



Community SUD treatment settings

Substance Use Disorders in Hospital Care ECHO

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PRESENTED BY: Stacey Mahoney, LCSW, CADC II, IMPACT Social Work

Disclosures

- **Speaker:** Stacey Mahoney has nothing to disclose

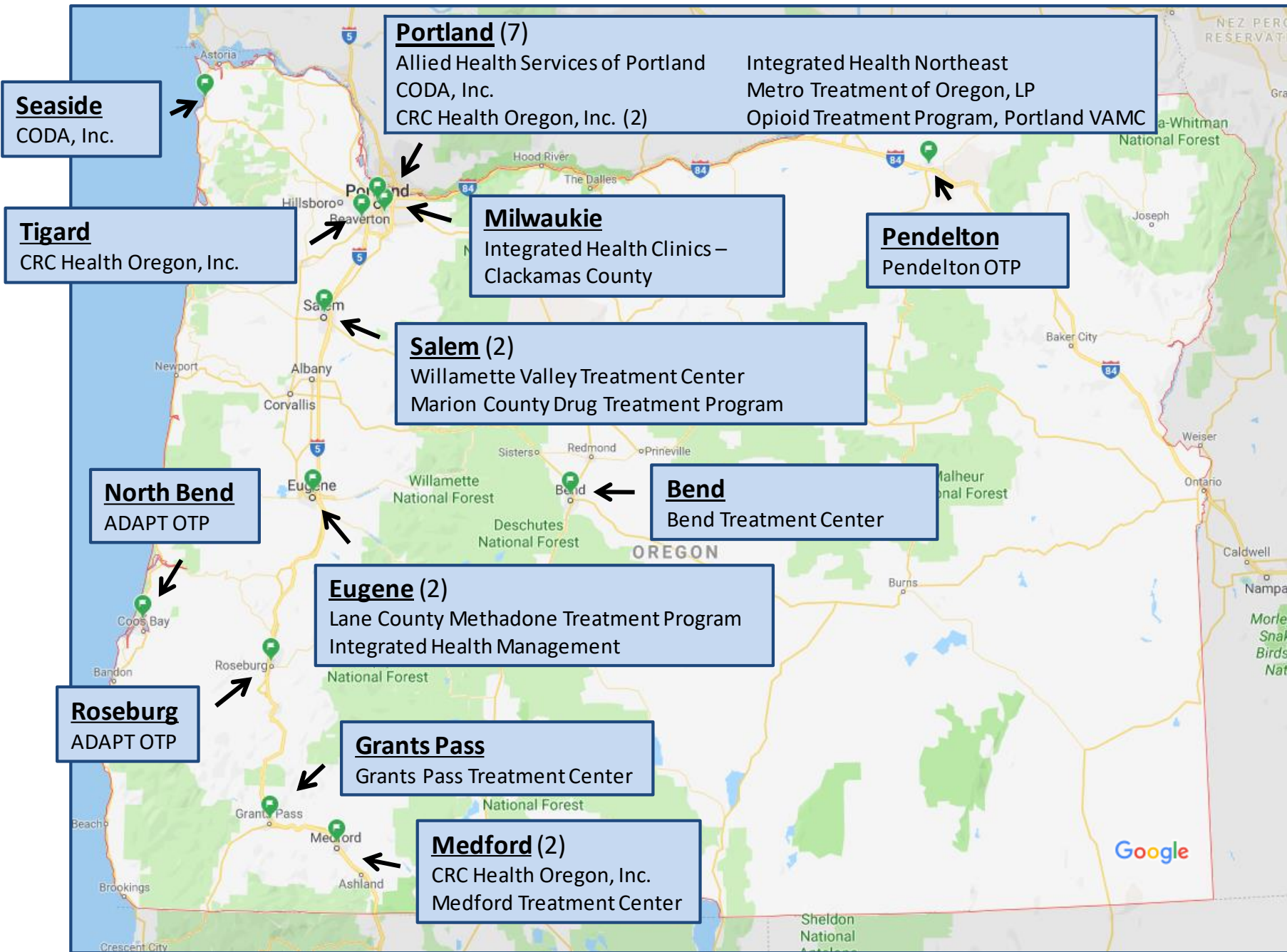
Learning Objectives

- Differentiate types of treatment settings for medication for OUD including:
 - Opioid Treatment Programs (OTP)
 - Office Based Outpatient Treatment (OBOT)
- Describe recovery oriented systems of care including:
 - Robust resources to support recovery efforts
 - Considerations for substance use treatment levels of care from hospital setting

Opioid Treatment Program (OTP)

- Also referenced as “clinic” or “dispensary”
- Only treatment setting for methadone for treatment of an opioid use disorder
- Can dispense methadone and/or buprenorphine—medication kept on site
- Patients have access to medical providers (not pcp care), counseling, vocational, educational, assessment and referral to other treatment services

Oregon Opioid Treatment Programs (20)



Treatment in the OTP

Supports

- Daily dosing (support, structure, medication management)
- Individual/group treatment on site
- Connection to community

Challenges

- Daily dosing (transportation, schedule conflicts)
- High patient: counselor caseloads
- Concurrent use of alcohol and/or benzodiazepines may require additional mandates of treatment engagement

Considerations for referral to the OTP

- Pt medication preference (only option for methadone)
- Distance to nearest OTP
- If referring from hospital —ability for next-day follow up, ability to stand in line/complete intake/complete assessment
- Requires photo ID
- Consider accepted insurance vs. out of pocket costs

Considerations for the established pt

- Coordination with the OTP from the hospital
- Post hospital barriers/challenges to returning to the OTP

