



COLORADO
Office of Behavioral Health
Department of Human Services

Medication-Assisted Treatment (MAT) in Residential Substance Use Disorder Treatment Toolkit

September 2020

Medication Assisted Treatment in Residential Treatment

Table of Contents

Medication-Assisted Treatment in Residential Treatment	2
What is Medication-Assisted Treatment (MAT)?	2
What Medications are Commonly Used for MAT?	2
MAT for Opioid Use Disorder	3
MAT for Alcohol Use Disorder	3
Medication Assisted Treatment in for Tobacco Cessation	4
MAT and SUD Residential Treatment	5
What are the Benefits of Offering MAT at Residential Treatment Facilities?	6
What Are the Rights of Clients Related to MAT Access?	6
Talking to Clients about MAT	7
Establishing MAT Policies & Procedures in SUD Residential Treatment Programs	7
Procedures for Client Rights and Responsibilities	8
Identifying and Working with an MAT Provider	8
Screening and Assessment	8
Medication Assisted Treatment	9
Procedures for Client Discharge & Termination	9
Discharge Planning	9
Preventing Diversion of MAT Medications	9
Staff Training Procedures	10
MAT Resources	10

Medication-Assisted Treatment in Residential Treatment

In January 2021, Health First Colorado will expand its coverage of substance use disorder (SUD) services to include residential and inpatient treatment and withdrawal management. Residential and inpatient SUD providers licensed by the Office of Behavioral Health are required to facilitate access to Medication-Assisted Treatment (MAT). Access to MAT is also a requirement for providers who will receive Medicaid reimbursement.

What is Medication-Assisted Treatment (MAT)?

Medication-Assisted Treatment (MAT) uses medications approved by the US Food and Drug Administration (FDA), in combination with counseling and behavioral health therapies, to provide a “whole-patient” approach to the treatment of substance use disorders (SUD).¹ MAT is considered an evidence-based treatment for clients with opioid use disorder (OUD), alcohol use disorders and nicotine use disorders. Studies have repeatedly demonstrated the efficacy of MAT at reducing illicit drug use and overdose deaths, improving retention in treatment, and reducing cardiovascular disease, pulmonary disease, cancer risk and HIV transmission.²

Benefits of MAT
Increasing retention in SUD treatment
Reducing overdose
Increasing abstinence from substance use
Lowering risk of contracting HIV and Hepatitis C
Reducing medical and SUD treatment costs
Reducing criminal activity/incarceration

MAT can be provided as part of a comprehensive treatment plan or alone to support the functioning of individuals in all aspects of their lives. The overall goal of MAT is to help individuals achieve a full recovery, including the ability to live a self-directed life.

What Medications are Commonly Used for MAT?

While MAT has become a buzzword in SUD treatment, there is some confusion about what the approach entails. The “medication” part refers to the use of medications used to treat substance use disorders. Examples of these medications include three FDA-approved medications to treat OUD, which include buprenorphine, naltrexone, and methadone.³ The medications differ in terms of their effect on the brain and the challenges they address.

The type of medication chosen for treatment depends on several factors, like the client’s situation and the treatment setting.⁴ Every client is unique, and the right medication is found when the person has little to no side effects, does not feel withdrawal symptoms, and has cravings under control.

¹ <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions>

² Kresina, T. F., Melinda, C., Lee, J., Ahadpour, M., & Robert, L. Reducing mortality of people who use opioids through medication assisted treatment for opioid dependence. *Journal of HIV & Retro Virus* 1.1 (2015).

³ <https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat>




⁴ For additional information on selecting the best medication for an individual, see the ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use, available at: <https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf>.

Medication Assisted Treatment in Residential Treatment

Research shows that clients utilizing MAT for more than one-to-two years have the best rates of long-term success. However, the length of treatment can vary depending on the client, with some clients needing MAT for the remainder of their lives.

