


HOWARD COUNTY
BEHAVIORAL HEALTH PROVIDER
COVID-19 RESOURCE &
RESPONSE CALL #4

April 15, 2020


HOWARD COUNTY
HEALTH DEPARTMENT
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Howard County LHIC
Local Health Improvement Coalition

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HOUSEKEEPING

Participants will be muted upon entry.

Using the icons on your screen, you can:

- Mute/Unmute your microphone; Mute/Unmute button on phone
 - Please mute yourself during discussion/questions if not speaking

Use the "chat" feature to ask questions during the presentation.

- View Participant list on computer—opens a pop-out screen that includes a "Chat" icon that you may use to submit questions
 - Question/ comment can also be added to the chat box throughout the meeting

Not a Video Call...you cannot see us and we cannot see you...we can only hear you.

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WELCOME & OPENING REMARKS
11:30 – 11:35

Roe Rodgers-Bonaccorsy

Director, Bureau of Behavioral Health
Howard County Health Department

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PURPOSE

GOAL: Learn how Medication Assisted Treatment (MAT) providers are serving clients during the COVID-19 pandemic.

OBJECTIVES:

1. Welcome & opening remarks
2. Kolmac Clinic
3. Silverman Treatment Solutions
4. Q&A
5. Closing remarks

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KOLMAC

George Kalodner, M.D.

Founder & Chief Innovation Officer
Kolmac Outpatient Recovery Centers

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MAT & Virtual Withdrawal Management

PRESENTED BY

George Kolodner, M.D. DLFAPA FASAM


Founder and Chief Innovation Officer
Kolmac Outpatient Recovery Centers

Clinical Professor of Psychiatry
Georgetown University School of Medicine
University of Maryland School of Medicine



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George Kolodner, MD



George Kolodner, MD, is the designer of the first intensive outpatient addiction treatment program in the country. For over 40 years, he has served the people of the Maryland and D.C. area.

Dr. Kolodner specializes in the ambulatory treatment of substance use disorders. Currently, he serves as the Medical Director and Chief Innovation Officer for Kolmac Outpatient Recovery Centers. Their outpatient services include detoxification, medication-assisted treatment (MAT), rehabilitation, and continuing care for patients with and without other co-occurring psychiatric disorders.

In addition to his work at Kolmac, Dr. Kolodner serves as a Clinical Professor of Psychiatry at both the University of Medicine and Georgetown University. He was the Lead Author of the Withdrawal Management chapter of The ASAM Criteria.

Dr. Kolodner has a Medical Degree from the University of Rochester and completed his psychiatry residency at Yale University

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Outpatient Withdrawal Management

Outpatient Detox/Withdrawal Management is a difficult to find service in many markets

- Despite being a well-established procedure for mild to moderate severity
- Articles: 1975, American Journal of Psychiatry. 1989, New England Journal of Medicine

American Society of Addiction Medicine (ASAM) Criteria Outpatient WM Treatment Levels

- Level 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring
- Level 2-WM: Ambulatory Withdrawal management with Extended On-Site Monitoring
- Use front-loaded, symptom-triggered protocols to stabilize patients in first 2 to 4 hours

Substances

- Alcohol: most dangerous withdrawal syndrome
- Opioids: use of buprenorphine for heroin withdrawal complicated by fentanyl
 - Use of 48 hour "tramadol bridge"
- Benzodiazepines: need for 4 to 8 week taper

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ASAM Criteria Risk Rating Scale to Determine Treatment Setting

Risk Rating	Symptoms	Level of Care
1. Mild	Mild anxiety, sweating, insomnia	WM-1 WM-2
2. Moderate	Moderate anxiety, fine tremor	WM-2
3. Significant	Significant anxiety, gross tremor	WM-2 Residential
4. Severe	Clouded sensorium, visual hallucinations, seizure	Hospital

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Key Modifications for Virtual Withdrawal Management

