



2024 Integration Forum

Advancing Treatment for Substance Use Disorders: A Comprehensive Overview for PCCs and Behavioral Health Care Providers

November 13, 2024



Welcome and Opening Remarks

Maria Yerstein, MD, *Associate Medical Director of Quality*, MBHP

Forum Agenda Overview

Welcome, Introductions, Opening Remarks

Screening for SUDs and Best Practices in Medication Assisted Treatment (MAT)

Massachusetts Levels of Care for Treating SUD


Massachusetts Resources to Support Patients with SUDs and their Providers

Putting It All Together: The Importance of Collaborative Care and Sample Cases of Caring for People with SUD in Primary Care

Q & A

Housekeeping Information

Welcome to MBHP's annual Integration Forum, *Advancing Treatment for Substance Use Disorders: A Comprehensive Overview for PCCs and Behavioral Health Care Providers*.

- All participants have been placed in “listen only” mode, with microphones muted and cameras off.
- You can access this morning's program at the following link (on the MBHP website, link in the chat):
https://providers.masspartnership.com/pdf/IntegrationForumProgram_2024.pdf
- If you have any questions for the panelists, or if you are experiencing technical issues, please utilize the Q&A box by hitting the “Q&A” button on your Webex toolbar.
- **For Closed Captioning, language translation:** Click the CC icon  in the lower left corner to turn on/off closed captioning. Click the caret ^ to the right of the CC icon to select an alternate caption language. Click the right arrow → to reveal different languages and scroll up or down to select a preferred language.
- This webinar is being recorded. An email with a link to the recording and evaluation will be sent following the event.
- If you are having any technical issues, please make a note of it in the chat.
- **CEUs** have been approved for LICSWs, LMFTs, and LMHCs.
- **Continuing Medical Education (CME):** The University of Massachusetts Chan Medical School designates this live activity for a maximum of 3 *AMA PRA Category 1 Credit(s)*™.
- To receive your CEU/CME certificate, you must fill out the evaluation provided at the end of the program.

Faculty Disclosure

No financial interests or relationships were disclosed by program faculty or planning committee members.



Screening for SUDs and Best Practices in Medication Assisted Treatment (MAT)

Steven Descoteaux, MD, *Addiction Medical Director,
Carelon Behavioral Health*

Alcohol Use Disorder (AUD) and Opioid Use Disorder (OUD) are highly prevalent, and we can help.

Opioid related deaths (2021)

- 80,411 Total
 - 70,601 fentanyl
 - 9,173 heroin
 - 16,706 prescription pills

Alcohol related deaths (2021)

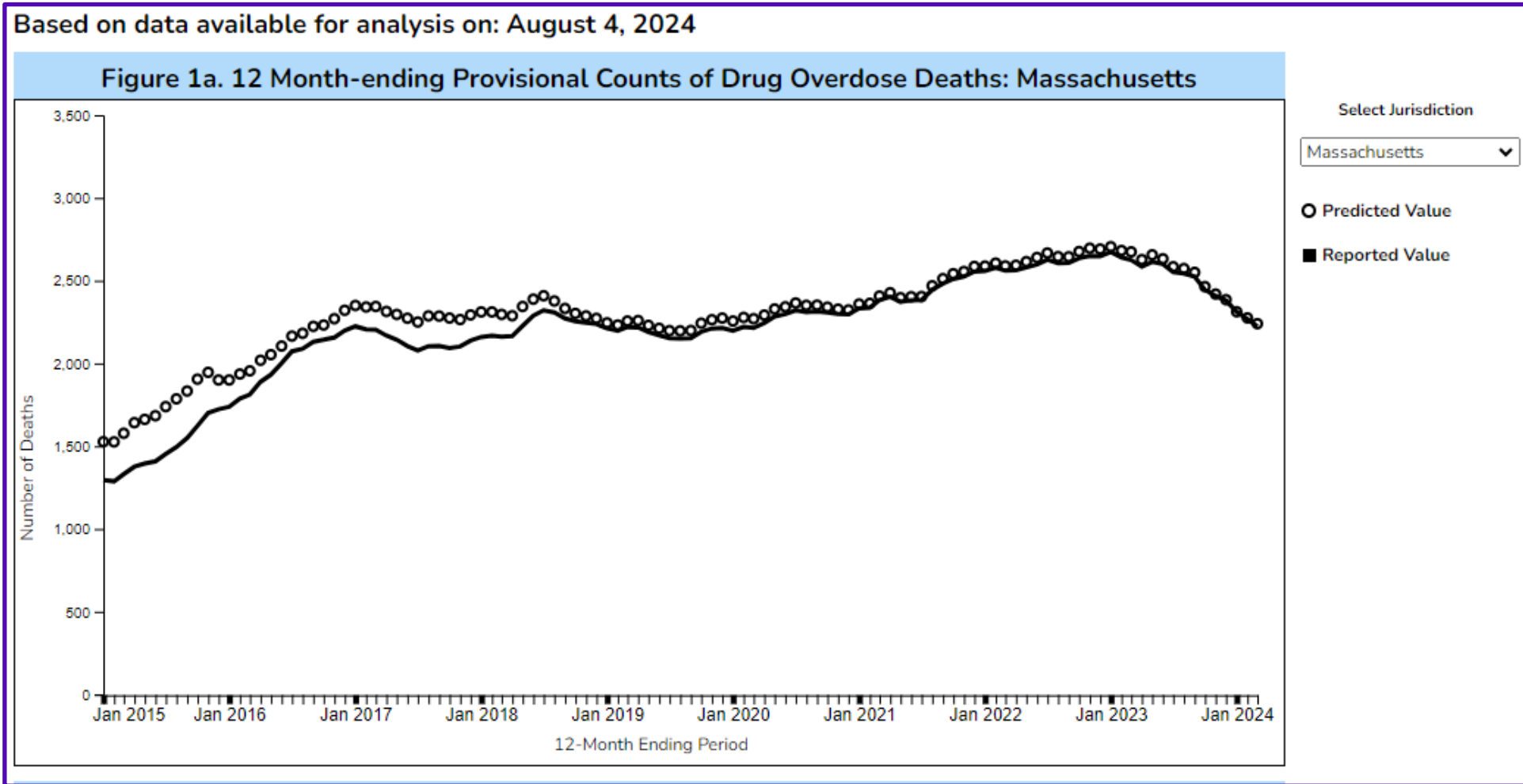
- 140,557 Total
 - 58,277 were acute injury
 - 82,279 had chronic liver disease

Trends In Massachusetts

Opioid-Related Overdose Rates

www.mass.gov/lists/current-overdose-data#updated-data---as-of-june-2024-

Massachusetts drug overdose deaths decreased by 16.23% in 2023-2024.