MAT for Opioid Use Disorder

Figure 1. M is for Medication: The Three Types

			
How it's taken	Methadone Liquid, edible wafer or tablet	Buprenorphine Tablet, oral dissolving strip or implant	Naltrexone Tablet or injection
What it does	A long-acting opioid medication that reduces cravings and symptoms of withdrawal and blocks euphoric effects of other opioids	An opioid medication that reduces cravings and symptoms of withdrawal and weakens euphoric effects of many opioids until the effects eventually level off	After mandatory 7- to 10-day withdrawal from all opioids, this non-opioid drug blocks effects of opioids and reduces cravings
How often it's taken	Daily	<ul style="list-style-type: none"> • Tablet or strip: Daily • Implant: Every six months 	<ul style="list-style-type: none"> • Tablet: Every one to three days • Injection: Monthly
Where it's available	Certified Opioid Treatment Program (OTP), also known as a methadone clinic	Doctor, nurse practitioner or physician assistant with training to prescribe in office-based setting or some opioid treatment programs	Doctor or pharmacist

Retrieved from:

<https://www.coloradohealthinstitute.org/research/providing-medication-assisted-treatment-colorado>

MAT for Alcohol Use Disorder

Acamprosate	Acamprosate is for people in recovery, who are no longer drinking alcohol and want to avoid drinking. It works to prevent people from drinking alcohol, but it does not prevent withdrawal symptoms after people drink alcohol. It has not been shown to work in people who continue drinking alcohol, consume illicit drugs, and/or engage in <u>prescription drug misuse and abuse</u> . The use of acamprosate typically begins on the fifth day of abstinence, reaching full effectiveness in five to eight days. It is offered in tablet form and taken three times a day, preferably at the same time every day. The medication's side effects may include diarrhea, upset stomach, appetite loss, anxiety, dizziness, and difficulty sleeping. ⁵
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⁵ <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions>

Medication Assisted Treatment in Residential Treatment

Disulfiram	Disulfiram treats chronic alcoholism and is most effective in people who have already gone through detoxification or are in the initial stage of abstinence. Offered in a tablet form and taken once a day, disulfiram should never be taken while intoxicated and it should not be taken for at least 12 hours after drinking alcohol. Unpleasant side effects (nausea, headache, vomiting, chest pains, difficulty breathing) can occur as soon as ten minutes after drinking even a small amount of alcohol and can last for an hour or more. ⁶
Naltrexone	Naltrexone blocks the euphoric effects and feelings of intoxication and allows people with alcohol use disorders to reduce alcohol use and to remain motivated to continue to take the medication, stay in treatment, and avoid relapses. ⁷

For more information about medications, please refer to the following online resources:

- Food and Drug Administration (FDA), Information about Medication-Assisted Treatment (MAT), at:
<https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat>
- Substance Abuse and Mental Health Services Administration (SAMHSA), Medication-Assisted Treatment (MAT), at:
<https://www.samhsa.gov/medication-assisted-treatment>

Medication Assisted Treatment in for Tobacco Cessation

The treatment of tobacco use disorder with the support of medications has demonstrated that the use of these medications can improve the likelihood of stopping tobacco use and refraining from future use, alone, and especially when combined with psychotherapy or other supports.⁸ There are FDA approved medications used for the treatment of tobacco use disorder. While many similarities exist between MAT for tobacco and MAT for other drugs, MAT for tobacco is unique in a variety of ways.

Courses of therapy for tobacco use disorder treatment are generally 12 weeks or less, but may be extended to support client treatment needs and prevent relapse. Extended-duration therapy of varenicline (greater than 12 weeks) is recommended.

Additional information about tobacco use disorder treatment can be found here:

- National Institutes of Health (NIH), at:
<https://www.drugabuse.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/what-are-treatments-tobacco-dependence>

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⁶ <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions>

⁷ <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions>

⁸ Audrey Klein. What Does It Really Mean to Be Providing Medication Assisted Treatment for Opioid Addiction. 2017. Available at <https://www.hazeldenbettyford.org/education/bcr/addiction-research/medication-assisted-treatment-opioid-addiction-wp-1017>.

