

START

Stimulant Treatment and Recovery Team



Marielle Baldwin, MD

Medical Director, START Clinic

Boston Medical Center



Grayken Center
for Addiction
Boston Medical Center



START: STIMULANT TREATMENT AND RECOVERY

- Street-level addiction treatment for stimulant use disorder.
- June 2021: 1419 appts scheduled, 672 visits completed. Open Mon-Fri 8-4pm (evening hours available)
- Utilizes contingency management through Recovery Rewards Program
 - Engagement, Exercise
- 55% of patients identify as a person of color
- 35% of patients identify as part of the LGBTQ+ community

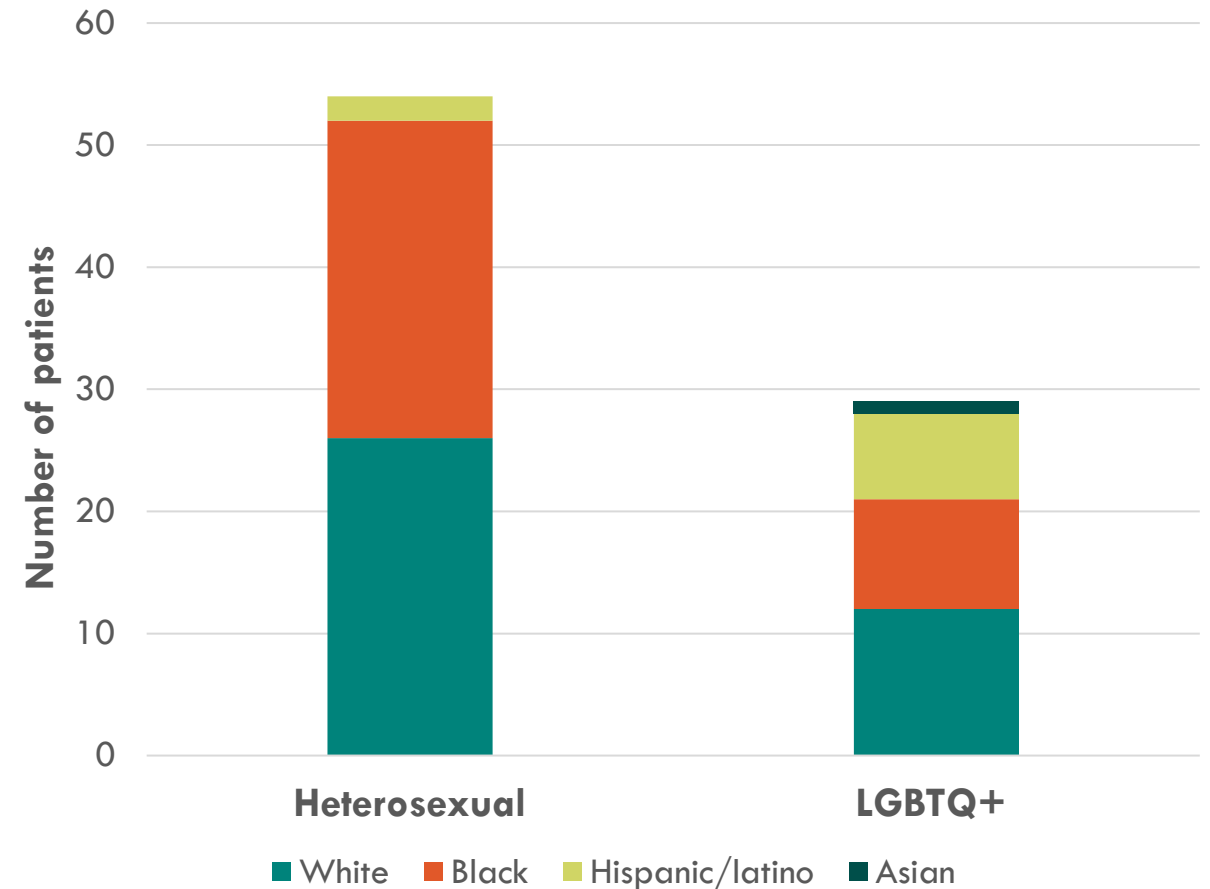


Figure 5: An intersectional look at racial identity and sexual orientation of patients who completed intakes, based upon EIM/ESM data. (N=68)

RECOVERY REWARDS PROGRAM

- Contingency management is an evidenced-based practice that utilizes positive incentives to promote cessation or reduction of stimulant use and engagement in treatment.
- START uses voucher-based and fish-bowl contingency management methods with patients.

The following activities are worth 5 points each and are awarded on a weekly basis.



Engagement.

Meeting with START providers and/or attending groups.



Exercise

Engaging in physical activity groups at the Phoenix Gym or exercising outside of the gym! Modified exercise plans can be created.



Stimulant-Free

Completing a urine toxicology screen (UTS) free of stimulant substances. Being stimulant-free is not a requirement at START, but is rewarded!



How will I be rewarded?

PHASE 1 (Weeks 1 -4)

One point = one dollar in your pocket! You will be given a ClinCard, which is a prepaid debit card. Money will be added to the ClinCard within 48 hours.

PHASE 2 (Weeks 5 -12)

For every 25 points you earn, you will be automatically entered into a raffle to win patient supplies. Supplies vary on weekly basis.

EXERCISE

- START patients are encouraged to exercise as part of exercise-supported recovery.
- Recommended to attend gym, collaboration with peer-run sober gym.
- Engaged Physical therapist created exercise curriculum varying intensity

EXERCISE PLAN

Low-intensity



Seated hip abduction step out
Reps: 10 | Sets: 2 | Rest period: 30 s

Seated cross body reaching
Reps: 10 | Sets: 2 | Rest period: 30 s

Sit to Stand
Reps: 10 | Sets: 2 | Rest period: 30 s

Wall push-up
Reps: 10 | Sets: 2 | Rest period: 30 s

Seated hip flexion, alternating
Reps: 10 | Sets: 2 | Rest period: 30 s

Seated plantar flexion
Reps: 15 each side | Sets: 2 | Rest period: 30 s

Seated trunk rotation
Reps: 10 | Sets: 2 | Rest period: 30 s

TERMINOLOGY

Reps: The amount of times you repeat the exercise move

Sets: The amount of times you complete the number of reps. For example, if there is 10 reps and 2 sets, you will ultimately complete 20 reps.