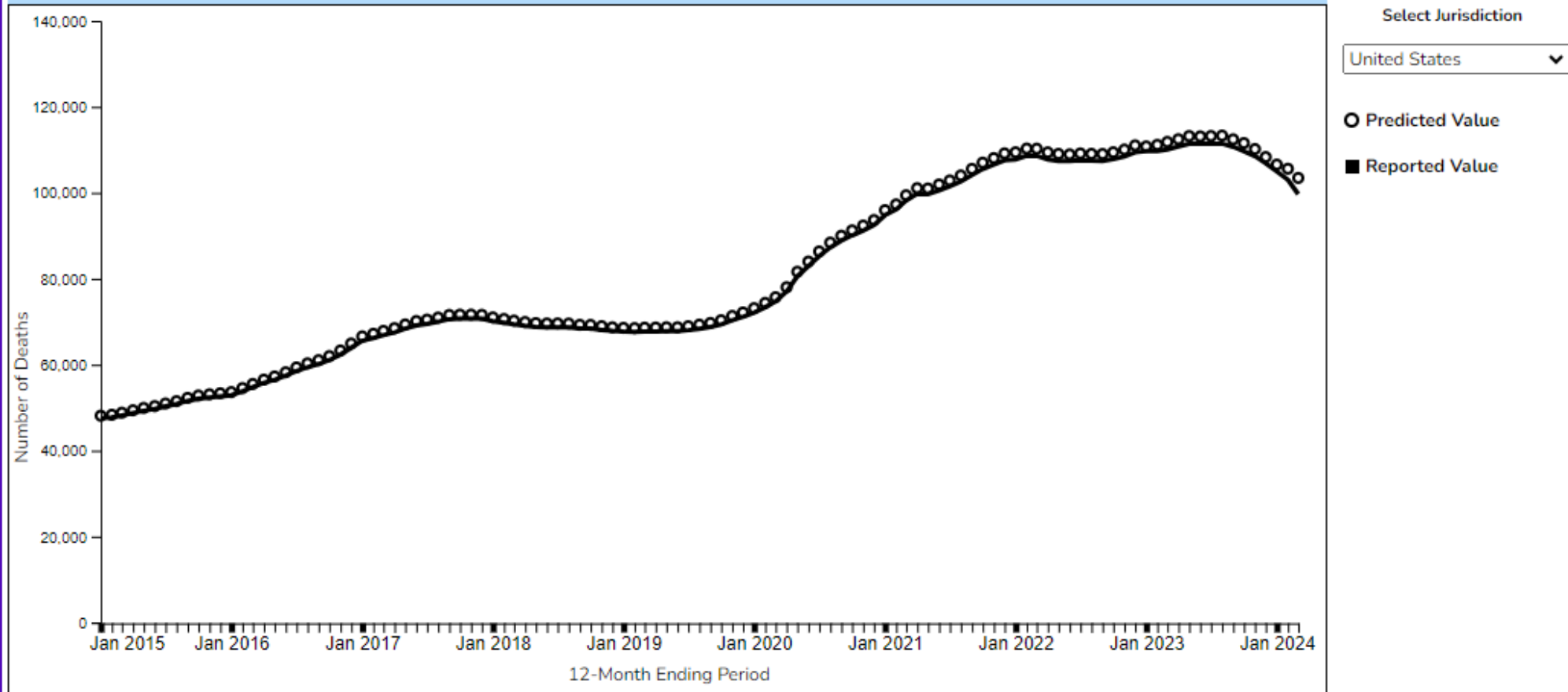


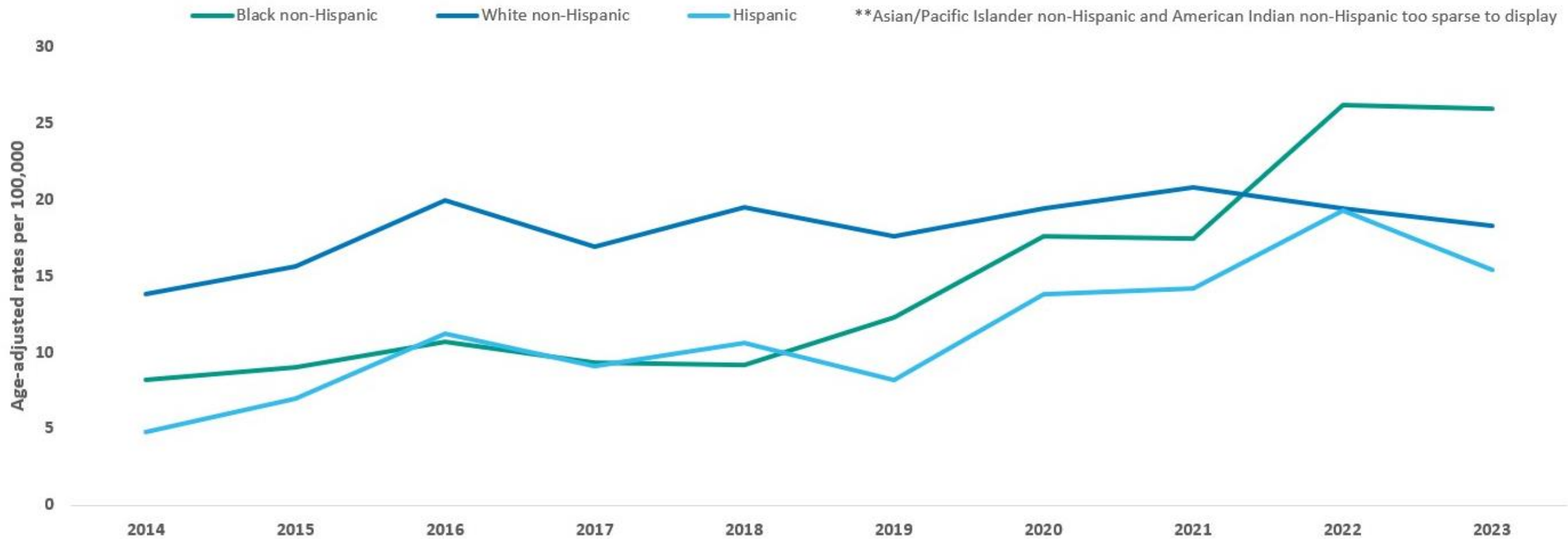
<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#notes>

This is consistent with national trends.

Based on data available for analysis on: August 4, 2024

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States





Though overdose deaths have decreased overall in Massachusetts, deaths among Black non-Hispanic people continue to climb.

