Drug User Health Learning Series

Supporting Client Engagement with Substance Use Disorder Treatment

Session 3

ta4si
TECHNICAL ASSISTANCE FOR SERVICE INTEGRATION

JSI RESEARCH & TRAINING INSTITUTE, INC.

Navigating Zoom

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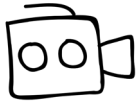


Video

Chat

Technical issues?
Send a message to Molly Rafferty or email molly_rafferty@jsi.com

Introductions

- Your name
- If you'd like to share, your pronouns (e.g., she, he, they)
- Your organization
- Your role at your SSP
- Your favorite food to cook in December!

Please chat in...


a moment to enter the space

Learning Objectives

By the end of today's session, you will be able to:

- Maximize current approaches to substance use disorder (SUD) treatment engagement through the utilization of harm reduction principles
- Summarize SSP models for supporting access to medication for opioid use disorder
- Explain approaches to supporting clients with polysubstance use including concurrent stimulant and opioid use

Today's Agenda

- ➔ Introductions
- ➔ Engaging the SUD Treatment System to Support SSP Clients
- ➔ Greater Lawrence Family Health Center/SSP
- ➔ Expanding SSP Harm Reduction Beyond Injection
- ➔ SSTAR
- ➔ Group Discussion
- ➔ Closing & Next Session

Molly Higgins-Biddle

Mira Levinson

Sophie Lewis

Adelaide Murray

Molly Rafferty

Dr. Alex Walley

Welcome

Linda R. Goldman, LCSW
Director of Health Promotion & Disease Prevention Services

Engaging the SUD Treatment System to Support SSP Clients

Everyone Wants “Detox” - What Is I

- **NOT treatment**
- A process of easing withdrawal symptoms by providing medical treatment
- 3 to 7 days

- **NOT always necessary**
- Effective medications methadone and buprenorphine treat withdrawal
- “Detox” not needed before treatment begins

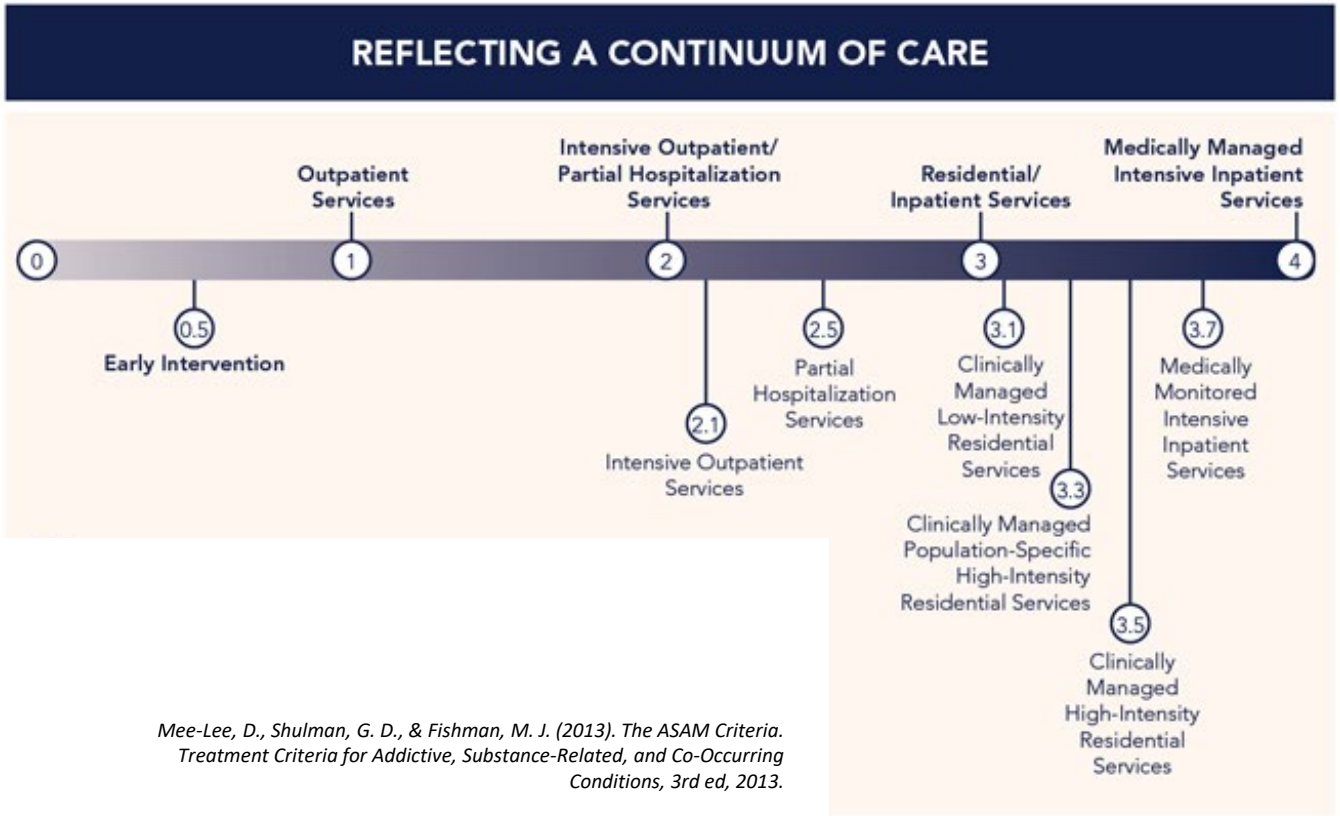
Please chat in...

