

# **BRIEF OVERVIEW OF SUBSTANCE USE TREATMENT SERVICES (SUTS):**

## **Engagement, Treatment and Recovery during COVID-19**



COUNTY OF SANTA CLARA

**Behavioral Health Services**



**PATHWAY  
SOCIETY INC.**

## DMC-ODS CONTRACT MAKES SUTS A MANAGED CARE PLAN (MCP)

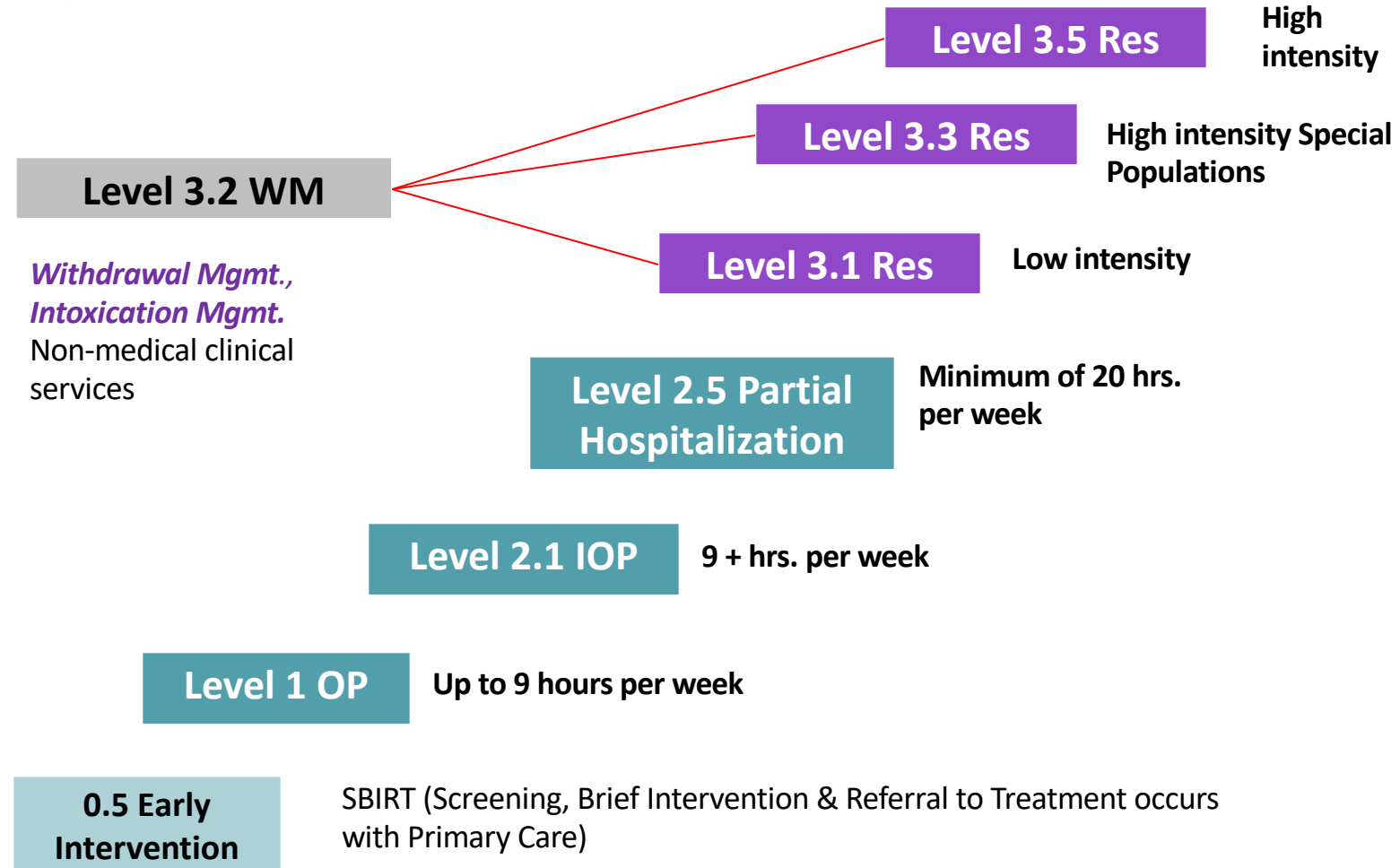
Services need to be medically necessary and appropriate to individual's needs

