clients can take to prevent risky use of addictive substances and the onset of addiction. Counseling will take place onsite at the CTC. Counseling frequency and intensity vary greatly by client.

***HIV and HCV Testing:*** As part of enrollment in CTC services, enrollees will be offered HIV/HCV testing. We will employ strategies to maximize “teachable moments,” i.e. pervasive health education provided by providers through distribution of HIV, Hepatitis C and STI educational, low literacy material in waiting rooms, and monthly health education bulletin boards. Clients with HIV or HCV diagnoses will be linked to comprehensive treatment. Anyone enrolling in the project who screen positive for these will be linked to care.

***Referral to Community and Social Support Services:*** Together, the client and Counselor determine a need for ongoing communication with area resources. Our Counseling staff are trained in, and come from, the communities in which they serve, and as a result, are part of the community care network where our OTPs are located.

These services provide support for, and work closely with, community services and can provide individual care coordination, outreach and ongoing communication with social and economic support services in the community. Counselors frequently refer the client, as needed, to primary medical care, dental care, subspecialty medical care, wellness groups, tobacco treatment, and community recovery support. Referrals to services will address the client's overall needs, which may include shelter and housing, education and job training, partner violence, managing a chronic disease, finding mutual help programs, etc.

Counselors may engage in proactive communication with community treatment providers to monitor client utilization of services and promote coordination. Our Counselors participate in Multidisciplinary Team Meetings (MDT) where they contribute information on client progress to team deliberations as well as scheduling meetings for Treatment Plan reviews/update meetings.

Clients and their Counselors regularly review and revise the Treatment Plan according to changes in substance use and physical and mental health status. Clients will be ready for discharge when the client’s apparent risk for further substance abuse is low, coping skills have improved, and physical and mental health are stable.

As part of the treatment process, we provide the following:

* Referrals based on the assessment and member’s care plan as appropriate.
* Follow through on referrals to insure the member is connecting with the services.
* Referrals to community, social support and recovery services to members.
* Connect members to community and social service support organizations that offer supports for self-management and healthy living, as well as social service needs such as transportation assistance, housing, literacy, employment, economic and other assistance to meet basic needs, as appropriate.
* Support services promote recovery by supporting participation in treatment, allowing members to maintain independence and improve the quality of their lives. Referrals to corresponding agencies will be made based on the assessment and member’s care plan as appropriate.
* Employ approaches which may include but are not limited to peer supports, support groups, and self-care programs.
* Increase member and caregiver knowledge about an individual’s chronic condition(s),
* Promote member engagement and self-management capabilities
* Help the member improve adherence to their prescribed treatment.
* Assessment of individual and family strengths and needs
* Provide information about services and education about health conditions
* Provide assistance with navigating the health and human services systems,
* Provide opioid substance use disorder supports and outreach to key caregivers
* Provide assistance with adhering to treatment plans.

***Safety Planning:*** All staff will have skills in risk management through training and experience, enhanced by the availability of clear policies and procedures that support good risk management decisions and broad utilization of consultation and supervision. Triage functions may involve inpatient medical, psychiatric, or detox services.

Indiana CTCs have systems to identify higher-risk clients that will be used to trigger a high-risk case review, associated safety or re-engagement plan and updated Treatment Plan.