



Department of Mental Health
Women's Recovery From Addictions
Program
Taunton, MA
April 2019

Agenda

I. Overview and History

II. Integrating Dimensions of Care – ASAM and SAMHSA

III. Treatment

- Course of treatment
- Integrated Care
- Foundations of treatment
- Evidence-based treatment and practices at the WRAP

V. Medication Assisted Treatment

VI. Aftercare

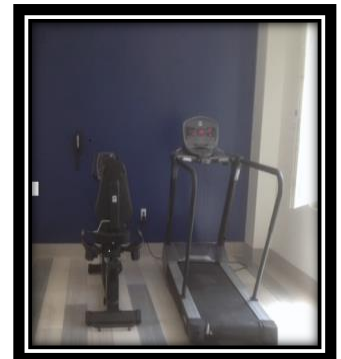
VII. Data and Outcome Measures



Overview

- The WRAP is an inpatient therapy-based treatment facility for women involuntarily committed under M.G.L. 123, s. 35 for alcohol or substance use treatment.
- There are three 15-bed units (45 beds in total).
- Features include locked doors, staffing and clinical treatment to provide treatment for patients who may have more complex behavioral/psychiatric and medical challenges.
- Length of stay is up to 90 days with tight connections to next phases of treatment.
- Practices are based on evidence based knowledge and principles of recovery and trauma informed systems of care.

- Licensed as an Opioid Treatment Program (OTP) for Methadone/Suboxone detoxification and treatment.
- The WRAP provides inpatient, therapy-based treatment that consist of Acute Treatment Services (ATS) for initial detoxification and medical monitoring services (7-10 days); followed by a period of Clinical Stabilization Services (CSS), which, combined with the ATS stay, may not exceed 90 days.
- As part of treatment, the WRAP staff work with patients to develop comprehensive aftercare discharge plans, which include referrals and appointments to individual therapy, psychiatry, and primary care physicians.
- The WRAP serves patients statewide.



WRAP Staffing by Department

- Medical
 - Facility Medical Director – MD – Psychiatrist (1)
 - Nurse Practitioners (2)
 - MD – Internal Medicine (1)
- Nursing
 - RN's and LPN's (37)
 - Recovery Treatment Workers (46)
- Clinical
 - Clinical Director (1)
 - Clinical Supervisors (2)
 - Clinical Therapists (6)
- Aftercare
 - Director of Aftercare Services (1)
 - Aftercare Supervisor (1)
 - Aftercare Staff (9)

SAMHSA 8 Dimensions of Wellness

ASAM Criteria

Dimension 1 – Emotional

ASAM 3 – Emotional Behavioral Cognitive

Emotional regulation, mood disorders, conflict resolution, anger management, stress management, co-occurring, family, communication, trauma, relapse, triggers, coping skills, shame/guilt, stress management mental health, boundaries, self-esteem, self-awareness, self-esteem, attitudes, values, beliefs, hopes/dreams, individual journey, acceptance

Dimension 2 – Environment

ASAM 5 & 6 – Relapse and recovery activities

Aftercare, discharge planning, building healthy supports, leisure, family, life skills, triggers, resources, high risk places, people, things, safety, AA/NA

Dimension 3 – Financial

ASAM 6 – Recovery

Aftercare, discharge planning, resources, employment, life skills, supports, training programs, insurance, financial support

Dimension 4 – Intellectual

ASAM 3,4 – Emotional Behavioral Cognitive , Readiness to change

Education, interests, hobbies, life skills, problem solving, cognitive distortions, problem solving, stages of change, boundaries, values, early warning signs, relapse prevention, triggers, addiction/recovery education, mental health education

Dimension 5 – Occupational

ASAM 2, 3, 5, 6 – biomedical, mental health, Relapse and recovery

Discharge, aftercare, volunteer, interests, goals, training, resources

Dimension 6 – Physical

ASAM 2, 3, 6 – biomedical, mental Health Recovery

Illness management, MAT, wellness, physical impact drug use, healthy life skills, exercise, meditation, yoga, nicotine, Hep C, HIV, women's health, medical aspects drugs and alcohol, OD prevention, harm reduction

