



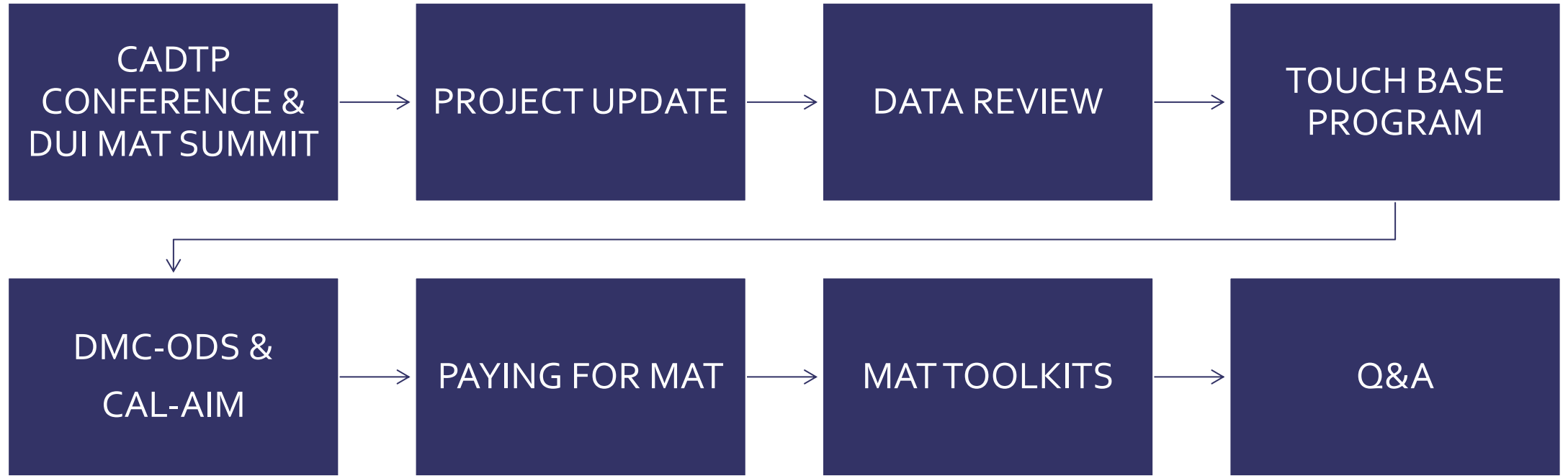
# DUI MAT Integration/Outreach Pilot Project

Training Webinar • August 2021

# Your Hosts Today

- Barbara Aday-Garcia, CADTP Executive Director
- Janice Forbes, DUI MAT Project Manager
- Michealine Flower, DUI MAT Project Liaison





# AGENDA

[Presenters](#) [Agenda](#) [Registration](#) [FAQs](#)

# CADTP Fall Conference

October 20 & 21, 2021

[Click to go to  
Conference  
Page and  
Registration](#)

**Conference Theme:** *Into the Light!*

Moving from the darkness of alcohol and drug addiction into the light of recovery and celebrating our recent experience of emerging from the darkness of the pandemic into the light of recovery.



## Conference Presenters



**Janelle Ito-Oro**

[View Speaker Profile](#)



**Rich Desmond**

[View Speaker Profile](#)



**Tracy Langlands**

[View Speaker Profile](#)



**Dr. Joe Sepulveda**

[View Speaker Profile](#)



**Tonier Cain**

[View Speaker Profile](#)



**Dr. BJ Davis**

[View Speaker Profile](#)



**Dr. Fredrick  
Dombrowski**

[View Speaker Profile](#)



**Dr. Nola Veazie**

[View Speaker Profile](#)



**Mark Stodola**

[View Speaker Profile](#)



**Bill and Linda  
Woodbury**

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[Click to go to  
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- View/Print the Agenda
- Register and Pay
- Read the FAQs
- Hotel Information and Savings Code
- 10% savings when you register 3 or more people in the same company
  - Additional discounts available



**Travel Reimbursement Information**  
**(Lodging and Per Diem Reimbursement – Effective for travel on/after January 1, 2020)**

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract. The terms “contract” and/or “subcontract” have the same meaning as “grantee” and/or “subgrantee” where applicable.
  - a. Reimbursement for travel and/or per diem shall be at the rates established for nonrepresented/excluded state employees. Exceptions to California Department of Human Resources (CalHR) lodging rates may be approved by *the* Department of Health Care Services (DHCS) upon the receipt of a statement on/with an invoice indicating that State employee travel rates are not available.
  - b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract or subcontract employee leaves his or her home or headquarters. “Headquarters” is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of assignments. Headquarters may be individually established for each traveler and approved verbally or in writing by the program funding the agreement. Verbal approval shall be followed up in writing or email.
  - c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on Page 2 of this document to determine the reimbursement allowance. All lodging reimbursement claims must be supported by a receipt\*. If a contractor does not or cannot present receipts, lodging expenses will not be reimbursed.
    - 1) Lodging (with receipts\*):

Travel Location / Area	Reimbursement Rate
All counties (except the counties identified below)	\$ 90.00 plus tax
Counties of Sacramento, Napa, Riverside	\$ 95.00 plus tax
Marin	\$110.00 plus tax
Counties of Los Angeles (except City of Santa Monica), Orange, Ventura and Edwards AFB	\$120.00 plus tax
Counties of Monterey and San Diego	\$125.00 plus tax
Counties of Alameda, San Mateo, and Santa Clara	\$140.00 plus tax
City of Santa Monica	\$150.00 plus tax
San Francisco	\$250.00 plus tax

Reimbursement for actual lodging expenses that exceed the above amounts may be allowed with the advance approval of the Deputy Director of DHCS or his or her designee. Receipts are required.