www.mass.gov/doc/opioid-related-overdose-deaths-demographics-june-2024

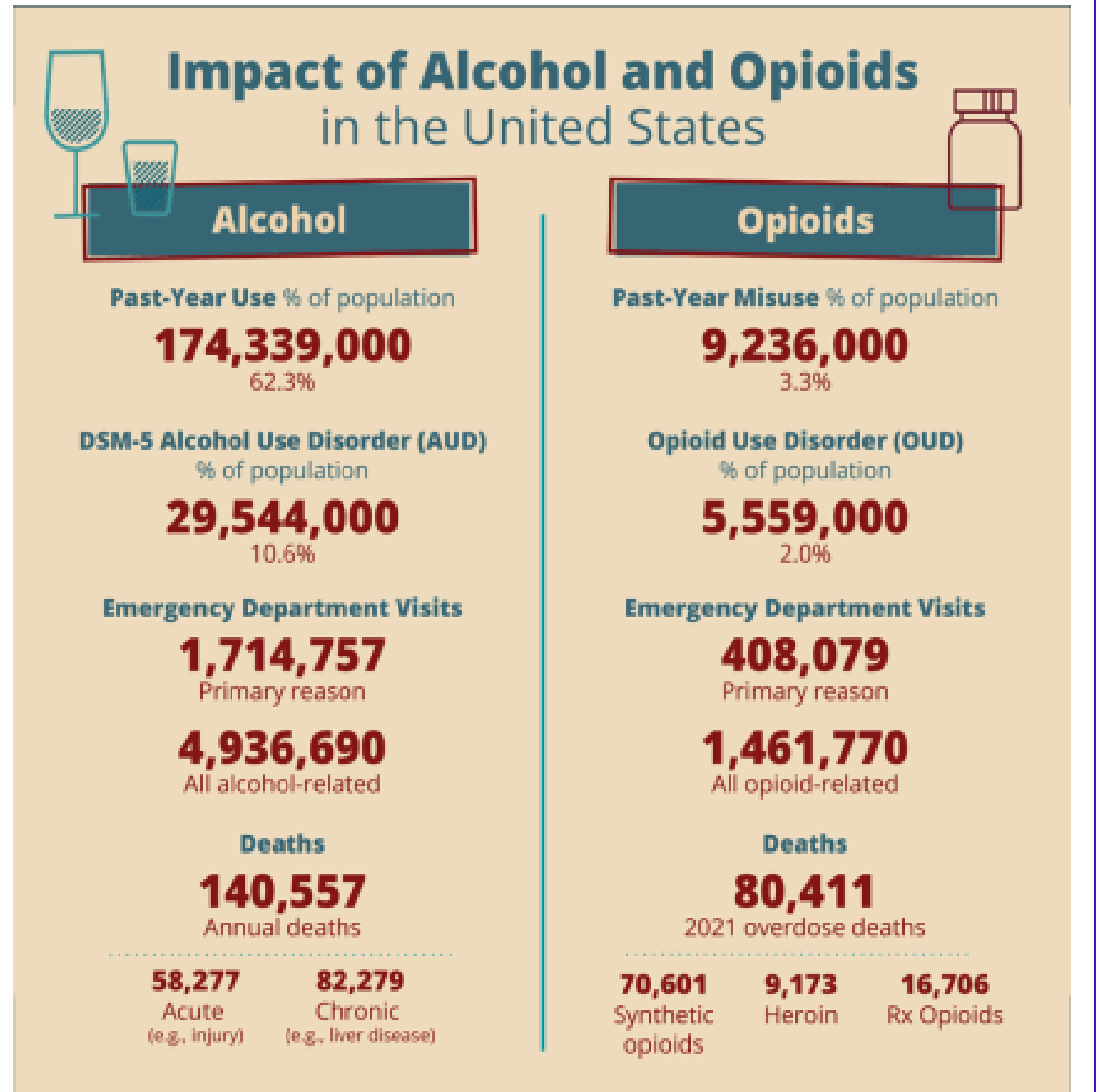
Emergency Department Visits

All alcohol related
1,714,757
(primary reason)

All opioid related
408,879
(primary reason)

Prevalence of AUD and OUD

<https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics/alcohol-related-emergencies-and-deaths-united-states>



What Can be Done?

Diagnosis of SUD may not be apparent

- Patients may declare that they have a problem.
- There may be signs of substance misuse (medical).

Screening is helpful to identify problems before symptoms appear

Approach screening without stigma, judgment, or bias

- I ask all my patients these questions.

Evidence-Based Screening Tools



DAST10

AUDIT

Cannabis
Screening

DAST

DAST-10

The DAST is a 10-item questionnaire assessing past year drug use on a dichotomous scale (yes = 1, no =0) with total scores ranging from 0 to 10.

Scoring

- **1-2: At Risk, Brief Intervention Needed**
- **3-5: Moderate Substance Use Disorder, Brief Treatment Needed**
- **6+: Severe Substance Use Disorder, Referral to Treatment**

AUDIT

AUDIT-10

The AUDIT is a 10-item alcohol screen assessing past year alcohol use, alcohol dependence symptoms, and alcohol-related problems. Total scores range from 0-40 with responses rated on a Likert scale ranging from 0-4 with higher scores indicating more problematic alcohol use.

Scoring

- **0: Abstainer who has never had any problems with alcohol.**
- **1-7: Low Risk: Intervention not required.**
- **8-15: Risky or hazardous level: Brief Intervention of simple advice- reinforce safe drinking behavior.**
- **16-19: High-risk: Brief Intervention, brief counseling and continued monitoring needed. Assessment and referral for more intensive intervention where necessary.**
- **20+: High-risk, dependence likely: Further assessment and more intensive intervention required.**

Cannabis Abuse Screening Tool

Cannabis Intervention Screener

Instructions: Because we care about your health, we are interested in learning more about your marijuana use. Please answer the following questions as openly as possible. Your answers are strictly confidential within your health team.

Triage Questions

	Never	Monthly or Less	Several Days per Month	Weekly	Several Days per Week	Daily
1. How often have you used marijuana in the past year ? (including smoking, vaping, dabbing, or edibles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you chose "Never" please **STOP HERE**. Otherwise, go to the next question.

	One	Two	Three	Four or More
2. When you use marijuana, how many times per day do you typically use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Smoke (joints, bong, pipe)	Vape	Dab	Edibles
3. How do you use marijuana? (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Secondary Screening Questions

Part 1	Yes	No
A. Have you used marijuana for personal enjoyment and/or recreational reasons?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you used marijuana for medical or physical health reasons such as pain, cancer, or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you used marijuana for mental health reasons such as trouble focusing, worries or anxiety, stress, negative or sad emotions?	<input type="checkbox"/>	<input type="checkbox"/>
D. Do you have a medical marijuana card?	<input type="checkbox"/>	<input type="checkbox"/>

Part 2		
Different things happen to people when they are using marijuana, or as a result of their marijuana use. Read each statement below carefully and check 'Yes' if it happened to you in the last year, even if it was only once. Check 'No' if it never happened to you in the last year.		
In relation to your marijuana use in the past year ...	Yes	No
1. Have you tried to control your marijuana use by smoking only at certain times of the day or certain places?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you worried about the amount of money you've been spending on marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you gone to work or school high or stoned?	<input type="checkbox"/>	<input type="checkbox"/>

Cannabis Intervention Screener

Part 2 Continued		
4. Has your family, friends, or a health provider expressed concern about your marijuana use?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you, on more than several occasions, driven a car or other vehicle, including a bicycle, after using marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you noticed that your memory is not as good as it used to be?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you continued to smoke marijuana when you promised yourself you would not?	<input type="checkbox"/>	<input type="checkbox"/>
8. When you have stopped using marijuana for a period of time (even several days), have you experienced any of the following: irritability, restlessness, anxiety, depression, loss of appetite, sleep problems, pain, shivering, sweating or elevated body temperature?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you used larger amounts of marijuana over time, or used marijuana more frequently over time?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever seen a counselor or other professional as a result of your own concerns, or concerns that someone else had, about your marijuana use?	<input type="checkbox"/>	<input type="checkbox"/>
Scoring Guide: Lower (at-risk) (2-3) – Brief Intervention Moderate Risk (4-5) – Brief Intervention and Brief Treatment Severe Risk (6+) – Brief Intervention and Treatment Referral	Total:	

CIS Parts 1 and 2 Scoring Instructions:

- CIS Part 1 provides useful information for brief intervention discussions and is not scored.
- CIS Part 2 is scored based on affirmative responses to negative impacts of cannabis use. Each affirmative response is counted as a 1.
- Severity of risk is based on number of affirmative responses in CIS Part 2 and generally corresponds to DSM 5 Cannabis Use Disorder levels of severity (mild, moderate and severe) but not all DSM 5 criteria.

For youth - remember any use is an important early intervention opportunity!

Cannabis Users Pyramid



CPT Codes Available for Screening and Brief Intervention

SBIRT **99408** (15-30 min) & **99409** (30+ min)

Evidence-based tools are to be used

- DAST
- AUDIT

These codes may be added to other outpatient E&M codes through use of modifier 25

- **99210-99215** Outpatient Primary Care
- **99281-99285** Emergency Department
- **99251-99255** Physician or other provider inpatient consultation

American Society of Addiction Medicine (ASAM):

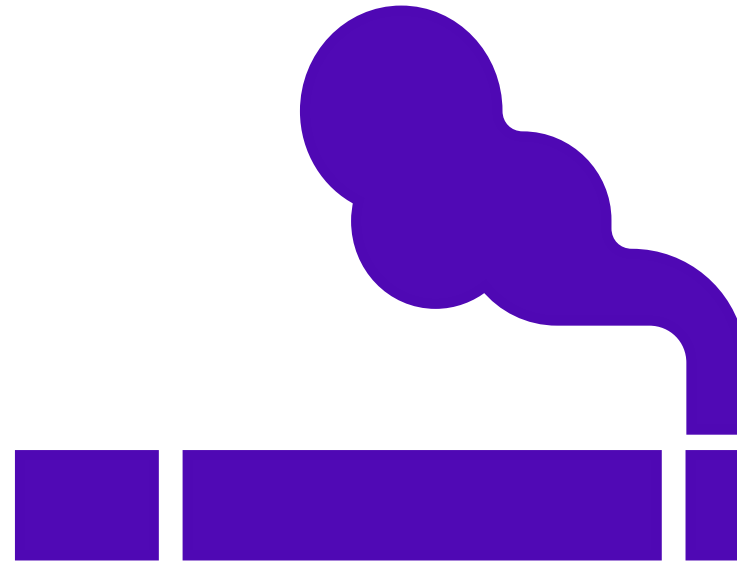
https://www.asam.org/docs/default-source/education-docs/sbirt-reimbursement-all-payer-overview_02-20177fa32b9472bc604ca5b7ff000030b21a.pdf?sfvrsn=f41f4bc2_0

Smoking Cessation

These codes are used for individual counseling sessions and can be used in conjunction with other services provided during a visit.

