

**BREAKING NEWS**

\$1.00

Since 1883

YOUR NUMBER ONE SOURCE FOR HEADLINES

# OPIOID CRISIS

25,000 DEATHS  
IN THE LAST

## OPIOID TRAINING MODULE 6

**WORKING EFFECTIVELY WITH MEDICATION-ASSISTED TREATMENT AND RECOVERY (MAT-R) PROVIDERS**

SOCIAL

day more than 90  
after

reassure  
community that patients  
become addicted to  
pain

understand  
deaths due to  
overdoses have ac  
underrep

- This training is offered by the Florida Alcohol and Drug Abuse Association and JBS International. It is supported by funding from the Florida Department of Children and Families (DCF), Office of Substance Abuse and Mental Health (Contract #LD987) as part of its Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response to the Opioid Crisis (O-STR) grant efforts.



## PURPOSE OF THE OPIOID STR GRANT

The grant aims to address the opioid crisis by:

- ✓ Increasing access to treatment;
- ✓ Reducing unmet treatment need; and
- ✓ Reducing opioid overdose related deaths.

## MODULE 6 LEARNING OBJECTIVES

Participants will:

- List at least three elements that can contribute to effective relationships with medication-assisted treatment and recovery (MAT-R) providers
- Describe the three types of providers that can dispense Food and Drug Administration (FDA)-approved opioid treatment medications
- Articulate two contributions they can make in their role with opioid-affected parents that can contribute to effective relationships with MAT-R providers.

# ELEMENTS FOR EFFECTIVE MAT PROVIDER RELATIONSHIPS

- Learn about MAT and your local MAT providers
- Plan and manage comprehensive care/support self-care (“whole patient” approach)
- Ensure MAT providers arrange timely access
- Collaborative practice (timely and effective communication and information sharing as appropriate)
- Monitor, coordinate, and adjust care as needed

## TYPES OF OPIOID TREATMENT PROVIDERS

- Federally-regulated opioid treatment programs (OTPs): An OTP is any treatment program certified by SAMHSA in conformance with 42 Code of Federal Regulations (CFR), Part 8, to provide supervised assessment and MAT for patients who are opioid addicted. These are often methadone programs.
- Office-based treatment (OBT) by certified physicians, physician assistants, and nurse practitioners (with a waiver) can prescribe and administer buprenorphine in an office setting.
- Any healthcare provider who is licensed to **prescribe** medications can prescribe naltrexone tablets (daily) or give injections (monthly).
- Outpatient programs may offer injectable naltrexone.

# KNOW YOUR LOCAL MAT PROVIDERS



- Working effectively with your local MAT providers begins with knowing who they are and what they do.
- Depending on the Food and Drug Administration (FDA)-approved medication the parent selects in partnership with his or her doctor or medical provider, the parent will:
  - Be enrolled in an OTP;
  - Be enrolled in an Office-Based Opioid Treatment (OBOT); or
  - Receive medication injections from any medical prescriber.