\*Receipts from Internet lodging reservation services such as Priceline.com which require prepayment for that service, ARE NOT ACCEPTABLE LODGING RECEIPTS and are not reimbursable without a valid lodging receipt from a lodging establishment.

# Travel Reimbursement Information

- The CADTP Fall Conference is a DUI MAT grant approved expense.
- The cost of attendance must be included in your DUI MAT budget. Attendance may not cause you to exceed your grant budget.
- Refer to the Travel Reimbursement Information published by DHCS for approved travel costs.
  - Located in the Project Portal





# DUI MAT Virtual Summit

- Training opportunity for all DUI MAT project staff
- Eligible to receive funds for staff attendance
- Date: September 1, 2021 (will be in place of regularly scheduled webinar)
- Expanded timeframe – 4 hours
- Agenda
  - MAT Speakers and Training
  - DUI MAT Best Practices
- CEUs Available

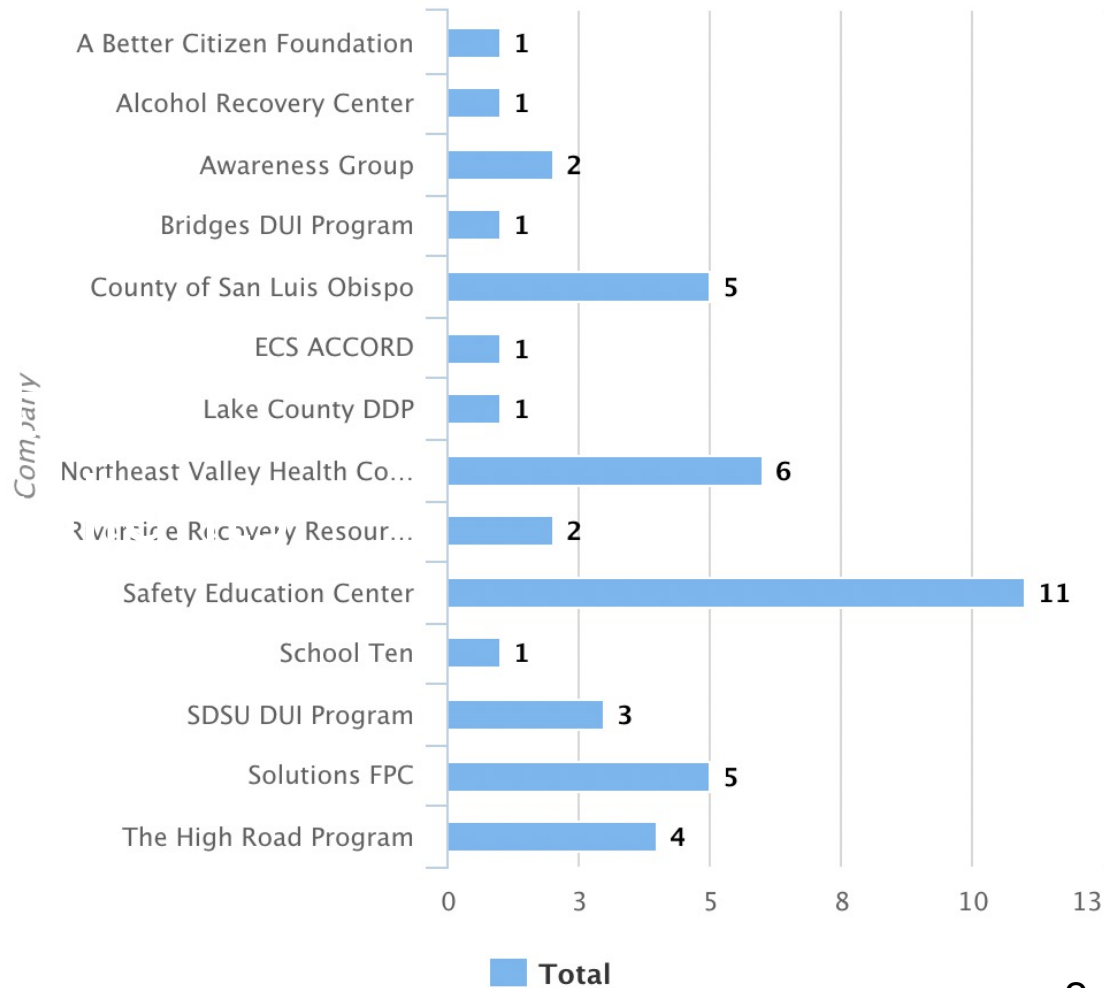
# Project Update

- We are in the 2<sup>nd</sup> Quarter of 7 Quarters in the project.
- The next invoice and project report are due in September.
- The next prescreen data reporting is due August 15 for July prescreen data.
- Report new DUI MAT clients as they join the program.
- Thank you for your timely submissions and for all you do each day in support of your clients and the DUI MAT project!