### **Medical Necessity requirements:**

- Have at least **ONE DSM-5 diagnosis** for Substance-Related and Addictive Disorders or be assessed as being at risk for developing such a disorder (for youth)
- Diagnoses for Tobacco-related disorders and Non-substance-related disorders are not covered under this waiver
- Meet the **ASAM Criteria** for medically necessary services based on ASAM Criteria for adults and adolescents

# Levels of Service – ASAM

## American Society of Addiction Medicine



# Levels of Service – ASAM

## American Society of Addiction Medicine



DHCS now also recognizes a level of care called **Recovery Services**. Recovery Services are a type of aftercare where clients can receive ongoing support designed to match their needs. Diagnostically, these clients have partial or full remission diagnoses!

# Levels of Service – ASAM

## American Society of Addiction Medicine



- ✓ Santa Clara County has 28 beds for 3.2 level of care Withdrawal Management Services(WMS) with a Medi-Cal population of over 500,000 individuals.
- ✓ There are 5 different types of WMS recognized by ASAM, including ambulatory outpatient to inpatient medically monitored care.

## DESCRIPTION OF OUTPATIENT TREATMENT SERVICES

Services provided :

- Individual counseling
  - Assessment, Treatment/discharge planning, family therapy etc.
- Group counseling
- Case Management (CM)

Medication Assisted Treatment (MAT):

- Daily dosing of medication with at least 60 min counseling per month
- Perinatal substance abuse program (PSAP) provides intensive drug free services as well as medication assisted treatment
  - Childcare available to PSAP patients

# COVID-19 IMPACT ON OUTPATIENT SERVICES

- More flexibility with take-home doses in medication assisted treatment
- Some providers continue with face-to-face services on site
  - Social distancing: rearranging rooms, smaller groups
  - Screening
  - Cleaning protocols
- Most outpatient services provided remotely via telehealth
  - Video and audio; clients can access technology at the provider's site
  - Groups may be provided in a hybrid way, both in-person or virtually
  - Better telehealth engagement with ongoing clients compared to newly referred
- Benefits: Ease of access if technology available, lower no show rates
- Challenges: Access to technology, lack of privacy, tolerating # of intensive treatment hours
- Paradoxical decrease in SUTS referrals during initial SIP; now a surge in referrals since March of 2022, impacting services and access



All referrals to SUTS residential treatment must be authorized by MCP and meet criteria for:

- **Medical Eligibility** – beneficiary’s health care needs can be “safely” addressed in a specific level of care
- **Medical Necessity** – beneficiary’s substance use related treatment needs require a specific level of care
- **Clinically appropriate** – can function in and will benefit from the intense services provided in this milieu

# DESCRIPTION OF RESIDENTIAL TREATMENT SERVICES

## Residential services – short term stabilization and preparation for Outpatient:

- Low-intensity res – 24 hr structure with at least 20 hours of clinical services weekly
- High-intensity res – 24 hr care with trained counselors to stabilize imminent danger, increased individual attention
- Perinatal residential services for women with children
- **Groups** are the main modality of residential services.

## Withdrawal Management services – residential/social model

- 24-hrs support **not** requiring medical monitoring and oversight to manage withdrawal symptoms (e.g., symptoms are not potentially life-threatening)

## COVID -19 IMPACT ON RESIDENTIAL SERVICES

- Initially, reduced capacity to accommodate social distancing and quarantine needs; now expanding to almost full capacity
  - Handling exposure and positive tests
- Additional medical screening requirements
- Changes to visitation and leave rules
  - Outings restricted to medically necessary appointments
  - Visits conducted outside in compliance with social distancing
  - Option of virtual visits
- Initially, discharge delays due to slow down in Recovery Residence admissions; vaccination allowed for return to full operations
- Emotional impact on residential communities: seeing patients with much more trauma and increased emotional dysregulation

