



# SRPMIC: Medicated Assisted Treatment and The Continuum of Care

Using medications and clinical treatment to improve the comfort of our patients experiencing physical withdrawal symptoms as they embrace sobriety and life change.

Improved comfort leads to improved, increased compliance, longer engagement in treatment, and better outcomes

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MAT' O TVEM AB O JU  
WE WILL DO THIS TOGETHER  
MATWIK



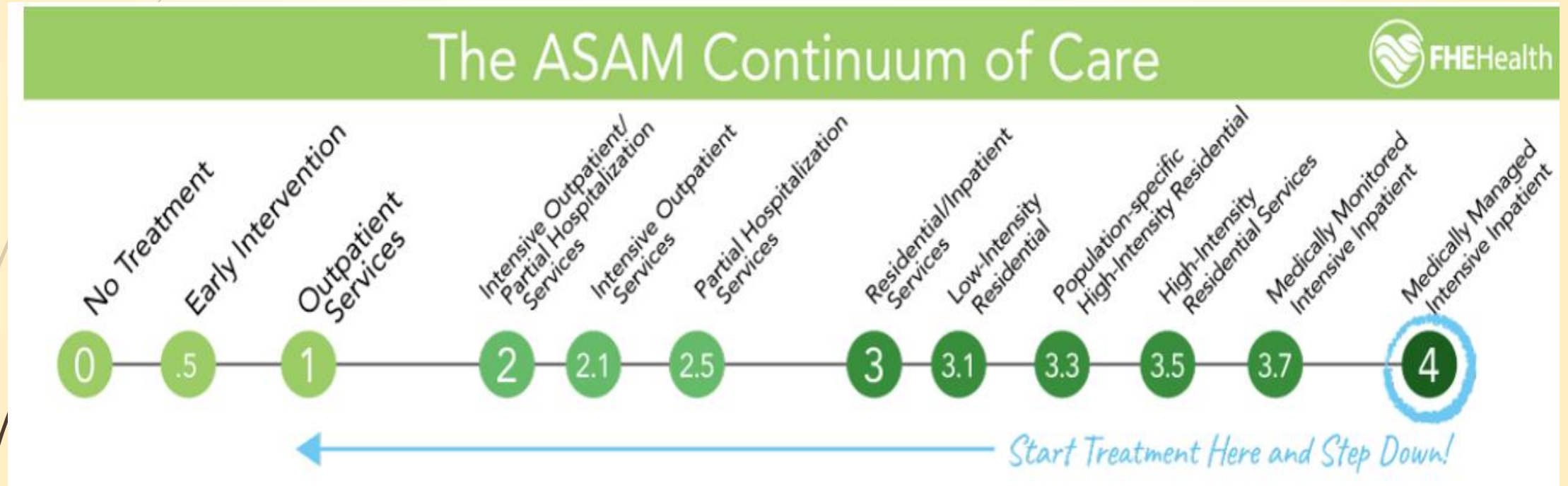
## AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

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



# ASAM Continuum of Care







# LEVELS OF CARE at JTR/BHS

- ▶ Withdrawal Management (New Level of Care) 3.7
- ▶ Intensive Outpatient (OP 9+ hours a week: 3x a week) 2.1
- ▶ Partial Hospitalization (25 + hours a week: 5x a week) (New Level of Care) 2.5
- ▶ Residential Treatment (New and Improved Level System) 3.5
  - ▶ Culture, Welbriety, Equine, Sweat, Vocation, Nutrition, Gardening, Psychiatry, Primary Care
- ▶ Sober Living
  - ▶ Aftercare



# Motivation to Enhance Care

➤ The following comments are from BHTs who work on the Residential Detox/Social Detox unit at JTR, who experience difficult to manage medically compromised cases, intoxication and patients in withdrawal:

