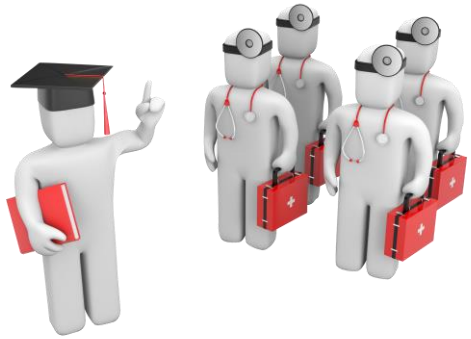
Referral to Treatment Module

mosaic
GROUP

Training Objectives

After this training, your will be able to:

1. Define the RT component of SBIRT.
2. Understand the RT protocol at your site.
3. Understand the key components of the RT process.
4. Understand how to build sustainable partnerships with treatment providers.
5. Understand substance use treatment modalities and how to find the appropriate treatment setting for your patient.



What is SBIRT?

Screening	Brief Intervention	Referral to Treatment
Application of a simple test to determine if a patient is at risk for or may have an alcohol or substance use disorder	Explanation of screening results, information on safe use, assessment of readiness to change, advice on change	Patients with positive results on a screening may be referred for an in depth substance abuse assessment and/or treatment

It is important to remember that a positive screen does NOT constitute a diagnosis, even if the screen suggests a high probability of risky alcohol- or drug-related behavior

Referral to Treatment

The referral to treatment process consists of assisting a patient with **accessing** specialized treatment, **selecting** treatment facilities, and **navigating** any barriers such as treatment cost or lack of transportation that could hinder treatment in a specialty setting.

The manner in which RT is provided can have tremendous impact on whether the client will actually receive services with the referred provider.

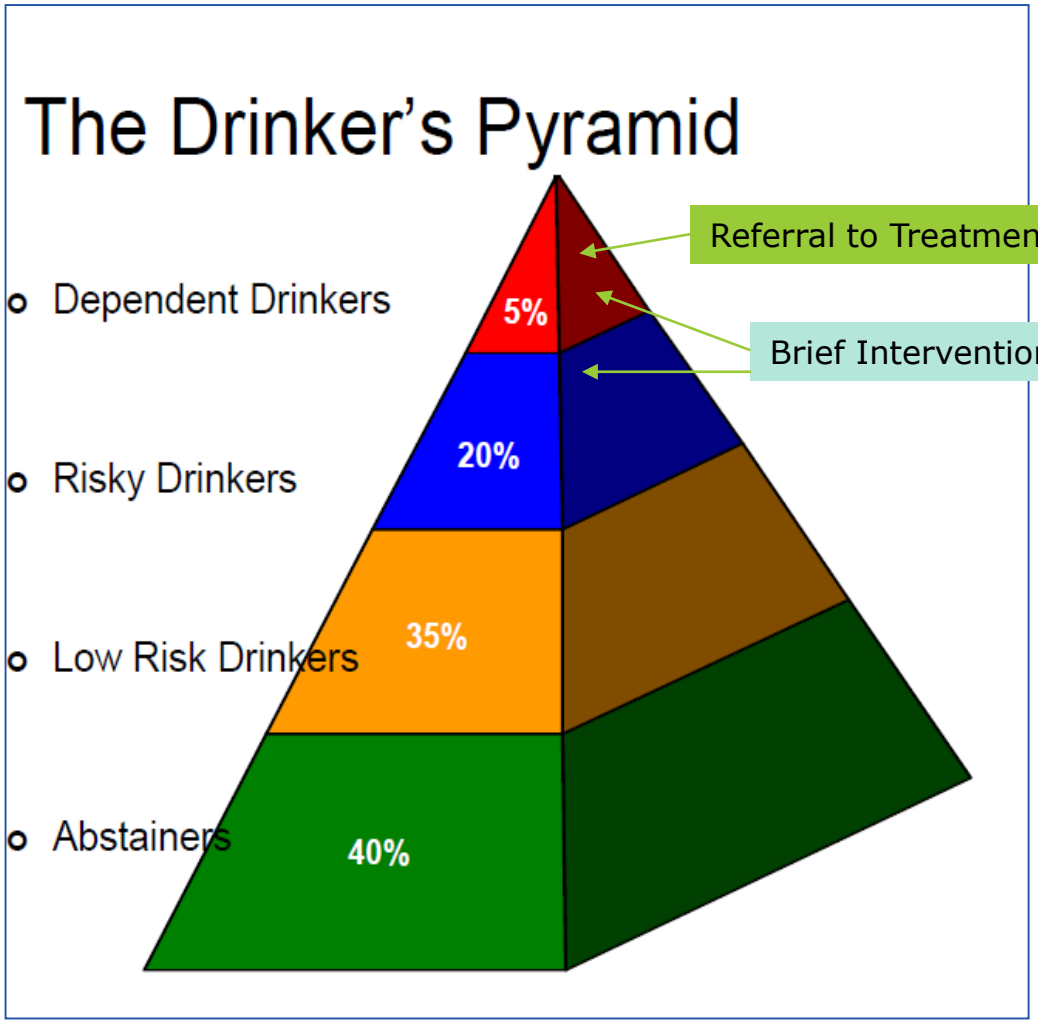
Who Should be Referred to Treatment?