Dimension 7 – Social

ASAM 3, 4, 5, 6 – Mental health, Readiness, Relapse and recovery

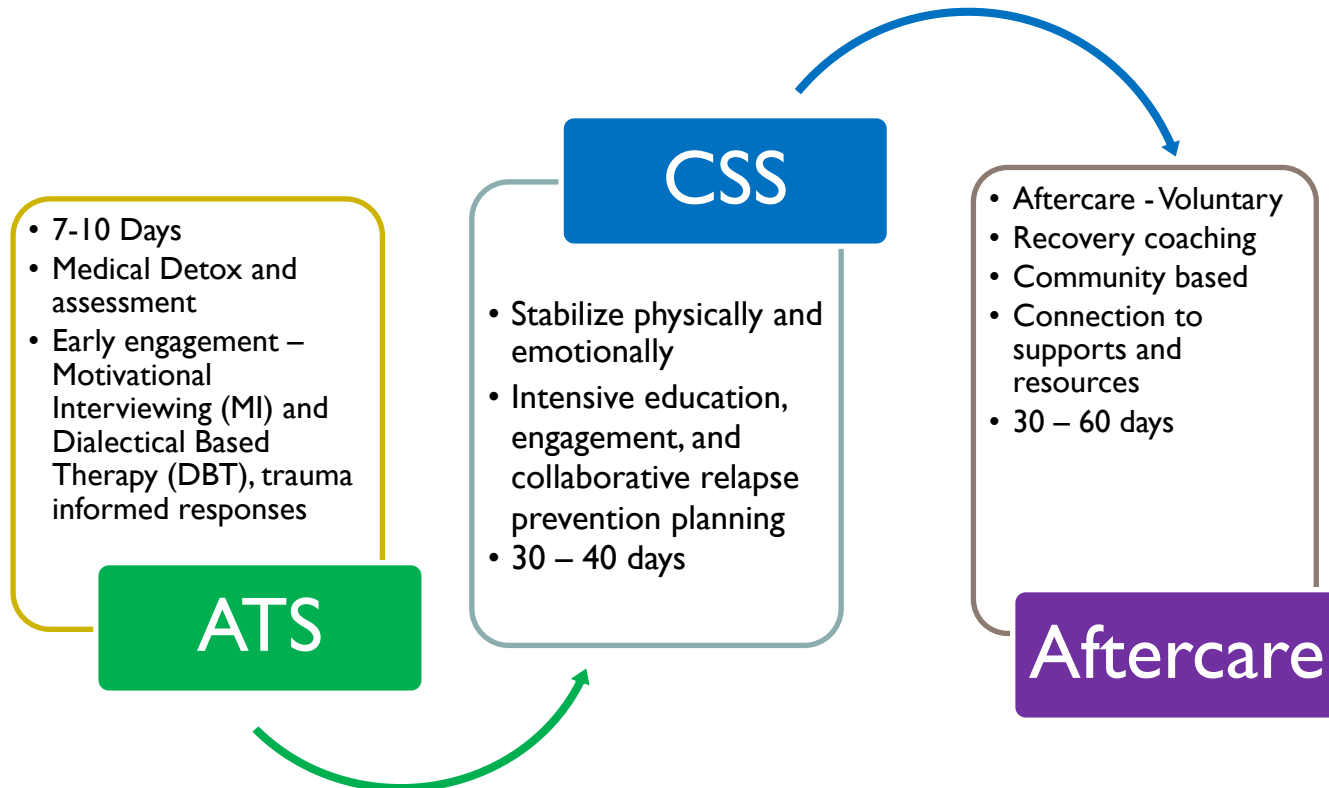
Social skills, communication, boundaries, values, relationships healthy supports, family dynamics, parenting, interpersonal, advocacy, AA/NA, support groups, women's strengths/roles

Dimension 8 – Spiritual

ASAM 3, 4, 6 – Mental health, Readiness, and recovery

Purpose/meaning exploration, values, beliefs, culture, traditions, higher power, sense of belonging, purpose, potential

OVERVIEW: COURSE OF TREATMENT at WRAP



Evidence-Based Treatment and Practices at WRAP

- Evidence based practices include:
 - Motivational Interviewing – all staff trained
 - DBT – All staff trained and utilize in milieu, individual therapy and groups
 - CBT – clinical staff trained and all staff offered training series
 - Trauma Informed Responsiveness – TIMBo
 - De-Escalation
 - Relapse Prevention
 - Stages of Change
 - Dimensions of Wellness
 - Dual Diagnosis
 - Harm Reduction
 - Nurturing Families Program (Group)
 - Smart Recovery
 - Commitment meetings (AA/NA)
 - Suicide Assessment and Treatment
 - Medication-Assisted Treatment

Treatment Modalities

Designed to target the unique needs of every client in early recovery

- Group Therapy – robust group schedule to address unique needs of the clients served
- Individual Therapy
- Medical : Assessment and Treatment
- Psychiatry
- Dietary
- Medication Assisted Treatment
- Spirituality