99406 Smoking and tobacco use cessation
counselling 3-10 minutes

99407 Smoking and tobacco use cessation
counselling greater than 10 minutes



Medications Used for Smoking Cessation

Varenicline tablets block the effects of nicotine on the brain.

- Treatment course 12 weeks: Pick a quit date roughly 1 week after starting medication.
- Medication recalled in 2021 due to trace amounts of possible carcinogen detected. Expected to be back on the market by the end of 2024.
- More effective than placebo: Success 30% at 6 months, 20-25% at 6 months.

Nicotine Replacement

- Gum, lozenge, patch forms available

Bupropion

- Anti-depressant tablets used off label for smoking cessation

Treatment is Available, *But Not Offered Frequently Enough.*

AUD Prevalence 28,100,000 ('23)

- Fewer than 2% were offered MAT that year
- Better outcomes when MAT is used
 - Improved health in next 12 months
 - Reduced visits to MH inpt. or ED
 - Better adherence to psych meds

NIH: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6032529/>

OD Prevalence 9,367,000 ('23)

- 25% of people with OD receive MAT
- 50% receive treatment
- Research consistently shows that MAT is highly effective in reducing overdose deaths
- Disparities exist
 - Older adults
 - Racial minorities
 - Rural areas

MAT Medications for Alcohol Use Disorder

Naltrexone (Vivitrol)

- Oral and injectable forms available
- Reduces cravings, blunts euphoria associated with intoxication

Disulfiram (Antabuse)

- Interferes with metabolism of alcohol
- Causes severe nausea and headaches
- Less commonly used in recent years

Acamprosate (Campral)

- Mechanism of action unclear
- Reduces cravings
- High pill burden (2 tablets three times daily)

Considerations Before Initiating MAT for AUD

Naltrexone: Blood work not required, though it's prudent to check LFTs and screen for Hep A B C; HIV.

Older recommendations had been to check AST/ALT to make sure not 3-5 ULN. UDS to ensure no opiates on board.

Campral: No blood work required

Antabuse: No blood work required

MAT Medications for Opiate Use Disorder

Naltrexone (vivitrol)

- Oral and injectable forms available
- Reduces cravings, blunts euphoria associated with intoxication

Buprenorphine/naloxone

- Helps alleviate symptoms of withdrawal from opiates
- Reduces cravings and urges to use long term (maintenance)
- Dependency results

Methadone

- Helps alleviate symptoms of withdrawal from opiates
- Reduces cravings and urges to use long term
- Dependency results



Considerations Before Initiating MAT for OUD

Suboxone: Blood work not required, though it's prudent to check LFTs and screen for Hep A B C; HIV.

Naltrexone: Check LFTs but if no time this can be delayed until after medication started. Check medication list for opioids.

Methadone:

- Labs
- Biopsychosocial Assessment
- Orientation process at the OTP

**BUPRENORPHINE**
QUICK START GUIDE 


Important Points to Review With the Patient

Specifically discuss safety concerns:

- Understand that discontinuing buprenorphine increases risk of overdose death upon return to illicit opioid use.
- Know that use of alcohol or benzodiazepines with buprenorphine increases the risk of overdose and death.
- Understand the importance of informing providers if they become pregnant.
- Tell providers if they are having a procedure that may require pain medication.

Facts About Buprenorphine

- FDA approved for Opioid Use Disorder treatment in an office-based setting.
- For those with tolerance to opioids as a result of OUD, buprenorphine is often a safe choice.
- Buprenorphine acts as a partial mixed opioid agonist at the μ -receptor and as an antagonist at the κ -receptor. It has a higher affinity for the μ -receptor than other opioids, and it can precipitate withdrawal symptoms in those actively using other opioids.
- It is dosed daily, has a long half-life, and prevents withdrawal in opioid dependent patients.
- Can be in tablet, sublingual film, or injectable formulations.
- Many formulations contain naloxone to prevent injection diversion. This formulation is the preferred treatment medication. The buprenorphine only version is often used with pregnant women to decrease potential fetal exposure to naloxone.
- There is a "ceiling effect" in which further increases above 24mg in dosage does not increase the effects on respiratory or cardiovascular function.
- Buprenorphine should be part of a comprehensive management program that includes psychosocial support. Treatment should not be withheld in the absence of psychosocial support.
- Overdose with buprenorphine in adults is less common, and most likely occurs in individuals without tolerance, or who are using co-occurring substances like alcohol or benzodiazepines.

**Checklist for Prescribing Medication for the Treatment of Opioid Use Disorder**

1

Assess the need for treatment
For persons diagnosed with an opioid use disorder,* first determine the severity of patient's substance use disorder. Then identify any underlying or co-occurring diseases or conditions, the effect of opioid use on the patient's physical and psychological functioning, and the outcomes of past treatment episodes.

Your assessment should include:

- A patient history
- Ensure that the assessment includes a medical and psychiatric history, a substance use history, and an evaluation of family and psychosocial supports.
- Access the patient's prescription drug use history through the state's Prescription Drug Monitoring Program (PDMP), where available,