AUDIT-C = 8-12

AUDIT-C = 4-7

AUDIT-C = 1-3

AUDIT-C = 0



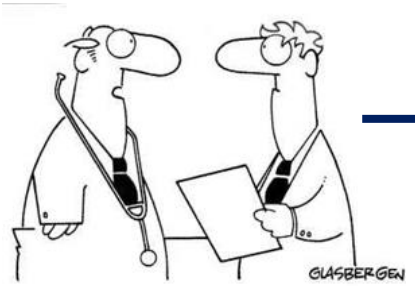
Goals of the RT Process

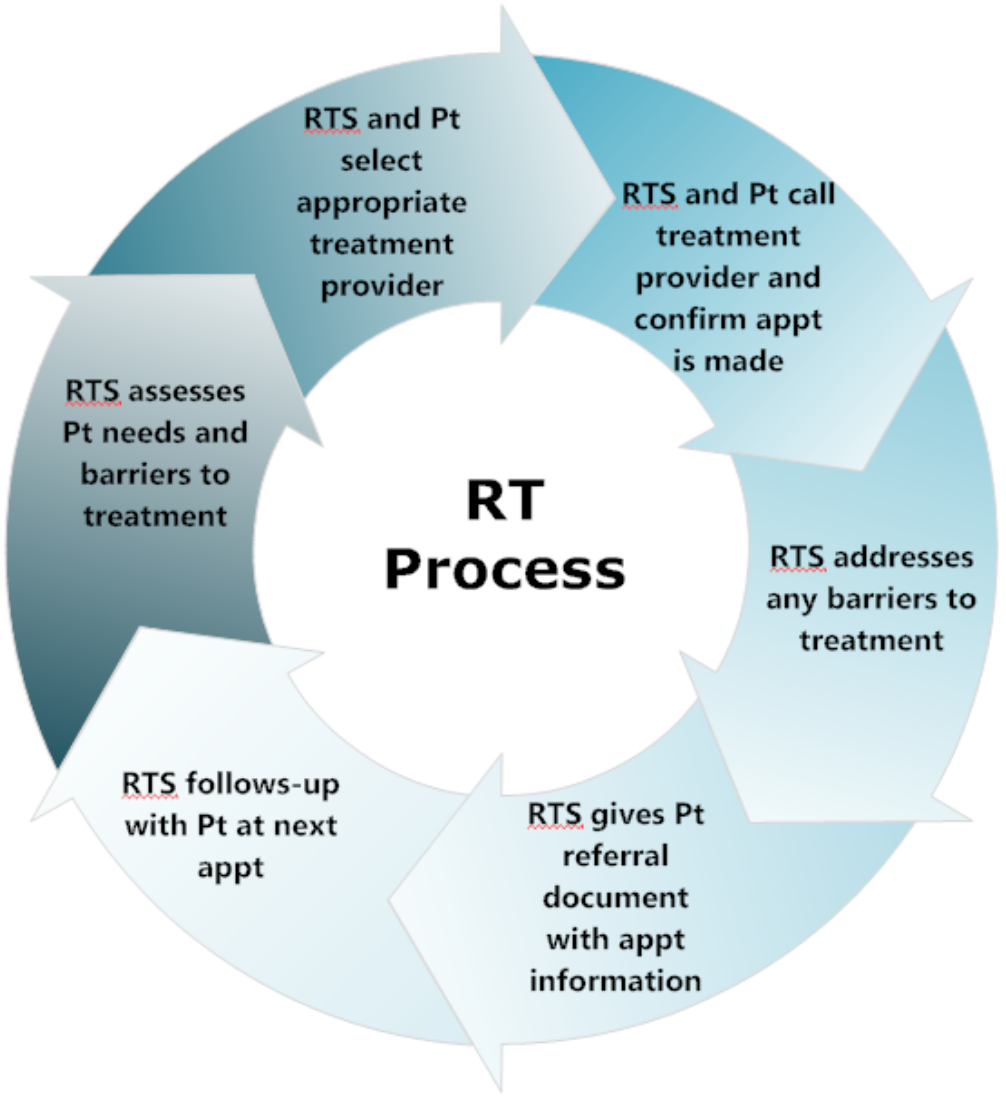
RT can be a complex process involving coordination across multiple provider types and requires proactive collaboration between providers.