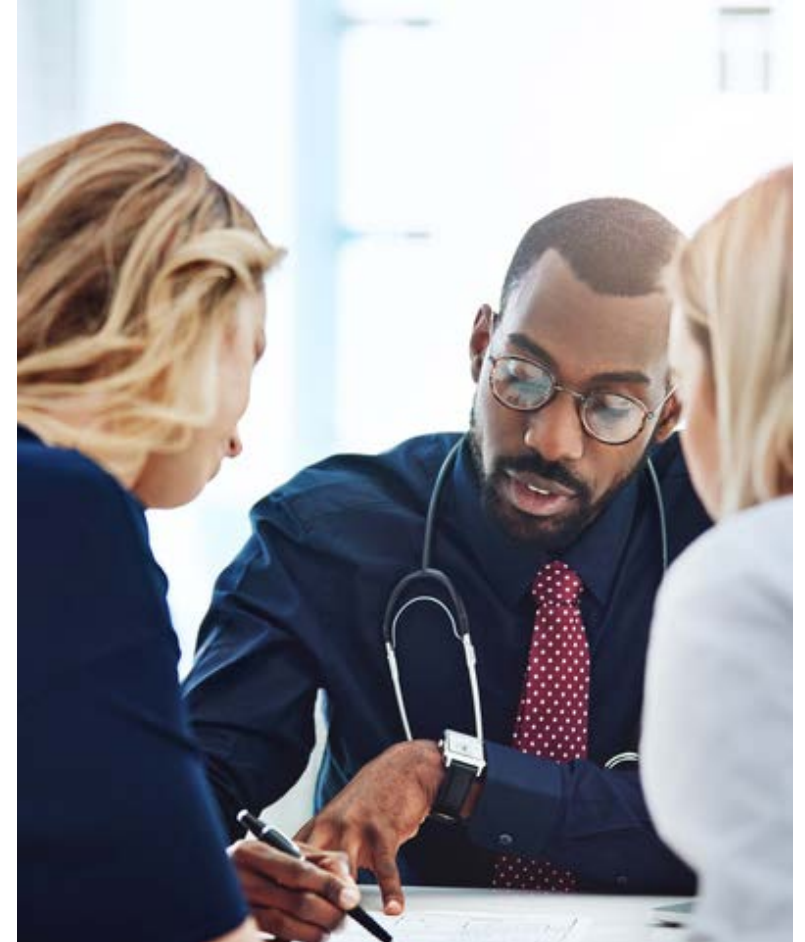
## WHAT IS AN OTP?

- An accredited treatment program with SAMHSA certification and Drug Enforcement Administration (DEA) registration to administer and dispense opioid medications that are approved by FDA to treat opioid addiction.
- Currently, these include methadone and buprenorphine products.
- Other pharmacotherapies (e.g., naltrexone) may be provided, but are not subject to these regulations.
- OTPs must provide adequate medical, counseling, vocational, educational, and other assessment and treatment services (either onsite or by referral) to an outside agency or practitioner through a formal agreement.



# WHAT IS AN OBOT?

- An outpatient setting **other than** certified OTPs where qualified medical professionals (including certified physicians/physician assistants and nurse practitioners [with appropriate waiver]) provide medication for opioid use disorder (OUD) in an office-based treatment.
- Once patients in OBOT stabilize on buprenorphine or naltrexone, providers focus on medication management and treatment of other substance use, medical comorbidities, and psychosocial needs. Treatment of comorbid conditions should be offered onsite or via referral, and should be verified as having been received.



## OTHER MAT PRESCRIBERS

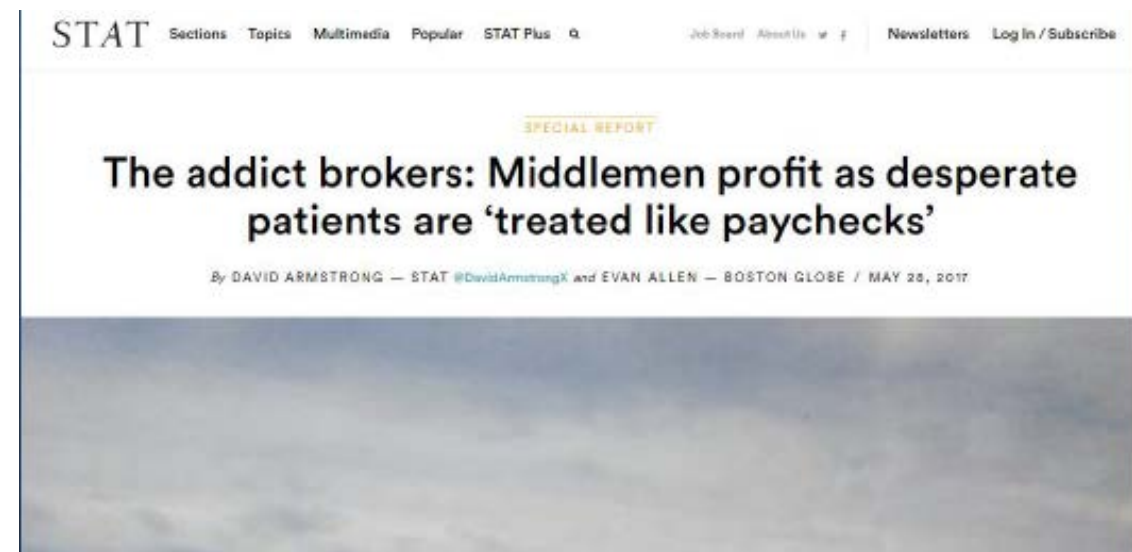
- Because naltrexone is not a scheduled medication under the Controlled Substance Act (CSA) and is not included in OTP regulations, OBOTs or specialty substance use treatment programs (including OTPs) can provide the prescription.
- Any prescriber can prescribe naltrexone tablets (daily) or give naltrexone injections (monthly).
- As a patient on naltrexone may receive their medication in a wide variety of settings and prescribers, it may be more difficult to establish a working relationship with this prescriber.
- As such, it may also be difficult to determine if any psychosocial and recovery supports that might be needed are being provided.