Rest period: The amount of time you rest between each set. In the previous example, you would rest once you completed one set (10 reps) and then complete the last set (10 reps).

Boston Medical Center | Stimulant Treatment and Recovery Team

SEATED HIP ABDUCTION STEP OUT

Instructions: Sit in a chair with your knees bent. Step your left leg out, then bring back center. Repeat with your right leg.

REPS: 10
SETS: 2
REST PERIOD: 30 S



SEATED CROSS BODY REACHING

Instructions: Sit in a chair with your legs straight and heels touching the floor. Touch your left toe with your right hand, and then touch your right toe with your left hand.

REPS: 10
SETS: 2
REST PERIOD: 30 S



ENGAGEMENT

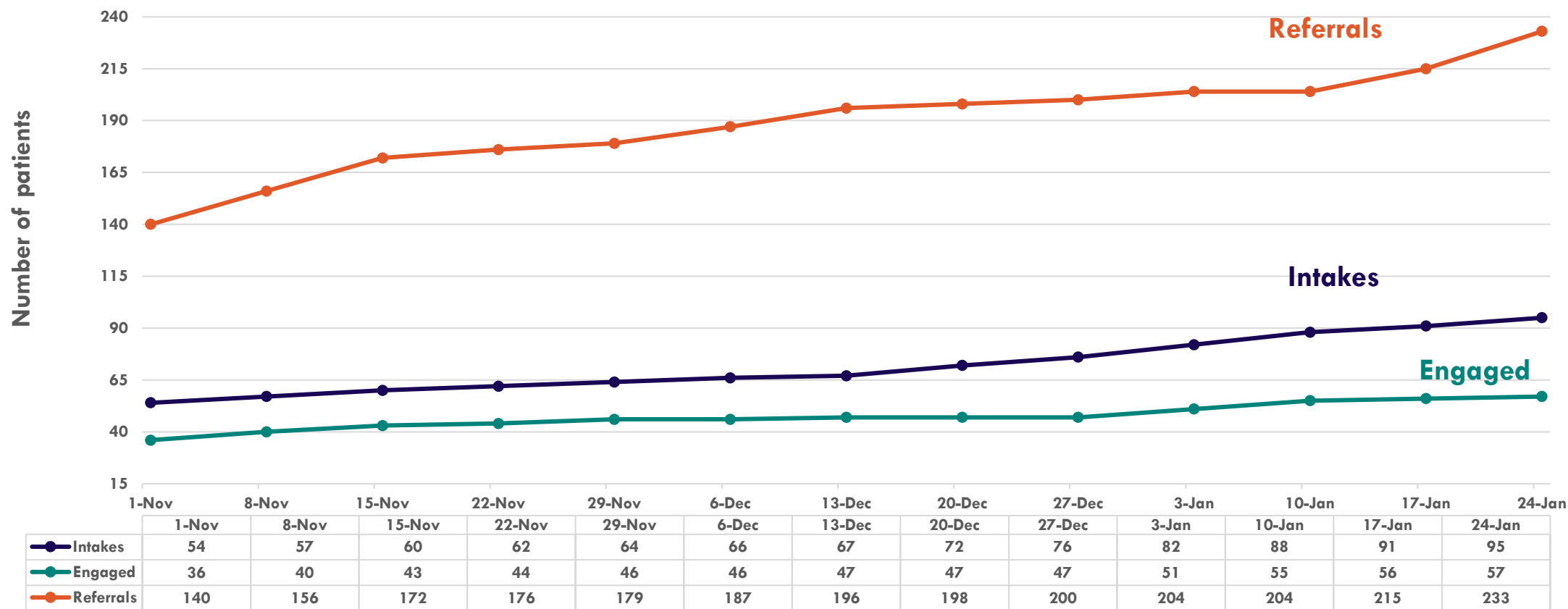


Figure 1: Intakes refers to patients who have completed one appointment, regardless of intake paperwork submitted. Engaged refers to patients that completed intake, a follow-up appointment, and enrolled. Referrals refers to any patient referred to the program by any provider.

WHERE DO OUR PATIENTS COME FROM?

