Medication Assisted Treatment: Lessons Learned from the Field

Tuesday, October 4th
Introduction

• **Who:** National Council for Behavioral Health and American Academy of Addiction Psychiatry (AAAP) with support from Open Society Foundations (OSF)

• **What:** Learning Community

• **When:** October 2015-2016

• **Where:** 6 behavioral health organizations

• **Why:** To support the use of MAT as an adjunct to behavioral health treatment for addiction

• **How:** 12 months of technical assistance
Please submit questions/comments!

• Please use the text/chat box to submit questions at anytime.

• We will go back to questions after the presentations are completed.
Key Players

• Advantage Behavioral Health System
• Community Health Network
• Southwest Counseling Service
• Terry Reilly Health Services
• Eastern Shore Psychological Services
• Bridgeway Behavioral Health
Our Organization

• Headquartered in Athens, Georgia
• The largest public provider of Behavioral services in our Region of Northeast Georgia
• Serving 10 Counties.
• Offering services to individuals with behavioral health issues, addictive diseases, and developmental disabilities.
• In 2015 we served 10,403 clients.
Our Organization

- SERVICES include:
  - Crisis Stabilization, Inpatient Detox
  - Assertive Community Treatment
  - Community Support Team
  - Gender Specific Residential Addictive Disease Treatment
  - Gender Specific Intensive Outpatient Addictive Disease Treatment.
  - Behavioral Health Adult Day Programs- Psychosocial Rehab and Peer Support
  - Addictive Disease Peer Support individual and day program
  - Outpatient Services including Psychiatry, Nursing, and Counseling
  - Also Partnered 9 Accountability Court Programs, including Drug Courts, Mental Health Courts, and a Family Treatment Court
Our MAT Team

MAT TEAM

• Katie McFarland, LCSW, Program Manager
• Laurie Wilburn Bailey, Clinical Director
• Janice Callaway, Continuous Quality Improvement
• Melanie Thornton, Continuous Quality Improvement
• Vernell Flood *, Sherrie Maxwell*, Lindsey Darr* (*No longer with the Organization)
Our Goals

• Changing the culture and attitudes surrounding MAT within the agency through discussion and education
• Develop Policies and Procedures, and informed consent forms to provide Vivitrol
• Begin prescribing of Vivitrol
Our Story

• We wanted to start a MAT Program through the use of Vivitrol.
• We decided to start with Vivitrol because it would be the most easily accepted by community partners, clients, and prescribers.
• We developed policies and procedures to begin a Vivitrol Pilot Program with clients in our Residential Treatment Program and then stepping down to the Jackson County Drug Court Program.
Our Story

• We worked with Alkermes and internally to put together a program and treatment protocol.
• We are now awaiting a final review and approval of procedures before moving ahead with identifying clients and prescribing drugs.
Our Story

• We also worked with treatment staff to help educate them on MAT and the benefits to our clients. We used health analogies to challenge old beliefs about abstinence only based recovery.

• The Educational Presentation with Dr. Williams was very helpful to educate staff.

• Challenges include: A great deal of change internally including **turnover** on the MAT Team. The agency managing a new ASO and a transition to a Fee-for-Service model. Due to all the changes it’s been challenging to stay “on course” and focused on the various projects, such as this.
Our Story

• Vivitrol has been purchased and is awaiting use. It is in the Pharmacy!
Data

• All prescribers attend a presentation on Vivitrol at a prescriber meeting earlier this year.
• We have identified one prescriber to prescribe the drug.
• We have identified our client population who will have access to Vivitrol through the Jackson County Drug Court
Closing

• What was helpful for us? Talking about MAT with Staff. Using health analogies. Example: Some people need insulin to control their diabetes and others can just manage with diet. Getting your Upper Management on Board.

• Benefits from the learning community: Hearing from others was helpful and the presentations from Dr. Williams were very educational for our staff and team.