Office-Based Opioid Treatment (OBOT)

- Buprenorphine or naltrexone (not methadone)
- Seen by a medical provider for medications, prescriptions filled at any pharmacy
- Can be in specialty addiction care or integrated in primary care
- Length and frequency of visits vary by providers/ program

Considerations for OBOT

- Generally more accessible, especially in rural areas
- More flexible dosing (BID, TID)
- Some OBOT providers may only prescribe once pt is established on medication
- Some OBOT providers require psychosocial stability
- Always consider:
 - Patient preference
 - Insurance coverage

SAMHSA'S GUIDING PRINCIPLES OF RECOVERY

- Recovery:
 - emerges from hope.
 - is person driven.
 - occurs via many pathways.
 - is holistic.
 - is supported by peers and allies.
 - is supported through relationships and social networks.
 - is culturally based and influenced.
 - is supported by addressing trauma.
 - Involves individual, family, and community strengths and responsibilities.

Recovery Oriented Systems of Care (ROSC)

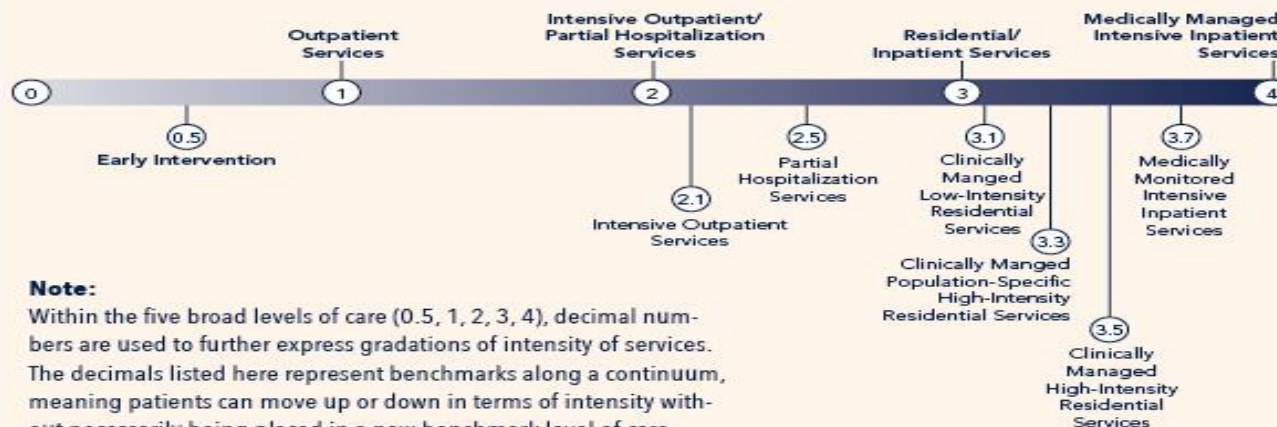
- A ROSC supports the premise that there are many pathways to recovery.
- Recovery-oriented activities include providing a menu of traditional treatment services and alternative therapies, including peer recovery coaching, acupuncture, meditation, and music and art therapy.
- Recovery support services, including employment assistance, child care, care management and housing support, may enhance the engagement of individuals and their families in achieving and sustaining recovery.

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

Considerations in determining ASAM level of care after hospital

- Least restrictive environment
- Patient preference
- Insurance authorization
- Tri-morbid conditions and complications
- Criminal justice involvement may provide additional funding or treatment resources
- Medications for opioid use may limit treatment options (particularly in the residential setting)
- Resources for specialty populations (i.e, pregnant/parenting women, LGBTQ)

Considerations in connecting to ROSC

- Patient identified stressors/needs
- Opportunities for relationships and social connections
- Limitations of resources within your community
- Access to virtual resources that may be outside your community
- Are there culturally specific resources or services available

Practices that you can integrate today

Opioid Treatment Programs

- What are the nearest OTPs to your community
- For established patients; obtain verification of last dose, coordinate re ongoing medical needs/complications, adjustment of dosing.
- If methadone is started inpatient, work to build relationships with local OTPs to bridge treatment and avoid disruption of medication
- Consider obtaining lab work inpatient that are requirements of the OTP (RPR, LFT, TB)

Office-Based Outpatient Treatment

- Get to know community OBOT prescribers
- Become data waivered to bridge buprenorphine, if started in hospital

Practices that you can integrate today

Recovery Oriented Systems of Care

- Become familiar with continuum of care substance use treatment programs in your community and referral processes
- Enlist and utilize the resources of a multi-disciplinary providers (social work, peers, case management), when available

Resources

- Oregon Pain Guidance
<https://www.oregonpainguidance.org/regions/>
- SAMHSA
 - Opioid Treatment Program Directory
<https://dpt2.samhsa.gov/treatment/directory.aspx>
 - Behavioral Health Treatment Services Locator
<https://findtreatment.samhsa.gov/>
 - Buprenorphine Treatment Physician Locator
<https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator>
- Healthshare Mental Health and Substance Use provider directory
<https://healthshare-bhplan-directory.com>
- 211
<https://www.211info.org/>



Thank You

Stacey Mahoney, LCSW CADDC II
IMPACT Social Work
OHSU
mahoneys@ohsu.edu

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- Recovery occurs via many pathways.
- Recovery is holistic.
- Recovery is supported by peers and allies.
- Recovery is supported through relationships and social networks.
- Recovery is culturally based and influenced.
- Recovery is supported by addressing trauma.
- Recovery involves individual, family, and community strengths and responsibilities.