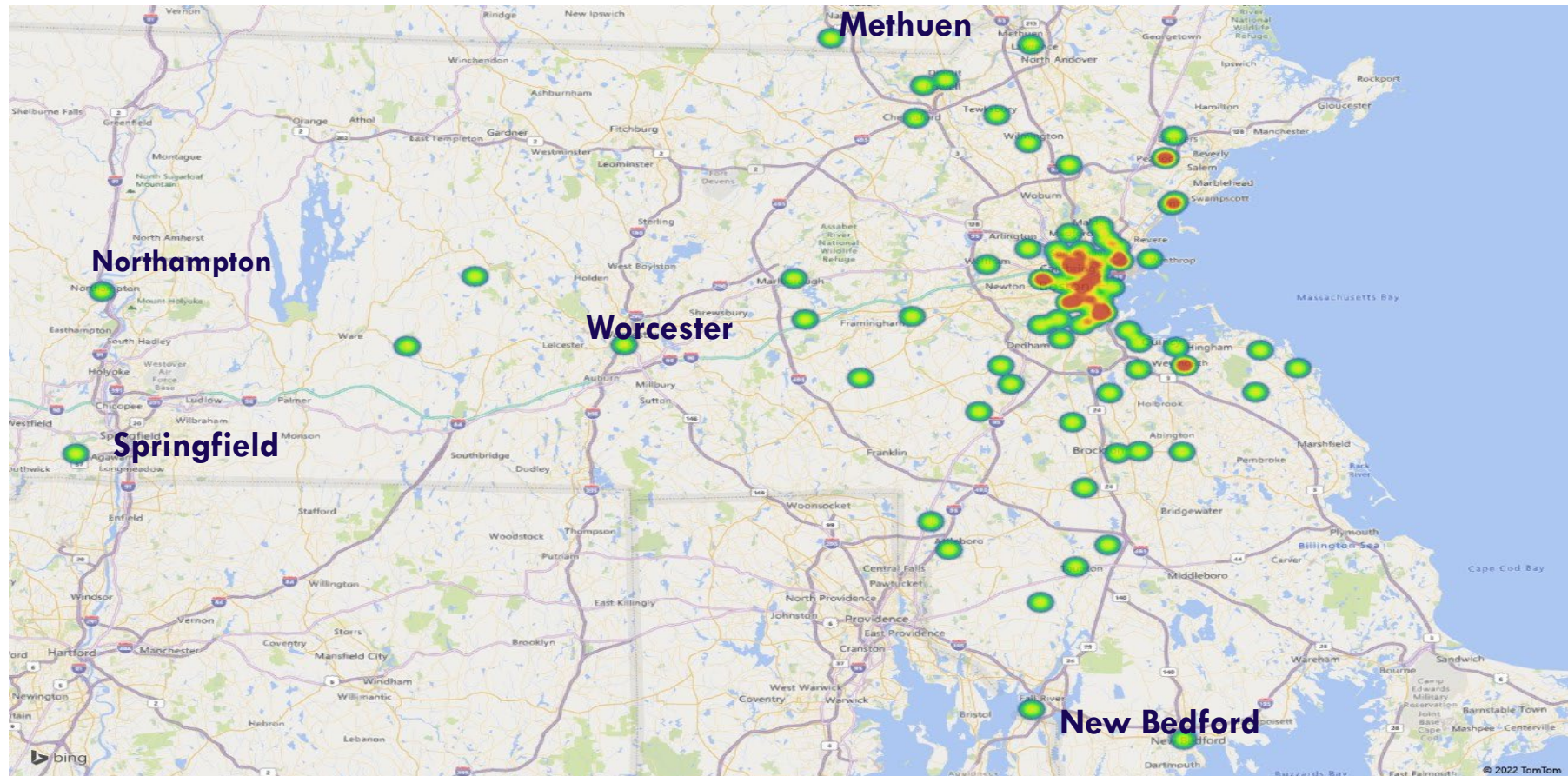
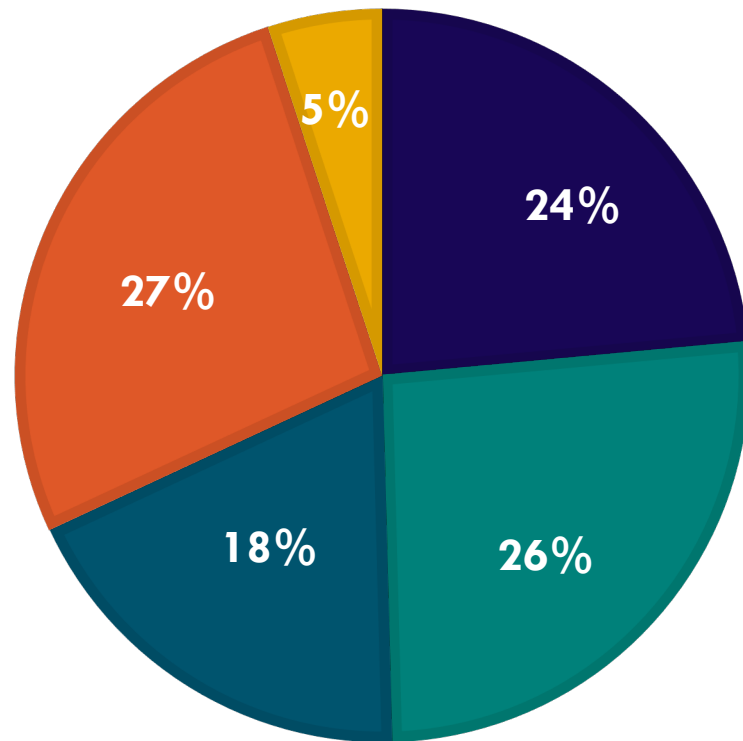


Figure 2: This heat map represents the zip codes of all patients referred to the START clinic, as indicated within the patient's chart. (N=233)

PATIENT DEMOGRAPHICS (CONT.)

Age Range (years old)



■ 25-34 y.o. ■ 35-44 y.o. ■ 45-54 y.o. ■ 55-64 y.o. ■ 65-75 y.o.

Figure 6: The ages of patients who agreed to begin services at START as indicated on the EIM/ESM assessment. (N=68)