The primary goals of the RT process are to:

1. Identify appropriate treatment modality and program that fits the patient's needs.
2. Initiate a warm hand-off with treatment programs
3. Facilitate patient engagement in treatment

Provider hands off Pt to RTS





RTS = Referral to Treatment Specialist
Pt = Patient
Appt - Appointment

Identify & Address Patient Needs

There are varying levels of treatment for substance use disorders. When thinking through how to make the proper referral, one should consider the following dimensions:

1. Physical and mental health status and history
2. Patterns of drug use and relapse potential
3. Recovery/living environment
4. Potential barriers to treatment

Physical & Mental Health Status & History

It's important to consider the patient's physical and mental health status before choosing the appropriate treatment setting as they may have medical needs that should be addressed during their treatment.

- ❑Does the patient have a disability that requires special attention?
- ❑Is the patient pregnant?
  - → Ensure the treatment facility is able to accommodate the patient's needs.
- ❑ Does the patient have a comorbid mental health condition?
  - → If the answer is yes, consider placing the patient in a treatment setting for co-occurring disorders.

Patterns of Drug Use & Relapse Potential

Understanding the patient's pattern of drug use and relapse potential will help you select the appropriate treatment modality for the patient. For example, current alcohol users may need to go through detoxification before beginning long-term treatment.

- ❑ What is the patient's primary substance?
- ❑ Date of last use?

  → Based on the primary substance and date of last use, you may consider a detoxification program or MAT.

- ❑ What is the quantity, frequency and route of administration? How long has the use pattern persisted?

  → The quantity, frequency of use and length of substance use may help you determine the appropriate treatment modality.

- ❑ Has the patient participated in substance use treatment in the past? If so, what worked/didn't work?

Recovery Environment

A person's environment includes many different influences, from family and friends to socioeconomic status and quality of life. It's important to assess the patients living environment as this may affect the type of treatment provider and modality that best suits the patient's needs.

- ❑ What does the patient's recovery environment look? Are there dangerous social or living situations that threaten treatment engagement and success (e.g. are they homeless, threats of domestic violence, living with other substance users)?
  - → Patient's with severe SUDs and a stable living environment may be placed in IOP or PHP, while a patient with a severe SUD and unstable living environment may be best in long-term residential

Potential Barriers to Treatment

It's important to identify and address potential treatment barriers (like those in the questions below) to assist with selecting the appropriate treatment provider and modality. For example, some providers supply transportation and child care.

- ❑ Does the patient have reliable transportation?
- ❑ Does the patient have health insurance? If so, what type?
- ❑ Is the patient employed or in school?
- ❑ Is the patient financially stable?
- ❑ Does the patient need social service supports?
- ❑ Does the patient have children they look after?

Substance Use Treatment Modalities

Self Help Groups:

- Better known as 12-step programs.
- The two most well known are Alcoholics Anonymous and Narcotics Anonymous.
- They stress faith, confession of wrong doing and passivity in the hands of a higher power.
- Not considered to be standalone treatment, but an important component for many.
- There have been few studies to evaluate the effectiveness.
- Appropriate for all types levels of intensity of substance use.

Substance Use Treatment Modalities

Chemical Detoxification (Detox):

- Designed for persons who are dependent on opiates or alcohol.
  - Last alcohol use must be within 3 days
  - Last opiate use must be within 1 week
  - Opiate users interested in MAT should be referred directly to a treatment program.
- Chemical detoxification programs address symptoms of withdrawal and a person's physiological dependence.
- Commonly takes place in an inpatient treatment setting and lasts three days.
- By itself, detox does little to change long-term drug use. Detox should be followed by additional treatment.

Substance Use Treatment Modalities

Outpatient/Intensive Outpatient (OP/IOP):

- Outpatient treatment is the most common treatment setting and varies in the type, intensity and frequency of services offered.
- Treatment will may include a combination of individual, group and family therapy.
- **OP**: Low- or moderate-intensity OP is generally delivered once or twice a week.
- **IOP:** Patients often enter IOP from more intensive levels of care. IOP is delivered three or more times a week and may last from a few weeks to several months, at which point patients can move to standard outpatient settings.
- Outpatient treatment costs less than residential or inpatient treatment and allows for more flexibility in scheduling (school, employment).

Substance Use Treatment Modalities

Partial Hospitalization Program/Day Treatment (PHP):

- PHP is a structured program that provides intensive outpatient services.
- PHPs offer treatment 4-6 hours a day at least 5 times a week.
- Patients do not stay overnight and receive a combination of individual and group therapy in a medical setting.
- Nurses and physicians are available to provide medical care, such as medically supervised withdrawals.
- PHPs are appropriate for patients with more severe SUDs and/or ongoing medical monitoring needs but who can still manage to live safely in their home.
- Patients often enter a PHP after being in an inpatient setting. In other cases, a patient may be admitted to a PHP if they have a history of relapse and need more intensive services to stabilize.