# SUTS ANCILLARY SERVICES

## Psychiatric Evaluation & Medication

- Non-emergency services
- Bridge to treatment
- Continue face-to-face plus telehealth during COVID-19

## Recovery Residences (Transitional Housing)

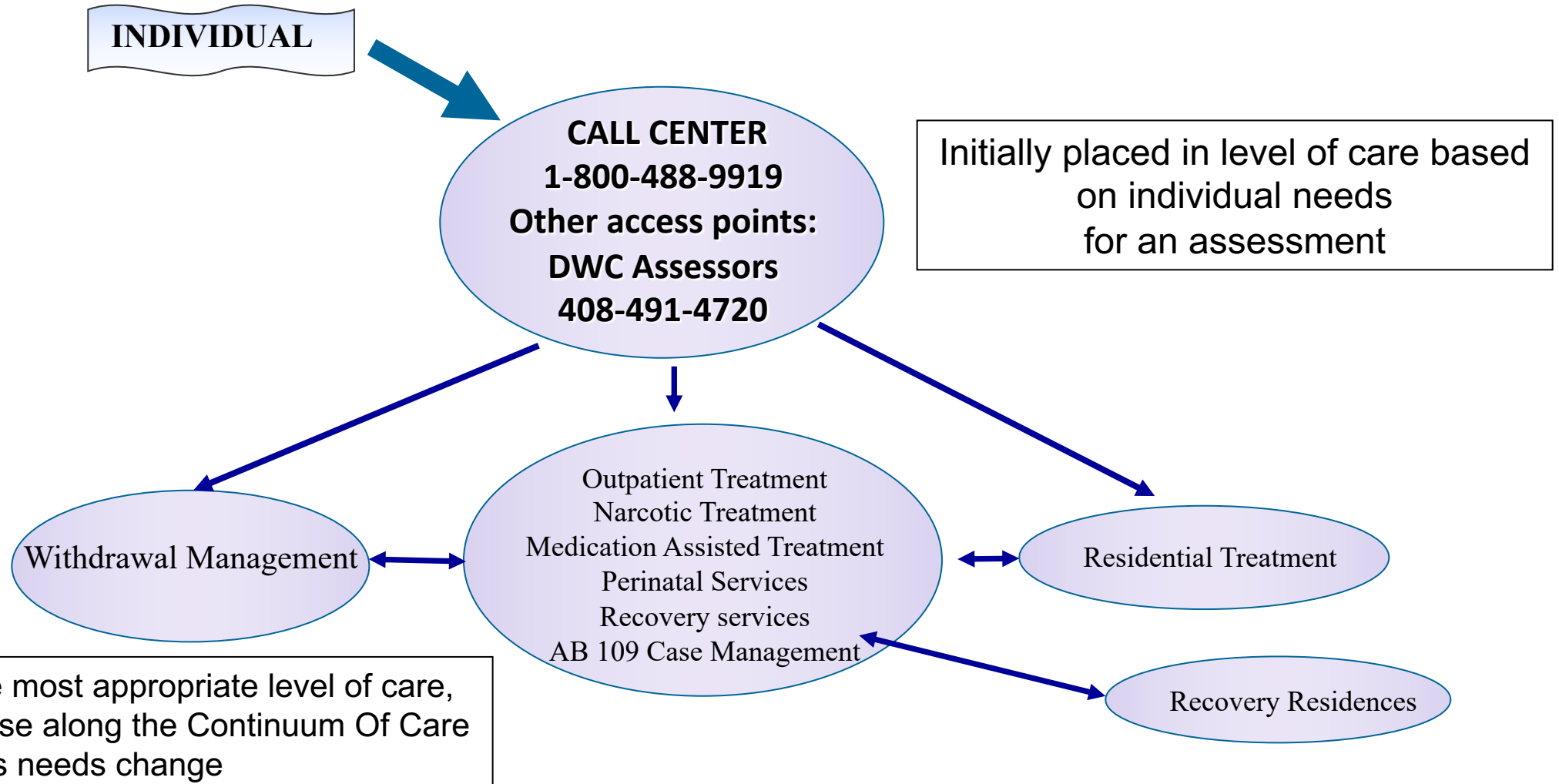
- Adjunct to SUTS Outpatient Services

## Covid-19 Impact

- Residents' ability to access previously available resources negatively affected, more difficult to reach housing goals
- Remaining in the residence for the entire day - significant change
- Currently WiFi access available in all residences
  - Residents can attend outpatient treatment via telehealth or in-person
  - Can access other ancillary supports remotely or in-person.