Racial Identity

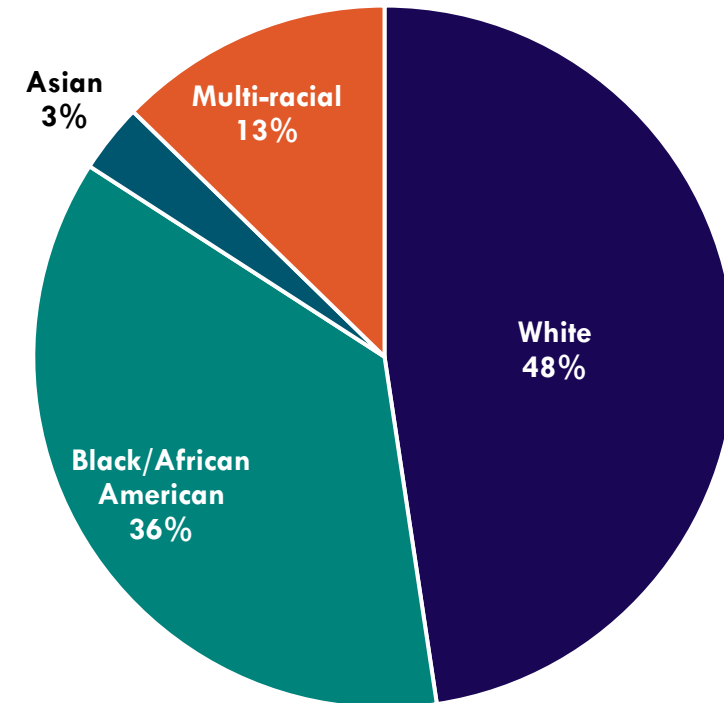


Figure 7: The racial demographics of patients who agreed to begin services with START as indicated on the EIM/ESM assessment. (N=68)

PATIENT DEMOGRAPHICS (CONT.)

Ethnic Identity

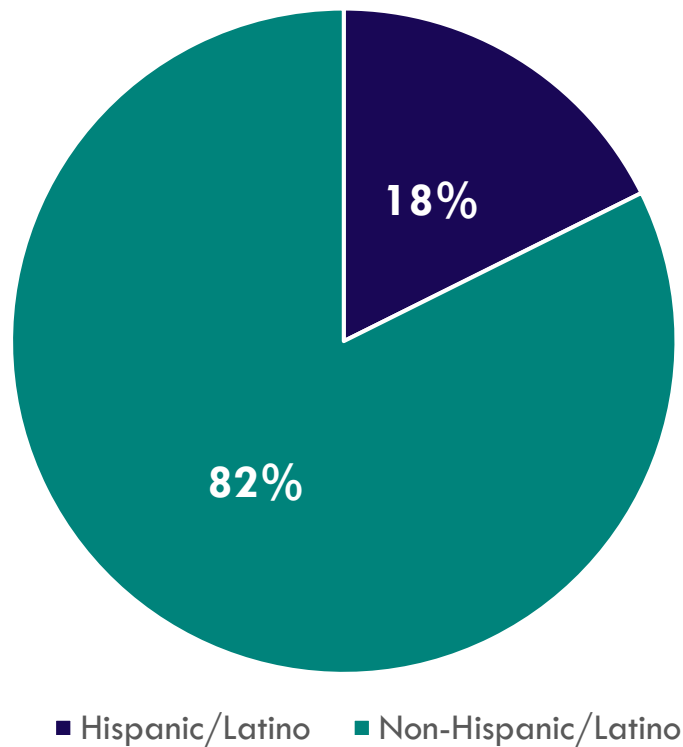


Figure 8: The ethnic demographics of patients who agreed to begin services with START as indicated on the EIM/ESM assessment (N=68).

Patients Identifying as Multi-Racial

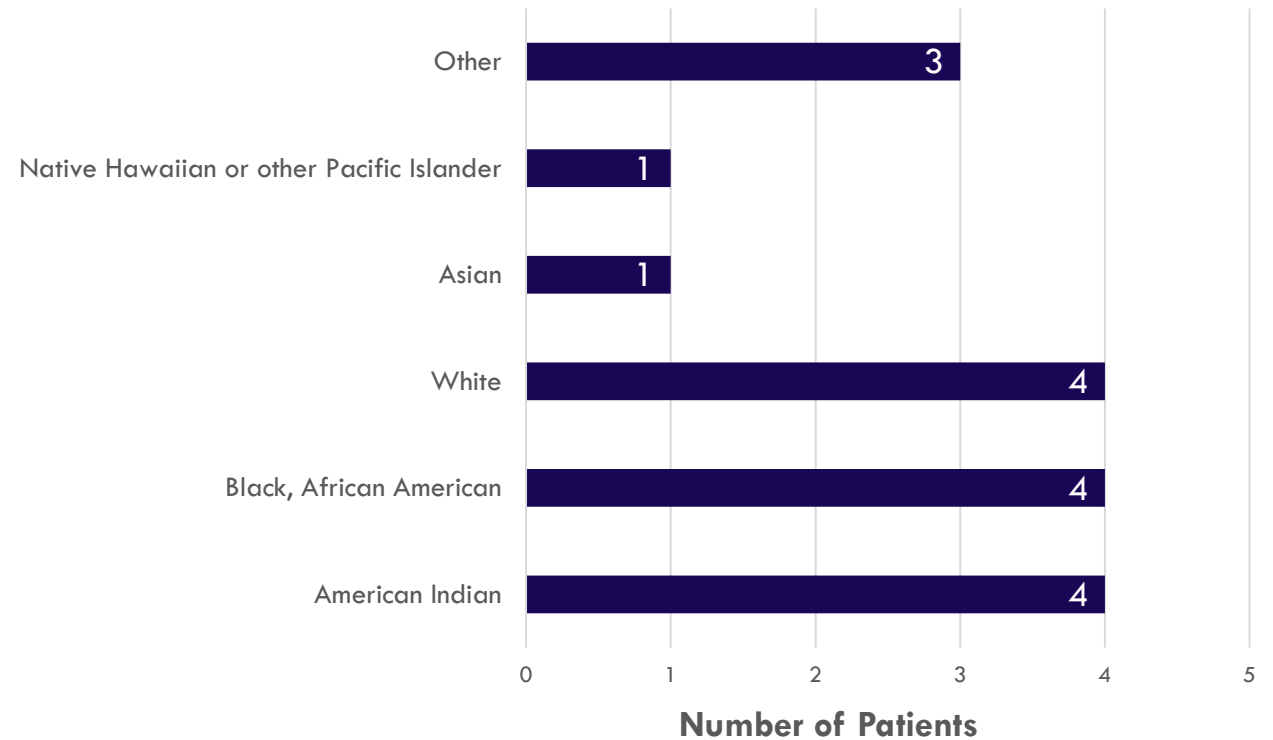
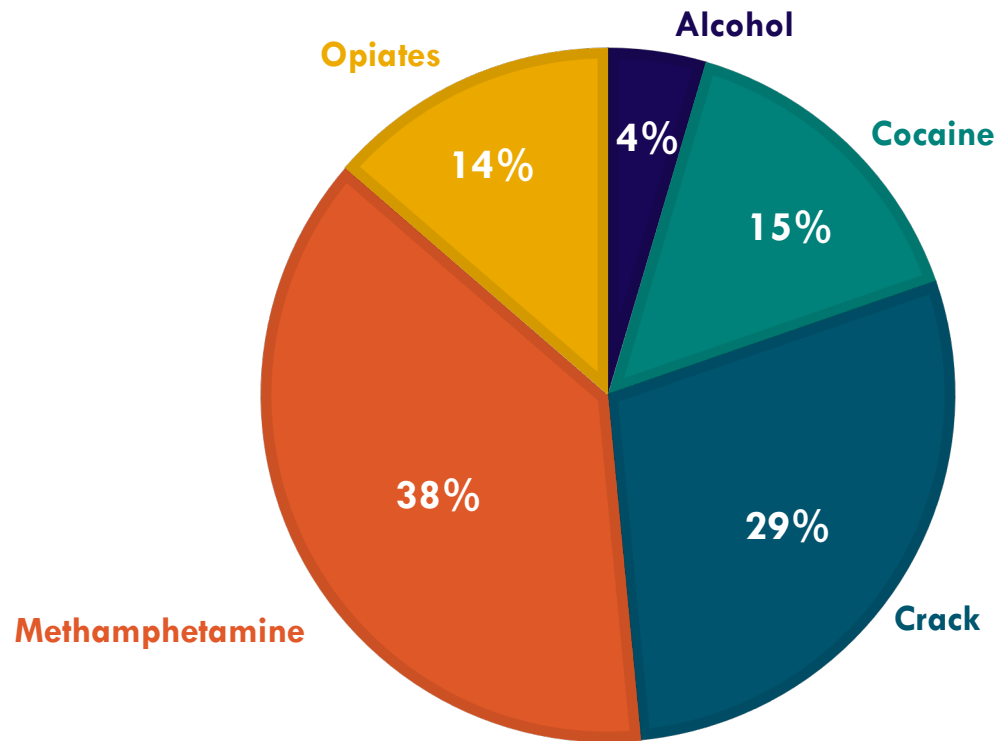