How is it useful? How is it not useful?

Levels of Care

BSAS Levels of Care

- Acute Treatment Services (ATS)
- Transitional Support Services (TSS)
- Clinical Stabilization Services (CSS)
- Outpatient Counseling Services
- Residential Recovery Services



Mee-Lee, D., Shulman, G. D., & Fishman, M. J. (2013). The ASAM Criteria. Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed, 2013.

How can we support the SUD treatment system to work for SSP clients and staff?

Pain Points for SSP Support

- Transitions
- Referral
- Admission
- Discharge
- Return to Use

Greater Lawrence
Family Health Center

Greater Lawrence Family Health Center NOTES

Presenters from Greater Lawrence Family Health Center

- **Lissette Torres**, Supervisor, Healthcare for the Homeless
- **Ilia Castellanos**, Office Based Addiction Treatment (OBAT) Nurse-Team Lead, Bridge Program

What does the MOUD service model look like?

- MOUD (Buprenorphine and Vivitrol) has been offered on a mobile unit for the past 4 years
  - It started as acute care and developed into providing many different services including SUD and infectious disease testing and care.
  - It is located on-site right next to the SSP, which facilitates wraparound care.
- A client comes to the SSP and receives supplies, and can then be referred out to withdrawal management and/or to MOUD.

MOUD service model (continued)

- The mobile unit operates 4 days a week: Monday ,Tuesday , Wed, and Friday
- Clients are seen for OBAT weekly. If a client is doing well, then they are switched to biweekly/monthly.
- Insurance navigation is provided for clients.
- More recently, GLFHC has stationed an OBAT nurse and staff at the SSP.
    - If a client wants MOUD, staff provide intake and walk them to the mobile health unit
    - If a client wants methadone, staff walk with them to the methadone clinic.

How do the staff roles at GLFHC work together? How do they overlap?

- Clients aren't always comfortable telling their story to multiple people and going to a new place can be intimidating.
- It makes sense for one staff member to work with a client from the beginning to the end, especially during the beginning stages, so the client has someone to rely on and trust. Once the relationship is built, more team members can start to work with the patient.
    - For example, Lisette is a supervisor and an MA, and provides shelter assistance. She also knows the providers in other departments and works with them to ensure clients' needs are met.

How do you manage patients who do not have insurance?

- If the client resides in MA, the insurance navigator can assist them to enroll in insurance.
- If client doesn't reside in MA:
  - They can be put on a sliding scale if they have no income.
  - Can be given a Hope for Homeless card to cover medications
  - Grant funding can cover medications as well.
- Staff have relationships with other programs to facilitate referrals.

How does your program balance harm reduction principles with supporting clients' access to SU treatment?

- The goal is to keep clients alive. We support them at whatever stage of recovery they are at.
- Initially, staff have conversations with clients about getting naloxone and needles. If the client expresses interest in treatment, Ilia does an intake with them and walks them to the mobile health unit or the methadone clinic.
- We make sure that we are available and that it is a no-judgement zone so the clients feel they can trust us. We open our doors to whatever service they need.
- It's the client's recovery - it's whatever they want it to be. We are asking "what is it that you need?"
- We develop relationships with clients by meeting them where they are.