Medication-Assisted Treatment Options for OUD

Methadone	Buprenorphine	Naltrexone
Who does well?		
<ul style="list-style-type: none"> • Benefit from structured programs • Able to get an approved program • Pregnant and post---partum women • Have chronic pain • People getting treatment for HIV/AIDS 	<ul style="list-style-type: none"> • Are best treated in doctors' offices • Pregnant and post---partum women • Are getting treatment for HIV/AIDS • Motivated to try buprenorphine • Able to adhere to medication treatment 	<ul style="list-style-type: none"> • Able to stop using for 7-10 days • Mandated by court or employer • Also benefit from avoiding alcohol • Motivated to eliminate all opioids now • Re-entering from prison or jail
Starting/Stopping		
<p>When can I start?</p> <ul style="list-style-type: none"> • Immediately <p>How long do I take it?</p> <ul style="list-style-type: none"> • Best results when for at least 1 year • Safe for long-term maintenance • Periodic assessment for ongoing treatment based on individual needs <p>What happens if I stop?</p> <ul style="list-style-type: none"> • Methadone withdrawal symptoms • Gradual tapering doses reduces severity <p>What if I use opioid drugs?</p> <ul style="list-style-type: none"> • High risk of overdose • May not have euphoric effect • Alcohol or other drug use increases risk • Fatalities reported with benzodiazepines 	<p>When can I start?</p> <ul style="list-style-type: none"> • 12-24 hours after last use <p>How long do I take it?</p> <ul style="list-style-type: none"> • Best results when taken 9 months or more • Safe for long-term maintenance • Periodic assessment for ongoing treatment based on individual needs <p>What happens if I stop?</p> <ul style="list-style-type: none"> • Withdrawal, less intense, but unpleasant • Gradual tapering reduces severity <p>What if I use opioid drugs?</p> <ul style="list-style-type: none"> • Moderate to high risk of overdose • May cancel out effects of other opioids • Also moderate to high risk of overdose with alcohol or other substances 	<p>When can I start?</p> <ul style="list-style-type: none"> • After 7-10 days completely opioid-free • Or risk of bringing on severe withdrawal symptoms <p>How long do I take it?</p> <ul style="list-style-type: none"> • Long-acting injectable lasts 30 days • Little effect with short---term treatment • Most studies treat subjects for 5-6 months <p>What happens if I stop?</p> <ul style="list-style-type: none"> • No withdrawal symptoms <p>What if I use opioid drugs?</p> <ul style="list-style-type: none"> • Risk of overdose • If taken while physically dependent on opioids, withdrawal can result • Effects of opioids may be blocked

- Opioid Use Disorders and Recovery, Medication Assisted Treatment Options (MAT) Praxis, Training for Addiction Professionals

Medications for Treating Alcohol Dependence

Updated October 2008

	Naltrexone (Depade®, ReVia®)	Extended-release Injectable Naltrexone (Vivitrol®)	Acamprosate (Campral®)	Disulfiram (Antabuse®)
Action	Blocks opioid receptors, resulting in reduced craving and reduced reward in response to drinking.	Same as oral naltrexone; 30-day duration.	Affects glutamate and GABA neurotransmitter systems, but its alcohol-related action is unclear.	Inhibits intermediate metabolism of alcohol, causing a buildup of acetaldehyde and a reaction of flushing, sweating, nausea, and tachycardia if a patient drinks alcohol.
Contraindications	Currently using opioids or in acute opioid withdrawal; anticipated need for opioid analgesics; acute hepatitis or liver failure.	Same as oral naltrexone, plus inadequate muscle mass for deep intramuscular injection; rash or infection at the injection site.	Severe renal impairment (CrCl \leq 30 mL/min).	Concomitant use of alcohol or alcohol-containing preparations or metronidazole; coronary artery disease; severe myocardial disease; hypersensitivity to rubber (thiuram) derivatives.
Precautions	Other hepatic disease; renal impairment; history of suicide attempts or depression. If opioid analgesia is needed, larger doses may be required and respiratory depression may be deeper and more prolonged. Pregnancy Category C. Advise patients to carry a wallet card to alert medical personnel in the event of an emergency. For wallet card information, see www.niaaa.nih.gov/guide .	Same as oral naltrexone, plus hemophilia or other bleeding problems.	Moderate renal impairment (dose adjustment for CrCl between 30 and 50 mL/min); depression or suicidal ideation and behavior. Pregnancy Category C.	Hepatic cirrhosis or insufficiency; cerebrovascular disease or cerebral damage; psychoses (current or history); diabetes mellitus; epilepsy; hypothyroidism; renal impairment. Pregnancy Category C. Advise patients to carry a wallet card to alert medical personnel in the event of an emergency. For wallet card information, see www.niaaa.nih.gov/guide .
Serious adverse reactions	Will precipitate severe withdrawal if the patient is dependent on opioids; hepatotoxicity (although does not appear to be a hepatotoxin at the recommended doses).	Same as oral naltrexone, plus injection site reactions that may be severe (click here for FDA alert). Instruct patients to closely monitor site and seek care immediately if reaction is worsening. Also depression and rare events including allergic pneumonia and suicidal ideation and behavior.	Rare events include suicidal ideation and behavior.	Disulfiram-alcohol reaction, hepatotoxicity, optic neuritis, peripheral neuropathy, psychotic reactions.