# Substance Use Treatment Services

## Single Point of Entry for A Continuum of Services



# Substance Use Treatment Services

## Withdrawal Management Services Redesign

### WMS Access

Mariposa: (408) 281-6593

PW House: (408) 642-1320



# ACCESS – ADDITIONAL POINTS OF ENTRY

## Satellite Assessment Sites:

- Drug Treatment Court
- Dependency Treatment Court
  - Assessors 408-491-4720
- Withdrawal Management Sites
- Primary Care Clinics and Hospitals
- Re-entry and Resource Center

## MYTH BUSTERS AND DRUG FACTS

- ✓ Since marijuana/cannabis has become decriminalized and legal in several states, it must be proven to be less harmful.
- ✓ It is worse to inject heroin than to smoke it.
- ✓ Ecstasy is just a different form of methamphetamine.
- ✓ Not all drugs are addicting.
- ✓ Drug addiction is not a mental illness.



## MYTH BUSTERS AND DRUG FACTS

- ✓ FALSE! Marijuana/cannabis is bred with higher percentages of THC than it was in the 1960s. THC affects the neurotransmitters in the brain and particularly brain development in teens. It weakens the immune system and can have damaging psychological effects such as anxiety, agitation, paranoia, and even psychosis.
- ✓ FALSE! While the effects of heroin may be felt more quickly through injection into the bloodstream, the damage and consequences of its use are equally damaging regardless of the method of ingestion.
- ✓ TRUE! Chemists of this substance may try to fool you with their language of “pure MDMA,” but the MA = methamphetamine.

## MYTH BUSTERS AND DRUG FACTS

- ✓ FALSE! The question is not about whether a substance is addicting, the question is who may become addicted. Addiction is a neurobiological process acting on the brain's reward system. In this sense, anything may become an "object" of addiction, e.g., shopping, sex, chocolate, etc.
- ✓ FALSE! Addiction changes the brain structurally, both physically and physiologically resulting in a person's inability to control impulses and regulate emotions despite negative consequences, similar to other mental health symptomology.

## ACCESSING SANTA CLARA COUNTY'S SUBSTANCE USE TREATMENT SERVICES

### CALL CENTER

- 1 (800) 488-9919
- Patient requesting services must make the call
- The patient will be referred to a treatment site for assessment based on an integrated screening tool

### Medical (Medication) Admissions to Out-Patient

**MAT = Medication Assisted Treatment**

**NTP = Narcotic Treatment Program**

- Patients who are pregnant & using opioids will be seen for admission the next business day when
- Patients hospitalized at VMC who have co-occurring alcohol and/or opioid use disorder may be started on medications in the hospital & admitted to MAT/NTP the day after release
- Patients seeking treatment for opioid withdrawal at the VMC ER may be started on buprenorphine & referred to CVC for admission to MAT or
- NTP the next business day

## Medication Assisted Treatment

### **Methadone**

Call Gateway  
1-800-488-9919

Call Clinic/Walk In  
Meet Criteria for  
Maintenance or  
Medically Managed  
Withdrawal

Evaluated by an MD  
Counseling Required  
Daily Dosing-Take Outs  
Paid for by Medi-Cal

Central Valley Clinic  
408-885-5400  
*Alexian Health Clinic*  
408-272-6577  
South County Clinic  
408-686-2222

### **Buprenorphine**

Call Gateway  
1-800-488-9919

Call Clinic/Walk In  
Meet Criteria for  
Maintenance or Medically  
Managed Withdrawal

Evaluated by an MD  
Counseling Recommended  
MD visit monthly  
Paid for by Medi-Cal

Central Valley Clinic  
408-885-5400  
*Alexian Health Clinic*  
408-272-6577  
South County Clinic  
408-686-2222