# ACCESS TO TREATMENT RESOURCES

| Managing Entity   | DCF Region(s)               |
|---|-----------------------------|
| <b>Broward Behavioral Health Coalition (BBHC)</b>           | Southeast Region            |
| <b>Central Florida Cares Health System (CFCHS)</b>          | Central Region              |
| <b>Central Florida Behavioral Health Network (CFBHN)</b>    | Suncoast & Central Regions  |
| <b>Lutheran Services Florida Health Systems (LSFHS)</b>     | Northeast & Central Regions |
| <b>Big Bend Community Based Care (BBCBC)</b>                | Northeast Region            |
| <b>South Florida Behavioral Health Network (SFBHN)</b>      | Southern Region             |
| <b>Southeast Florida Behavioral Health Network (SEFBHN)</b> | Southeast Region            |
| <b>State of Florida</b>                                     |                             |

# AVOID SCAMS AND “ADDICT” BROKERS

- Exploitation of warm handoff programs for patient recruitment and brokering purposes.
- Referral should always be based on individual and medical need.
- Each DCF ME has a list of approved programs in their circuit.



AVOID  
UNSCRUPULOUS  
MAT/OTHER  
SUBSTANCE USE  
DISORDER (SUD)  
PROVIDERS.

Working with and  
through your ME can  
prevent “patient  
brokering,” and  
other fraudulent and  
dangerous practices.





WHAT WOULD REASONABLE EFFORTS TO CONNECT SUCH A  
PERSON TO CARE INCLUDE?



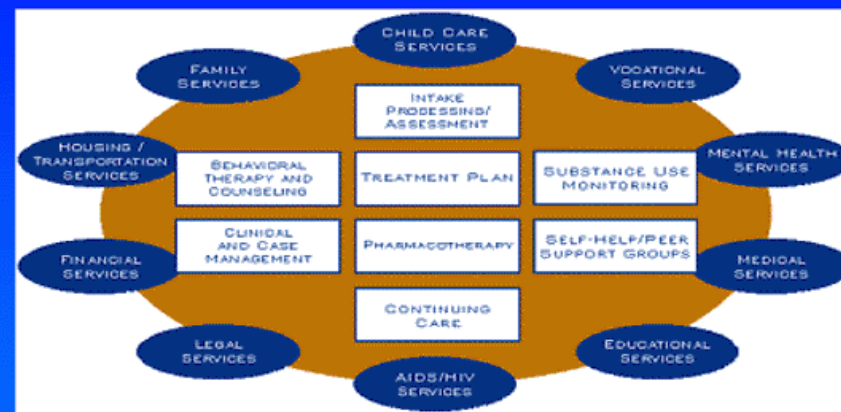
## USE/SUPPORT A “WHOLE PATIENT” APPROACH

- The best programs provide a combination of therapies and other services to meet the needs of the individual patient, which are shaped by such issues as age, race, culture, sexual orientation, gender, pregnancy, parenting, housing, and employment, as well as physical and sexual abuse.
- No single treatment is appropriate for all individuals.
- Matching treatment setting, interventions, and services to each individual's particular needs and strengths is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

# THE DRUG ITSELF ISN'T THE PROBLEM...

- *“I've been clean for 11 months. But my problems aren't over, because the drug itself isn't the problem – the addiction is. Remember, I was using heroin every day for weeks before I developed a physical dependency, so heroin was just my attempt to fix problems that were already in place.”*