Substance Use Treatment Modalities

Long-Term Residential Treatment:

- Residential treatment involves living in a treatment facility while undergoing intensive treatment during the day.
- Long-term residential treatment provides structured care 24 hours a day, generally in non-hospital settings. Treatment typically lasts for 1 month to 2 years.
- The best-known model of residential treatment is the Therapeutic Community (TC) which has a heavy focus on using the community to help influence patients attitudes, perceptions and behaviors. Treatment typically lasts 6-12 months and patients may include those with relatively long histories of drug addiction, involvement in criminal activity and impaired social functioning.

Substance Use Treatment Modalities

Medication Assisted Treatment (MAT):

MAT is treatment for addiction that includes the use of medication along with counseling and other supports. There are several medications that have been found to be effective in treating addiction to opioids, alcohol and nicotine. They fall into three separate categories:

- *Agonists*: Activate opioid receptors;
- *Partial Agonists*: Activate opioid receptors but produce a diminished response; and
- *Antagonists*: Block the receptor and interfere with the rewarding effects of opioids.

Substance Use Treatment Modalities

***Methadone* (Full Agonist):**

- Methadone is a long-acting agonist that dampens the high, reduces cravings and suppresses withdrawal symptoms for 24-48 hours. It can also block the effects of illicit opioids.
- It is offered in pill, liquid and wafer form and must be taken once a day at a certified Methadone clinic called an Opioid Treatment Program (OTP).
- Methadone can be addictive, so it must be used exactly as prescribed.

Substance Use Treatment Modalities

***Buprenorphine* (Partial Agonist):**

- Buprenorphine reduces or eliminates drug cravings and opioid withdrawal and symptoms for 24-48 hours.
- It activates and blocks opioid receptors in the brain, without producing the euphoria and sedation caused by heroin and other opioids and carries a very low risk of overdose.
- Unlike Methadone, buprenorphine may be prescribed or dispensed in a qualified physician's office or OTP.

***Suboxone* (Partial Agonist):**

- Is a combination of buprenorphine and naloxone (an opioid antagonist) and is taken orally.
- Naloxone has no effect if taken as prescribed, but if a patient tries to inject suboxone, the naloxone will induce severe withdrawal symptoms. This lessens the likelihood that the drug will be abused or diverted to others.

Substance Use Treatment Modalities

***Naltrexone* (Opioid Agonist):**

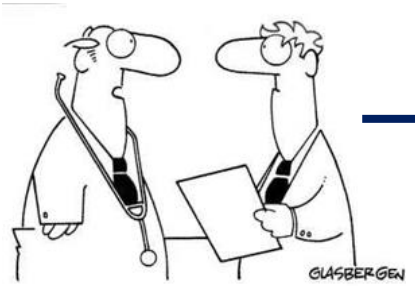
- Naltrexone blocks opioids from acting on the brain, preventing the euphoric and sedative effects of opioids and alcohol.
- Unlike buprenorphine or methadone, which activate opioid receptors, Naltrexone does not suppress cravings.
- Naltrexone is not addictive.
- While methadone and buprenorphine work best for detoxification and maintenance treatment, naltrexone is best suited for a person who has completed detoxification, has a short history of opioid misuse and/or is highly motivated.
- **Vivitrol** is a long acting injectable version of Naltrexone and is given as a monthly injection.

