Implications of Introduction MAT into a Residential Treatment Setting

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Director of Clinical Services
Learning Objectives:

1. Participants will be able to understand the difficulties and achievements to implement MAT in a residential treatment setting.

2. Participants will be able to see how outcomes are influenced by utilizing MAT as a residential treatment option.

3. Participants will gain an understanding of who, other than the patient, may be impacted by introducing MAT into a residential treatment program.

4. Participants will be better prepared to affect change within their own agencies if considering using buprenorphine in the residential treatment setting.
WHO WE ARE:

Founded in 1970, Center for Addiction Treatment (CAT) is a non-profit agency that serves adult men and women suffering from alcohol and drug addiction.

CAT has received continuous accreditation with Joint Commission since 1975.

CAT is certified by Ohio Department of Mental Health and Addiction services.

Recently expanded our services:
• Primary Care
• Outpatient Mental Health Counseling
• Outpatient Couples & Family Counseling
Residential Services:

Withdrawal Management/Detox
- Staffed 24/7 with nursing and PCT staff
- Provide comfort medications for a safe and therapeutic withdrawal process
- Now offers buprenorphine track

Short-Term Residential
- Therapy Group
- Individual Counseling
- Psychoeducation
- Case Management
- Peer Mentors
- Exercise Classes
- Drum Therapy
- Art Activities
- AA/NA Meeting
- Family Education
- Outdoor Recreation
Outpatient Services:

Continuing Care
- 12 week Program following completion of the residential program
- Offer 7 different groups, 5 days a week
- Between 75-80 active clients

Medication Assisted Treatment
- Buprenorphine and Vivitrol
- Therapy Groups
- Brief Individual Counseling
- MAT Specific Support Group
- Case Management
- Nursing and Physicians
- Average 530 clients per month
Outpatient Services:

Primary Care
- Treats a variety of health conditions
- Understands the unique needs of those in recovery
- Walk-ins Welcome, Monday - Friday
- Accepts Medicaid!

Outpatient Counseling
- Assessment
- Case Management
- Mental Health Treatment
- Couples and Family
- Gambling Addiction
- Grief Group
History of Buprenorphine at CAT

- Collaboration with Duke University
- Started 2008 - 2009
  *One of first non-profit agencies in community to offer MAT*
- Staff reception to residential usage: mostly positive
- Barriers:
  - Funding/Insurance
  - Limited number of physicians with x-DEA
2010’s

- Buprenorphine Waivers
- ASAM 3rd ed.
- Best Practices Revised
- DSM 5 - “on maintenance therapy” specifier added
- Medicaid Expansion
Culture of CAT

- Historically - strong roots in AA/NA culture and traditional chemical dependency treatment models
- 2016 - Our agency shifted to a Trauma Informed Care model
  - Significant staff turnover
  - Sought open mindedness
- The Great Divide?
- Staff Survey Results - 60% completed the survey
Staff Survey

Select the response which you agree with the most:

Answered: 53   Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I oppose all forms of Medication Assisted Treatment</td>
<td>4</td>
</tr>
<tr>
<td>I oppose Suboxone but support Vivitrol</td>
<td>5</td>
</tr>
<tr>
<td>I support both Suboxone and Vivitrol</td>
<td>39</td>
</tr>
<tr>
<td>I don't agree with any of these options</td>
<td>5</td>
</tr>
</tbody>
</table>

TOTAL 53
Staff Survey

Select the response you agree with the most:

Answered: 51  Skipped: 2

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suboxone should only be used in an outpatient setting</td>
<td>33.33%</td>
</tr>
<tr>
<td>Suboxone can be used in both outpatient and a residential setting</td>
<td>64.71%</td>
</tr>
<tr>
<td>Suboxone shouldn’t be used in either setting</td>
<td>1.96%</td>
</tr>
</tbody>
</table>

TOTAL                                                                  | 51        |
What level of understanding and education do you feel you have regarding buprenorphine medication?

Answered: 53  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expert - have a detailed understanding of the medication and treatment</td>
<td>9.43% 5</td>
</tr>
<tr>
<td>Intermediate - have a good working knowledge but not an expert</td>
<td>82.26% 33</td>
</tr>
<tr>
<td>Novice - know what it is but that’s about it</td>
<td>22.64% 12</td>
</tr>
<tr>
<td>No level of understanding or education</td>
<td>5.66% 3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53</strong></td>
</tr>
</tbody>
</table>
Staff Survey

Are you in recovery from a substance addiction?