## Components of Comprehensive Drug Addiction Treatment





# DON'T “TREAT AND STREET;” SUD IS NOT THEIR ONLY PROBLEM

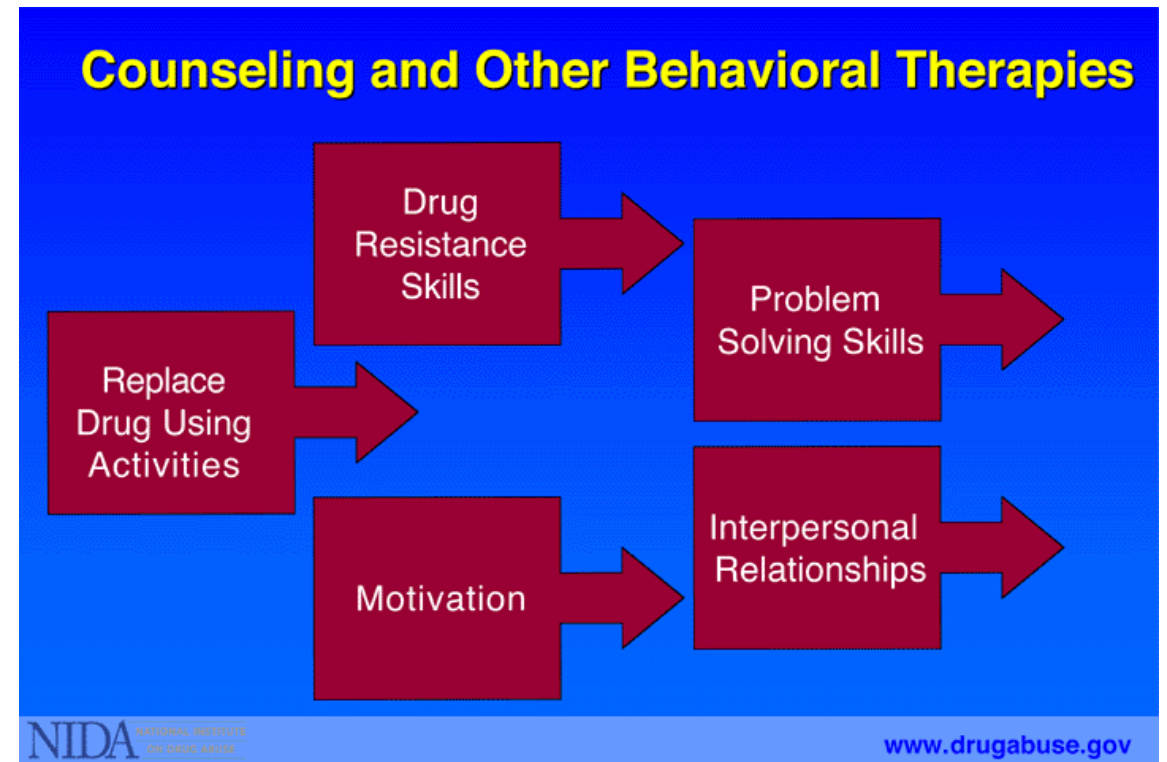
- Think about parents you have or have had on your caseload with a SUD.
- Can you honestly say that the SUD was their “only” problem or challenge?
- What else did they have going on?

Typical underlying or additional challenges include:

- Co-occurring trauma or other mental health disorders
- Domestic violence/Intimate partner violence
- Risk for homelessness/homeless
- Lack of transportation
- Strained relationships with family/friends (lack of social support)
- Unemployment/underemployment
- Poverty
- Legal problems
- Insufficient parenting skills (limited positive parenting role modeling)
- Health problems (e.g., STDs/HIV, hepatitis, chronic pain).

# DON'T “TREAT AND STREET”

- Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
- In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding non drug-using activities, and improve problem-solving abilities.
- Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.