What advice would you give to other organizations when they are trying to get buy-in from harm reduction and treatment staff to work together to provide integrated services?

- Clients don’t want to be shuffled around.
- Integration works! Locate case management, mobile, SSP, and pharmacy services all in the same area.
  - This allows programs to excel, and provides the client the care that they need in one place.
- Staff coordination and collaboration can help facilitate client access to services.
  - A client recently tested HIV+ and the testing staff was able to connect the client with support staff and medical staff to make an appointment for care and start the necessary labs.

Expanding SSP Harm Reduction Beyond Injection

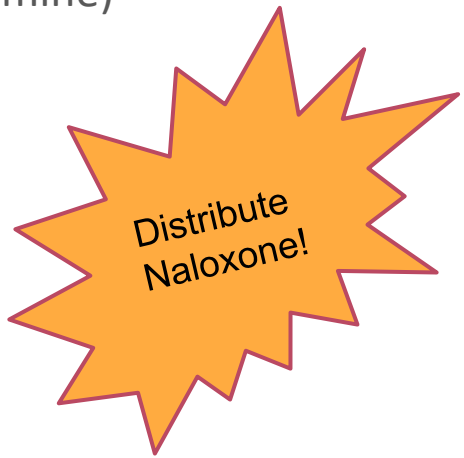
How are your programs supporting individuals who use…

Stimulants (smoking, booty bumping, etc.)?

Alcohol (consumption)?

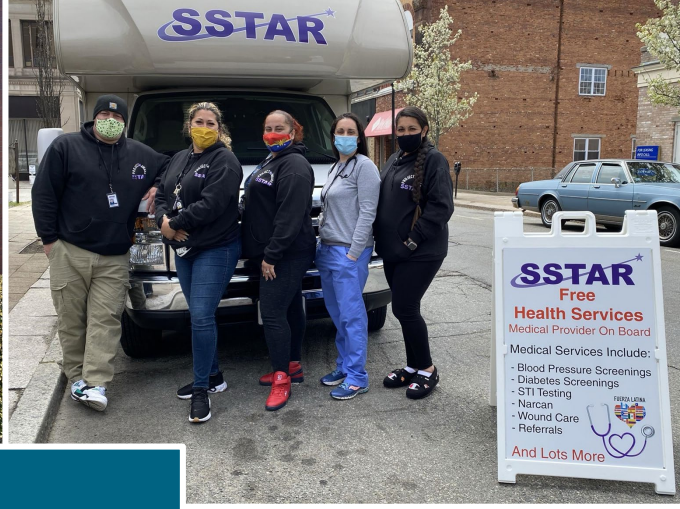
Polysubstance Use

- Alcohol
- Stimulants (cocaine, methamphetamine)
- Opioids (heroin, fentanyl)
- Synthetic cannabinoids
- GHB, poppers, ketamine, MDMA