• Takeaway: Take baby steps. Don’t give up and be okay if the ship changes course slowly.
• Katie McFarland, LCSW,
  Program Manager
  Advantage Behavioral Health Systems
  kmcfarland@advantagebhs.org
Community Health Network
Indianapolis, Indiana
Community Health Network
Indianapolis, Indiana

Team members:

Julie McGuire, NP psychiatry, integrated care/addiction services
Eric Comstock, Director of Clinical Services
Dr. Allison Bordeaux, Executive Director – Operations
Dr. Tim Kelly, Medical Director - Addiction Services
Community Health Network
Indianapolis, Indiana

- Indianapolis Metro Area Population - 2,001,452
- Community Behavioral Health Employees – 800+
- More than 4,700 inpatient stays and 19,000 outpatient total client visits a year
- A full-service, 122-bed inpatient behavioral health hospital
- Eight outpatient locations
- Therapists in over 100 schools
- Social Workers are embedded within numerous physician offices
Increasing Access and Use of Vivitrol

• **Initial Goal:** Increase the number of patients receiving Vivitrol in mental health centers

• Selected 3 NP’s to monitor their prescribing practices

• Did you increase the number of patients who get MAT?  YES
Data

• Focused on three NP prescribers - Cravens, Delambo and McGuire

• Focused only on new Vivitrol prescriptions
Vivitrol – 2015-2016

Total New Vivitrol Prescriptions - Cravens, Delambo and McGuire

Q1 2015: 2
Q1 2016: 16
Q2 2015: 4
Q2 2016: 22
Q3 2015: 4
Q3 2016: 20

@NATIONALCOUNCIL
Data Summary

• Total new Vivitrol prescriptions in 2015 – 15
  – Cravens (11)
  – Delambo (2)
  – McGuire (2)

• Total new Vivitrol prescriptions in 2016 (Q1-Q3) – 58
  – Cravens (17)
  – Delambo (7)
  – McGuire (34)
Data Summary

• From 2015 to end of Q3 2016, we had a 286.6% increase in Vivitrol prescriptions by our three NPs.

• Each NP increased their Vivitrol prescriptions:
  – Cravens 54.5%
  – Delambo 250%
  – McGuire 1,600%
Background Story

Biggest challenge has been physician buy-in
- Objections include:
  - Turf wars: psychiatry or PCP’s?
  - Fear of waiting room full of miscreants
  - Fear of acquiring a disproportionate number of SUD patients
  - Fear of being associated with poor medical practices/litigation
  - Fear of aiding and abetting addictions
  - Feeling inadequately trained and/or supported (ex. not enough therapists, not easily accessible POS UDS)
Attempt #1: NPs and Vivitrol

- Increased emphasis on NPs (in lieu of doctors) handling MAT
- Exclusively Vivitrol – less controversial
- Hope: If Vivitrol processes were formalized, Suboxone would follow because protocols are similar
Vivitrol Process - Cumbersome!

- Many locations
- Workflow different in each location
- Time consuming for PAs
- Confusing
- Uncertainty about payment
- Staff mix variable
Results of Attempt #1:

- After monitoring Vivitrol prescriptions for the selected NPs, very little activity.

- Next attempt: Could we find an additional avenue to give patients access to Vivitrol besides our mental health centers?
Immediate Care/Urgent Care partnership

Pros:
- Resource sharing
- Anyone can refer (primary care, mental health centers, etc)
- Frees up office staff time and energy

- Chose one Med Check’s infusion clinic, with an eye to expand to each region
- Chose few “experts” – nurses who would due to the background work for the PA, schedule etc
• Partnering with medical teams
• MAT clinic-initially staffed by credentialed medical providers
• Joined Network Strategy Council to address the opiate epidemic
• Urgent/Immediate Care infusion clinics
Increasing MAT education

- Year-long program for onboarding therapists
- Training for clinical staff including proficiencies in MI, MAT
- Recruiting, enticing current PCP’s who have expressed in MAT, and recruiting residents
Bleak to Blue Skies

- Persistence, patience will be the “game changer”
- Squeaky wheel, repeated exposure
- Highlighting success
- In last year, the idea is much more familiar/common than one year ago.
Benefits of Participating in MAT Learning Community

- Readily available to up-to-date information
- Access to passionate leaders in the field
- Having Nick and Robin address concerns was invaluable to changing culture, opening minds
Key Takeaways

• Embrace the future: SUD’s are an epidemic
• Once benefits of MAT are shown, hard to ignore or discount
• Look for those in the organization that are interested and start there
• Small changes and frequent discussions lead to momentum gain
Gratitude

Invaluable experience… THANK YOU, THANK YOU, THANK YOU!
Contact information

• For any questions:

• Julie McGuire
  • jmcguire@ecommunity.com
  • 317-621-2134

• Eric Comstock
  • ecomstock@ecommunity.com
  • 317-621-5835

• Feel free to call!
Southwest Counseling Service

Sweetwater County, Wyoming
Southwest Counseling Service

SCS is the Community Mental Health/Substance Abuse Center for Sweetwater County serving approximately 5,000 clients annually in frontier area of Wyoming with comprehensive outpatient and residential services.

