



December 12, 2018

Intention:

Given a recognized need in the community for SUDT services, Alliance Medical Center applied for and received a HRSA grant to establish a program at the Health Center. Currently, there are very minimal services in either Healdsburg or Windsor, internal to the Health Center or at other facilities.

The aim will be to create a high quality program that provides Behavioral Health, SUDT, and Medical services to people struggling with Substance Use Disorder at both the Windsor and Healdsburg sites. These services will also be designed to integrate well with other services offered in the county. Some of the hallmarks of this program at AMC will be compassionate, respectful care for people with SUD and decreasing the barriers to accessing this care whenever possible.

The initial step will be to begin offering MAT/Suboxone services to people with Opioid Use Disorder at the Healdsburg site. The following documents will be the structure, policies and procedures, and useful paperwork for that program.

Next steps will be expanding to the Windsor site, working closely with the community opioid coalition group, improving preventive education in the community, and improving the interface with other services in the area (Healdsburg District Hospital ED, other local providers, County SUDT services, inpatient facilities, etc).

In addition to these initial two stages, a third stage is envisioned that will include developing group lifestyle classes that will be able to address diet, exercise, mood management, and integrative approaches to increase well-being. These are clearly the key to long-term improvement for people with SUD issues.

Staffing:

A case manager will be the general coordinator of the program. S/he will be the point person for new patients, problem-solving on a day-to-day basis, communication with patient needs and problems, and potentially running AMC meetings and Community Coalition meetings.

A medical director will provide clinical oversight, and be one of the buprenorphine prescribers. S/he will oversee complicated cases and will be involved when there are medical problems, patient satisfaction issues, or concerns with some of our community partners.

Behavioral Health has an integral role, and should have some involvement with each patient early in their care. The Behavioral Health Director will be supervising the case manager. Behavioral Health providers will hopefully get adequate training in SUDT and will be able to integrate with the program.

As the program develops, an MA and a nurse with interest in this population will get the needed training and support to be the identified clinical support for the program.

Structure:

The general idea is that patients or providers will identify a need for SUDT and will present. The approach will be to decrease obstacles to care in whatever way possible, while continuing to have reasonable expectations and adequate structure to the program.

We will try to have walk-in capabilities (since people usually have brief windows where they are willing/able to initiate MAT) or appointments available within a day or two. Ideally, the patient can meet with the case manager, BH, and medical provider within a few days of initiation of the process.

Induction will be scheduled ASAP, if not done on the day of presentation. Generally, we will aim for observed inductions, but home inductions can be utilized at the Medical provider's discretion. Initial follow-up should be within a week.

Once a patient has stabilized on dosage and with behavior, they will be referred to one of the groups, with the majority of their visits occurring in the group setting. Initially, these will be every two weeks, then with provider approval, they can come a minimum of monthly. These groups will be run by the case manager and/or a BH provider. The medical provider will be involved in the group to help with medical issues, and to renew prescriptions.

End points of care are a complex equation, but the general understanding is that OUD is a chronic, relapsing disease, and people will generally be in the program for the long haul. At the providers' discretion, patients can get to a point where they get prescriptions every two months. Relapses, unexpected positive or negative toxicology screens, aberrant behavior will all be dealt with on a case-by-case basis with a recognition that the long-term goal is harm reduction and movement to a healthy, socially engaged lifestyle.