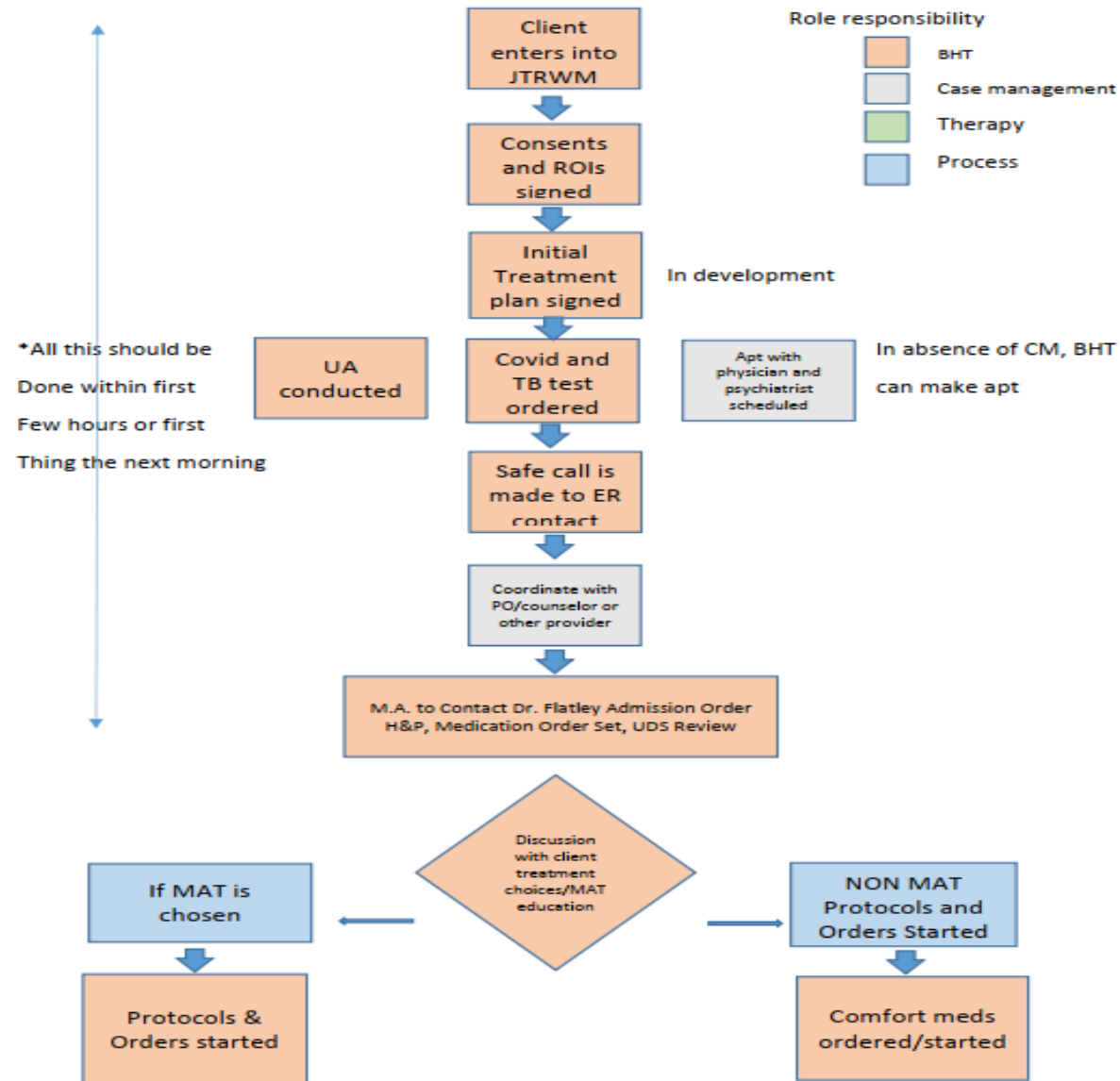
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- “We don’t have a lot of medical training.”
- “I have fear of the unknown.”
- “I would call the fire department in an emergency.”
- “BHTs would feel more supported.”
- “I see people suffering and in pain and we don’t do anything about it.”
- “We could do way more medically if we had support, we just don’t know how to do it.”
- “I don’t know when the right time to call EMS is.”
- “I would feel more comfortable if we had medical staff in here.”

➤ Also, the following reflect comments from actual patients who were experiencing discomfort and withdrawals on the unit:

- “I wanted to leave and go find some fentanyl, I would have felt better.”
- “Like, can’t you guys give us some medicine to feel better?”
- “I felt scared honestly, I didn’t know what was going to happen.”
- “I don’t think you guys know what you’re doing in there.”