Sweetwater County:  
10,491 square miles  
*Larger than Rhode Island, Delaware, Connecticut, New Jersey, New Hampshire, and Vermont*

Population 45,000

Mining Community: Trona, Coal, Oil and Gas
Southwest Counseling Service

MAT Team:

Laura Schmid-Pizzato, LCSW,  
*Project Manager*

Kayleen Logan, MS, APRN, BC,  
*Nurse Practitioner*

Bonnie Collins, MSW,  
*Clinician*

Sarah Johnson, BA,  *Casemanager*

*Awarded SAMSHA MAT-PDOA grant in January, 2016*
Changing Staff Values and Beliefs on MAT

**Background:**
SCS prescribing Naltrexone/Vivitrol on limited basis since 2007.

Prior to 2016 SCS has prohibited Suboxone from residential programs.

Staff survey October 2015*:
- 97% unfavorable toward Methadone  
  *(Wyoming is a “non-methadone” State)*
- 83% unfavorable toward Suboxone / 11% favorable
- 45% unfavorable toward Naltrexone/Vivitrol / 33% favorable

*47 staff participants, all assigned at least part-time to Recovery Services*
Changing Staff Values and Beliefs on MAT

**Actions over past year:**

- Obtained baseline data on values and beliefs
- Created goals to change beliefs on Suboxone and Naltrexone. *(Did not intentionally attempt to change beliefs regarding Methadone.)*
- Provided email links to various MAT webinars to selected staff regularly.
- Emailed MAT informational bulletins at least monthly to most staff.
- National Council 3 hour on-site training to 45 staff.
Changing Staff Values and Beliefs on MAT

Additional Actions over past year:

• Held MAT informational group for all residential clients (MAT and Non-Mat) four times. Encouraged staff to attend.

• The 4 MAT team members speak of MAT regularly with staff and clients. Role of MAT ambassadors.

• 7 staff attended the Wyoming Division of Behavioral Health MAT conference in September to increase both knowledge and fluency in speaking about MAT.
Changing Staff Values and Beliefs on MAT

Results of Staff Survey, September 2016*:

✓ 37% unfavorable toward Suboxone / 48% favorable
  ▪ September 2015: 83% unfavorable / 11% favorable

✓ 12% unfavorable toward Naltrexone/Vivitrol / 84% favorable
  ▪ September 2015: 45% unfavorable / 33% favorable

✓ 94% continue to have unfavorable views of Methadone

* 41 staff participants, all assigned at least part-time to Recovery Services
Changing Staff Values and Beliefs on MAT

End Result:

SCS has increased clients receiving MAT:

<table>
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<th>Month</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>September 2015</td>
<td>6</td>
</tr>
<tr>
<td>September 2016</td>
<td>71</td>
</tr>
</tbody>
</table>
Changing Staff Values and Beliefs on MAT

Next Steps:

- MARS™ Training to add Peer Specialist component
- SCS MAT Learning Community to have lunch and learn meetings twice monthly including webinars and internal educational presentations
- MAT client treatment group to be held weekly
- Monthly MAT email to staff to continue education and engagement
- Expand staff target to include the mental health staff
Closing

**SCS Takeaways:**

• Must understand staff values and beliefs before implementing change.

• Must have clear understanding of the shared vision and beliefs the organization desires.

• Recruit MAT ambassadors from staff to be the cheerleaders day-to-day.

• Being a part of the MAT Learning Community provides the resources quickly and efficiently and accelerates agency change. SCS definitely recommends this to any agency attempting to start or increase MAT services.

• **Key Takeaway:** Staff beliefs and values are key to the success of improving MAT services. Changing staff values takes time and patience.
For More Information:

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Southwest Counseling Service
Enriching lives through wellness, recovery, and hope
A Federally Qualified Health Center (FQHC) located in Southwest Idaho in operation for 45 years

BOISE CLINIC:
- Patient Centered Medical Home
- Health Center for the Homeless
- Behavioral Health Integration
- Sliding fee scale based on income

Who we serve:
- 4666 patients in 2015
- 70% 25 + yrs., 20% 18-24 yrs, 10% children
- 66% are uninsured
- 22% Medicaid/Medicare
- 30% Homeless

March 2016 – Feb. 2018 HRSA
Substance Abuse Expansion Grant
MAT Providers:  Magni Hamso, MD MHP
              Debbie Woodall, LCSW, ACADC
Implementation of HRSA Grant

VISION:

Bring Medication Assisted Treatment (MAT) to a population that currently does not have access to it.