Medication Assisted Treatment in Residential Treatment

- American Academy of Family Physicians (AAFP), Pharmacologic Product Guide: FDA-Approved Medications for Smoking Cessation, at: https://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/pharmacologic-guide.pdf

More information about medications used to support tobacco cessation can be found at:

- American Academy of Family Physicians (AAFP), Pharmacologic Product Guide: FDA-Approved Medications for Smoking Cessation, at: https://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/pharmacologic-guide.pdf

MAT and SUD Residential Treatment

In 2021, Colorado’s Medicaid benefit for SUD treatment will be expanded to include coverage for residential and inpatient treatment and withdrawal management services. In conjunction with the introduction of coverage for these services, Health First Colorado, the state’s Medicaid agency, will require that all residential and inpatient programs seeking Medicaid reimbursement facilitate access to MAT.

Many clients participating in SUD residential treatment programs have been diagnosed with an opioid and/or alcohol use disorder, and therefore, could greatly benefit from MAT as part of their recovery path. Additionally, SUD residential treatment settings without MAT result in clients being at a higher risk of overdose after discharge.

Client Rights
Federal laws prohibit discrimination against individuals receiving MAT
Access to residential treatment cannot be denied based on an individual having a valid prescription for MAT
Clients must be allowed access to MAT (even if a residential provider does not furnish these services) if MAT is clinically appropriate and it provides a therapeutic benefit

SUD residential treatment programs are responsible for ensuring access to MAT for clients choosing medication as treatment for SUD. If a program does not offer MAT “in-house”, staff should arrange access to MAT services from a community provider, such as an opioid treatment program (OTP), community health center, primary care provider, office-based outpatient treatment program (OBOT), or other approved MAT provider. While previous models of treatment, like abstinence models, assumed the use of opioid agonists in MAT for treating OUD were separate from formal addiction treatment, MAT is an evidence-based, first line treatment and is now considered a part of treatment in residential programs. Treatment efforts emphasize the inclusion of MAT as part of long-term recovery.⁹ For clients participating in MAT, residential treatment settings should provide the following activities:

- Assessment and monitoring by a medical provider
- Consistent meetings with a substance use disorder counselor
- Follow-up on treatment plans based on client goals for treatment

⁹ Audrey Klein. What Does It Really Mean to Be Providing Medication Assisted Treatment for Opioid Addiction. 2017. Available at <https://www.hazeldenbettyford.org/education/bcr/addiction-research/medication-assisted-treatment-opioid-addiction-wp-1017>.

Medication Assisted Treatment in Residential Treatment

The medical provider is responsible for prescribing and monitoring MAT services for clients. Some MAT options may require special consideration when combined with anxiety medications, including benzodiazepines (e.g. Xanax and Valium). It is critical that program staff ensure adequate communication and coordination with other medical providers prescribing client medications to ensure safety. The SUD counselor plays a vital role in assisting clients who are participating in MAT. They relay important information to the medical provider, including the client's medication compliance, results from urine analysis, and level of participation in the program. The SUD counselor also observes and reports medication side effects, and may be the first person to observe, and share information with the medical provider, regarding symptoms of anxiety, depression, suicidal ideation, or other mental health issues. For all these reasons, conversations between the medical provider and SUD counselor should occur regularly for clients receiving MAT in residential settings. The SUD counselor also provides evidence-based psychosocial (EBP) therapies. Some examples of EBP for treatment of SUD include cognitive behavioral therapy, motivational enhancement therapy, twelve step facilitation, community reinforcement, and contingency management.¹⁰

What are the Benefits of Offering MAT at Residential Treatment Facilities?

