

ABC Counseling Services

Opioid Use Disorder (OUD) Medication-Assisted Treatment (MAT) Program

Program Design:

Outlined below are guidelines for clinical decision-making regarding the type and frequency of treatment: they are **individualized and tailored according to client need**. Justification of the medical necessity for treatment is documented in client's chart.

MAT Protocol

The specifics of the MAT program depend on the client's treatment goals and objective signs of treatment success. After a client is stabilized successfully, decisions to decrease or discontinue medication should be based on the client's desire and commitment to become/remain medication-free and on the prescriber's confidence that tapering will be successful. Because of the chronic nature of the neuro-physical damage associated with illicit opioid use a large percentage of clients may remain on medication for indefinite periods of time; some of them may choose to remain on MAT for the rest of their lives. This is consistent with best-practice principles.

Counseling intervention should always be clinically/medically necessary and individually tailored; therefore, individual differences in the following protocol may occur. Factors that may impact the delivery of treatment include:

- Co-occurring mental disorders
 - Somatic consequences of drug use and/or chronic health issues
 - Family and social support issues
 - Employment and financial issues
 - Legal consequences of drug use
 - Other drug and alcohol use disorders.
- Buprenorphine is prescribed, not dispensed or administered, at some ABC sites.
- Vivitrol is prescribed, dispensed and administered IM, and it is stored, refrigerated, on-site.
- ABC sites are not licensed as an Opioid Treatment Program (OTP), therefore Methadone is not prescribed, dispensed or administered on-site, however it is recognized as an effective medication to address Opioid Use Disorder (OUD).

Buprenorphine Maintenance Protocol

Induction Phase (weeks one and two):

- Client meets with program clinician for completion of Comprehensive Assessment.
- Client signs all program-specific forms including 'Consent to treat with Buprenorphine' form.
- Client provides toxicological sample
- Client meets with program prescriber who verifies existence of an Opioid Use Disorder, presence of opioid withdrawal symptoms and/or assigns clients to a maintenance protocol.
- Program prescriber prescribes medication and begins titration process to ideal dose level.

Stabilization Phase (weeks two – eight):

- Client meets with program prescriber as often as medically necessary to ensure proper dose and stabilization.

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- Client meets with a Nurse or Nurse Practitioner for a nursing assessment within the first four weeks of treatment.
- Client attends weekly group sessions and two monthly individual sessions, OR weekly individual sessions.
- Client provides toxicological sample no fewer than 2 times during the six-week period and at a frequency that is medically necessary for stabilization.
- Client moves to maintenance phase once s/he has been stabilized and shows evidence of cessation of illicit opioid use for a period of two or more weeks, but usually no sooner than eight weeks into treatment.

Stabilization is characterized by:

- No withdrawal symptoms
- Minimal side effects
- No uncontrollable cravings.

Maintenance Phase (weeks nine – indefinite):

- Client meets with program prescriber no less frequently than monthly.
- Client negotiates attendance of group and/or individual sessions:
 - For the first six months, client attends weekly group sessions.
 - After six months of recovery*, client attends monthly group sessions. OR
- Client attends individual sessions:
 - For the first six month, client attends monthly individual sessions.
 - After six months of recovery*, client attends individual counseling at a frequency that is medically necessary but no less frequently than quarterly.
- Client provides toxicological sample according to current policy and based on medical necessity criteria.
- No less frequently than annually, the client is offered the option of withdrawing from medication to initiate a medication-free recovery program.
- At any point during maintenance, a client can decide to begin a tapering schedule.
 - Factors to consider before initiating a taper:
 - Stable housing and income
 - Adequate psychosocial support
 - Absence of legal problems.
 - Absence of use of illicit substances
 - Compliance with negotiated IAP
 - Tapering rate is determined between the client and program prescriber,
 - Tapering can be stopped at any point in the event that the client experiences withdrawal and/or cravings and fears relapse,
 - Dose can be held indefinitely at the tapered level, or
 - Dose can return to original stabilizing level.
- Client who successfully completes the tapering schedule is offered the opportunity to receive continued outpatient counseling.
- After three years of successful recovery as evidenced by client's compliance with negotiated treatment plan, successful completion of all negotiated treatment objectives, toxicological screens that are absent of all

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illicit substances/alcohol and consistent involvement in sober support systems, client is offered the opportunity to receive medication management services (no more frequently than monthly visits with program prescriber) or referral to community OBOT.

Vivitrol Maintenance Protocol:

Induction Phase (weeks one and two):

- Client meets with program clinician for completion of Comprehensive Assessment.
- Client meets with program prescriber who verifies existence of an Opioid Use Disorder, presence of opioid withdrawal symptoms and/or will determine appropriateness for program involvement. [NOTE: Naltrexone/Vivitrol is not recommended for pregnant women.]
- Client provides toxicological sample,
- Client abstains from all opioids for a period of no less than 7 days and no more than 10 days as determined by client/prescriber consult.
- During the initial detoxification process, the prescriber will prescribe non-narcotic medications to address withdrawal symptoms.
- At the end of the 7-10 day period, client will provide a toxicological sample that is negative of all opioids.
- The prescriber will prescribe Naltrexone (pill form) to determine client's ability to tolerate the medication.
- The prescriber will prescribe, dispense and administer Vivitrol for appropriate candidates.