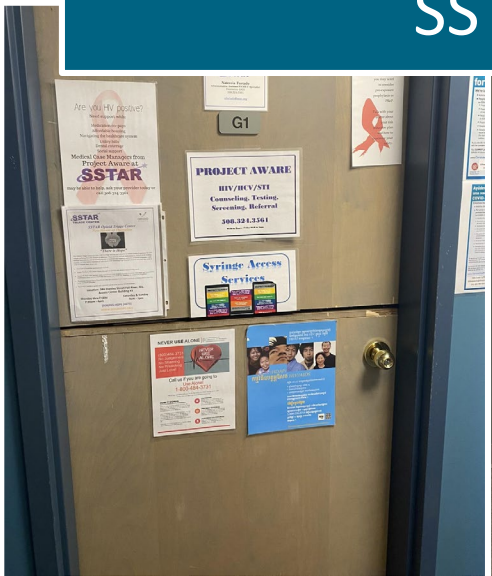

SSTAR
Mobile Health Team
FUERZA LATINA

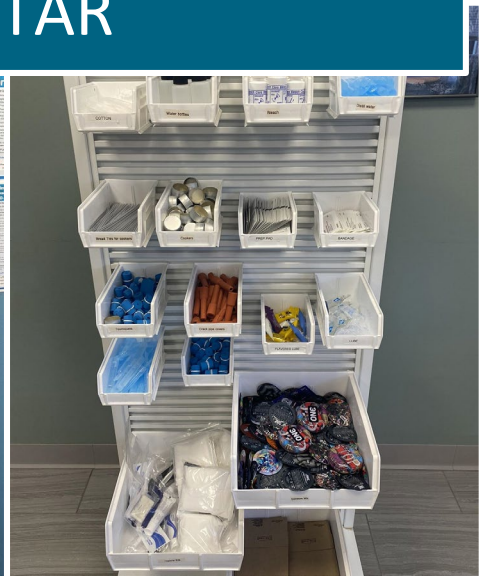

OUTPATIENT SERVICES
3


SSTAR
SSTAR
Free
Health Services
Medical Provider On Board
Medical Services Include:
- Blood Pressure Screenings
- Diabetes Screenings
- STI Testing
- Narcan
- Wound Care
- Referrals
And Lots More

SSTAR


SSTAR
DETOX
OUTPATIENT COUNSELING
CONFERENCE CENTER
ADMINISTRATION
PROJECT AWARE / HIV SERVICES
STD CLINIC
COVID Vaccinations


G1
PROJECT AWARE
HIV/HCV/STI
Counseling. Testing.
Screening. Referral
508.324.3561
Syringe Access Services




STOP

SSTAR NOTES

Presenters from SSTAR

- **Michael Currier**, Program Director of Project Aware
- **Amber Allen**, Integrated Counseling Testing & Referral Specialist
- **Erica Barratt**, NP on Mobile Health Team
- **Jessica Rodriguez**, Program Coordinator
- **Willie Cabral**, Integrated Counseling Testing & Referral Specialist

What is the SUD service model at SSTAR?

SSTAR provides:

- Acute Treatment Services (ATS) on demand (when available)
- A step down unit
- Partial Hospitalization
- Outpatient Counseling
- Psychopharmacological Services
- Methadone Clinic
- Opiate Triage Center (OTC) “Open Access” Program
- Psychiatric Care
- Syringe Services

What is the mobile SUD service model at SSTAR?

- For their mobile services SSTAR has an RV that travels to different sites throughout the city, including recovery groups and homeless encampments
  - Provides buprenorphine and wound care
  - Facilitates insurance navigation or coupons for temporary coverage
  - SSTAR staff can pick up medications and bring them to clients. Patients sign a release and a form saying they received the medication.
  - The model is all about meeting people where they are
  - The RV also serves as a bridge for any of our other services including inpatient treatment, medication programs, intensive outpatient, hospitalization, methadone clinic, etc.

How do bridge services work at SSTAR?

- Example: staff refilled psychiatric medications until a client was able to get medical care via referral
- Bridge services are not necessarily doing continuous, ongoing care. They are more doing a hand off to other programs
- Bridges are needed because traditional systems aren't as accessible. They combine outreach with medical care.
- It is a huge asset to the program to have a Nurse Practitioner on the team and being able to meet clients where they are

How is SSTAR working with clients who use stimulants?

- SSTAR makes the Opiate Triage Center (OTC) “Open Access” program and recovery coaches available for individuals
- For SSP clients, it’s important to discuss their treatment needs.
- The programs are beginning to build up contingency management and EMDR *(eye movement desensitization and reprocessing)* services
- SSTAR contracted with Dr. Rick Rawson and they trained 20 clinicians to better support individuals using stimulants. Can now make direct referrals to those 20 clinicians.
- SSTAR is seeing cocaine, crack, a little crystal meth - they are providing education around vein care, crack pipe covers and other materials

How do you engage people who are using alcohol?

- Some people are looking to reduce the amount they are using on their own. The majority of clients they've seen have not wanted to go inpatient treatment.
- SSTAR staff have talked about naltrexone with these individuals. The conversation usually starts with naltrexone and then results in a referral if the client wants Vivitrol.
- The next steps for people using alcohol can depend on past history, and on how much they are currently drinking.

How does your program balance harm reduction principles and techniques with supporting clients in gaining access to treatment?

- SSTAR provides on-demand access. If a client wants treatment, they can walk the person over to the residential treatment program.
- At that point, the SSP staff do not maintain much of a relationship with the person because they transition over to the appropriate treatment program.