DUI MAT Clients **44** DUI MAT Clients

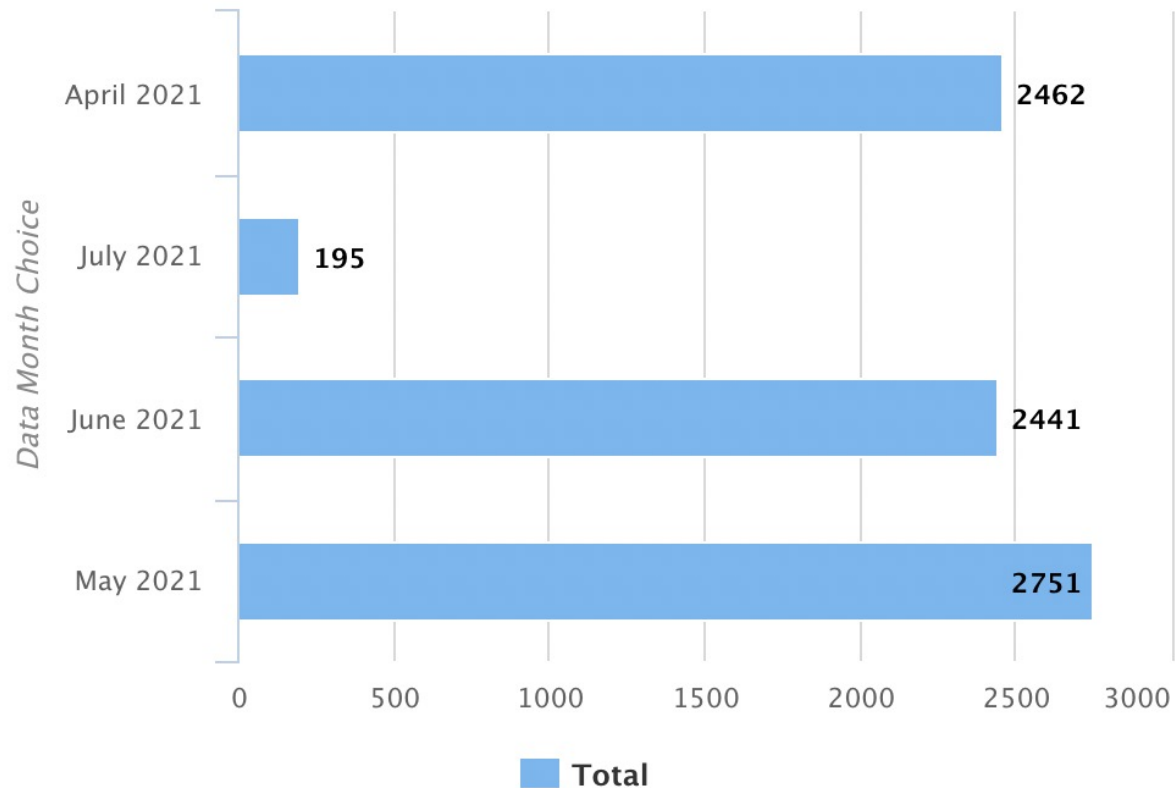
[print](#) [download](#)