Research shows a wide variety of benefits from MAT including but not limited to: decreased opioid use, decreased opioid-related overdose deaths, decreased criminal activity, decreased infectious disease transmission, and increased social functioning and retention in treatment.¹¹ It is never too early or too late to talk to clients about MAT and the available treatment options to help them on their path to recovery. MAT should be started as early as possible to prevent relapse and overdose during the initial withdrawal process.

The rate of relapse for a client with OUD who receives treatment in a residential treatment program without MAT is 80 percent within two years - this means only 1 out of 5 patients can transition to recovery without using medications (and they are at high risk of death from overdose if they relapse).¹²

What Are the Rights of Clients Related to MAT Access?

Colorado's Behavioral Health Rules (2 CCR 502-1) state that licensed providers shall continue individuals on their medication-assisted treatment regimen and will only detox individuals from medications treating opioid use disorders at the individual's request or if it is deemed medically necessary. In addition, Rule states that licensed SUD providers shall inform individuals receiving services about access to MAT; and with the individual's consent, agencies shall provide MAT directly, if the agency or provider is appropriately licensed to do so. If an agency or provider is not licensed to provide MAT and an individual receiving services requests MAT, an agency shall

¹⁰ Audrey Klein. What Does It Really Mean to Be Providing Medication Assisted Treatment for Opioid Addiction. 2017. Available at <https://www.hazeldenbettyford.org/education/bcr/addiction-research/medication-assisted-treatment-opioid-addiction-wp-1017>.

¹¹ National Institute on Drug Abuse. Effective Treatments for Opioid Addiction. 2016. Available at bit.ly/2o7VWxE.

¹² Masters, M., & Rainwater, M. (2016, March). Recovery Within Reach: Medication-Assisted Treatment of Opioid Addiction Comes to Primary Care. California Health Care Foundation. Retrieved from www.chcf.org/wp-content/uploads/2017/12/PDF-RecoveryReachMAT.pdf

refer the individual to an agency that provides MAT.

Colorado Senate Bill 20-007 prohibits managed service organization contracted providers; withdrawal management services; and recovery residences from denying access to medical or substance use disorder treatment services, including recovery services, to persons who are participating in prescribed medication-assisted treatment for substance use disorders. In addition, the act prohibits courts and parole, probation, and community corrections from prohibiting the use of prescribed medication-assisted treatment as a condition of participation or placement.

Additionally, there are federal laws that prohibit discrimination against clients receiving MAT. Clients in recovery from addiction, including those in MAT, are protected from discrimination in employment, housing, public accommodations, and access to government services by these laws:

- Americans with Disabilities Act (ADA)
- Fair Housing Act (FHA)
- Workforce Investment Act (WIA)

Talking to Clients about MAT

It is important to talk to clients about the benefits of MAT, both individually and in group settings. Whatever the context, staff should seek opportunities to address stigma and counteract myths with facts. When stigma presents itself, staff can use it as a teaching moment to encourage and promote understanding and well-being. The tables below describe these conversations in both the individual and group settings.

HOW TO TALK TO CLIENTS ABOUT MAT

Ask. Ask clients if they have ever considered using medication to stop their cravings for opioids or alcohol. Ask about their feelings towards using medications to assist in recovery.

Inform. Describe MAT options that may be available to the client and inform them about the benefits of MAT.

Encourage. Recommend that they consult with a medical provider to learn more. Offer referrals and linkages to external providers if MAT is not available onsite.

HOW TO TALK TO CLIENTS ABOUT MAT IN A GROUP

Address. Address any stigma that may exist in the group. Stigma may be in the form of biases around drug use and using medications as “a crutch” or “substitute.”

Inform. Educate group participants about MAT, how it works and the benefits.

Encourage. Recognize that clients all have individualized treatment, recovery and needs.

Establishing MAT Policies & Procedures in SUD Residential Treatment Programs

This portion of the toolkit provides best practices for SUD residential treatment programs when developing the necessary policies and procedures for integrating MAT services into their programs. Not every possible scenario can be addressed; therefore, residential treatment programs are urged to develop specific policies and procedures regarding MAT services for their clients.