Aftercare

- **Recovery Coach:** Aftercare staff attend a 5-day Recovery Coach Academy Training through the Bureau of Substance Abuse Services and can become Certified Addiction Recovery Coaches (CARC) through the Massachusetts Board of Substance Abuse Counselor Certification process.
- Aftercare provides continuity of care for patients through the development of individualized, comprehensive discharge plans and includes:
 - Referrals and appointments to individual therapy, psychiatry, and primary care physicians
 - Appointments for continued access to medication-assisted treatment
 - Assistance with accessing benefits and services from the Massachusetts Rehabilitation Commission, the Department of Transitional Assistance, and the Community Support Case Management Program, a short-term, mobile program offered by MassHealth providers to deliver intensive case management services to individuals considered to be at-risk within communities.
 - Support with applications and advocacy for housing.
- Aftercare can assist with getting the client the appropriate level of care faster.

Demographics

WRAP ADM by Race - Percentage

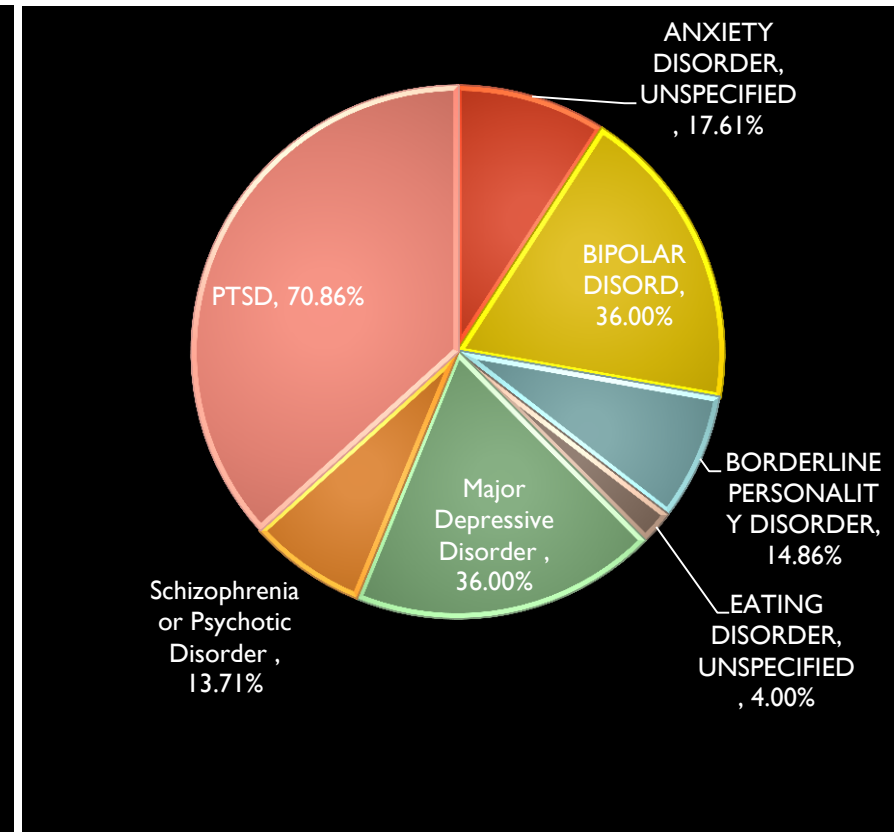
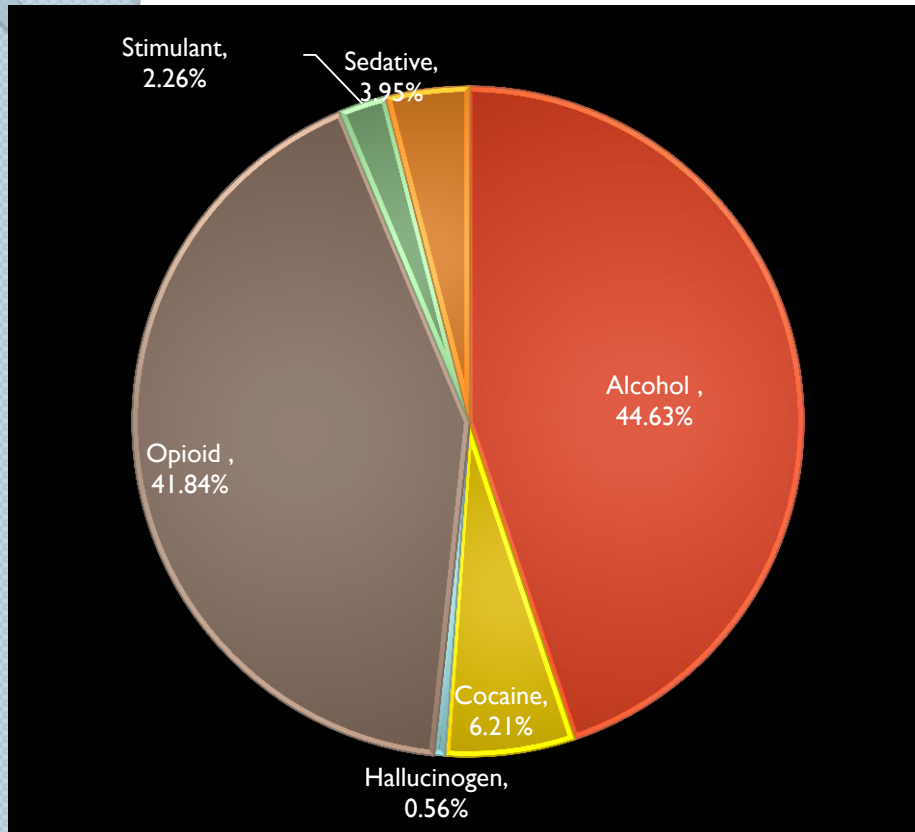
<u>FY Comparison with FY17 - FY19</u>	FY '17	FY '18	<i>Partial</i> FY '19
Asian	0.3%	0.2%	0.8%
Black / African American	6.6%	8.0%	5.5%
Black / Hispanic	3.6%	2.9%	2.4%
Native American / Alaska Native	0.3%	0.0%	0.8%
Other	1.9%	1.9%	1.6%
Refused	0.0%	0.7%	1.2%
Two or more races	1.4%	1.2%	2.0%
Unknown	0.0%	0.2%	1.6%
White / Hispanic	12.4%	10.9%	12.5%
White / Non-Hispanic	73.5%	73.7%	71.8%