Project Data to Date



Prescreen Data

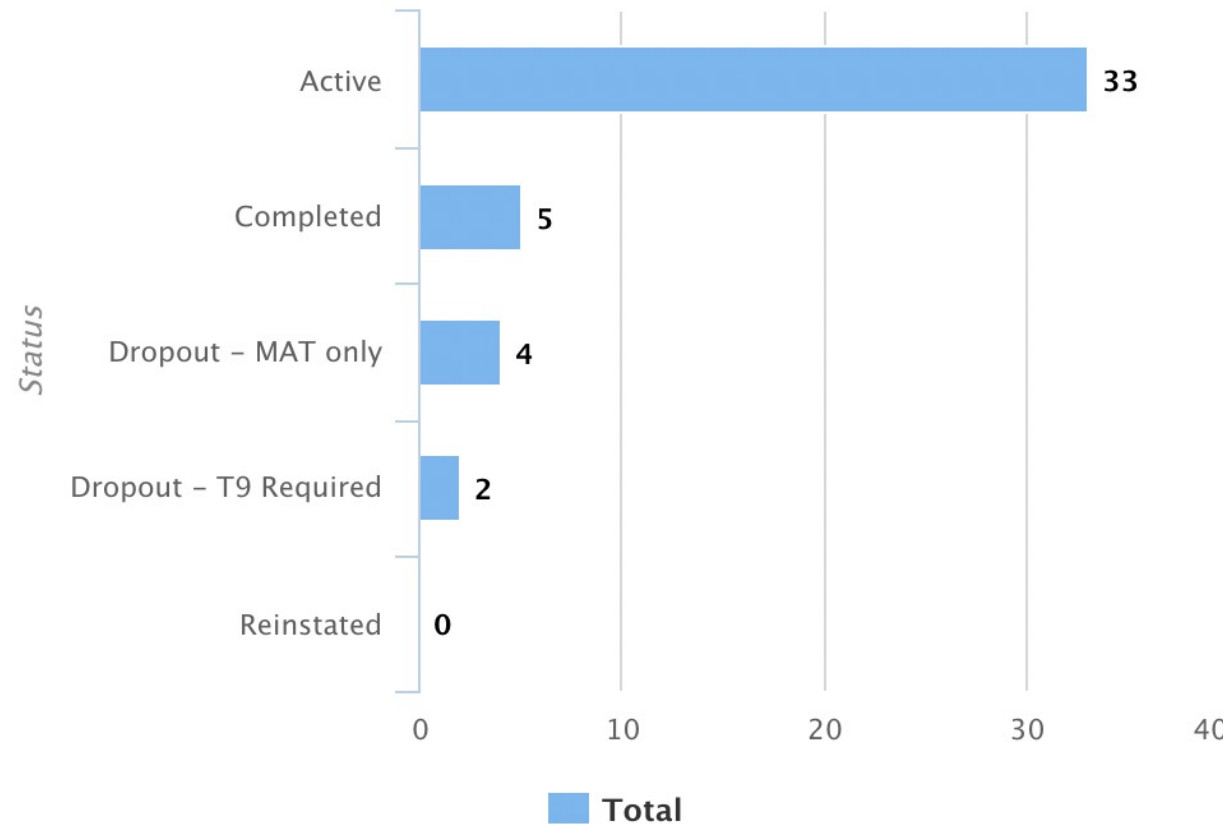


11,280 Total Census – June 2021  
1,268 Total New Client – June 2021

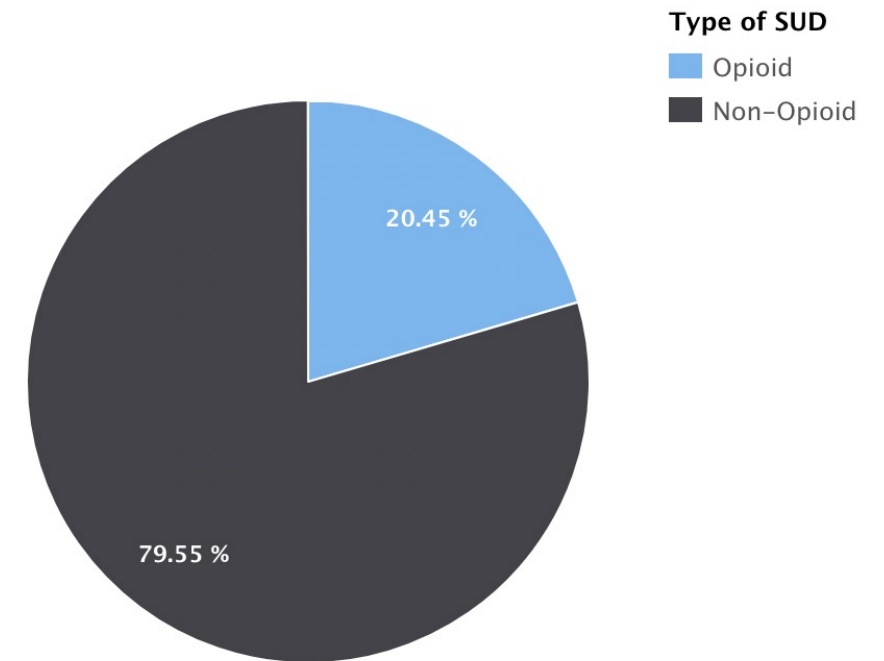
**7,849** prescreens reported



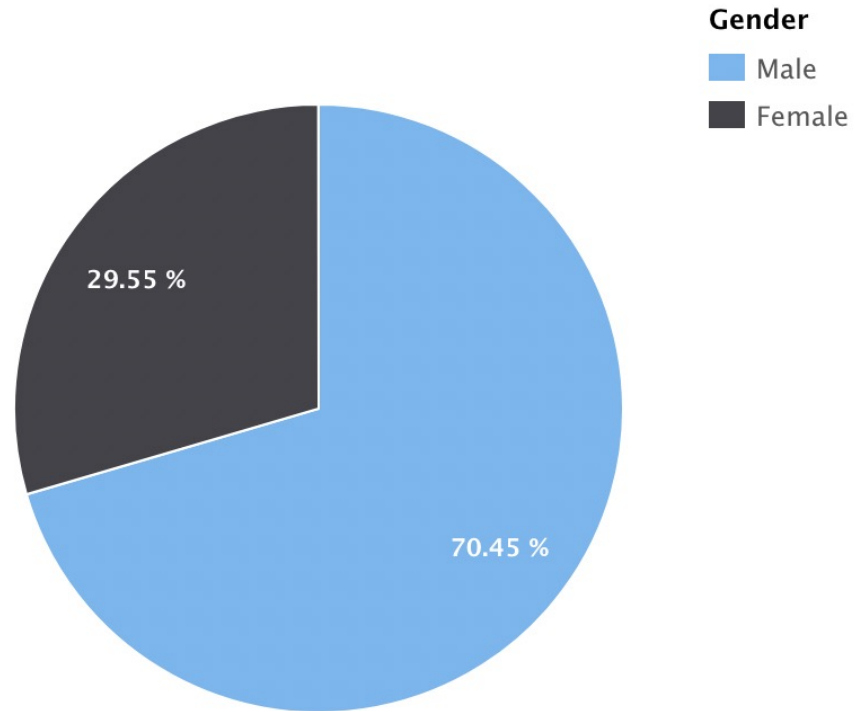
## DUI MAT Clients - Status



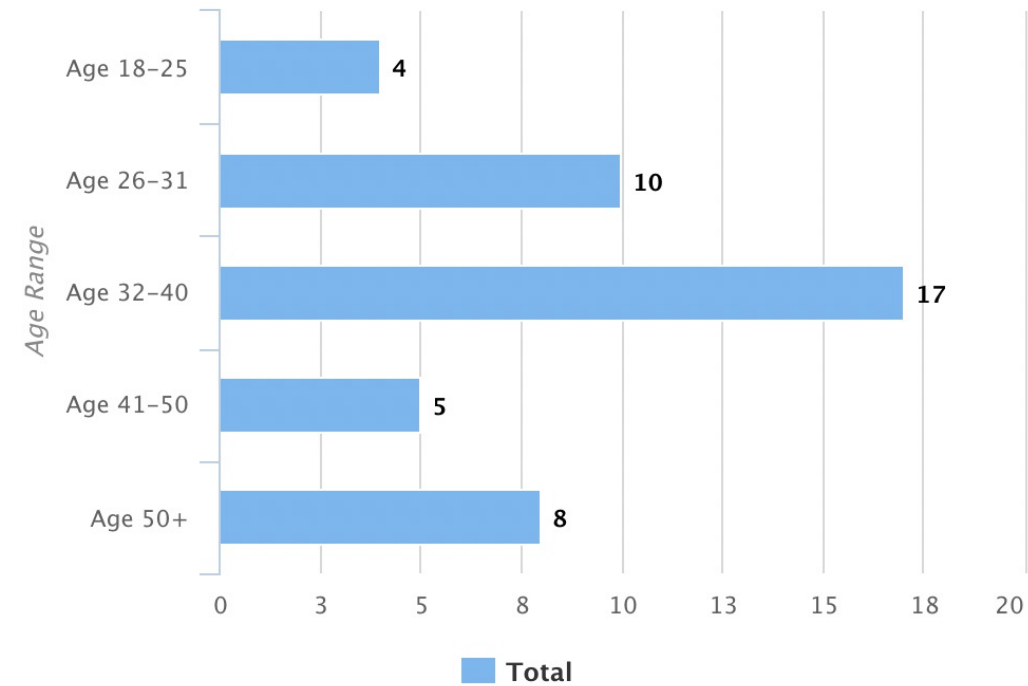
## DUI MAT Clients - Type of SUD



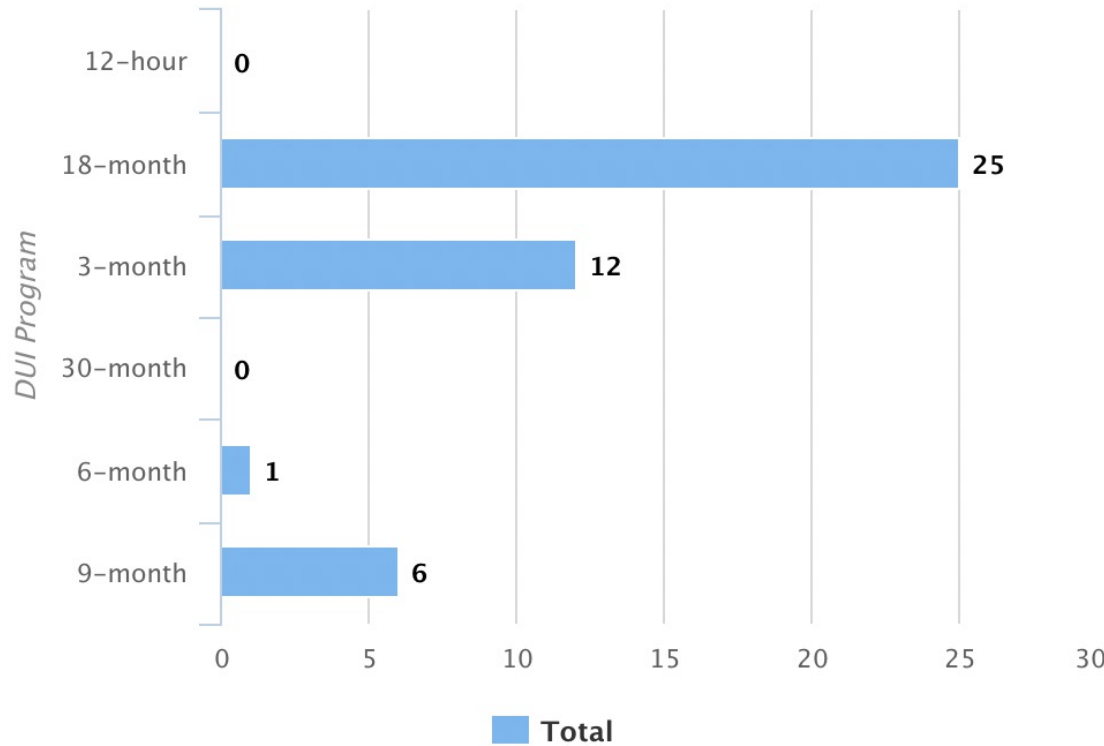