Figure 9: The multi-racial demographics of patients who agreed to begin services with START as indicated on the EIM/ESM assessment (N=68).

SUBSTANCE USE

Primary Substance



Secondary Substance

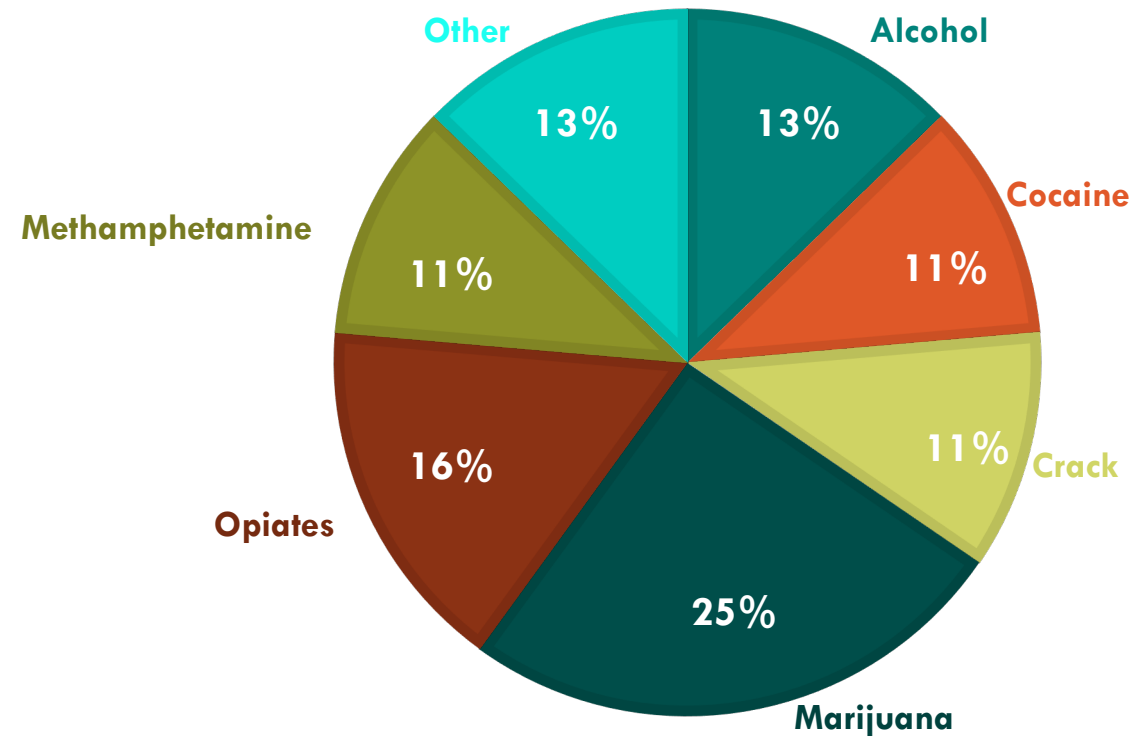


Figure 3: Primary substance use of patients who have completed intake at START as indicated on the EIM/ESM assessment (N=68).

Figure 4: Secondary substance use of patients who have completed intake at START as indicated on the EIM/ESM assessment (N=68).