WRAP ADM by Age- Percentage

	18 - 19	20 - 29	30-39	40-49	50-59
FY 2018	1.9%	35.5%	34.8%	14.4%	11.4%
FY2019	1.6%	32.2%	34.9%	14.9%	11.4%

WRAP – Admitting Diagnosis – Substance Use and Mental Health

FY 2019 (partial)



Admission Diagnosis for WRAP clients

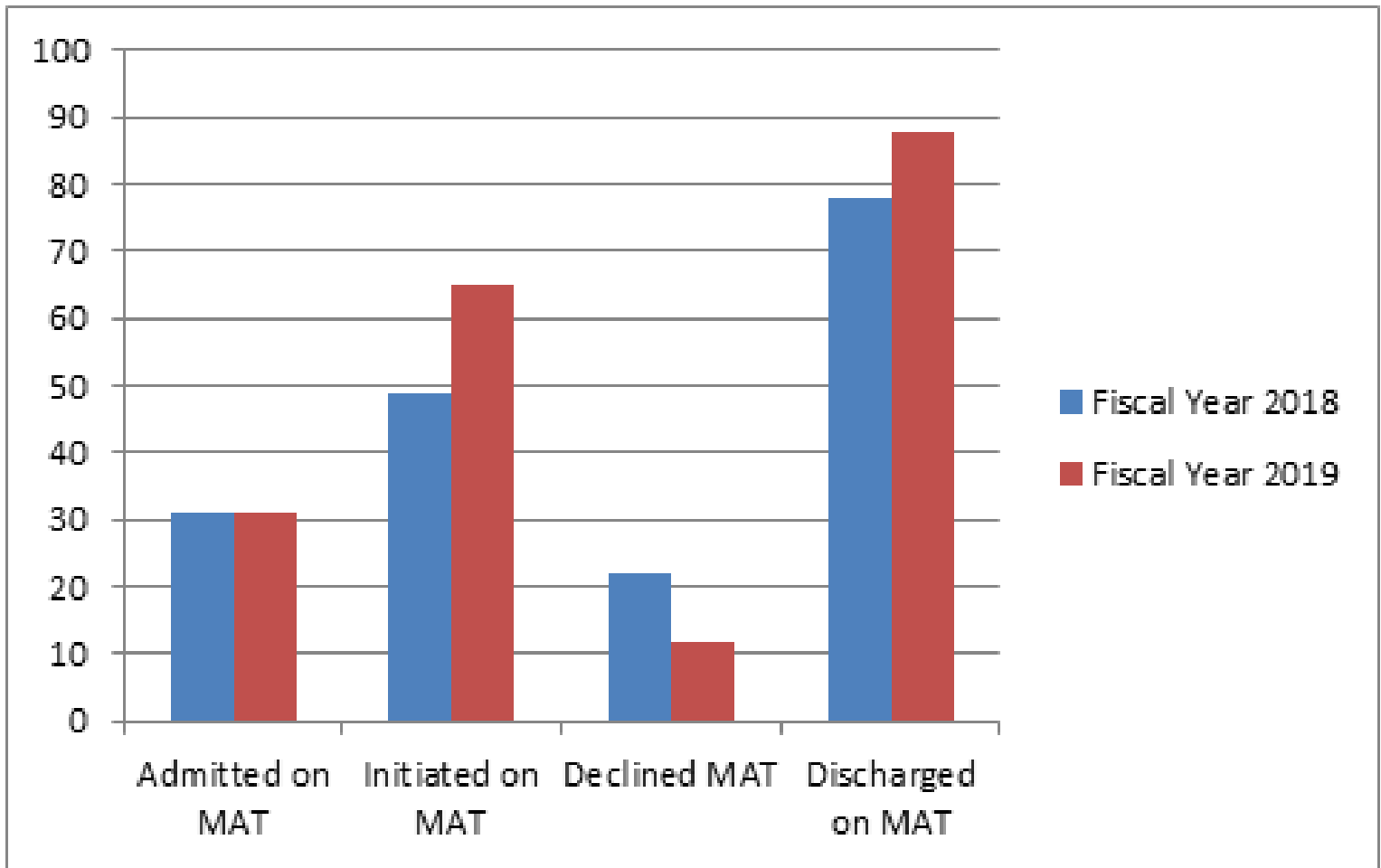
Average Length of Stay

