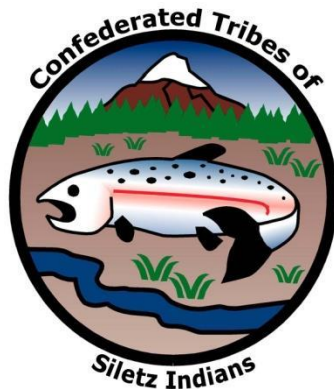


# **SILETZ COMMUNITY HEALTH CLINIC POLICY**



## **Medication Assisted Therapy Program (MAT)**

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**PART 21  
Medication Assisted Therapy Program**

**I. POLICY**

It is the policy of the Siletz Community Health Clinic (SCHC) to respond to the growing number of opioid overdose deaths, cost to the local communities, and the destructive impact to families within the Native and Non-Native Community. The increase in the use of opioids has led in to an increase in opioid related deaths. Furthermore, opioid users are 40 times more likely to become addicted to heroin compared to nonusers. In response, the SCHC will provide a multi-disciplinary approach combining pharmacological and non-pharmacological interventions to address substance use disorders and co-occurring mental health disorders.

**II. MISSION**

- A. Patients with substance use disorder have a right to medically appropriate, evidence based treatment in a collaborative manner. Moreover, treatment must be individualized based on a comprehensive medical and psycho-social assessment of the patient. The MAT team (Clinicians, Physicians, FNP's PA's, CADCI's, CSWA's) have the responsibility to diagnose, treat, and co-manage patients prescribed medication assisted therapy so that:
  - 1. Individuals receive a patient-centered multidimensional assessment;
  - 2. Optimization of the patient's functioning, well-being and safety can be enhanced;
- B. Patient and Providers can minimize potential adverse effects relative to the induction, stabilization, and maintenance phase of treatment. These include adverse effects on the individual patient as well as adverse effects on others, (e.g.: Through diversion of prescribed medications to others treatment non-compliance); Patients receive an umbrella of therapeutic interventions and services that address co-occurring issues (mental health, physical health e.g)

**III. GOAL**

- A. Our goal is to treat Opioid Use Disorder and Alcohol Use Disorder by offering science-based clinical interventions with the combination of pharmacologic and non-pharmacological treatment modalities to address substance use disorder. Providing patients with Medication Assisted Therapy (MAT) within a comprehensive treatment model will drastically improve treatment outcomes in an Office-Based Treatment Setting(OBTS).
- B. Medications if appropriate, that could be utilized in the SCHC MAT program include:
  - 1. Buprenorphine/naloxone(Suboxone); Oral Film or tablet

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2. Sublocade; Injection
3. Naltrexone(Vivitrol); Injection
4. Antabuse(Disulfiram); Oral tablet

C. This policy assures the following will be in place at all times:

1. Support Systems:
  - a. Linkage or access to Alcohol and Drug and Mental Health Counseling, Alternative medicine staff (Acupuncture, massage, e.g.)
  - b. Access to emergency medical care
2. Access to evaluation and on-going primary care
  - a. Appropriate relationship with a local hospital
  - b. An interdisciplinary team of personnel trained in the treatment of opioid use disorder: trained MAT Waiver providers.

#### **IV. PATIENT SELECTION/ELIGIBILITY**

A. Patient Selection/Eligibility:

1. Meets Diagnostics criteria for Substance Use Disorder via DSM-V-attachment
2. Priority admission to Siletz Tribal Members
  - a. Then all other Native Americans
  - b. Immediate family members
  - c. Other Community Members
  - d. If not a Siletz Tribal, they must meet insurance eligibility.

#### **V. SUBSTANCE USE DISORDER/OPIOID DISORDER CRITERIA**

A. Substance use disorders are characterized as the recurrent use of alcohol and/or drugs causing clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. Further, a minimum of 2-3 criteria is required for a mild substance use disorder diagnosis, while 4-5 is moderate, and 6-7 is severe. The Substance Use Disorder is specified in order to

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identify the Psychoactive Substance causing clinically significant impairment in major areas of functioning.

B. DSM-V Diagnostic Criteria:

1. Criteria

- a. Taking the substance in larger amounts and for longer than intended;
- b. Striving to taper or quit but unable to do so;
- c. Spending a lot of time seeking or obtaining the substance;
- d. Craving or a strong desire to use a psychoactive substance;
- e. Repeatedly unable to carry out major obligations at work, school, or home due to substance use;
- f. Continued use despite persistent or recurring social or interpersonal problems caused or made worse by substance use;
- g. Stopping or reducing important social, occupational, or recreational activities due to substance use;
- h. Recurrent use of substances in physically hazardous situations(driving while intoxicated, using while operating heavy machinery e.g.)
- i. Consistent use of a psychoactive substance despite acknowledgment of persistent or recurrent physical or psychological difficulties from using substance;
- j. \*Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (Does not apply for diminished effect when used appropriately under medical supervision, such as a patient taking more pain medication to control pain which is misuse)
- k. \*Withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal (Does not apply when used appropriately under medical supervision, such as a patient running out of their medication due to difficulties managing their pain.)

\*This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision. Individuals who meet criteria must demonstrate that opioids or Benzodiazines are causing clinical impairment in

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major areas of functioning or tolerance/withdrawal to a non-prescribed substance in order for Tolerance and Withdrawal to be considered.

2. At least two different screening instruments and a positive urine drug test (UDT) should be utilized to determine substance use disorder. Individuals who complete the screening above, and demonstrate a high probability of having a psychoactive substance use disorder with physical dependence, will be eligible for an assessment.

## **VI. CONSIDERATIONS/ELIGIBILITY**

A. Before a MAT agreement is instituted, these conditions will be taken:

1. Because of the potentially serious drug to drug interactions, MAT must be avoided or used cautiously with certain other types of medications, particularly benzodiazepines, other sedative/hypnotics, opioid agonist/antagonist. Prior to enrolling in the MAT Program the following must occur:
  - a. Identification of contraindications if present;
  - b. Several Validated Addiction screening instruments have been collected and discussed and/or;
  - c. A comprehensive American Society of Addiction Medicine Assessment(ASAM) demonstrates that MAT is clinically indicated;
  - d. Comprehensive Medical Exam;
  - e. Risks and benefits of Medication Assisted Therapy have been discussed;
  - f. Linkage to Behavioral Health and a relationship with a local Hospital;
  - g. Providers who are licensed and certified with an approved waiver and interdisciplinary team is in place.

B. Eligibility Requirements Individually determined:

1. A history of relapse or failed treatment adherence while engaging in non-pharmacological interventions.
2. Can the patient reasonably be expected to compliant with comprehensive treatment requirements;
3. The patient meets DSM V Criteria for Substance use disorder and there is evidence of physical dependence(Tolerance) for a substance that is not solely taken under the supervision of the prescriber(Short-Acting opioids);

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4. History of relapse;
5. Patient is at a high risk of relapse (incarcerated recently released opioid related)
6. Patient leaving a sober or halfway house and is at risk of relapse;
7. The patient is willing to agree to MAT after a review of treatment options is discussed;
8. Proper setting, Interdisciplinary team and support;
9. Individual is motivated to engage in a recovering lifestyle.