TOUR OF START CLINIC GROUP SPACE



- Not pictured here includes....
 - In-clinic naloxone
 - Hygiene kits
 - Harm reduction kits

SELF REPORTED OVERDOSE

- 32% of patients have reported at least one opioid-involved overdose
- Not including stimulant overdoses
- Patients reported an opioid-involved overdose, 33% reported overdosing four or more times

Overdoses

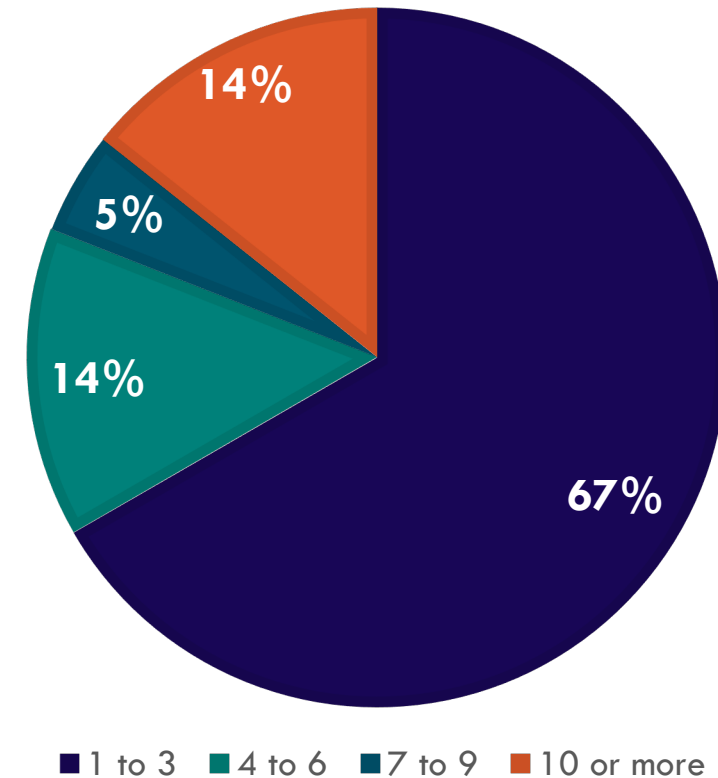


Figure 10: The breakdown of lifetime opioid-involved overdoses of patients who reported at least one overdose during their intake EIM/ESM assessment (N=21).

TOUR OF START CLINIC INDIVIDUAL VISIT SPACE

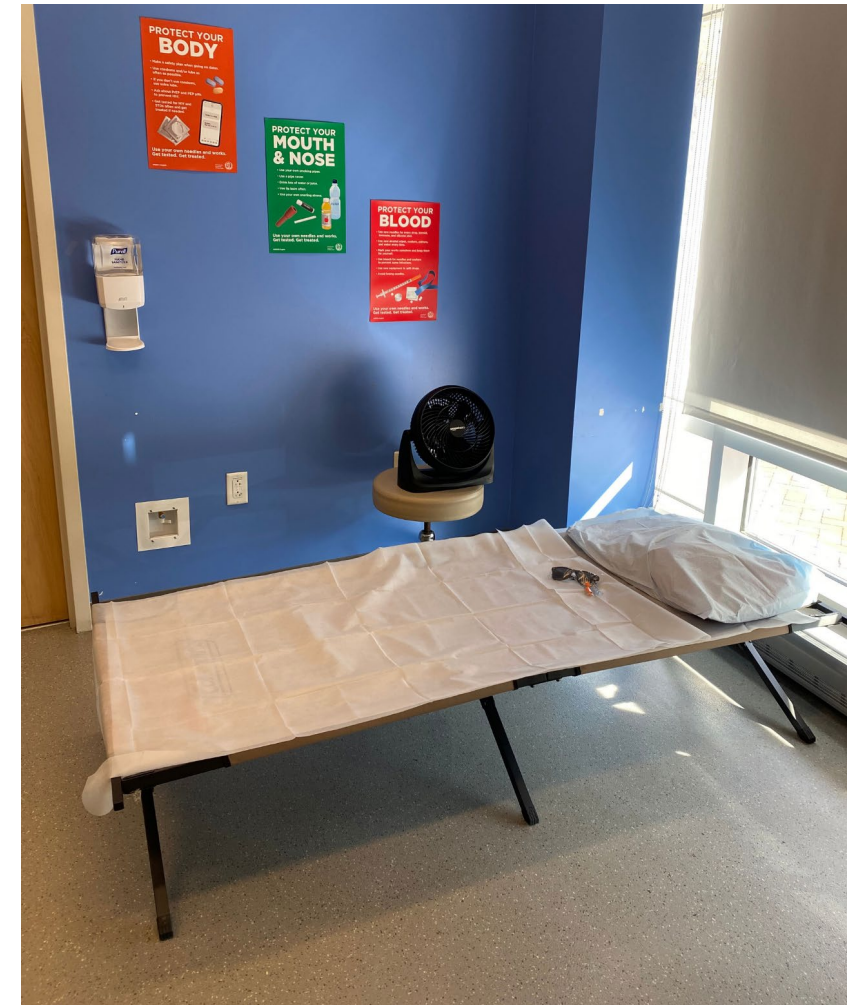


COOL DOWN SPACE: ENTRANCE LOW BARRIER



COOL-DOWN SPACE

- Symptoms of overamping are promptly brought to our “**cool-down**” space, patients are provided with supplies (below) to reduce symptoms:
 - Sunglasses and ear plugs to reduce external stimuli
 - Electrolyte water and chewing gum to reduce dehydration
 - A cot with blankets and pillows to address symptoms of sleep deprivation
- Cool-down space is typically used twice a week
- **Goal:** Improve patient outcomes and engagement in health care system. In addition, decrease ED visits, admissions, and costs.