- Screen out complex patients
 - Alcohol: history of withdrawal seizures or visual hallucinations
 - Behavioral: unreliable behavior or insufficiently committed to entire process
- Require mandatory participation in IOP as soon as withdrawal symptoms are tolerable
- Require involvement of reliable medication manager
 - Have direct communication with manager who holds and dispenses medication as instructed by medical clinician
 - Address pressuring of manager by patient for more medication
 - Provide written instructions
- Medication issues
 - Larger doses necessary
 - Full comfort is more difficult to achieve
- Problematic issues
 - Unfamiliarity of pharmacists with aggressive medication protocols ("Six a day is too much.")
 - Difficulty obtaining urine toxicology and breathanalysis

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Outcomes: First Four Weeks

- Total patients: 37
- Transitioned to ongoing treatment: 33

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QUESTIONS

George Kolodner, M.D.
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Kolmac
OUTPATIENT RECOVERY

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SILVERMAN TREATMENT SOLUTIONS


Teron Powell, MS
Executive Director
Silverman Treatment Solutions

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SILVERMAN TREATMENT SOLUTIONS

OTP & MAT DURING COVID-19
Teron Powell, MS
Executive Director

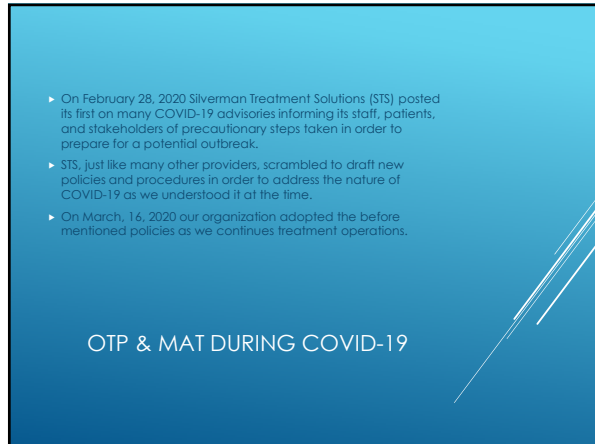


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- ▶ COVID-19 has dramatically impacted the treatment landscape as we know it.
- ▶ Opioid Treatment Providers (OTP) and Medication Assisted Treatment/Therapies (MAT) facilities are medically essential for treating the state's 30,000+ enrolled patients.

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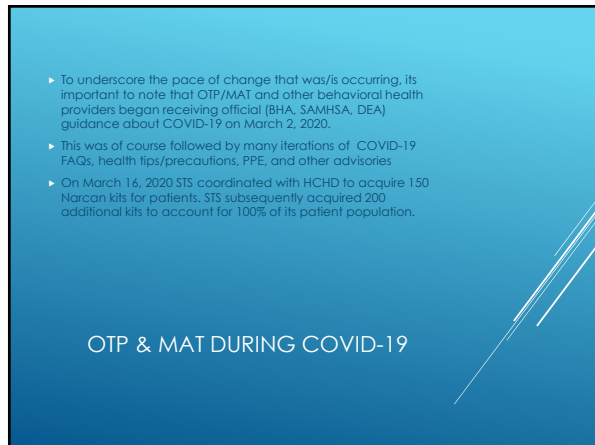
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- ▶ On February 28, 2020 Silverman Treatment Solutions (STS) posted its first on many COVID-19 advisories informing its staff, patients, and stakeholders of precautionary steps taken in order to prepare for a potential outbreak.
- ▶ STS, just like many other providers, scrambled to draft new policies and procedures in order to address the nature of COVID-19 as we understood it at the time.
- ▶ On March, 16, 2020 our organization adopted the before mentioned policies as we continues treatment operations.

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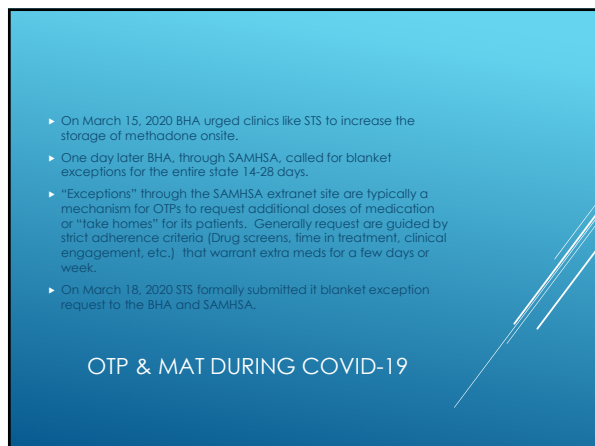
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- ▶ To underscore the pace of change that was/is occurring, its important to note that OTP/MAT and other behavioral health providers began receiving official (BHA, SAMHSA, DEA) guidance about COVID-19 on March 2, 2020.
- ▶ This was of course followed by many iterations of COVID-19 FAQs, health tips/precautions, PPE, and other advisories
- ▶ On March 16, 2020 STS coordinated with HCHD to acquire 150 Narcan kits for patients. STS subsequently acquired 200 additional kits to account for 100% of its patient population.

