9:30  MAT Introduction
*Mila Long, CAC, Peer Recovery Coach, Acupuncture-Detox Specialist, Denver Recovery Group*

**MAT Background:**
- MAT is the most successful treatment for Opioid Use Disorder (OUD)
- There are two types of treatment: opioid agonists and opioid antagonists
  - Methadone, full opioid agonist (fully fills the opioid receptors in the brain)
  - Buprenorphine
    - Subutex: straight buprenorphine
    - Sublocade: a shot
    - Suboxone (partial opioid agonist, so it only partially fills opioid receptors)
  - Vivitrol: opioid antagonist, fights against and blocks opioids
- These medications treat the symptoms of OUD being withdrawals and cravings. When these symptoms are treated, people are less likely to use opioids.

9:35  MAT Panel
*Denise Vincioni, Regional Director, Denver Recovery Group*  
(dvincioni@denverrecoverygroup.com)
*Dr. Kimberly Santos, Director of Medication Assisted Treatment, Salud Family Health Longmont*  
(ksantos-aviles@saludclinic.org)
*Dr. Jim Shuler, Regional Medical Director, Front Range Clinic*  
(jshuler@frontrangeclinic.com)
*Allyson Larocca, MS, MFTC, LPCC, JMAT / Opioid Case Manager, Boulder County Jail*  
(alarocca@bouldercounty.org)

**Panel Questions & Answers:**

1. **What treatments and services are offered at your clinic (brief overview)? What are the costs and medicaid options at your clinic?**

   - Front Range Clinic
     - Offers Vivitrol, naltrexone, all forms of buprenorphine
- Fully accept medicaid, has a sliding scale for payment, accepts some regular insurances

Salud Family Clinic
- Offers Suboxone and Vivitrol as well as other services such as: medical employment, behavioral health, case management, pharmacologists for best medication among patients
- Accepts medicaid, medicare, private insurance, and sliding scale

Boulder County Jail
- Offers Suboxone evaluation and induction and supports those in Methadone who enter the jail on this medication
  - Jail provides sublocade transition after 7 days
- The jail works with individuals who come in on Methadone to verify the prescription and work with their provider to get it delivered weekly (individuals dose themselves)

2. What strategies have been effective in supporting successful MAT with your clients?

Denver Recovery Group
- Making access as easy as possible, through walk-in status. Patients have a difficult time keeping appts especially if they are in a withdrawal state. Patients need to get to a therapeutic dose as soon as possible and retain that dose as much as possible. DRG works hard with medicaid providers and all clients to get them the transportation needed to make their appointments, as well as offer wrap-around services from counselors, case managers, and other recovery services.

Salud
- Communication with patients and prescriber is important (what is going on, how the services are going to flow, explain the options we provide).
- We follow-up with each patient through in-person or via telephone to make sure they make their appointments when they occur
- Sublocade is not offered in Salud but they are working to get that necessity

Front Range Clinic
- Extended hours have been helpful, especially on weekends
- Repeating information over and over again will allow patients to understand the treatment they are getting and the services provided. Telephone follow-up for each appointment and after induction

Boulder County Jail
Lot of education for staff, individual contact with patients and follow-up, and word of mouth on what is working and what is not
- Referral process connecting patients to clinics or providers that offer Methadone if they came in on this medicine

3. **What are the biggest challenges your clients must face or overcome to be able to receive treatment and remain compliant? Has the presence of fentanyl impacted the above?**

- **Salud**
  - Person needs to be a Salud patient to even begin treatment, including needing to fill-out documentation to receive this treatment. COVID was a challenge because there was not many providers in the clinic to assess the needs of patients (workforce shortage)

- **Denver Recovery Group**
  - Poly-substance use disorder can be challenging to get people to the right Methadone dosage. Some patients will lose days of treatment after using Methamphetamine, leading them to restart Methadone and setting them back a little
  - Treatment medication can be impacted by other substance use and health conditions, so medication needs to be consistently measured.
  - Higher doses of MAT needed than before because of the fentanyl increase
  - Accessing mental health services is difficult because there is a greater workforce shortage which can be hard for case managers and their workload

- **Front Range Clinic**
  - Echo’s exactly what DRG has stated above

- **Boulder County Jail**
  - Offenders have been coming in because of Fentanyl and Methamphetamine mainly. In fentanyl withdrawal, they are not able to receive suboxone. They receive comfort medication so that they can get to the place for suboxone induction. This can be difficult for the patient, leading to withdrawal and halting when they can start treatment

4. **As providers, in two minutes or less, what are the gaps that you are seeing in services/treatment? Is demand outweighing the supply of services? Speak to how COVID, workforce shortage, and other external influences have impacted this.**