Emerging Therapies

Injectable buprenorphine

Sublocade: Monthly dosing 300mg SC x 2 then 100mg SC monthly

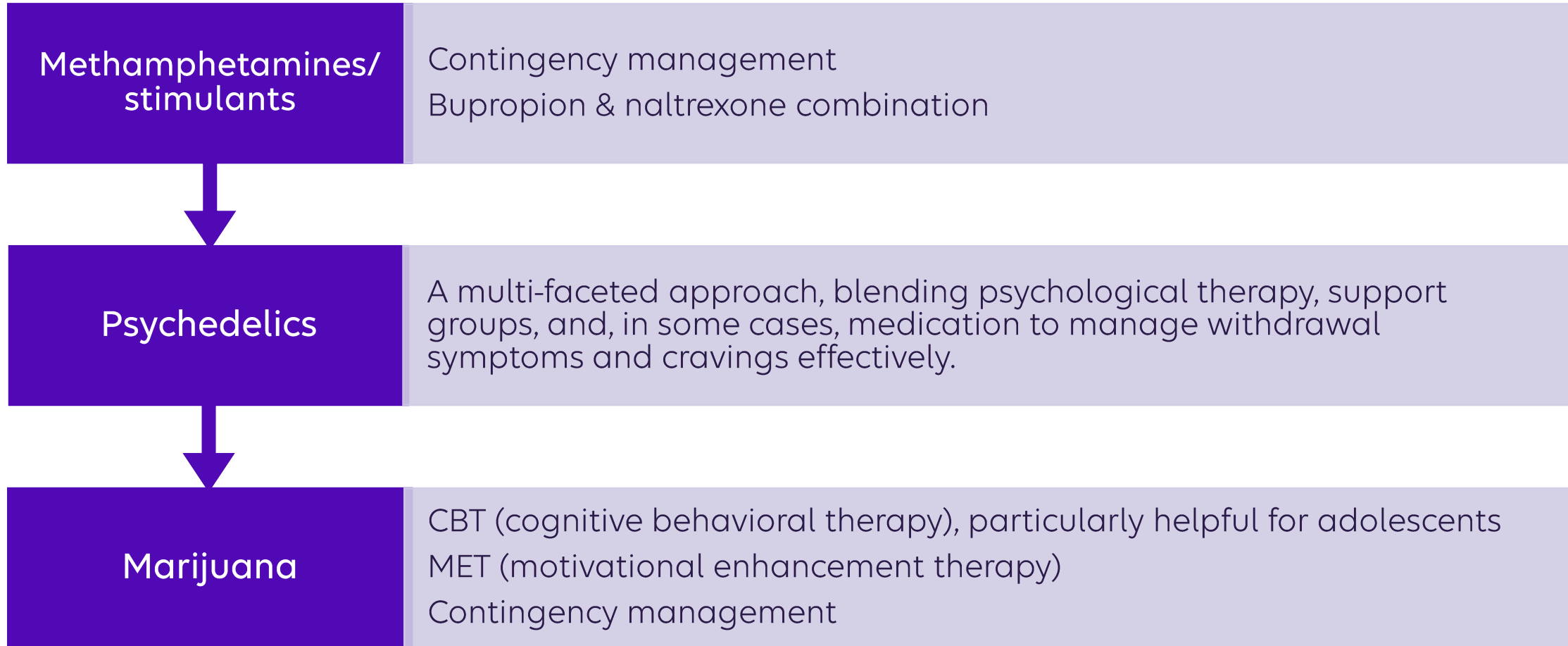
- Half life 43-60 days, regardless of dose
- Must be delivered to your office through specialty pharmacy, administered by NP/PA/MD in office

Brixadi: Weekly or monthly SC dosing

- Weekly prep is 8,16, or 24 mg; half life 3-5 days
- Monthly prep is 64, 96, or 128 mg; half life is 19-26 days
- Must be delivered to your office through specialty pharmacy and administered by provider on site

GLP1- inhibitors for AUD

Treatment Options for Other Substance Use Disorders

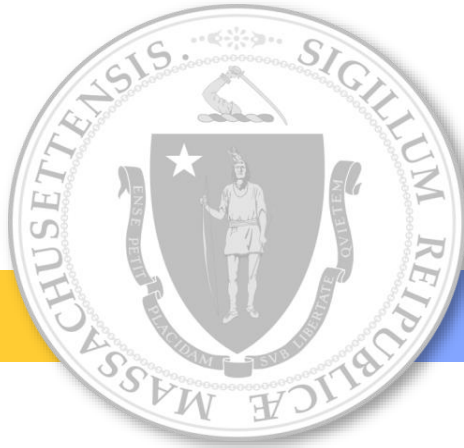


Takeaways

- Screening for SUD in primary care is important.
- Some treatment may be initiated in the office setting.
- Help is available to select the appropriate treatment options.
 - Online resources (Up-to-date, medline, SAMHSA website, etc.)
 - Care managers, recovery support navigators
 - MCSTAP for consultation in real time with addiction specialist

Massachusetts Levels of Care for Treating SUD and Importance of Collaborative Care

Tracey Nicolosi, LMHC, *Director of Addiction Services, Office of Accountable Care and Behavioral Health at MassHealth*



MassHealth Reimbursement for Substance Use Disorders and Addiction Treatment

Executive Office of Health and Human Services

November 13, 2024

Tracey Nicolosi, LMHC

Director of Addiction Services

Office of Accountable Care and Behavioral Health

MassHealth Continuum of Care for Substance Use and Addictive Disorders



Aligns with the principles of The American Society of Addiction Medicine (ASAM) Criteria for the treatment of addictive, substance-related, and co-occurring conditions.



Includes 24-hour and non-24-hour treatment



Includes specialty and population-specific treatment

24-Hour Levels of Care

4.0: Medically Managed Inpatient Treatment

- Highest level of care
- Hospital setting
- History of or presence of complex withdrawal symptoms that require daily physician or mid-level care under direction of physician and 24/7 nursing care

3.7: Medically Monitored Intensive Inpatient Treatment

- Previously described as 'detox'
- Also known as Acute Treatment Services (ATS) in Massachusetts
- Utilization of physician-directed protocols and 24/7 availability of nursing to manage less complicated withdrawal symptoms

3.5 Clinically Managed High-Intensity Residential Treatment

- Also known as Clinical Stabilization Services (CSS) in Massachusetts
- Nursing available but not 24/7; treatment under direction of physician
- Symptoms of withdrawal largely resolved
- Focuses on skill-building, psychosocial services, and management of post-acute withdrawal syndrome (PAWS)

24-Hour Levels of Care (continued)



Individualized Treatment and Stabilization Services

- ITS Tier 1 serves members who are involuntarily committed by the court to treatment due to the severity and level of impairment caused by their SUD
 - Integrates 3.7 (ATS) and 3.5 (CSS) services in a single unit or location
 - Programs must meet all expectations for both service models, including licensure requirements and are contracted with BSAS to provide service
-



Youth Withdrawal and Stabilization Services

- A short-term 24-hour treatment program for adolescents or transition age youth who abuse or are dependent on alcohol or drugs, which may be accompanied by mental health issues. These programs provide stabilization/detoxification services for males and females 12 through 16, and transitional aged youth from 17 through 20 years of age.
-

3.1: Clinically Managed Low-Intensity Residential Treatment

- Also known as Residential Rehabilitation Services (RRS) in Massachusetts
- Longer term 24-hour treatment programs
- Focus on using new skills to maintain recovery and reintegration into the community
- Specialty programs include co-occurring enhanced RRS, family RRS, youth/adolescent/transitional aged youth RRS.

Non-24-Hour Levels of Care:

2.1 Intensive Outpatient Service

- For SUD, known as Structured Outpatient Addictions program (SOAP) and Enhanced SOAP for special populations
 - At least 9 hours and no more than 20 hours per week of treatment
 - For individuals that do not require medical “detox” or 24-hour care
 - Individuals can maintain responsibilities while engaged in treatment.
-

1.0 Outpatient Treatment

- Treatment that is less than 9 hours a week
 - Treats individuals with less acute substance use and addictive disorders with BH counseling and therapy
 - Often used as a step down from more intensive services
 - Long-term continuing care focused on relapse prevention
-

Opioid Treatment Services

- Ambulatory Opioid Use Disorder Treatment using Medications for Opioid Use Disorder
 - OTPs provide comprehensive outpatient medical and rehabilitation services provided in conjunction with dispensing (not prescribing) an FDA Approved Medication for Opioid Use Disorder
 - Outpatient clinics (BH, CHC, PCP) can prescribe buprenorphine and naltrexone
-

Peer Recovery Coaching & Recovery Support Navigators

- Ancillary, non-clinical peer and paraprofessional services that can be paired with any ASAM level of care to enhance connections to the Recovery Community and provide ongoing support along with care coordination.
- Services may have some overlap but are distinct in the requirements and the service provided.