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- ▶ On March 15, 2020 BHA urged clinics like STS to increase the storage of methadone onsite.
- ▶ One day later BHA, through SAMHSA, called for blanket exceptions for the entire state 14-28 days.
- ▶ "Exceptions" through the SAMHSA extranet site are typically a mechanism for OTPs to request additional doses of medication or "take homes" for its patients. Generally request are guided by strict adherence criteria (Drug screens, time in treatment, clinical engagement, etc.) that warrant extra meds for a few days or week.
- ▶ On March 18, 2020 STS formally submitted it blanket exception request to the BHA and SAMHSA.

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Blanket exceptions for dosing at STS:

In response to the COVID-19 outbreak, STS has implemented the following measures regarding dosing and take-home medications:

STS has begun limiting the amount of patients that will be allowed into the clinic at one time. Each patient is encouraged to call ahead of time for check-in while remaining in their cars. AMS as an organization has worked with Netalytic/Methasoft to activate a mobile application called "Engage" to allow mobile check-in for patients. (Available to all STS patients for free through Google Play Store or Apple Store on their phones)

Patients can check-in the clinic from their phones and their profiles will register in the que for medication dispensing. This will allow clients to remain in their cars, nurses to prepare doses, and decrease physical traffic inside of the clinic.

Patients who are entering the lobby must sit every other seat. Doorways are open to decrease the amount of "touch points" encountered. STS has also moved quickly to install IT features to advance opportunities for telemedicine/tele-sessions to regularly occur.

It is an internal policy for all patients and staff to be trained and equipped with Narcan kits. Although mandated as an STS policy, every patient receiving take home medications regardless of Phase in treatment will receive an additional Narcan kit. Narcan kits remain free and available on-site at STS.

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Phases and Doses

1. Patients with the program status of Phase 0-3 are being provided 7 days of take home medications. All patients are staggered throughout the week as to not overwhelm the dispensary or crowd the lobby area.
2. Patients phase 5-7 will remain at their program status and report on their assigned days for the assigned amounts of medications for the Phase they possess.
3. Patients who have illicit use to the degree it is determined to be clinically unstable; medically unable (ex. Dialysis patients); new intakes to treatment will be medicated daily. All will be monitored evaluated constantly as we move through this process.
4. Any patients who wishes to continue to dose daily for personal reasons (daily recovery routine, environmental, etc) will also be permitted to do so. However; they will be encourage to call ahead for clinic check-in to be dosed "curbside".

Recognizing this current crisis is a dynamic and fluid scenario, STS continues to stay informed and proactive in terms of treating patients and staff. It is our sincerest goal to ensure all patients and staff receive the safest care we can deliver as we continue to learn more about COVID-19.

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Q & A 12:25 – 12:30

Please use the Chat Box to submit questions!

Presentations and recording will be posted at www.hclhic.org

For additional information or questions contact lhic@howardcountymd.gov

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CLOSING REMARKS

- **Upcoming Calls:**
 - Friday 4/24/2020 from 9:00 AM – 10:30 AM
- **Presentations, recording, & additional resources will be posted at www.hclhic.org**
- **For additional information, contact lhic@howardcountymd.gov**
- **For questions related to COVID-19 supplies: www.surveymonkey.com/r/Q7MPHNM**
- **For general questions related to COVID-19, e-mail askhealth@howardcountymd.gov**

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"We are going to need to depend on each other, to look out for each other, and to take care of each other, because we are all in this together."
- Governor Hogan



A sign outside a day care facility in Forest Hill says: "We are in this together." (Elizabeth Janney/Patch File)

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