HOSPITALIZATIONS AND ED UTILIZATION

- Significant time spent in ED or hospital due to untreated medical conditions and stimulant-induced symptoms
- 28% of referred patients no assigned PCP
- Roughly 50% with PCPs are not engaged
- 76% at least one visit to the ED in the last year prior to intake.

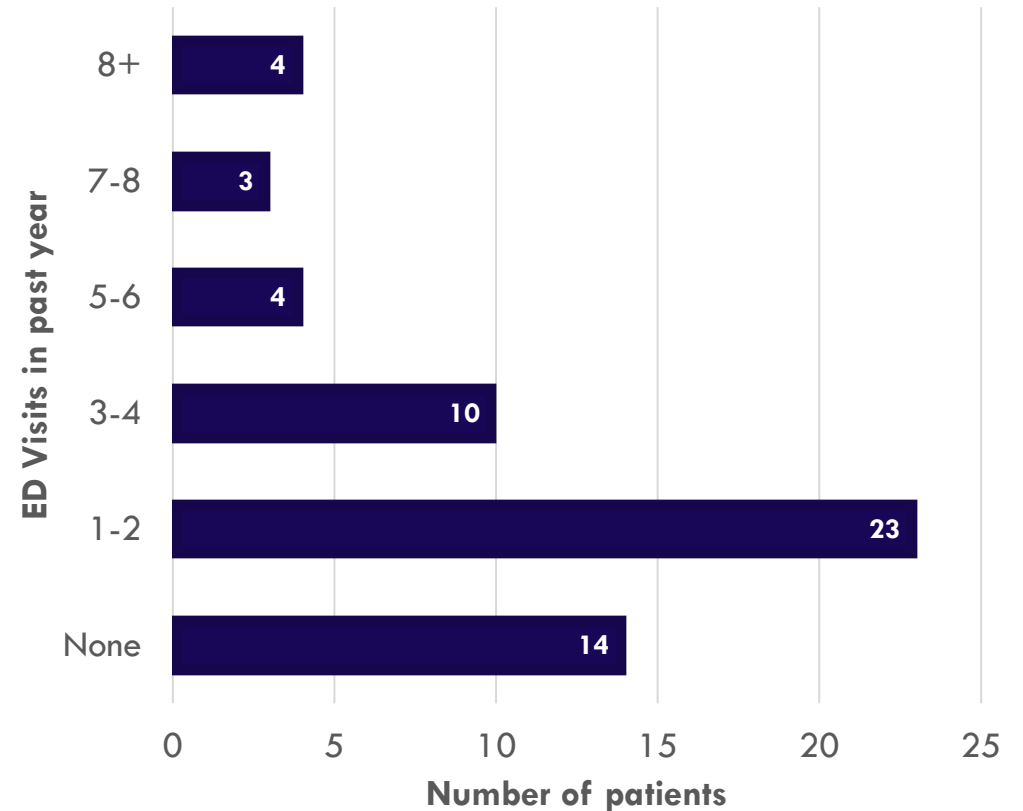


Figure 11: ED visits of patients in the past year prior to intake. These values were patient-reported during the EIM/ESM intake assessment and verified through chart review. (N=59)

MEDICAL NEEDS OF PATIENTS

Medical Comorbidities

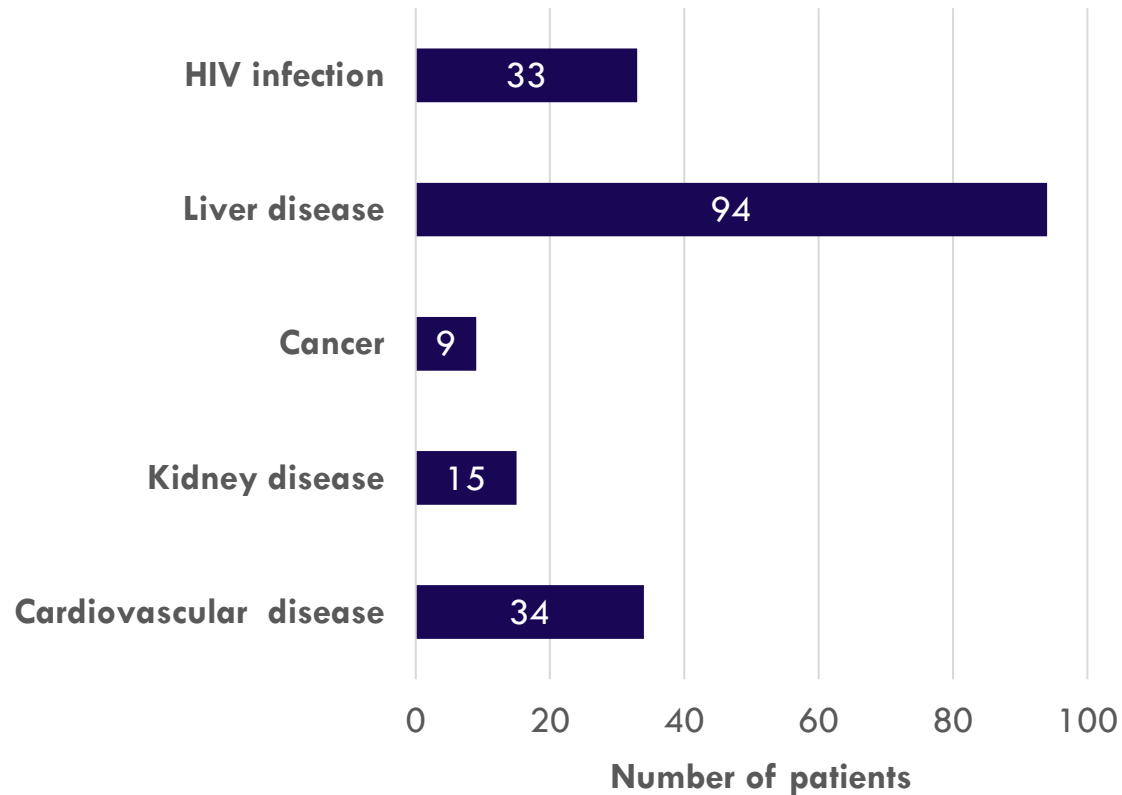


Figure 12: Medical comorbidities of patients referred to START, as documented in the Boston Medical Center EMR. (N=233)