## DUI MAT Clients - Gender



## DUI MAT Clients - Age Range



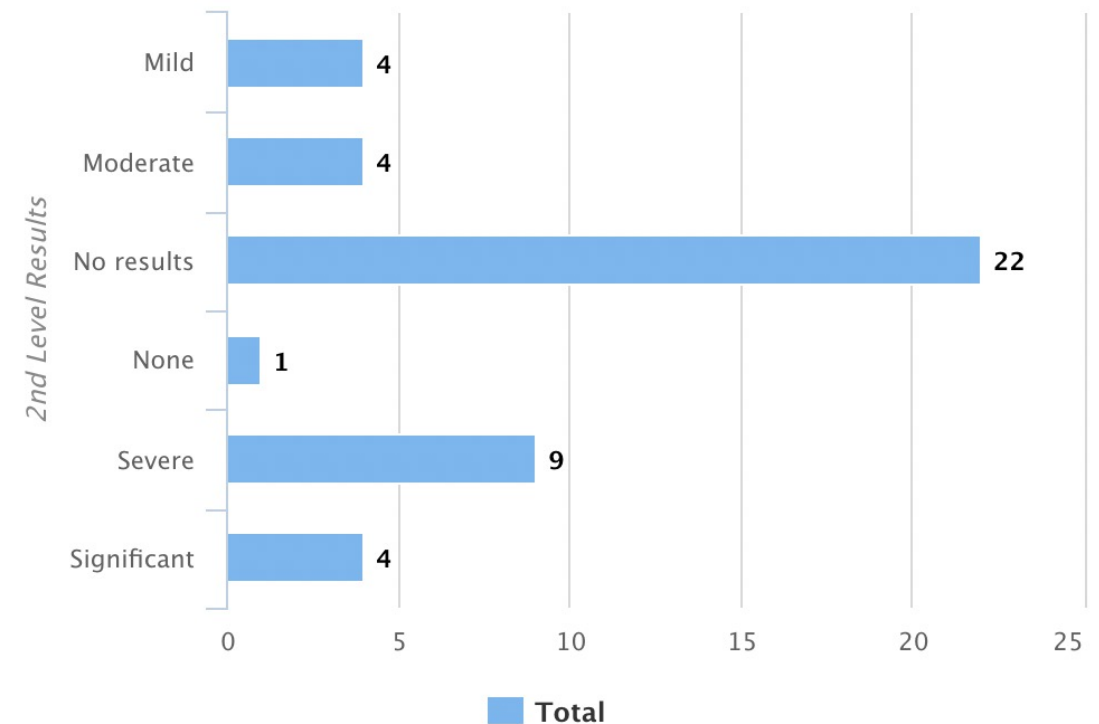
## DUI MAT Clients - Type of DUI Program



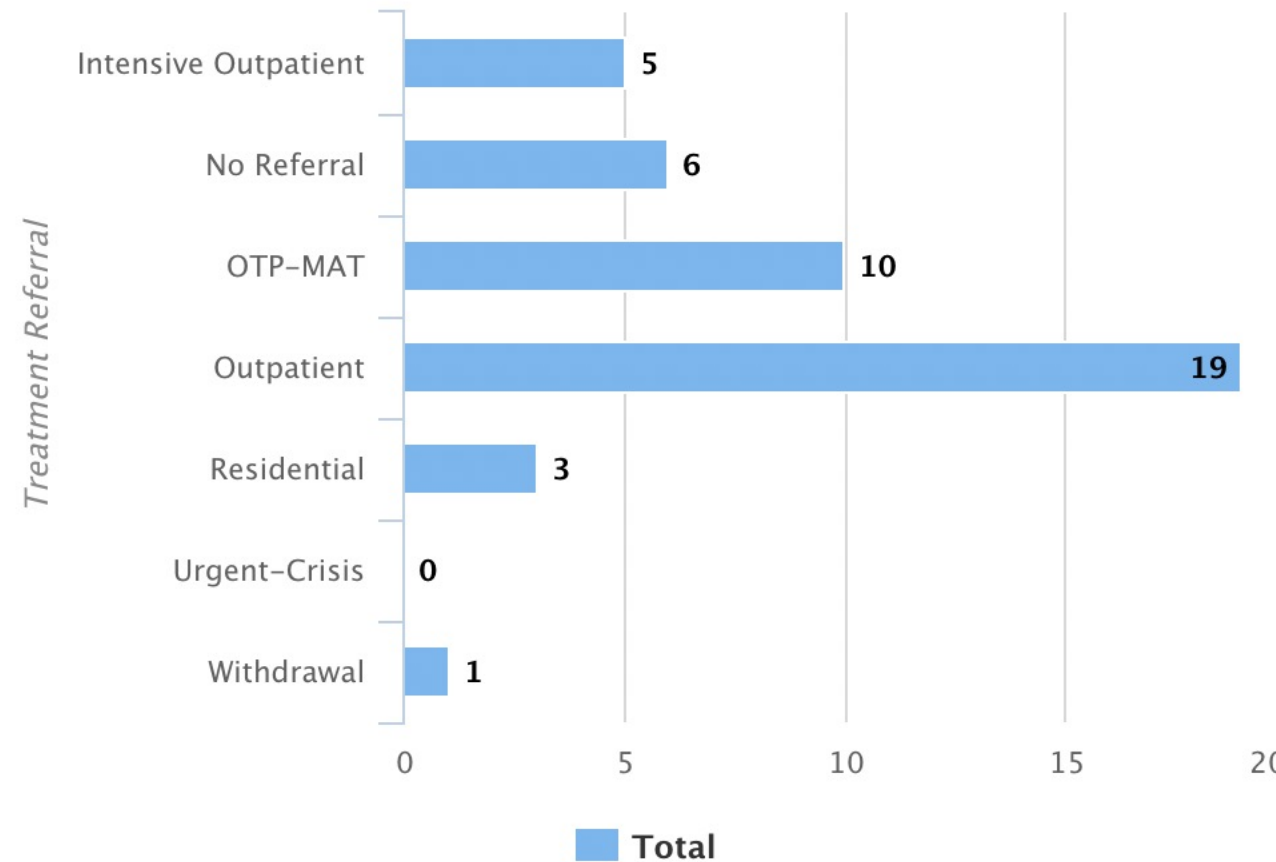
## Project Data to Date

**DUI MAT**  
California

## DUI MAT Clients - 2nd Level Results



## DUI MAT Clients - Treatment Referrals



# Touch Base Update

Michealine Flower

DUI MAT Project Liaison





## Integration and Now!

Prescreens at enrollment

Prescreens after  
enrollment

Staff understands scope of  
project and all materials  
including handouts and  
client letter

Reconciling data

Clarification on MAT  
referral

Regular MAT Team  
Meetings



Seed Planting takes time!  
It also takes a village with  
focus on the objectives of  
adding this opportunity to  
our existing DUIPs

The first quarter of go-live  
with clients reflects the  
hard work and dedication  
that it takes to ensure  
every client is given the  
opportunity to improve  
their lives.