Massachusetts Resources to Support Patients with SUDs and their Providers

Heather Towers, LICSW, *Director of Clinical Programs, MBHP*

Connections to Resources: MBHP Covered Services



Massachusetts Behavioral Health Help Line (MA BHHL)



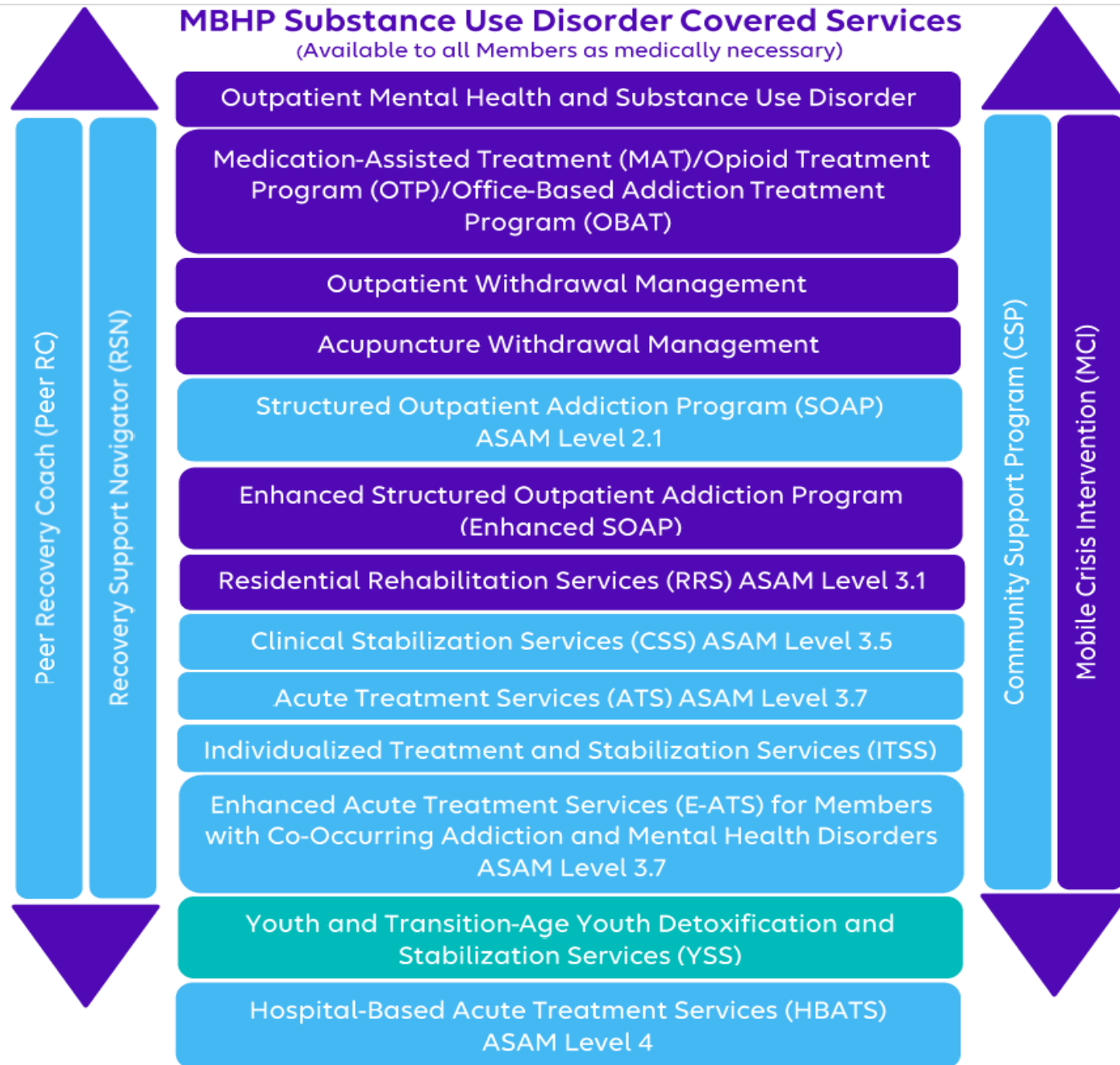
Community Behavioral Health Centers (CBHCs)



Massachusetts Consultation Service for Treatment of Addiction & Pain (MCSTAP)

MBHP Substance Use Disorder Covered Services

(Available to all Members as medically necessary)



Adults (ages 18+)



All ages



Adolescent and Transition-Age Youth (up through age 20)

The MA BHHL Provides Direct SUD Connections



Through supportive listening and active engagement, a risk assessment is completed on all call/text/chatters to the MA BHHL to be able to then make appropriate referrals, including warm handoffs.



Community Behavioral Health Centers

- Mobile Crisis Interventions
- Urgent Access Appointments
- Medication Assisted Treatment
- Outpatient Services



Behavioral Health Urgent Care Centers

- Urgent Access Appointments
- Medication Assisted Treatment



Detox Programs



BSAS Helpline

MA BHHL Resource Directory

Search Substance Use or Mental Health Treatment Facilities

Use filters to narrow down your search results and find treatment facilities.

Clear Filters

Apply Filters

i Search for a location (ZIP Code, County or State) within the Treatment Connection network. This service is available in Delaware, Ohio, Nevada, New Mexico, North Dakota, Maine, Massachusetts, Washington.

Location*

02118, Boston, MA, USA

☐ Limit to State

Distance From Location

250 miles

Search

Enter Search Term(s)

> Service Type

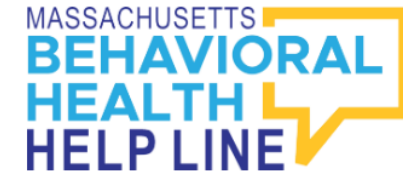
> Substances Treated

Welcome to the Massachusetts Behavioral Health Help Line (BHHL) Treatment Connection search tool. Use Treatment Connection to find mental health, substance use, and support services near you. You can also filter results based on your needs. All searches are confidential. If you would like someone to help you connect to services, please call or text the BHHL at 833-773-2445, or chat with us at <https://masshelpline.com>. If you are a provider and would like information about your practice to be included in the Treatment Connection search tool, please email MAProviderDatabase@elevancehealth.com for more information on how to do so.

Please note that filtering resources by health insurance (Payment Type) is still in development and additional results will appear soon.

Filtered By: [Clear all](#)

Substance Use Outpatient x



520 matches found based on your search.

List View

Map View

Health Care Resource Centers: Opioid Treatment Program (OTP): Boston - Bradston St. - Opioid Replacement Therapy

More Information

23 Bradston Street,
Boston, MA 02118

(617) 318-6480

[View Website](#)

0.60 miles from your zip code

Boston Medical Center: Office-Based Addiction Treatment (OBAT): Boston - Massachusetts Avenue - Opioid Replacement Therapy