Stabilization Phase (weeks two – eight):

- Client meets with a Nurse or Nurse Practitioner for a nursing assessment.
- Client meets with program prescriber no less frequently than twice a month to ensure stabilization and continued abstinence from opioids and to determine effectiveness of medication subsequent to initial administration.
- Client attends weekly group sessions and two monthly individual sessions, OR weekly individual sessions.
- Client provides toxicological sample no fewer than 2 times during the six-week period and at a frequency that is medically necessary for stabilization.
- Client moves to maintenance phase once s/he has been stabilized and shows evidence of cessation of illicit opioid use for a period of two or more weeks, but usually no sooner than eight weeks into treatment. Stabilization is characterized by:
 - No withdrawal symptoms
 - Minimal side effects
 - No uncontrollable cravings.

Maintenance Phase (weeks nine – indefinite):

- Client meets with program prescriber no less frequently than monthly.
- Client negotiates attendance of group and/or individual sessions:
 - For the first six months, client attends weekly group sessions.
 - After six months of recovery*, client attends monthly group sessions. OR
- Client attends individual sessions:

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- For the first six month, client attends monthly individual sessions.
- After six months of recovery*, client attends individual counseling at a frequency that is medically necessary but no less frequently than quarterly.
- Client provides toxicological sample according to current policy and based on medical necessity criteria.
- Client provides toxicological sample according to current policy.
- No less frequently than annually, the client is offered the option of withdrawing from medication to initiate a medication-free recovery program.
- At any point during maintenance, a client can decide to discontinue prescription.
- Client who discontinues prescription is offered the opportunity to receive continued outpatient counseling.
- After three years of successful recovery as evidenced by client's compliance with negotiated treatment plan, successful completion of all negotiated treatment objectives, toxicological screens that are absent of all illicit substances/alcohol and consistent involvement in sober support systems, client is offered the opportunity to receive medication management services (no more frequently than monthly visits with program prescriber) or referral to community prescriber.

Family Intervention:

Addiction is a disease that impacts the whole family; addiction to opioids is no exception. Studies throughout the years have reinforced the significance of including family members/significant others in the recovery process. The MAT Program of ABC Counseling Services offers family members the opportunity to attend four Psychoeducation groups that cover the following topics:

- The nature of opioid addiction
- The recovery process and the use of medication
- The impact of addiction on the family/significant relationships
- Family-recovery strategies

Clients are encouraged to invite family members/significant others to attend these sessions beginning in the stabilization phase of treatment.

In addition, clients are encouraged to include family members in family counseling sessions in order to address:

- The impact of addictive behaviors on the family unit,
- The identification and treatment of co-dependency
- The development of an effective and supportive home environment.

Aftercare services:

The type and frequency of aftercare services is determined by client need.

- It can exist in any combination of individual, family and group counseling and generally lasts for six months in order to enhance the potential for continued recovery/abstinence.
- The frequency of individual/family sessions can range from weekly to monthly to quarterly sessions.
- Aftercare group sessions are typically offered on a monthly basis.

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Discharge Criteria:

Voluntary Discharge:

- Client successfully completes treatment episode and has achieved treatment goals.
- Client voluntarily terminates treatment.
- Client communicates that s/he is no longer interested in receiving services
- Client drops out of treatment.

Involuntary Discharge:

- Failing to comply with program guidelines
- Failing/refusing to address other substances of abuse/dependence (including alcohol and marijuana).
- Violating of program policies, rules and regulations,
- Being absent from treatment for more than 30 days,
- Needing a higher level of care,
- Consistently failing to attend scheduled counseling sessions (individual and group).
- Threatening and/or abusive verbalization or action directed toward a staff member, other patients or clinic guests.
- Committing a crime on the program premises,
- Threatening violence,
- Behaving violently may result in an immediate discharge,
- Physically abusing a staff member, another patient or guests of the clinic while in the building or on the premises,
- Drug transactions (possession or sale of illicit substances) while in the building or on clinic property,
- Physical destruction, vandalism and/or theft of clinic property,
- Possessing firearms, other weapons or an object that can be used as a weapon while on clinic property.

Minimum Program Staff Requirements:

- 1) Medical Director who is a physician who possesses a DATA 2000 Waiver and who actively participates in performance improvement activities.
- 2) Nurse Practitioner or Nurse
- 3) Clinical Coordinator
- 4) Counselor/Case-Manager

In smaller programs, 3 and 4 may be combined and the position held by one staff person.

Special Populations:

- 1) Pregnant women
- 2) Persons with acute or persistent pain
- 3) Persons with co-occurring disorders
- 4) Adolescents
- 5) Young adults
- 6) Other populations as appropriate

Laboratory Protocols:

See Program Policy 17.2: Laboratory Services

Program Hours and Availability:

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