## Great Start! It takes a village





# Staff Education and Project

- Every Member of the staff should be familiar with all handouts and project objectives. Please use same approach in presentation to exclude a personal bias.
- Handouts include:
  - Client Handout which gives an overview of project
  - Client letter and emphasis on confidentiality and separateness from DUIP- Courts, probation and DMV do not have access to their participation
  - Poly SUD Handout
  - Marijuana Handout
  - Poly SUD and Baseline Referrals
  - MAT Toolkit for counselors – Please review at staff meeting

# Regular DUI MAT Team Meetings

- Have regular MAT Team mtgs at each program weekly or bi-weekly to allow brainstorming and collaborative effort and focus.
- What works and what doesn't?
- Discuss integration, how at-risk clients are referred to MAT team.
- Review data together for discussion and opportunities.
- Multiple programs with awards should meet together, once a month

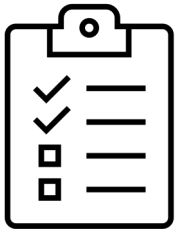




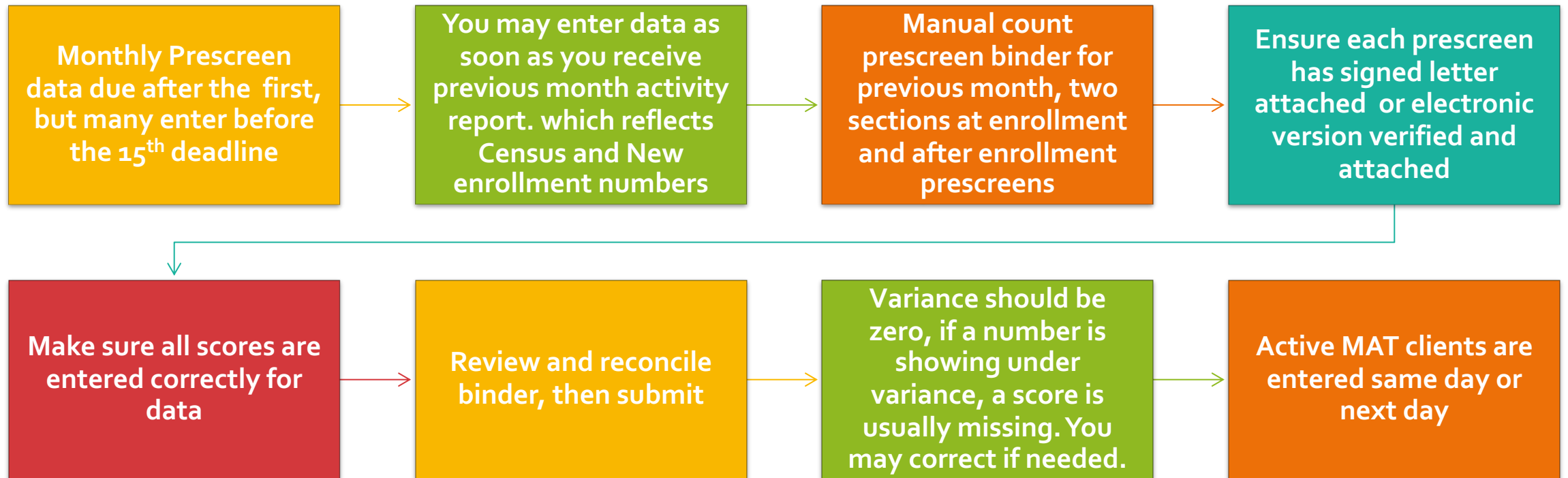
# DUI Client Outreach



- **Introduction:** All clients are introduced to the MAT Project at enrollment by providing a program overview and review of the client introduction letter. Every staff member should be well versed with content.
- **DAST prescreens:** All DAST prescreens must have a signed copy of the client introduction letter attached to it, which will ensure client understanding and agreement. Electronic agreement is accepted during telehealth.
  - Most clients will complete the prescreen at enrollment, yet some may be more receptive to self-evaluation and self disclosure once they are active in the program. Add retakes after a few weeks when indicated.
  - Reconcile all data before entering it in portal.
- **Handouts:** Have ready for distribution, at all times. Each counselor should have color copies. Order next round in advance, through 9-30-22.
  - Each client should be provided a copy of the client handout and additional handouts at enrollment and during their program. Send during telehealth, email, or regular mail to every active client.
- **Active client engagement is crucial.** Integration is ongoing. Each counselor should have a MAT Toolkit at their desk and understand the scope of the project, including handouts.



# Data Reporting & Reconciliation





# Active MAT Clients

- A client becomes Active MAT when:
  - DAST prescreen is completed
  - Client letter is signed and received
  - Client is willing to take a 2<sup>nd</sup> level assessment
- Once a client is active:
  - Create a file
  - Conduct project intake with client
  - enter data in portal
  - Record first progress monitoring note
- All clients in project must take a 2<sup>nd</sup> Level Assessment
- An OUD client is not mandated to take MAT and may opt for other treatment options
- POLY clients may be offered the suggested POLY Referrals and typically do not need HUB/NTP
- All MAT Project clients must be monitored weekly or bi-weekly and documentation is entered on separate progress monitoring note. Options are virtual, telephonic or in-person.

