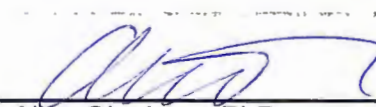
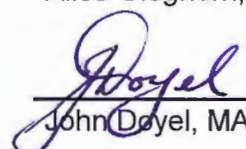




SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

**Departmental
Policy and Procedure**

Section	Alcohol and Drug Program (ADP)	Effective:	2/14/2018
Sub-section			
Policy	Medication Assisted Treatment (MAT) for Clients Receiving Specialty Mental Health Services	Last Revised:	New policy
Policy #	7.021		
Director's Approval	 _____ Alice Gleghorn, PhD	Date	4/17/18
ADP Division Chief's Approval	 _____ John Doyel, MA, LAADC	Date	4.20.18
Supersedes:	New policy	Audit Date:	2/14/2021

1. PURPOSE/SCOPE

- 1.1. To improve engagement and treatment services for clients with co-occurring severe and persistent mental illness (SPMI) and severe substance use disorders (SUD).
- 1.2. To establish standardized criteria and treatment practices for Medication Assisted Treatment (MAT) services and improve client outcomes.

2. POLICY

2.1. The Santa Barbara County Department of Behavioral Wellness (hereafter "the Department") is committed to providing evidence-based treatment services to its clients. Medication Assisted Treatment (MAT) is an evidence-based practice (EBP) that is indicated for clients who need medical interventions to reduce the harm caused by active substance use. Clients with co-occurring SPMI and severe SUD sometimes need medications to stabilize his/her conditions, engage in treatment and recovery, or to even stay alive. Therefore, MAT will be provided to select voluntary Department clients with co-occurring SPMI and severe SUD who need medications to ameliorate their SUD in order to address each client's primary mental health condition(s).

3. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 3.1. Medication Assisted Treatment (MAT) – the use of medications (controlled and non-controlled substances) to stabilize clients with severe opioid or alcohol use disorders in order to engage clients in mental health clinical treatment addressing a primary mental health disorder.

4. SCREENING, ASSESSMENT AND TREATMENT AUTHORIZATION

- 4.1. During the course of a mental health intake or clinical assessment, clinicians will inquire on past and current substance use. If there is a suspicion of a current severe opioid or alcohol disorder, or information gathered indicates a current severe opioid or alcohol disorder, staff will refer the client to a psychiatrist/physician (MD), physician's assistant (PA) or nurse practitioner (NP) for evaluation. The evaluator will utilize the American Association of Addiction Medicine (ASAM) criteria and the *Readiness for Medication Assisted Treatment (MAT) Survey* ([see Attachment A](#)) to determine eligibility and readiness for MAT services.
- 4.2. Clients deemed eligible and willing to participate will be referred to the integrated Co-occurring Treatment Team for consideration for MAT services.
- 4.3. Prior to commencing MAT services, clinic staff will:
 1. Obtain voluntary, written informed consent to treatment from the client before admission to MAT treatment.
 2. Obtain a treatment agreement outlining the responsibilities and expectations of the treatment team and the client.
 3. Make reasonable efforts to obtain releases of information (ROI) for any health care providers or others important for the coordination of care to the extent allowed by Welfare and Institutions Code (WIC), HIPAA and 42 CFR, Part 2.

5. TREATMENT SERVICES

- 5.1. All MAT clients will be referred to the integrated Co-occurring Treatment Team. Services may include, but are not limited to, the following:
 1. Comprehensive assessment;
 2. Psychiatric assessment;
 3. Development of an integrated co-occurring disorder (COD) treatment plan;
 4. Individual and group counseling and/or psychotherapy, as indicated;
 5. Ongoing medication management and support;
 6. Ongoing case management;
 7. Drug testing, as indicated; and/or
 8. Recovery support services.
- 5.2. Evidence-based practices indicate the need for coordinated mental health and MAT treatment services. Ongoing efforts will be made by the Co-occurring Treatment Team to involve the client in coordinated mental health and SUD services. If the client refuses services for a specified period of time, continuation of MAT medications will be reevaluated by the Co-occurring Treatment Team and recommendations documented on the Team-based Care Checklist.

- 5.3. Indicated medications for MAT services, including controlled and non-controlled substances, may include, but are not limited to, the following:
 - 1. Buprenorphine – for opioid use disorder
 - 2. Naltrexone injectable – for alcohol and/or opioid use disorder
 - 3. Acamprosate – for alcohol use disorder
 - 4. Naltrexone – for alcohol use disorder
 - 5. Antabuse – for alcohol use disorder

- 5.4. The type and length of MAT services will be individualized per the client’s needs and reevaluated by the Co-occurring Treatment Team on an ongoing basis. Multidisciplinary Treatment (MDT) meetings will be held on a quarterly basis (or more frequently based on the client’s severity) to ensure appropriate monitoring of progress and transition planning as indicated.

- 5.5. All staff involved in the assessment, selection and treatment of MAT clients will be trained in co-occurring mental health and substance use disorders and ASAM criteria.

ASSISTANCE

John Doyel, MA, LAADC, ADP Division Chief
 Ana Vicuña, LCSW, Division Chief of Clinical Operations

REFERENCE

Code of Federal Regulations
 Title 42, Chapter 1, Subchapter A, Part 8

ATTACHMENTS

[Attachment A – Readiness for Medication Assisted Treatment \(MAT\) Survey](#)

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).