More Information

801 Massachusetts Avenue,
Boston, MA 02118

(617) 414-4107

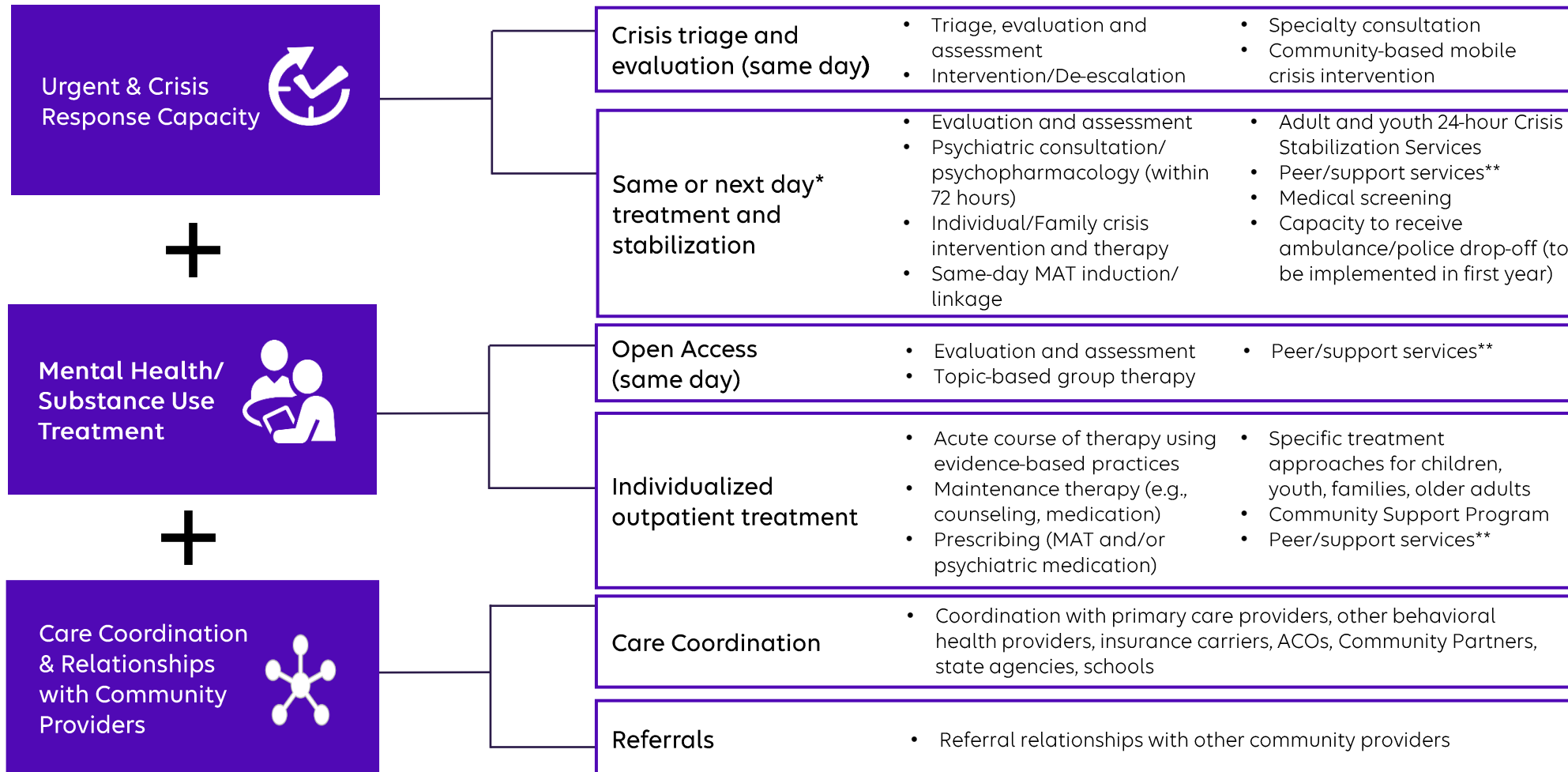
[View Website](#)

0.61 miles from your zip code

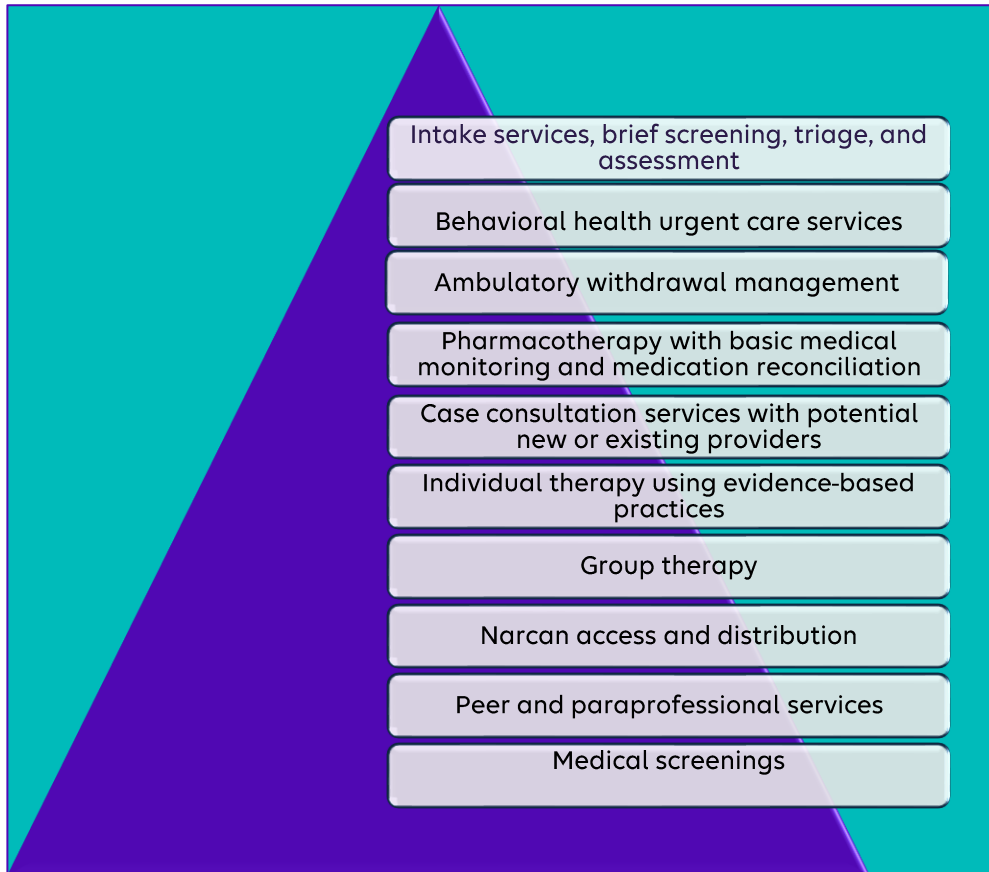
Boston Medical Center CATALYST Clinic: Substance Use Outpatient Counseling: Boston - Opioid Replacement Therapy

Integration of Crisis and Community-Based Care

CBHCs integrate crisis and community-based treatment by combining mobile teams, crisis stabilization, and outpatient and urgent care for mental health and addictions.



CBHC Core Services



Prescribing of:

- **Buprenorphine**, including same-day induction, bridging, and maintenance for clients aged 16 and older, and treatment referral services for follow-up counseling or MAT induction
- **Naltrexone**, including direct referral and warm hand-off for administration
- **Methadone treatment**, for clients 16 and older, including direct referral and warm hand-off for administration
- **Coordination** with primary care or other specialty providers

Massachusetts Consultation Service for the Treatment of Addiction and Pain (MCSTAP)

MISSION: To support clinicians in increasing their capacity for, and comfort in, using evidence-based practices in screening for, diagnosing, treating and managing care of all patients with chronic pain and/or SUD.

- Real-time professional phone consultation for clinicians on safe prescribing and managing care for adults with chronic pain, SUD or both
- Free consultations on all patients statewide, regardless of insurance
- Call **1-833-PAIN-SUD** (1-833-724-6783), Monday to Friday, 9 a.m. – 5 p.m.; to request a consultation online go to www.mcstap.com
- Staffed by physician consultants with expertise in treating addiction and pain
- Monthly LIVE Case Presentation and Discussion led by MCSTAP Medical Director; register at <https://www.mcstap.com/Providers/Training.aspx>; free CME
- On-going mentoring available with a designated physician consultant on areas that clinicians would like support
- Funded by Massachusetts Executive Office of Health and Human Services



Putting it All Together: The Importance of Collaborative Care and Sample Cases of Caring for People with SUD in Primary Care

Steven Descoteaux, MD, *Addiction Medical Director,
Carelton Behavioral Health*

Case One

A 51-year-old male presents with his spouse, he wears a cast on left foot. He recently fractured his ankle at work and is motivated to stop drinking as he may have been intoxicated when the injury occurred. He reports that his hands shake in AM upon awakening. BP 168/104- HR 88, afebrile, O2 WNL. He was instructed to get the alcoholism under control before returning to work after ankle surgery.

What are his options?

- Inpatient detox
 - Home-based detox
 - MAT
- * Care Managers may help
 - * MCSTAP; Up-to-date for protocols

Case Two

A 32-year-old female presents for a follow up-visit. She has been on a pain medication contract for chronic knee pain for 4 years. She shows you an abscess on her forearm and asks about antibiotic management. There is some redness surrounding a pustule that is spontaneously draining. Temp 99.4, pulse 80, resp 16, BP 114/74

What to do next?