March – May 2016:
– Developed Policy and Procedures
– Treatment Agreement
– Patient education material
– Community/clinic Preparation and Education
– Expanded use of NIDA as screening tool

June – Present 2016
– Have screened 41 patients total
– Currently have 31 active patients
SUPPORTS
Provider champion
Organizational leadership support
Harm Reduction

CHALLENGES
Community and provider bias
Funding for medications
Patient adherence
Polysubstance use
Community demand
What we have learned so far:

June 2016 – September 2016

- 41 total patients
- 31 active patients
- 25% attrition rate
- Majority heroin users
- 2 active pregnant patients
- 50/50 gender split
- Age range: 22-62; mean: 33
- 10 on wait list
Takeaways

• For the organization:
  – Importance of teamwork – medical & BH
  – Medical provider with strong SUD foundation

• From the MAT Learning Community:
  – Site visit
  – Dr. Williams’ expertise
  – MAT in other communities
  – Definitely recommend

• As a whole:
  – Good time to evaluate program – funding, data collection, forms, etc.
For more information:

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Recapturing my hijacked brain

REGAINING HOMEOSTATISIS
EASTERN SHORE PSYCHOLOGICAL SERVICES

Presenter: Robert M. “MIKE” Hooper

Staff: Ovais Khalid, Heather Brown, Allyson Moberly, Jessica Savage, Shu Joshi, Chris Schwartfigure, Casey Russell and Kelly Hawkins

Location: Salisbury, Princess Anne, Easton, & Chestertown, MARYLAND

Clientele: Diversified 80% Medicaid/ADULTS AND ADOLESCENTS

140 STAFF/3500 + CLIENTS
Outpatient Mental Health/Addictions Clinic
Vivitrol

• Uncope
• Policy and procedure for vivitrol lab work
• Reviewing work flow with prescriber’s and front desk staff
• Developed program at detention center
• Educated clients and staff on utilization of vivitrol
• Clients using vivitrol share their stories
• Increased access and # of patients on vivitrol
Our story

• How do we engage clients
• Welcoming non-judgemental environment
• Have fundamental belief change is possible
• Education of prescribers/clients use of mat
• Developed program with detention center
• Social influence/clients sharing their story
Data

- 17 clients provided vivitrol/4 while incarcerated 1 while inpatient
- 15 clients for opiates 2 alcohol
- 4 completed treatment 6 still engaged
- 4 left treatment 2 incarcerated
- 1 still taking medication no other treatment
- 4 clients started in 2015 13 in 2016
Data implications

- Those taking vivitrol for opiates report lack of cravings
- Currently 6 members of iop on vivitrol/positive social influence for those considering vivitrol
- 3 of 4 people given vivitrol while incarcerated did not follow up/more clinical intervention needed while incarcerated
- After 8 months of vivitrol long time oud client maintains sobriety
- Use of vivitrol provides opportunity for person to move towards physiological homeostasis while receiving treatment in community to achieve life style change
- Willingness to try vivitrol reflective of where individual might be in change process
Closing

• Day consultation with Dr. Williams/exceptionally informative/positive response by prescribers
• Clarification on issues we needed to consider, how long we should have clients on Vivitrol and possible use of other medications
• Helpful to hear what other agencies are doing and challenges being faced and steps being taken
• Highly recommend to other agencies
• Vivitrol provides opportunity to engage clients
Passing it on

- **Mike Hooper Ph.D., LGSW**
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- **Heather Brown, PsyA, CAC-AD**
  - h.brown@espsmd.com (410-334-6961)
Overarching Goals

- *Enhance* our current Medication Assisted Treatment (MATx) services by extending MATx interventions beyond our detoxification level of care.

- *Spread* MATx across our continuum of services so MATx is considered during all phases of any individuals' recovery efforts insuring the person's care plan would include MATx as a treatment intervention when clinically indicated to improve outcomes.
Keys to Reaching Our Goals

Science to Service
Follow the Research Data
Knowledge Impacted Attitudes
Broadened Perspectives
Treatment Failure/Success Versus Functional Improvement
Reflections

Ultimately MATx is a means to moving those we serve along an individualized path of recovery with the hope that abstinence provided through MATx will allow the person the opportunity to make changes in their lives that they may not otherwise be able to make without MATx.
For additional information please feel free to contact:

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