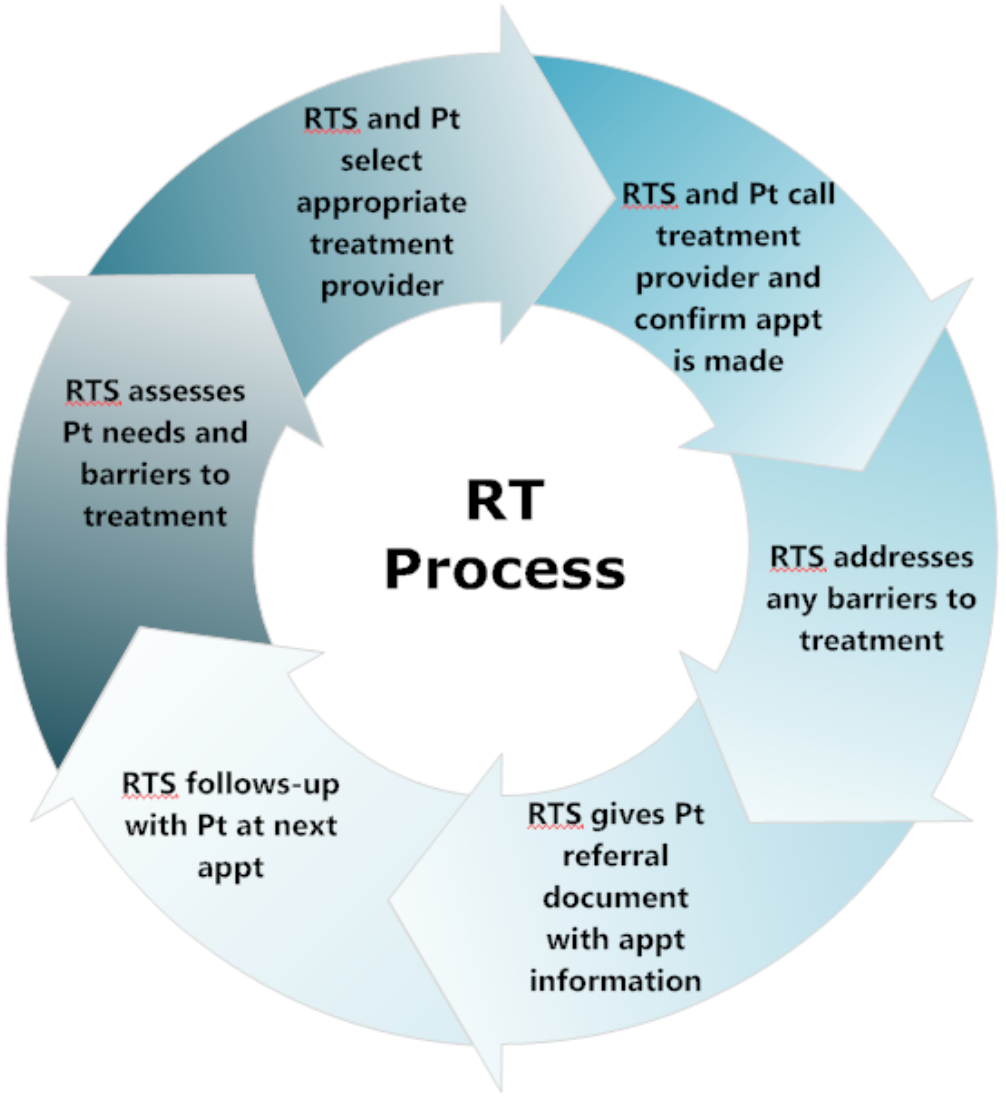
Substance Use Treatment Modalities

***Naloxone* (Narcan®):**

- Blocks opioid receptor sites reversing the toxic effects of an overdose.
- Naloxone is injected or given as a nasal spray when a patient shows signs of an opioid overdose. It may also be prescribed to MAT patients who are at risk of overdosing.
- In 2014 the DHMH launched Maryland's **Overdose Response Program** to train and certify qualified individuals—e.g. family members, friends and associates of opioid users; treatment program and transitional housing staff; and law enforcement officers—most able to assist someone at risk of dying from an opioid overdose. Successfully trained individuals receive a certificate allowing them to obtain and fill a prescription for naloxone.