# TIMELY ACCESS



- Work collaboratively with your designated ME to develop contacts, facilitate referrals, and engage clients in recommended services and improving timely access to treatment.
- While same-day admission of patients with OUD may not be possible in all settings, it's a worthwhile goal. Effective MAT-R providers streamline their intake processes and expedite admissions.
- The longer the delays between first contact, initial screening, and admission and the more appointments required to complete these procedures, the fewer the applicants who actually enter treatment.

# BARRIER REDUCTION

Timely access usually necessitates barrier reduction:

- Inadequate coverage from both private and public insurers/eligibility barriers
- Regulatory and bureaucratic hurdles (ill-informed policies that require tapering or detox)
- Lack of transportation
- Childcare issues
- Domestic violence



## BARRIER REDUCTION CONT.

- System ignorance and outmoded stereotypes/stigma.
- Personal guilt/shame
- Fear of losing child custody
- Fear of incarceration
- Lack of housing/homelessness/Unsafe living environment
- Unemployment
- Employment conflicts
- Partner or family with SUD





## COLLABORATIVE PRACTICE

- Opioid patients typically have complex healthcare needs.
- They have some legal restrictions on communications about their patients (most important communications can occur with proper consent forms signed).
- Participating in warm hand-offs (receiving and initiating).
- Partnering with providers can save lives.

## WARM HANDOFFS

- A warm handoff is the process of transitioning a person with SUD from an intercept point (e.g., an emergency department, a child welfare visit) to a treatment provider once the person is stable.
- Warm handoffs provide those with SUDs a pathway to treatment and recovery, and can decrease the risk of subsequent overdose.
- It takes a village: First responders; ER department personnel; child welfare engagement specialists/care coordinators; peers in recovery; community-based organizations; local treatment providers; and policy makers and funders.

## ORDERS: “STOP SUBSTANCE ABUSE.” ...IS THAT THE BEST WE CAN DO?

- *“Stop substance abuse”*
- A Florida hospital is now infamous due to writing “stop substance abuse” on its hospital release form, as it did nothing to assist with this order (no induction to an FDA-approved opioid medication, no referral to treatment, no warm handoff).
- The patient (a young man who had just graduated) died at 21 of an overdose shortly thereafter.



# COLLABORATIVE PRACTICE: COMMUNICATION

## What the MAT-R provider may need to know from you

- The parent's child welfare system status including if their child is in out of home placement and any Adoption and Safe Families ACT (ASFA) timelines
- Any known SUD specific information (e.g., legal involvement/issues, DV status) and barriers to care
- Need for their input, documentation needs, or participation in any case planning
- Any specific observations about the parent's potential substance use

## What you may need to know from MAT-R provider

- Treatment admission and discharge status
- Details that affect child safety (positive drug screens, lapses in program attendance, other parental risk behaviors)
- Frequency of actual treatment participation compared to scheduled (e.g., dosage)
- Recovery supports and other needs/barrier reductions

# FOR OPIOID PROGRAMS IN OTHER STATES

- If you need to refer someone to an out of state opioid treatment resource, SAMHSA has an opioid treatment program directory that can be accessed online.

- <http://dpt2.samhsa.gov/treatment/directory.aspx>



The screenshot shows the SAMHSA website header with the SAMHSA logo and the text "Medication-Assisted Treatment for Substance Use Disorders" and "dpt Division of Pharmacologic Therapies". Below the header, there is a link "Back to MAT home" and the title "Opioid Treatment Program Directory". A dropdown menu is labeled "Select to view the opioid treatment programs in a State" with the option "- Select -". A note at the bottom states: "Note to users of screen readers and other assistive technologies: Please report your problems to us at [otp-extranet@opioid.samhsa.gov](mailto:otp-extranet@opioid.samhsa.gov)". The footer includes the Department of Health and Human Services logo, contact information, and a list of links: "Contact Us | Accessibility | Plain Language | Privacy Policy | FOIA | Disclaimers | SAMHSA | CSAT | HHS | USA.gov".