Nights Hospitalized In Past Year

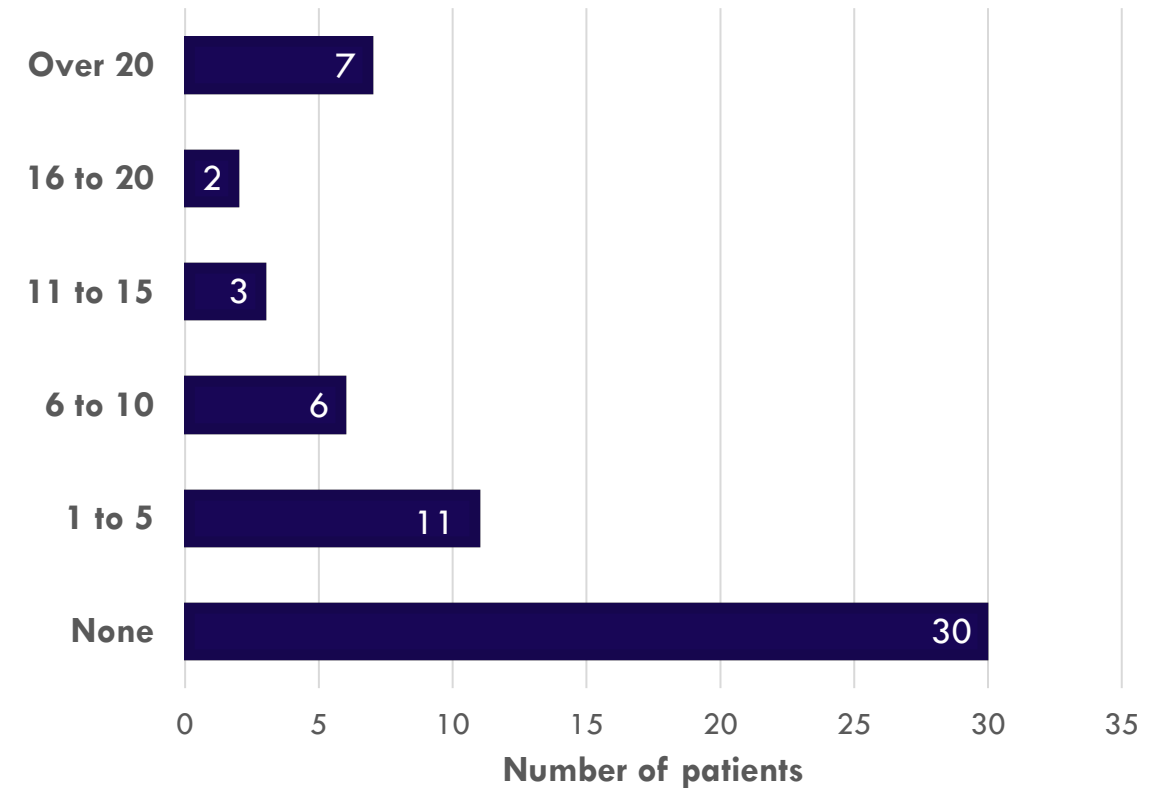


Figure 13: Nights patients were hospitalized in the past year prior to intake. These values were patient-reported during the EIM/ESM intake assessment and verified through chart review. (N=58)

SUCCESS STORIES

“START is a really good mix of scientific medicine with an interpersonal almost spiritual side. A lot of programs I have gone to haven’t been educated around stimulants, which are very different from alcohol or heroin. More importantly, you don’t shut doors for folks who use stimulants but rather open them. I’ve seen a lot of times on the news that other drugs are mentioned freely, but as soon as stimulants are mentioned people don’t want to help you. For me, it’s felt good because the providers here are educated on stimulants and my identities – LGBTQ+, adopted, POC, HIV-positive, etc. This is the first place where all of these parts of me were understood and part of my treatment plan. I also love the diverse staff that includes LGBTQ+ and POC. Counselors at [other program] didn’t understand my methamphetamine use or its history within the LGBTQ+ community, but you do. START gets it and it gets me.”

30 y/o, Hispanic and Indigenous, Malden, MA

START

Stimulant Treatment and Recovery Team



Questions?

Marielle.Baldwin@bmc.org

Faieth.Puleikis@BMC.org





START STAFF

- Marielle Baldwin, MD, MPH – Medical Director
- Meghan Brett, LICSW – Behavioral Health Clinician
- Stephanie Taormina, MD - Psychiatrist
- Ann Claude, RN – Lead Addiction Nurse
- Faith Puleikis – Program Coordinator
- Rachel Xue – Data Coordinator
- Justin Alves, RN, MSN, ACRN, CARN, CNE – Training and Technical Assistance
- Colleen LaBelle MSN, RN-BC, CARN Director

Budget and Staff Breakdown for Pilot at Academic Urban hospital site

Category	Description	
Personnel	Medical Director: provider with primary care and addiction expertise Addiction consultant expert Program coordinator Admin support RN Addiction nurses 1.5 Case management: outreach, concrete services support LICSW: groups and individual Psychiatrist with psychosis training Data coordinator	
Program Supplies	Includes contingency management, snacks, clothes, hygiene supplies, raffles, transportation	
Currently funding = \$495,000	serving 64 individuals; amendment in process to increase enrollments due to demand	
*includes admin, reporting requirements, start up and rapid expansion 5-10 intakes a week	TOTAL \$495,000. Cost variable based on demand, location, other requirements.	

BSAS FUNDED SAMHSA STATE OPIOID RESPONSE