WRAP Length of Stay (Calculated Using Data From Discharges)

	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	AVERAGE
FY 2018	41	34	30	35	35	39	39	35	40	38	36	38	37.0 days
FY 2019 (Partial)	37	36	41	38	39	38	40	40	42	-	-	-	43.7 days

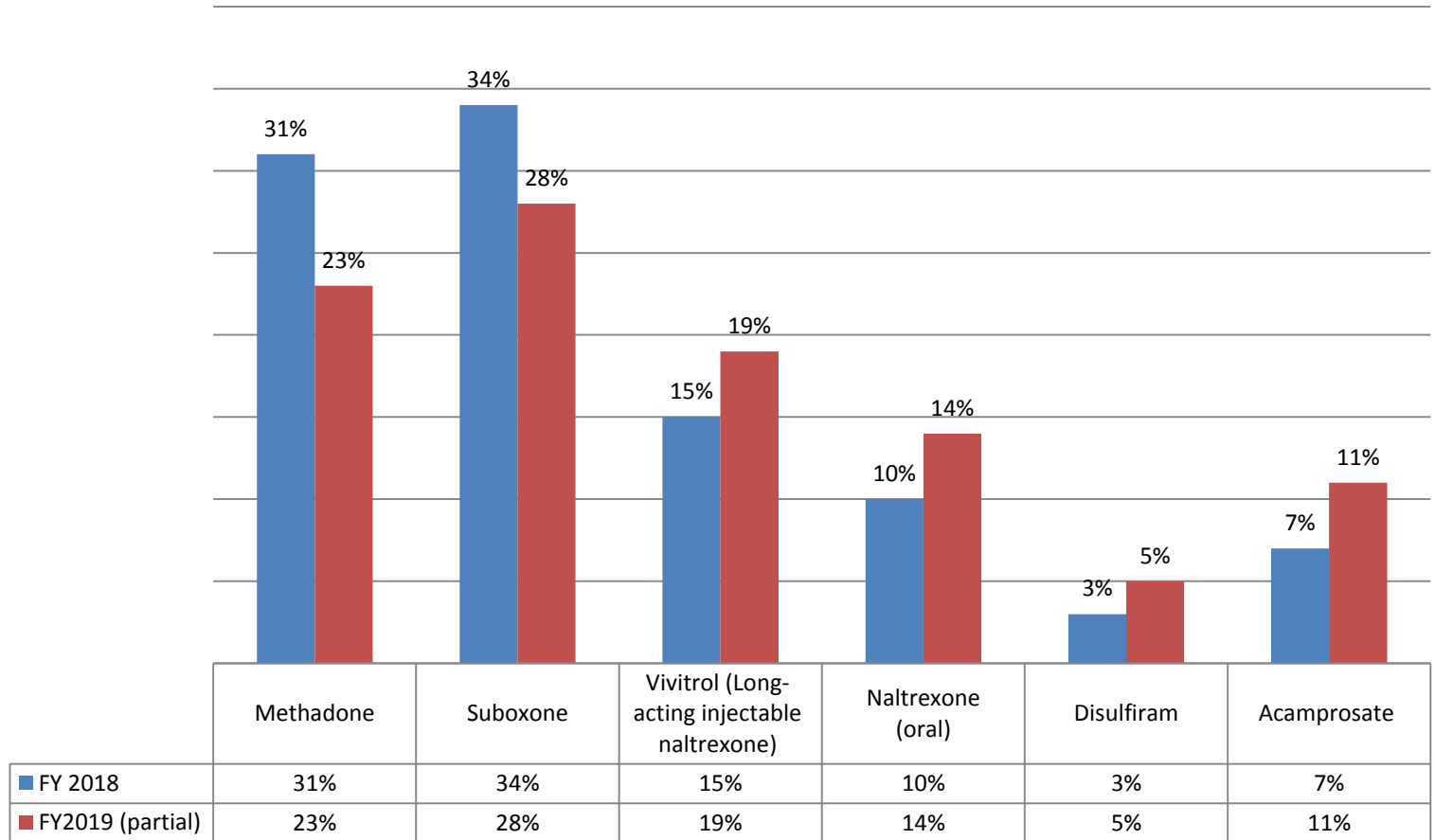
Overview Medication-Assisted Treatment Use at WRAP

