



# MEDICATION ASSISTED TREATMENT

## FREQUENTLY ASKED QUESTIONS ABOUT MAT SERVICES

# FAQ

<p>What is the purpose of this "FAQ"?</p>	<p>We wish to correct inaccurate information provided to Commissioner McKinlay and used during her comments at the June 13<sup>th</sup> Commission Meeting. Commissioner McKinlay made the following comments at that meeting that were based on inaccurate information she received about the services provided by the Drug Abuse Foundation:</p> <ul style="list-style-type: none"> <li>a.) We give nearly \$1.1 million to Drug Abuse Foundation</li> <li>b.) Drug Abuse Foundation will not accept patients who are on Medication Assisted Treatment programs</li> <li>c.) When we try to put "them" in a bed at Drug Abuse Foundation, they won't accept them</li> </ul>
<p>What is the current funding provided to DAF, and what is its purpose?</p>	<p>Palm Beach County currently provides approximately \$1.1 million to the Foundation. That funding is limited to supporting a small number of detox and residential treatment beds. We receive no funding from Palm Beach County for MAT Treatment.</p> <p>The federal pass-through MAT funding Commissioner McKinlay spoke about expressly prohibit it from being used in a detox or residential treatment program.</p>
<p>Does DAF accept people who are on Suboxone, Methadone, and Vivitrol?</p>	<p>We have been providing treatment services to people on methadone since its inception. We started providing medical treatment to individuals on Suboxone maintenance more than 18 months ago. All we require is that the individuals have a valid prescription for such medication and allow us to coordinate care with the prescribing physician. We have had, and currently have, an active group of clients on Suboxone maintenance in our outpatient treatment program.</p> <p>We have been providing treatment services to clients on Vivitrol for nearly two years, and we have been prescribing it ourselves for more than a year.</p>
<p>If you accept people on MAT medication, why is it so hard for people to get a bed at DAF?</p>	<p>The fundamental reason it is difficult to get a bed at DAF has to do with a severe shortage of treatment and detox beds in the county. We run an average of 175 to 250 active cases waiting for residential placement. Palm Beach County has approximately 60% fewer publicly supported detox and treatment beds available to the community today than we had 10 years ago.</p>
<p>Do you accept people in to residential treatment if they are on a Suboxone maintenance program?</p>	<p>Treatment in a residential modality is generally contraindicated for individuals already on a Suboxone maintenance program. This is why federal MAT funds cannot be used for individuals enrolled in a detox or residential treatment program.</p>
<p>Does DAF currently provide MAT Services?</p>	<p>Yes. Currently our MAT program is "antagonist" focused. We prescribe Vivitrol and Naltrexone to assist our therapeutic services. We were the first publicly supported agency to do so in Palm Beach County.</p> <p>Our "agonist" focused program that we also currently provide is outpatient treatment for individuals on a Suboxone or methadone maintenance program. We have been doing this program for years.</p>



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What is DAF's plan to expand its MAT Services portfolio considering new resources being made available to address the opioid crisis?

We have an aggressive plan to expand MAT services as resources become available. The plan includes the following:

**ANTAGONIST FOCUSED MAT SERVICES:**

Expand the Vivitrol program beyond our residential system to our outpatient system. On July 1, 2017, our Med/Psych Unit will extend the Vivitrol program to our outpatient centers in Delray Beach and West Palm Beach.

**AGONIST FOCUSED MAT SERVICES:**

- A. **INDUCTION CENTER:** We will change the mission of our 16-bed Acute Care Unit to an induction center for those clients for whom a suboxone maintenance program is both indicated and desired. These individuals will start their maintenance program in this unit for 2 to 3 weeks and then be transferred to the Specialized MAT Outpatient Unit. This initiative will be launched 07/01/2017 provided funding is available.
- B. **SPECIALIZED MAT OUTPATIENT UNIT:** This is an evidenced based, "non-abstinence" focused outpatient unit for individuals on either a Suboxone or methadone maintenance program. Among the specialized outpatient services this unit will provide are a medical monitoring component and a case management component. This initiative will be launched 07/01/2017 provided funding is available.
- C. **SUBOXONE MAINTENANCE SHELTER PROGRAM:** This unit will have 9 to 12 beds that will be operated out of the new Central Receiving Center. This unit will work similarly to the Induction Center. Individuals will start their maintenance program in this unit for 2 to 3 weeks and will transfer to the Specialized MAT Outpatient Unit. A supportive housing component is also being developed for this unit. This initiative will be launched in conjunction with the Central Receiving Center.
- D. **SPECIALIZED DETOX PROTOCOL FOR SUBOXONE MAINTENANCE:** The central theme running through care is the recognition of choice. Clients, with the assistance of clinical and medical professionals, will choose a maintenance program based on their judgment of what will work for them. It is extremely important that if and when clients choose to exit their Suboxone maintenance program, there be a safe and available pathway for them to stop taking the drug, if that's what they choose. This special detox protocol will include the unique needs and complications associated with detox from long-term Suboxone use. This protocol will be developed and implemented over the next 60 to 90 days.

If we drastically expand Suboxone maintenance services, wouldn't it substantially reduce the need for detox & residential treatment programs?

No, it would not. There are two reasons this is true. Approximately 50% of our client population abuses opioids, and within that cohort, approximately 60% use heroin. Among that cohort who might benefit from a Suboxone maintenance program, a good percentage will either not want maintenance at all, or will only want it for a short period of time.

So, our Substance Abuse System of Care still must respond to the substantial population of clients who are non-opioid addicts.

Secondly, the publicly supported treatment beds have already been drastically reduced by as much as 60% from 10 years ago.