- **Denver Recovery Group**
- Bridging the gap to other services: ex: where patients can live, get transportation and reach a sustainable life in recovery
- Fentanyl has changed the game with MAT - this has led us to try to find alternative approaches to reducing withdrawal and cravings in the transition to treatment and in finding the right dosage
- Another huge gap is finding a higher level of care while individuals have OUD and getting them to an effective place so they can utilize MAT in outpatient

- **Front Range Clinic**
  - How do we get our patient to more than surviving, how do we make sure that this can be sustainable in the long-term so they don’t get return to using….this means higher level of care

- **Boulder County Jail**
  - Outbreaks of COVID means people are placed in quarantine status…This means they can’t engage in the in-person therapeutic model (forcing them to go into telehealth) which can decrease their success in connection and recovery.
  - Finding patients a stable to go once they are released

- **Salud Family Health:**
  - High level of care is hard to provide at Salud - we need to reach out to other clinics in order for patients to receive a complete intervention and evaluation
  - Workforce shortage from COVID leading to one behavioral health therapist per clinic which was extremely hard for the population they served

5. **How is MAT provided to vulnerable populations like pregnant individuals or those under the age of 18?**

- **Salud Family Health:**
  - We work with pregnant individuals with follow-up being more consistent
  - We do not work with individuals under the age of 18

- **Denver Recovery Group**
  - Methadone is safe and recommended for pregnant women (they can go through this treatment through breastfeeding).
  - Methadone for youth - we can take youth and we do take youth. There is a process for this, including: parental permission, go through state authority, permission through OBH and federal level, we need to document that they have tried other things and have failed at least 2 times (go through an entire process to make sure it is a good fit).
  - Approval process for youth will take probably within 24 hours
6. **What challenges do your clients and clinic face with respect to providing services such as case-management? Are you able to address those risk factors such as housing/food insecurity, post incarceration, economic instability, etc?**

- **Boulder County Jail**
  - Challenges for JMAT is that there is not enough staff so the referral process is essential for re-entry; they also struggle with consistent access to services

- **Salud Family Health**
  - When applying for housing there are limits (e.g., waiting list), other needs such as transportation can be figured out but housing is a primary challenge which is a necessity to continue treatment

- **Front Range Clinic**
  - Good case-management has been extremely hard to come by because we are unable to provide the best payment for them

- **Denver Recovery Group**
  - Case management is also tough for DRG; counselors have had to take this on top of the case managers who have an extreme workload. Follow-up is important so that we stay on top of what community members' needs are and so people stay on the treatment plan. Peer specialists will be coming in, in order to address this gap.

7. **How does stigma affect your clients?**

- **Salud Family Health**
  - We try to train and educate our staff (from the client perspective) in order to reduce stigma to patients. We also work to take time to talk with patients so that they feel safer in the behavioral health realm.

- **BC Jail**
  - Staff works with the clients to address personal harm and make amends with their relationships in their life so that they can continue to build the support system that they need to continue in recovery

- **Denver Recovery Group**
○ There are 4 groups / conversations that patients are taken through: learning about the disease, rules and regulation of treatment, success of treatment, myths and stigma … which helps them understand what we do, why we do it, and give them all the tools so they feel successful talking to their friends, family, and the public about their addiction).

● Front Range Clinic
  ○ A lot of time is spent educating the patient to understand the state of addiction and disease (understand the self-stigma so that the patient can continue to move forward).

8. Do you provide peer specialists? What value do you see that they can offer?

● Front Range Clinic
  ○ Peer specialists are very important, feedback from patients about specialists has been overwhelmingly positive showing how helpful it can be to their recovery. It is one of the most significant resources we can offer.

● Denver Recovery Group :
  ○ Although it is difficult to fund a peer, we hire a lot of people that have lived-experience so that they can connect to their patients in these ways.

● Salud Family Health
  ○ Do not offer peer specialists, but we are working to

● BC Jail
  ○ No peer specialists offered at BC Jail right now.

Other MAT Clinics available:
● Behavioral Health Group, Longmont
● Clinica Family Health:
  ○ accepts patients who are uninsured or have Medicaid, medicare, or private insurance, and we also provide MAT services for our patients.
  ○ For opioid use disorders, they use suboxone or vivitrol.
  ○ Please feel free to reach out to Amber Ivanova (aivanova@clinica.org) for more information!

10:45 Recovery Panel

Mila -
● Treatment approach: Methadone
● Contact: milalong14@gmail.com
Becky -
  ● Treatment approach: Sublocade
  ● Contact: becky@recoverycafe-longmont.org

Matt -
  ● Treatment approach: Ibogaine
  ● Contact: please email Trina Faatz with questions you may have on Matt’s recovery process (tfaatz@bouldercounty.org)