(indicated by percent)



Total MAT Prescribed by Type

Percent of all Prescribed MAT's by Type



Aftercare Current Enrollment

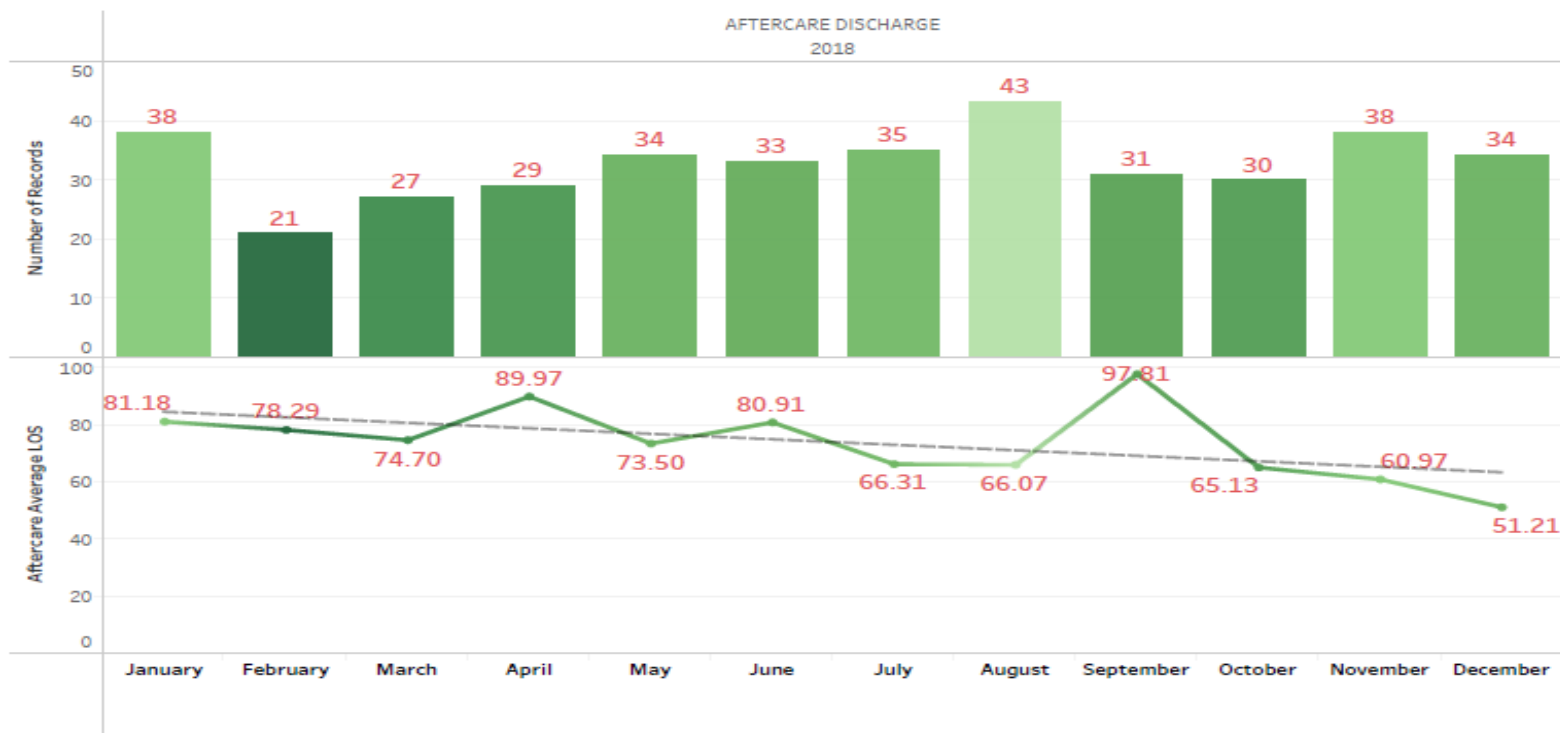
- 2018 – 97% of women accepted Aftercare Services
- 2019 – 98% of women accepted Aftercare Services

Aftercare Total Discharge 2018

	2018	
	Number of Records	Average LOS
AFTERCARE DISCHARGE	393	73.1

Year
2018

WRAP Monthly Discharge from Aftercare Services & Average LOS in Aftercare 2018



Discharge Disposition

WRAP Discharge Disposition

	FY 2018	FY 2019 (Partial)
AMA	0.24%	1.18%
Respite	0.24%	1.57%
State Operated Mental Health Center	1.22%	0.00%
Court	0.73%	0.00%
Acute Medical Facility	4.14%	5.49%
Shelter	6.33%	5.10%
Residential/Program	18.%	27.84%
Home (alone, family, non-family)	69.10%	58.82%