Procedures for Client Rights and Responsibilities

To ensure a common understanding between staff and clients, residential treatment programs should provide clients with written information about their responsibilities with respect to MAT treatment. This includes having clients sign a “MAT in SUD Residential Treatment Agreement” if they choose to receive MAT as part of their treatment plan. (See MAT resources section below.) Additionally, clients should receive full information about their rights. (See SAMHSA, [Know your Rights: Rights for Individuals on Medication Assisted Treatment](#)).

Non-adherence, misuse, and diversion should be discussed with the client and the medical provider to decrease the possibility of these situations occurring and to provide informed consent to the client. Urine analysis is required for all clients receiving MAT services. The results should inform treatment interventions and not be used for punitive measures. If a client does not follow the MAT treatment plan and/or relapses, the medical provider and residential treatment staff should review, and revise treatment plans, accordingly, rather than discharging a client.

Identifying and Working with an MAT Provider

Residential treatment providers may elect to integrate MAT prescribing and management into their in-house services or may arrange to have services provided by an external provider. Programs can locate buprenorphine treatment providers through the following resources:

- SAMHSA [buprenorphine practitioner locator](#)
- [OpiRescue/OpiSafe](#)
- [treatmentmatch.org](#)
- Colorado Office of Behavioral Health - [Colorado LADDERS](#)

Procedures will vary by program depending on whether the residential program is utilizing an internal or external prescriber to provide MAT. The following procedures for connecting clients with MAT are suggested as they may establish a common understanding among management, staff, and medical providers about the behaviors and outcomes expected while the client engages in MAT during their stay in a residential treatment program.

Screening and Assessment

- Residential treatment staff should screen all clients for OUD.
- Residential treatment staff should incorporate questions into the SUD assessment, specifically asking the client whether they are interested in starting MAT or continuing their preexisting MAT services while in SUD residential treatment.

Medication Assisted Treatment in Residential Treatment

- If the client expresses interest in starting MAT while in residential treatment, staff should provide the client information about MAT services, refer the client to an appropriate medical provider, and complete a release of information (ROI) form.
- If the client expresses interest in continuing preexisting MAT while in residential treatment, staff should gather information on the assessment about MAT services, complete an ROI to obtain the client's information from the medical provider, and ensure the next appointment for MAT is scheduled.

Medication Assisted Treatment

- Staff should include the medical provider for care coordination.
- Appointments with the medical provider should be based on treatment progress, recovery status, and other factors.
- Residential treatment should make MAT as accessible as possible to all clients, including providing transportation to appointments, providing passes, and scheduling.
- Progress notes and treatment plans should clearly document MAT participation.
- Anxiety, depression, suicidal ideation, and other mental health issues should receive regular monitoring and intervention if necessary.
- Staff should monitor clients participating in MAT for withdrawal signs and symptoms.
- To increase the success of MAT, family participation should be considered.
- All clients, regardless of whether they are participating in MAT or not, should attend a psychoeducational group about MAT.

Procedures for Client Discharge & Termination

Residential treatment programs should have clear guidelines regarding their voluntary and involuntary discharge procedures for clients, including any procedures for appealing decisions for discharge. This includes providing clients with information about how to continue care, including MAT, after discharge from a residential treatment program.

Discharge Planning

- MAT-prescribing medical provider should be included in discharge planning.
- If the discharge is planned, the discharge plan should include the continuation of MAT.
- If the discharge is unplanned, staff should strive to ensure the client continues MAT.
- Regardless of discharge status, the client should receive a Narcan kit.
- Regardless of discharge status, the client should receive their prescribed MAT medications.