- Antibiotics +/- drainage of abscess
- Screen for opioid misuse with DAST 10
- Address pain medication use
- Explore MAT options vs detox *MCSTAP; care managers



Q&A

Maria Yerstein, MD, Associate Medical Director of Quality, MBHP

Steven Descoteaux, MD, Addiction Medical Director, Carelon Behavioral Health

Tracey Nicolosi, LMHC, Director of Addiction Services, Office of Accountable Care and Behavioral Health at MassHealth

Heather Towers, LICSW, Director of Clinical Programs, MBHP

Thank You for Attending!

Please don't forget to fill out the program evaluation in the chat and indicate if you need CEUs/CMEs.

You will receive the slides, a link to the recording, and a link to the evaluation in the coming week.

Appendix

MBHP Substance Use Disorder Covered Services
Definitions Additional Resources for SUD Services

MBHP Substance Use Disorder Covered Service Definitions

MBHP Substance Use Disorder Covered Services Definitions

Access to all services are by direct referral and individuals do not need to be evaluated by MCI.

Outpatient Mental Health and Substance Use Disorder Services

- One-to-one or group counseling to assist individuals in attaining or supporting their recovery in the community

Medication-Assisted Treatment (MAT)/Opioid Treatment Program (OTP)/Office-Based Addiction Treatment Program (OBAT)

- Medically monitored administration of methadone, buprenorphine, naltrexone, or other US FDA-approved medications to treat Opioid Use Disorder

Outpatient Withdrawal Management

Community-based withdrawal management for people stable enough to remain in the community

Acupuncture Withdrawal Management

- An outpatient service that uses acupuncture to manage symptoms related to withdrawal

Structured Outpatient Addiction Program (SOAP) ASAM Level 2.1

- SOAPs are clinically intensive, structured, day and/or evening substance use disorder services, providing additional support and education to support individuals in their recovery

Enhanced Structured Outpatient Addiction Program for Homeless Members (Enhanced SOAP)

- A SOAP program that connects adolescents and pregnant, post-partum and homeless individuals.

Residential Rehabilitation Services (RRS) ASAM Level 3.1

- A 24-hour voluntary service for individuals who require a structured and comprehensive rehabilitative environment to support their independence and recovery

Clinical Stabilization Services (CSS) ASAM Level 3.5

- A 24-hour voluntary service for individuals with substance use disorders requiring additional support as they transition from an acute treatment service into the community

Acute Treatment Services (ATS) ASAM Level 3.7

- Withdrawal management program for individuals who require medical monitoring to safely cease substance use

Enhanced Acute Treatment Services (E-ATS) for Individuals with Co-Occurring Addiction and Mental Health Disorder ASAM Level 3.7

- For individuals requiring substance use disorder services, up to and including withdrawal management, who are also experiencing acute mental health needs that do not require a locked setting

Youth Stabilization Services (YSS)

- Withdrawal management and stabilization program for adolescents and transitional age youths (up to age 21) who require medical monitoring to safely cease substance use

Hospital-Based Acute Treatment Services (HBATS) ASAM Level 4

- For individuals with medical complications that cannot be safely managed at an ATS Level 3.7 program

Peer Recovery Coach (Peer RC)

- A mobile service provided by people with lived experience to support recovery

Recovery Support Navigator (RSN)

- A mobile service to assist in accessing care and identifying community resources to support recovery

Community Support Program (CSP)

- A mobile service to assist in accessing care and identifying community resources to support recovery

Mobile Crisis Intervention (MCI)

- A 24-hour service for any individual experiencing a behavioral health crisis. Medical emergencies should still call 911
- *Access to Service: Any individual or agency (e.g.; MBHP Member, provider, state agency, etc.) may contact or may refer someone to MCI for evaluation*

Please refer to providers.masspartnership.com for more information.

Resources for SUD Services, Access, and Support



Massachusetts Behavioral Health Help Line (BHHL) <https://www.masshelpline.com/>



MABHA (MA Behavioral Health Access) Platform (OTPs, OBOTs, OP Open Access) www.mabhaccess.com



MBHP & Carelon Provider Directories www.masspartnership.com | <https://plan.carelonbehavioralhealth.com/find-a-provider/>



Bureau of Substance Addiction Services (BSAS) Helpline <https://helplinema.org/>



BMC's The Grayken Center for Addiction Training and Technical Assistance [Grayken Center for Addiction TTA | Boston Medical Center \(addictiontraining.org\)](http://GraykenCenterforAddictionTTA.BostonMedicalCenter.addictiontraining.org)



Shatterproof's Treatment Atlas platform/directory <https://treatmentatlas.org/>



SAMHSA's national Helpline: <https://www.samhsa.gov/data/get-help/locating-treatment/where-do-i-go-treatment-help>



Disorder (SUD) treatment for pregnant and parenting people. The Referral Center can respond to calls Monday through Friday 9AM to 5PM. 866-705-2807

Resources for SUD Services, Access, Support (continued)



SafeSpot, formerly known as the Massachusetts Overdose Prevention Helpline <https://safe-spot.me/about-us/>



The MBHP ACOs' resources, e.g., websites and Care Management teams



BSAS/IHR's Women & Family Referral Center (support and information to anyone in Massachusetts with questions about Substance Use)



Massachusetts Drug Supply Data Stream (MADDS) <https://heller.brandeis.edu/opioid-policy/community-resources/madds/index.html>



The Institute for Health and Recovery <https://www.healthrecovery.org/>

Resources for SUD Services, Access, Support

The Bureau of Substance Addiction Services (BSAS) is funding certain hospitals to improve access to their ED and SUD/MOUD Bridge Clinic Services

Participating Hospitals

- Bay State Franklin Medical Center
- Beth Israel Deaconess Boston
- Beth Israel Deaconess Plymouth
- Boston Medical Center
- Cambridge Public Health Alliance
- UMass Memorial
- Lahey Hospital and Medical Center - Burlington
- Lawrence General Hospital
- Lowell General Hospital
- Milford Regional Medical Center
- Northeast Hospital Corp = Beverly
- Signature Health Care - Brockton
- South Shore Hospital
- Mass General Hospital
- Mercy Hospital

BSAS Helpline

<https://helplinema.org/>

Services Offered by SUD Helpline:

- Non-clinical public resource for finding substance use treatment, recovery, and problem gambling services. Non-clinical and confidential. 24/7.
- Resource list includes regularly updated list of licensees and unlicensed providers and pilot programs. This is supplied in part by BSAS but includes resources such as self-help, recovery coaches, etc., that is collected by HRIA.
- No PHI information collected; avoids implications of Fed Law (42 CFR Part 2) which requires patient confidentiality regarding substance use treatment; demographic information collected.
- Follow-up services, community engagement, texting (launching soon), and chat services are available.

Scenarios where the BHHL would refer a caller to the MA BSAS Helpline:

- Caller is asking to be connected to the SUD Helpline
- Caller is asking for SUD services only and needs a direct service referral other than a CBHC (e.g., OBAT, Recovery Coach, ATS, CSS, residential)
- Caller is looking for services specific to pregnant and post-partum including access to individual and family residential services
- Caller is looking for Gambling intervention and treatment services

How MCSTAP Can Help



Assistance with evidence-based practices when prescribing medication for treating chronic pain or SUD



Consult on questions (managing meds and/or chronic pain):

- Prescribing buprenorphine or naltrexone
- Preparing for medication changes or titrating medications
- Overall management plan for complex challenging cases
- Review potential treatment plan changes prior to patient visit
- Issues about pregnant women and other special populations



Coaching on complex patients with chronic pain and SUD



Build clinician/practice care capacity for patients with chronic pain and SUD