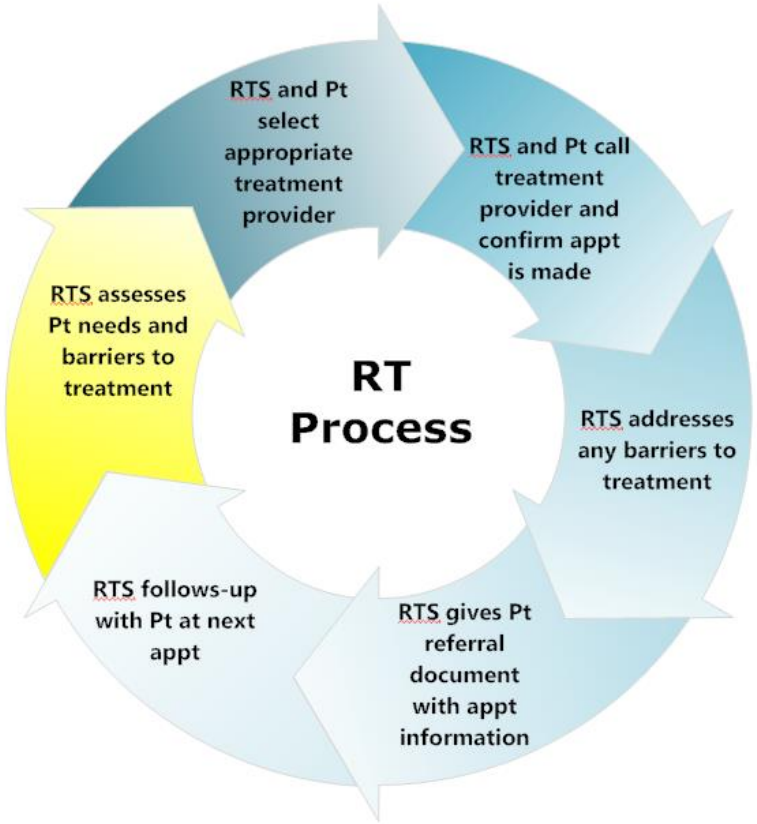
Provider hands off Pt to RTS





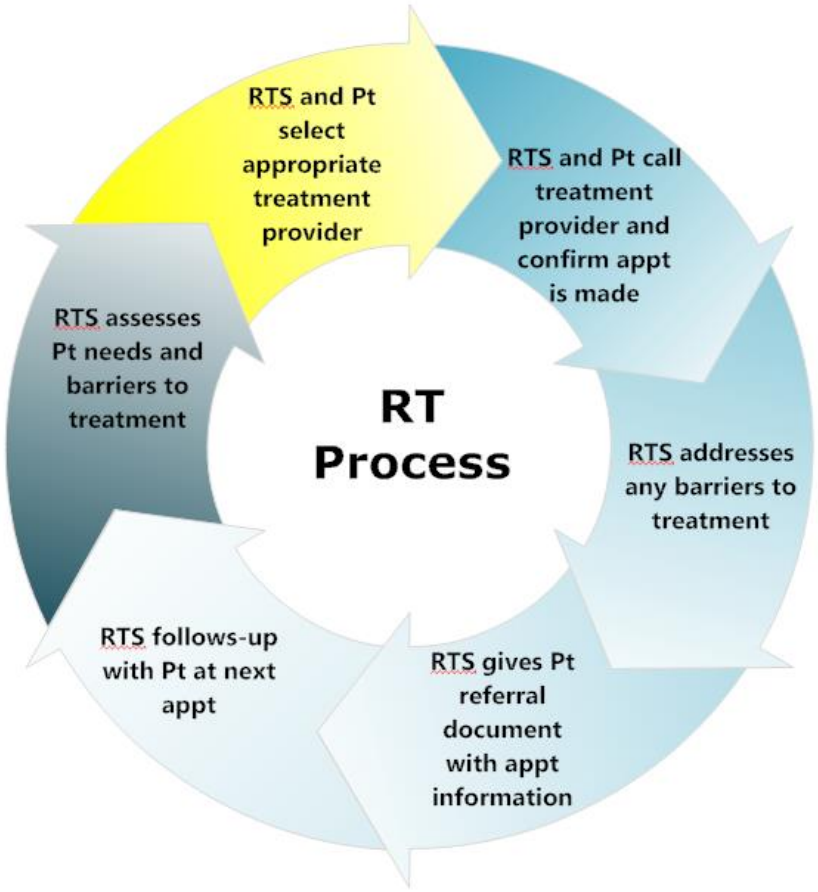
RTS = Referral to Treatment Specialist
Pt = Patient
Appt - Appointment

RT Step 1



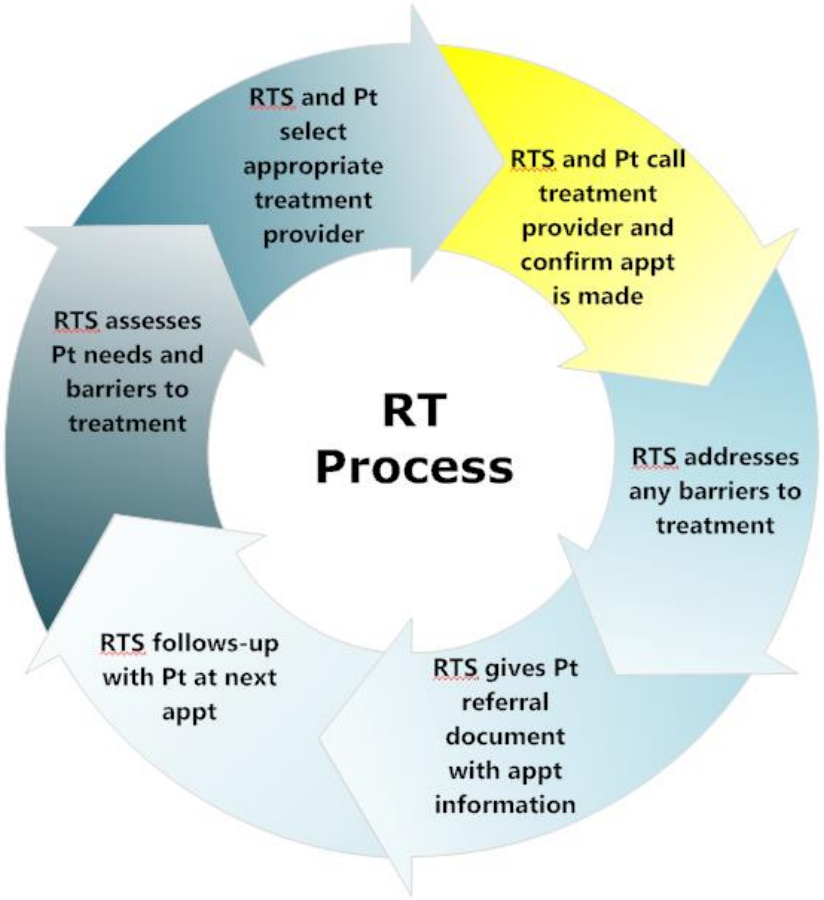
- Review provider notes
- Restate provider patient plan
- Assess patient needs with regards to treatment
- Identify potential treatment barriers like transportation, health insurance, prior treatment, childcare, etc.