Answered: 53  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefer not to answer</td>
<td>5.66%</td>
</tr>
<tr>
<td>Just For Today</td>
<td>30.18%</td>
</tr>
<tr>
<td>No</td>
<td>64.15%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>53</td>
</tr>
</tbody>
</table>
Staff Survey Interpretations

- A majority of our staff indicated they supported the use of medication assisted treatment
- Inpatient vs. Outpatient - more mixed feelings
- There was a direct correlation between opposition of MAT and a novice level of understanding.

- Staff provided 42 comments/questions - this information was used to create the mandatory all staff training
Then Sitting OMHAS Director Dr. Mark Hurst asserted MAT as “standard of care” in Ohio

Overview of Medication Assisted Treatment

Panel Discussion from varying perspectives
- Personal
- Peer
- Clinical

Using MAT at CAT

Panel Questions based on the survey

Consistent departmental staff training and supervision to address personal beliefs or bias
How do our patients feel about it?

- Informal surveying and focus groups

- Overall consensus was mixed
  - Rooming with individuals on the medication
  - Buprenorphine perceived as replacing one drug for another
  - MAT not accepted in traditional 12-step groups
  - “To each his own”
Community Support - Transitional Houses

<table>
<thead>
<tr>
<th>Hurdle</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine not permitted in transitional homes</td>
<td>Invited 17 local transitional homes for Lunch and Learn (8 attended)</td>
</tr>
<tr>
<td>Only two homes accepted MAT as “pilot” (one male; one female)</td>
<td>Provided education on:</td>
</tr>
<tr>
<td></td>
<td>• Pharmacology of buprenorphine</td>
</tr>
<tr>
<td></td>
<td>• Safe storage methods, including injectable forms of medication</td>
</tr>
<tr>
<td></td>
<td>• Common myths and beliefs</td>
</tr>
</tbody>
</table>

**Goals:**
1. Strengthen relationship with local transitional houses.
2. See an increase number of transitional beds that allow buprenorphine in houses.
Community Support - MAT Peer Mentors

<table>
<thead>
<tr>
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<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAT’s Peer Mentors had no lived experience with MAT Clinic</td>
<td>“Hand-selected” 4 individuals who had lived experience with buprenorphine</td>
</tr>
<tr>
<td>Several Mentors had biases against buprenorphine</td>
<td>Provided MAT-friendly language at monthly Peer meetings and clearly illustrated the vision forward</td>
</tr>
</tbody>
</table>

Goals:
1. Increase number of Peer Mentors with lived experience with MAT
2. Improve acceptance of MAT as a treatment option within the overall group of Peer Mentors
Community Support - 12-Step Meetings for Residents

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Residential meeting options were limited to AA/NA</td>
<td>Contacted each facilitator and co-facilitator individually to discuss the stance of the agency.</td>
</tr>
<tr>
<td>Multiple facilitators had biases against buprenorphine</td>
<td>Replaced certain facilitators with others who openly welcomed individuals who used MAT as a treatment option</td>
</tr>
</tbody>
</table>

Goals:
1. Create a MAT-friendly meeting for residential patients
2. Ensure a MAT-friendly atmosphere within the in-house AA/NA meetings
Community Support - MAT specific support group

Hurdle

Many public 12-step meetings are not open to persons using MAT

Patients were experiencing sponsors who would not sponsor them if they were using buprenorphine

Intervention

Created a MAT-specific meeting, open to the public, ran by a Peer Mentor

Goal:

1. Create a MAT-specific meeting as a safe place for people to talk about their recovery
Data

- Data was collected from Feb 4 – May 31, 2019
- Feb 4 Go Live
- n = 276 patients identified with opioid use disorder
% Participating in Suboxone Pathway

- February: 16%
- March: 23%
- April: 35%
- May: 29%
Success Rates for WM

- Bup: 86.15% Successful, 16.92% Unsuccessful
- Non-Bup: 41.23% Successful, 57.82% Unsuccessful

n = 276
Success Rates for Residential Program

n = 76
Average Length of Stay (days)

WM

<table>
<thead>
<tr>
<th>Group</th>
<th>Length of Stay (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bup</td>
<td>5.32</td>
</tr>
<tr>
<td>Non-Bup</td>
<td>4.4</td>
</tr>
</tbody>
</table>

n = 276
Avg LOS Residential

<table>
<thead>
<tr>
<th></th>
<th>Bup</th>
<th>Non-Bup</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOS (days)</td>
<td>18.61</td>
<td>17.08</td>
</tr>
</tbody>
</table>

n = 76
Case Study
Next steps

- Repeat of focus group with patients
- Repeat staff surveys
- Engage patients early and often
Questions?