Preventing Diversion of MAT Medications

Drug diversion is a medical and legal issue, where legally prescribed controlled substances have been transferred from the person for whom it was prescribed to another person for illicit use. Decades of research have shown that the benefits of MAT greatly outweigh the risks associated with diversion.¹³ Diversion of buprenorphine is uncommon; when it does occur, it is primarily for managing withdrawal symptoms.¹⁴ Residential treatment staff should be aware of the procedures in place to facilitate detection with the goal of preventing client harm, diversion-related SUD illness, and drug-related deaths.

¹³ <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>

¹⁴ <https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction>

Medication Assisted Treatment in Residential Treatment

Residential treatment programs should have practices in place to achieve the following with respect to diversion:

- Procedures to deter controlled substance diversion
- Clearly defined and solution-focused interventions for substantiated diversions
- Training of staff for signs of possible diversion

Staff Training Procedures

With greater awareness of OUD, nationally, and increased public investments in combating the OUD epidemic, the field for SUD treatment, including MAT, is rapidly evolving. New approaches, treatment models, and medications are emerging. Residential treatment staff need access to the latest information and strategies to treat clients with OUD.¹⁵ Training for staff is recommended to help staff support clients who choose MAT as a pathway to recovery and work with prescribing providers in their communities. Below are topics to consider addressing in a MAT training for staff:

- MAT medication receipt, storage, administration, and disposal
- Addressing stigma
- Observing and reporting side effects and mental health issues to medical providers
- Nonadherence and diversion
- Treatment engagement
- Role of urine analysis and testing to inform treatment decisions
- Duration of MAT services
- Family inclusion in MAT treatment
- SUD care coordination

MAT Resources

Below are a few MAT-related resources and examples or templates of various policies and agreements that residential treatment programs may want to consider when developing their own agreements and procedures for MAT services.

Prescriber Resources

- [ASAM - Sample Treatment Agreement](#)
- [ASAM - IT MATTERS guides, resources and tools](#)
- [Center for Prescription Drug Abuse Prevention and University of Colorado College of Nursing Toolkit](#)

Diversion

- [University of Wisconsin-Madison Addiction Treatment Transfer Center \(ATTC\) - Reducing Risk of Misuse and Diversion Fact Sheet](#)

Staff Training

- [NAADAC - Comprehensive Medication Assisted Treatment Webinar](#)

¹⁵ <https://integrationacademy.ahrq.gov/products/mat-playbook/strategies-support-staff>

Securing Buy-In

Medication-assisted Treatment Fact Sheet #1



Great Lakes (HHS Region 5)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Lack of buy-in can interfere with attempts to expand use of medication-assisted treatment (MAT) for substance use disorders (SUDs). Try the following strategies to build support for this evidence-based practice:

2 SHARE THE EVIDENCE. A growing body of research shows that MAT: *

- Saves lives
- Keeps people in treatment longer
- Reduces drug-related crime



4 ADDRESS CONCERNS ABOUT DIVERSION.

Have patients sign informed consent forms; institute random pill or film counts and observed urine drug screens.*



1 EDUCATE treatment staff, patients, family members, and the community. Offer info sessions that cover key points:

- The brain chemistry of substance use disorders
- The difference between addiction and dependence
- MAT is not “replacing one drug for another”
- The FDA-approved medications and how they work



3 USE NON-STIGMATIZING LANGUAGE. Talk about MAT as a tool for managing SUDs, rather than as “harm reduction” or “not abstinence-based.” *

5 SHARE SUCCESS STORIES.

MAT has helped many people succeed in recovery, often after repeated failed attempts at other forms of treatment.*

Success

6 PROVIDE STRUCTURE for treatment staff by establishing policies that define patient responsibilities for proper use of MAT.

7 AFFIRM OTHER ASPECTS OF TREATMENT. Reassure treatment staff, patients, and family members that counseling will remain a vital component of any MAT treatment plan.



8 USE A HEALTH ANALOGY. Having an SUD is similar to having a chronic condition such as diabetes or hypertension.

*See reverse for selected resources