RT Step 2



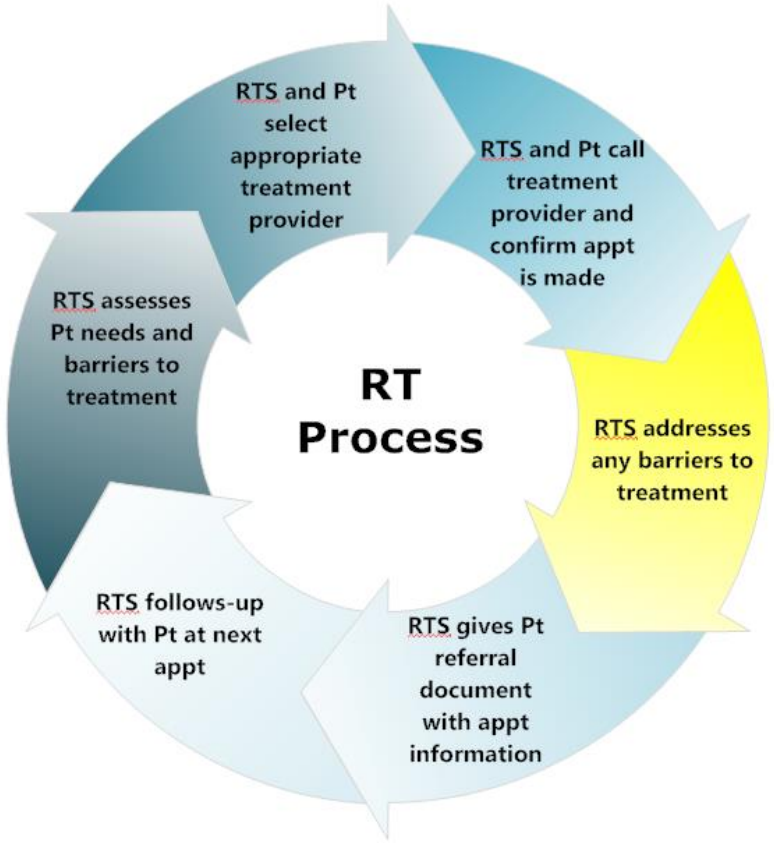
- Review appropriate treatment modalities with the patient
- Review potential treatment providers with the patient
- Continue to ask questions about patient needs and treatment history
- Discuss treatment options and identify appropriate treatment provider

RT Step 3



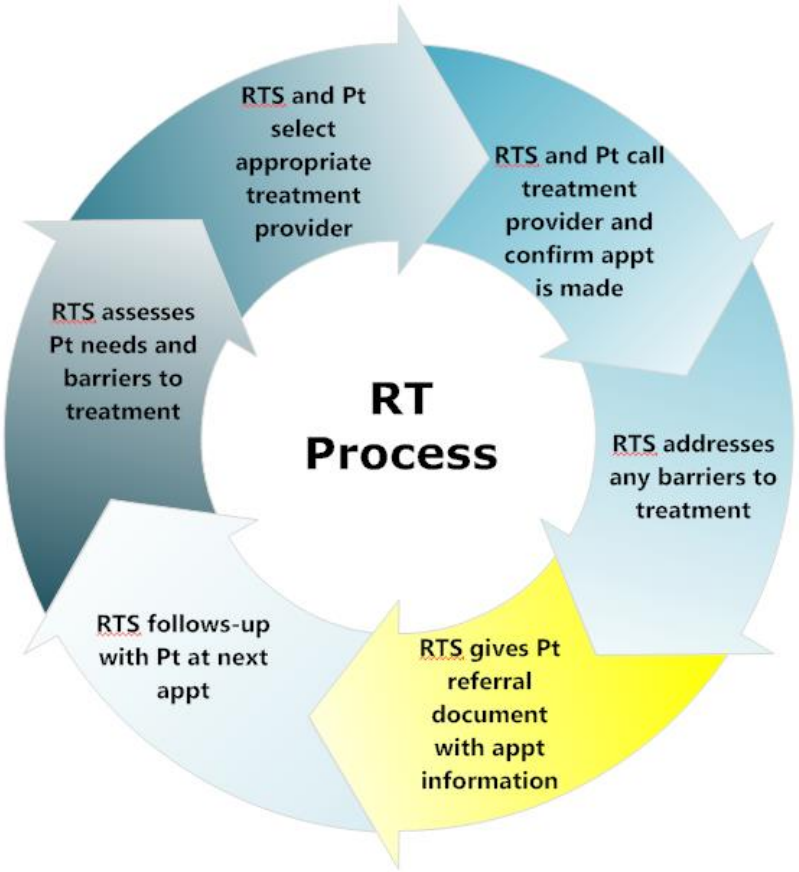
- RTS and PT call treatment provider
- Provide introduction between provider and patient
- Support intake process and confirm treatment availability
- Ask for the expected length of appointment to help patient plan accordingly
- Ensure appointment is within 3 days of phone call