Substance Abuse and Mental Health Services Administration  
**SAMHSA**  
www.samhsa.gov • 1-877-SAMHSA • 1-877-726-4762

**Medication-Assisted Treatment  
for Substance Use Disorders**

**dpt** Division of  
Pharmacologic  
Therapies

[Back to MAT home](#)

**Opioid Treatment Program Directory**

Select to view the opioid treatment programs in a State

- Select -

Note to users of screen readers and other assistive technologies: Please report your problems to us at [otp-extranet@opioid.samhsa.gov](mailto:otp-extranet@opioid.samhsa.gov).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Contact Us | Accessibility | Plain Language | Privacy Policy | FOIA | Disclaimers | SAMHSA | CSAT | HHS | USA.gov

Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment  
Division of Pharmacologic Therapies  
5600 Fishers Lane • Rockville, MD 20857 • 240-276-2700 • [otp-extranet@opioid.samhsa.gov](mailto:otp-extranet@opioid.samhsa.gov)

## DON'T MAKE IT EASIER TO GET HIGH THAN TO GET HELP IN FL

- You have an important role to play in ensuring the health and safety of parents and their children affected by these complex opioid use disorders and related challenges.
- Working effectively with MAT-R providers is an important part of this process!

## FOR QUESTIONS, OR FOR ADDITIONAL INFORMATION

For additional opioid training modules:

- [FADAA.org](https://www.fadaa.org)

For additional information about Florida's opioid treatment options or other DCF opioid information:

Walter Castle LCSW, MCAP

Opioid STR Project Director

Office of Substance Abuse and Mental Health

Florida Department of Children and Families

1317 Winewood Blvd., Bldg. 6, Room 250

Tallahassee, FL 32399

Office: (850) 717-4277

Email: [walter.castle@myflfamilies.com](mailto:walter.castle@myflfamilies.com)

# REFERENCES

Slide 5: Content adapted from:

[https://www.integration.samhsa.gov/aboutus/Referrals\\_Webinar\\_PPT\\_FINAL.pdf](https://www.integration.samhsa.gov/aboutus/Referrals_Webinar_PPT_FINAL.pdf)

Slide 6: *Federal guidelines for opioid treatment programs*. HHS Publication No. (SMA) PEP15-FEDGUIDEOTP. Rockville, MD: Substance Abuse and Mental Health Services Administration.

<https://store.samhsa.gov/shin/content/PEP15-FEDGUIDEOTP/PEP15-FEDGUIDEOTP.pdf>

Slide 7: Ibid

Slide 8: Ibid

Slide 9: <https://store.samhsa.gov/shin/content//SMA18-5063FULLDOC/SMA18-5063FULLDOC.pdf>

Substance Abuse and Mental Health Services Administration. Medications To Treat Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63, Full Document. HHS Publication No. (SMA) 18-5063FULLDOC.

<https://store.samhsa.gov/shin/content/PEP15-FEDGUIDEOTP/PEP15-FEDGUIDEOTP.pdf>

# REFERENCES

Slide 5: Content adapted from:

[https://www.integration.samhsa.gov/aboutus/Referrals\\_Webinar\\_PPT\\_FINAL.pdf](https://www.integration.samhsa.gov/aboutus/Referrals_Webinar_PPT_FINAL.pdf)

Slide 6: *Federal guidelines for opioid treatment programs*. HHS Publication No. (SMA) PEPI5-FEDGUIDEOTP. Rockville, MD: Substance Abuse and Mental Health Services Administration.

<https://store.samhsa.gov/shin/content/PEPI5-FEDGUIDEOTP/PEPI5-FEDGUIDEOTP.pdf>

Slide 7: Ibid

Slide 8: Ibid

Slide 9: <https://store.samhsa.gov/shin/content//SMA18-5063FULLDOC/SMA18-5063FULLDOC.pdf>

Substance Abuse and Mental Health Services Administration. Medications To Treat Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63, Full Document. HHS Publication No. (SMA) 18-5063FULLDOC.

<https://store.samhsa.gov/shin/content/PEPI5-FEDGUIDEOTP/PEPI5-FEDGUIDEOTP.pdf>

## REFERENCES

Slide 23: Florida Hospital discharge paperwork (discuss with Walter/DCF if we should reference it or not)

Slides 24-25 Awaiting info from Judge Cohen

Slide 26: <http://dpt2.samhsa.gov/treatment/directory.aspx>