### **Naltrexone**

Injectable Naltrexone-  
Vivitrol  
For Alcohol Cravings

Call Gateway  
1-800-488-9919

Alexian Health Clinic  
408-272-6577  
2101 Alexian Drive

Evaluated by an MD  
Monthly Injection  
Contact: Charge Nurse-  
Anjanette Devito, RN

# MEDICATION ASSISTED TREATMENT (MAT)

## Vivitrol

- Once/month injection that is used to treat alcohol use disorder and/or opioid use disorder
- Provides complete blockade at mu opioid receptors in the brain, has no opioid effect
  - If opioids (heroin, oxycodone, hydrocodone, etc) are used, no effect is experienced
  - If alcohol is consumed, it is less reinforcing.

## Buprenorphine RX

- Sublingual medication that is taken one – three times/day to treat opioid use disorder.
- Rx is faxed to the pharmacy for self-administration at home.
- Occupies the opioid receptor and has a weak opioid affect; abrupt cessation produces withdrawal
  - If illicit opioids are used, they do not produce a high feeling.
  - If prescription opioids are used to treat acute pain, they will suppress pain without producing a high feeling.

**The timing of the first dose of Vivitrol & Buprenorphine is determined by the doctor to avoid precipitated opioid withdrawal and maximize efficacy for alcohol use disorder.**

# NARCOTIC TREATMENT PROGRAM (NTP) DAILY MEDICATIONS FROM A CLINIC

## **Methadone**

- Liquid, oral medication that is administered at a clinic by a nurse or psych tech under observation
- A full opioid agonist that suppresses opioid withdrawal and craving, without producing a high
- The gold standard for treating opioid use disorder and used for more than 50 years
- Abrupt cessation produces withdrawal

## **Buprenorphine**

- Sublingual medication that is taken one – three times/day to treat opioid use disorder
- Administered at a clinic by a nurse or psych tech under observation
- Occupies the opioid receptor and has a weak opioid effect
  - If illicit or other Rx opioids are used, they do not produce a high feeling
  - Abrupt cessation produces withdrawal

NTPs are heavily regulated by the State and Federal Gov't & Medi-Cal

## WHAT ABOUT PREGNANT WOMEN?

### **If using any opioid (hydrocodone, oxycodone, heroin, fentanyl, morphine)**

- Refer promptly to Central Valley Clinic, (408) 885-4064
- Pregnant women are seen the next business day
  - Will be admitted to the Perinatal Substance Abuse Program
  - Will be started on methadone or buprenorphine through the MAT program or the NTP

### **If using alcohol or any non-opioid sedating drug**

- Refer promptly to L&D if >20 weeks gestational age
  - An inpatient medical detox may be needed with fetal monitoring
  - Residential treatment is recommended after detox

**If using alcohol/non-opioid sedating drug & opioids, consult with a physician at L&D or Central Valley Clinic**

# ADDICTION MEDICINE & THERAPY MDS

## Central Valley Clinic (CVC)

- (408) 885-5400
- Dr. Sudhakar Cherukuri (MAT & NTP)
- Dr. David Do (MAT & NTP)
- Dr. Suma Singh (MAT, NTP & PSAP)
- Dr. Nancy Sandoval (MAT, NTP & PSAP)

## Alexian Health Center (AHC)

- (408) 272-6577
- Dr. Sangeetha Raghuraman (MAT & NTP)

## South County Clinic (SCC)

- (408) 852-2420
- Dr. David Do (MAT & NTP)

## In Addition to patients referred by GATEWAY:

Patients who were started on Vivitrol while hospitalized at VMC & have no PCP  
Dr. Singh at CVC

Patients who were started on buprenorphine in the ER at VMC

Dr. Cherukuri, Singh or Sandoval at CVC

PSAP patients are seen at CVC

Patients with non-opioid use disorders  
Dr. Singh

Patients with opioid use disorder  
Dr. Singh and Dr. Sandoval

Patients started on methadone or buprenorphine while hospitalized at VMC go to the clinic closest to home after discharge

At CVC      Dr. Cherukuri or Dr. Sandoval

At AHC      Dr. Raghuraman

At SCC      Dr. Do



# THANK YOU

()