Outcome Measures

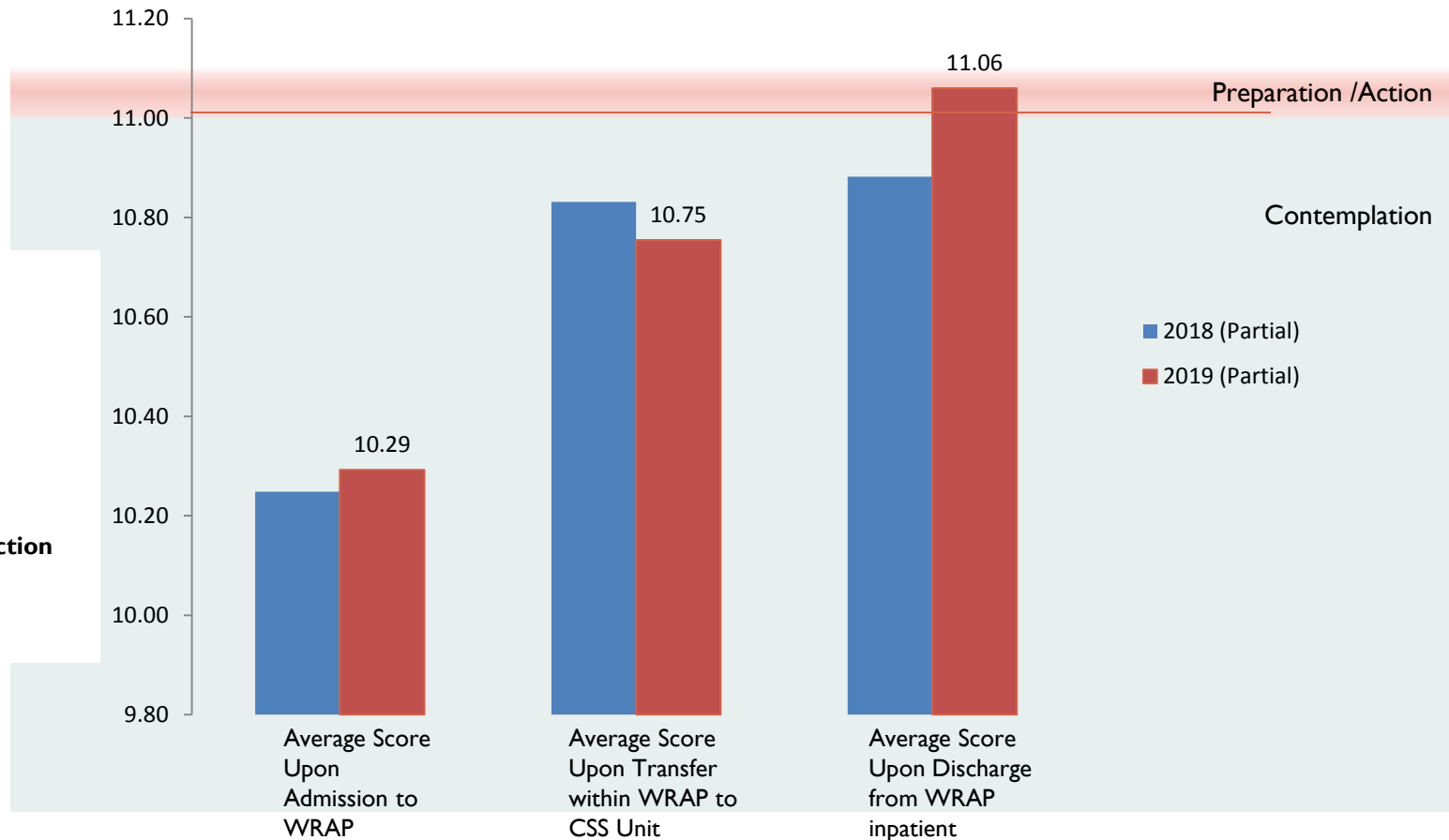
URICA – Readiness for Change Assessment

SCORING KEY:

8 or lower: pre-contemplation

8-11 Contemplation

11-14 Preparation/Action



The University of Rhode Island Change Assessment Scale (URICA) assesses motivation for change by providing scores on four stages of change: pre-contemplation, contemplation, action and maintenance.

WRAP Readmission Data

	WRAP READMISSIONS				
	≤7 days	≤ 30 days	> 30 days	FY TOTAL READMIT	TOTAL ADMISSIONS TO WRAP
FY18	.49%	2.19%	18.98%	21.65%	411
FY19 (end 4/17/19)	.37%	3.33%	25.56%	29.26%	270
TOTALS	.44%	2.64%	21.59%	24.67%	681

Client Satisfaction Survey Results

Client Satisfaction Survey Quarterly Report Jan - Mar 2019