## JTR New Medication WM Process 3.7





# Partial Hospitalization 2.5

- 20 + hours a week
- Can live at home, work, school
- Highest Level of Care before Inpatient/Hospital or Residential
- Psychiatry
- Medical
- Therapy, Cultural, Experiential



# Measurement of Success\_BAM & 5FWel

## ➤ 5FWel

- Essential Self- Spirituality, Gender, Culture, Self Care
- Creative Self-Thinking, Humor, Work, Humor
- Coping Self –Stress, Recreation, Liesure
- Social Self- Friendship and Love
- Physical Self- Nutrition, Exercise

## BAM (Brief Addiction Monitor)

### ➤ **Use (Any, Heavy)**

### ➤ **Risk Factors**

- Cravings
- Physical Health
- Sleep
- Mood
- Risky Situations
- Family/Social

### ➤ **Protective Factors**

- Self Efficacy
- Self Help Bx
- Religion/Spirituality
- Work/School
- Adequate Income
- Sober Support
- QOL





# SRPMIC: Medicated Assisted Treatment

- All new patients evaluated within 24 of entry to JTR
- Treatment algorithm determined and medications discussed with patient and communicated with staff
- Anticipate polysubstance use to be common
- Substance and alcohol screen results obtained
- Base line labs: TBD
  - CBC, CMP, U/A, Preg (when indicated), Hepatitis panel, HIV, Lipid panel, HgbA1c



# SRPMIC: Opioid Use Disorder

## Symptom directed and self administered

- Opioid withdrawal:
  - Buprenorphine: induction
- Nausea:
  - Ondansetron (Zofran): 4-8 mg ODT TID prn
- Anxiety:
  - Vistaril 25-50 mg po QID prn
- Muscle Spasms:
  - Methocarbamol 750 MG 1-2 PO tid prn
- Stomach cramps:
  - Dicyclomine 10 mg po TID prn
- Insomnia
  - Trazodone 50 mg 1- po q hs prn
- Night sweats and/or chills
  - Clonidine 0.1 mg 1 po q hs prn

### **Treatment Schedule:**

New Patient Assessment  
-within 24 hours  
Daily assessment X 3  
-Induction eval  
Weekly X 4  
Semi-Weekly X 2  
Monthly



# SRPMIC: Alcohol Use Disorder Symptom Directed and Self Administered

- CIWA- eval
- Cravings:
  - Naltrexone 50 mg po q d
  - Gabapentin: 300 mg TID- may provide some seizure protection as well
- Nausea:
  - Ondansetron (Zofran): 4-8 mg ODT TID prn
- Anxiety:
  - Vistaril 25-50 mg po QID prn
- Stomach cramps:
  - Dicyclomine 10 mg po TID prn
- Insomnia
  - Trazodone 50 mg 1- po q hs prn
- Night sweats and/or chills
  - Clonidine 0.1 mg 1 po q TID

## **Treatment Schedule:**

New Patient Assessment  
-within 24 hours  
Daily assessment X 5  
-or until withdrawal complete  
Weekly X 4  
Semi-Weekly X 2  
Monthly



# SRPMIC: Methamphetamine Use Disorder Symptom Directed and Self Administered

- ▶ Nausea:
  - ▶ Ondansetron (Zofran): 4-8 mg ODT TID prn
- ▶ Anxiety:
  - ▶ Vistaril 25-50 mg po QID prn
- ▶ Muscle Spasms:
  - ▶ Methocarbamol 750 MG 1-2 PO tid prn
- ▶ Stomach cramps:
  - ▶ Dicyclomine 10 mg po TID prn
- ▶ Insomnia
  - ▶ Trazodone 50 mg 1- po q hs prn
- ▶ Night sweats and/or chills
  - ▶ Clonidine 0.1 mg 1 po q hs prn
- ▶ Cravings
  - ▶ Naltrexone 50 mg po q day
  - ▶ Bupropion 150 mg XL 1 tab po q day

## **Treatment Schedule:**

New Patient Assessment  
-within 24 hours  
Daily assessment X 3  
Weekly X 4  
Semi-Weekly X 2  
Monthly