RT Step 4



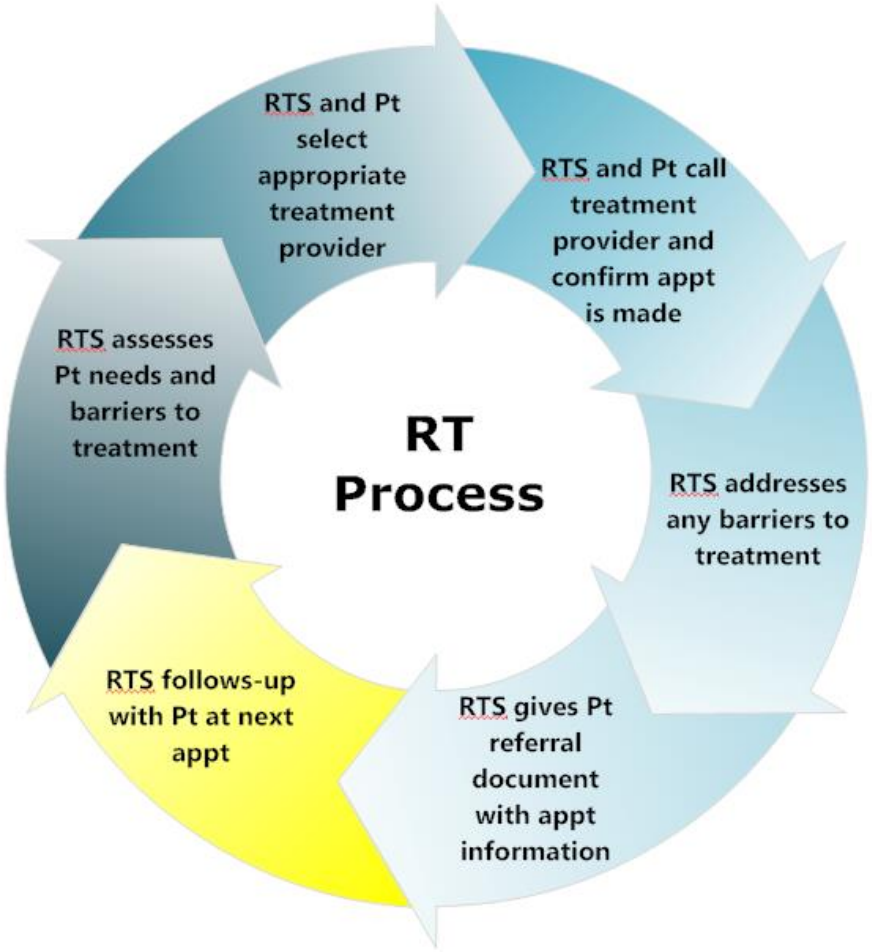
- Review patients needs and barriers to treatment identified in step 1
- Assist patient with reducing barriers to accessing treatment
  - Refer to case management, social work or health navigator

RT Step 5



- Write up appointment information including:
  - Date
  - Time
  - Location
  - Contact information for provider
  - Information on patient supports
  - Length of appointment

RT Step 6



- Check-in with patient within 3 months of appointment

Assuring Treatment Capacity

The following questions will help your team establish a robust network of referral sources that supports an effective and efficient RT process:

- ✓ What is your relationship with your referral providers?
- ✓ What services and levels of care are provided through your network?
- ✓ How will you define your final RT process and train pertinent staff?
- ✓ How you will track referrals to specialized treatment?
- ✓ Are you expecting to be notified when a client misses their referral appointment?

Develop Sustainable Partnerships

Don't reinvent the wheel:
Start with providers you have existing relationships with and build off common areas of interest.

Take a test drive:
Try a new service delivery for a short period of time and revisit.

Meet and greet:
Set up a brief lunch or breakfast to introduce your staff to your referral partners.

Give and take:
Make sure you are building a process that meets the needs of your partner and fits with their system.

Go slow:
Think through all necessary steps before finalizing your process.

Keys to Being a RT Champion

1. Address barriers in accessing treatment
2. Provide warm hand-off
   - Facilitate a call to the treatment provider with the patient
   - Ensure the appointment is made
3. Document referral source and date of appointment
4. Follow-up and provide reminders