Resources

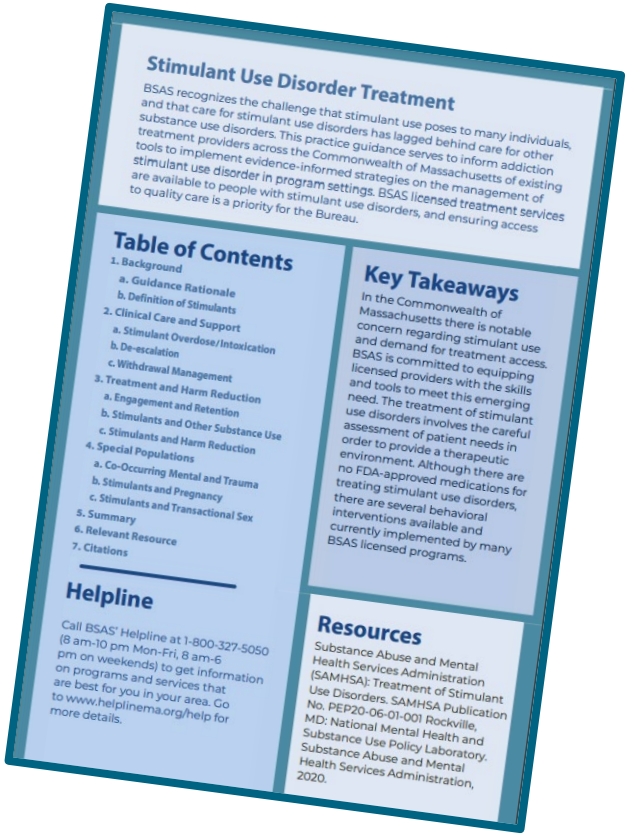
- **Methamphetazine: A Harm Reduction Guide** - These can be printed to share with participants. Also available in **Spanish**.
- **Harm Reduction Works (HRW)** - HRH413 developed Harm Reduction Works-HRW in response to the need for a harm reduction based alternative to abstinence only self-help/mutual aid groups.
- **Your Rights In Recovery: A Toolkit** - toolkit designed for people who may not have access to the right supports to manage their opioid use disorder and begin to recover on their own terms.
- **BSAS Complaint Line** - File a complaint against a LADC or substance use disorder treatment program

More Resources

- **OBAT-TTA** - offering an array of training including Stimulants 101 and Safer Smoking and Sniffing
- **Open procurement: Low-threshold Housing and Supportive Services**
- TRUST Resources:
  - **Treatment for Individuals who Use Stimulants Empirically-Supported Behavioral Treatment; Presentation by Albert Hasson**
  - **TRUST Provider Guide: A Protocol Using Empirically-Supported Behavioral Treatments for People with Stimulant Use Disorders**
  - **TRUST Patient Workbook**

Integration of Care for People who Use Stimulants into Substance Use Treatment Services

In the Commonwealth of Massachusetts there is notable concern regarding stimulant use and demand for treatment access. BSAS is committed to equipping licensed providers with the skills and tools to meet this emerging need.



Stimulant Use Disorder Treatment

BSAS recognizes the challenge that stimulant use poses to many individuals, and that care for stimulant use disorders has lagged behind care for other substance use disorders. This practice guidance serves to inform addiction treatment providers across the Commonwealth of Massachusetts of existing tools to implement evidence-informed strategies on the management of stimulant use disorder in program settings. BSAS licensed treatment services are available to people with stimulant use disorders, and ensuring access to quality care is a priority for the Bureau.

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Helpline

Call BSAS' Helpline at 1-800-327-5050 (8 am-10 pm Mon-Fri, 8 am-6 pm on weekends) to get information on programs and services that are best for you in your area. Go to www.helplinema.org/help for more details.

Key Takeaways

In the Commonwealth of Massachusetts there is notable concern regarding stimulant use and demand for treatment access. BSAS is committed to equipping licensed providers with the skills and tools to meet this emerging need. The treatment of stimulant use disorders involves the careful assessment of patient needs in order to provide a therapeutic environment. Although there are no FDA-approved medications for treating stimulant use disorders, there are several behavioral interventions available and currently implemented by many BSAS licensed programs.

Resources

Substance Abuse and Mental Health Services Administration (SAMHSA): Treatment of Stimulant Use Disorders. SAMHSA Publication No. PEP20-06-01-001 Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2020.

Upcoming Session

#4 - Our Final Session! Vaccinations at SSPs

January 12, 2022; 2:00 PM

To find the recordings and slide decks from **Session 1** and **Session 2,** go to the TA4SI website.

Please Complete the Evaluation!

- Your feedback in the evaluation helps us plan future sessions and address your TA needs.
- Your feedback is appreciated!

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