# Client Status Guidelines

Identify • Refer • Monitor =  
Completion

- Active

- The Client is engaged in the DUI MAT program at any level.

- Completed

- DUIP completion is an automatic completion
- When a client states he is active in treatment and the DUIP and received what was needed from the DUI MAT program.
- Document the final monitoring session and have the client complete an Exit Survey.

- Dropout T-9

- Attempt to reinstate in DUIP, once reinstated client may reinstate in DUI MAT, if needed.

- Dropout MAT Only

- The client realizes they do not need treatment but will remain in the DUIP.
- This is ideal for a drop as they may be ready during DUIP and can reenter. Leave the door open and let them know you are available, if needed.

- Reinstated

- A previous DUI MAT client re-engages with the DUI MAT program, at any level.

## Status \*

- ☐ Active
- ☐ Completed
- ☐ Dropout - T9 Required
- ☐ Dropout - MAT only
- ☐ Reinstated



Enter all status changes in portal same day or next day!



Email all Exit Surveys to Michealine Flower.



Drug Medi-Cal (DMC)  
Organized Delivery System (ODS)  
*and the*  
California Advancing and Innovating  
Medi-Cal: CalAIM



PROVIDING  
GREATER  
ACCESS TO  
TREATMENT  
OPTIONS FOR  
UNDERSERVED  
POPULATIONS



# Overview

## The DMC-ODS

- A five-year DHCS pilot project – 2015-2020
- Goals: Improve access and quality of SUD services: Facilitate greater service coordination and integration, both among SUD providers and between SUD providers and other parts of the health care system.
- SOR1 participants in select counties had access to DMC-ODS in support of DUI MAT clients.
  - Counties volunteered to participate and administered the program
  - DMC-ODS is the nation's first SUD demonstration project under a Medicaid Section 1115 waiver from CMS.4.

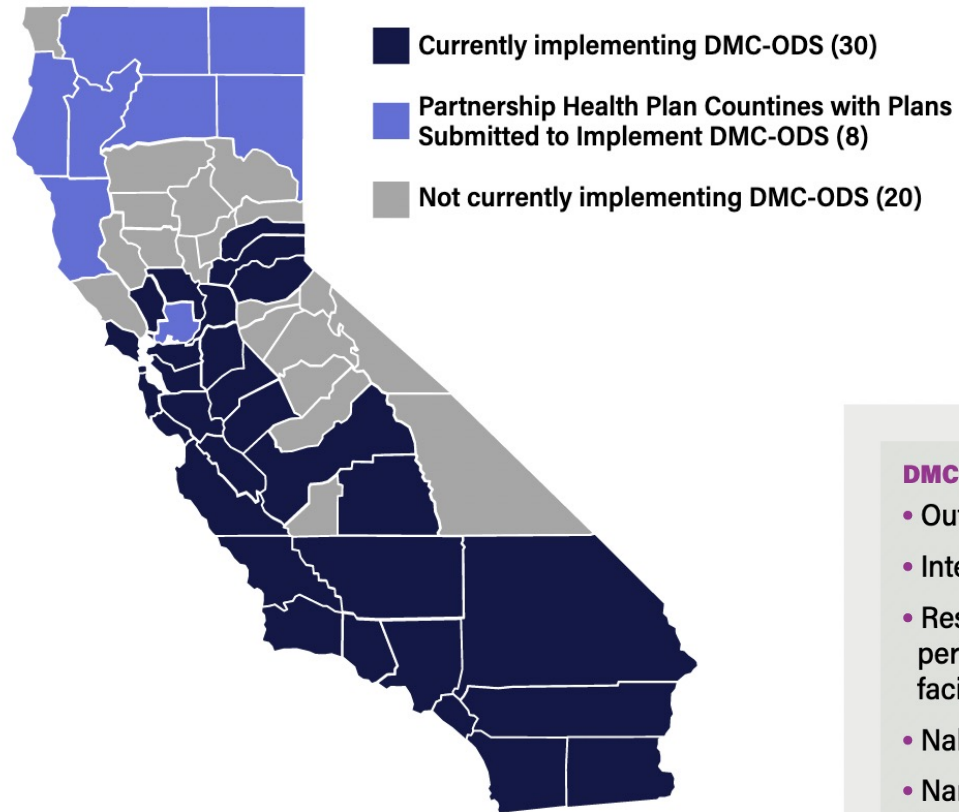
**The DMC-ODS pilot project is now a part of CalAIM.**

[CalAim - 5-year plan explained](#)

# Drug Medi-Cal Organized Delivery System (DMC-ODS)

## Expanded Coverage for Medi-Cal Enrollees

### Counties implementing DMC-ODS<sup>8</sup>



### Services Provided through DMC and DMC-ODS

#### DMC STANDARD PROGRAM

- Outpatient drug-free treatment
- Intensive outpatient treatment
- Residential SUD services for perinatal women only (limited to facilities with 16 beds or fewer)
- Naltrexone treatment
- Narcotic treatment (methadone only)
- Detoxification in a hospital



#### DMC-ODS PILOT PROGRAM

- Multiple levels of residential SUD treatment (not limited to perinatal women or to facilities with 16 beds or fewer)
- Narcotic treatment programs expanded to include buprenorphine, disulfiram, and naloxone
- Withdrawal management (at least one ASAM level)
- Recovery services
- Case management
- Physician consultation
- Partial hospitalization (optional)
- Additional MAT (optional)



## What Is CalAIM?

California Advancing and Innovating Medi-Cal — known as CalAIM — is a far-reaching, multiyear plan to transform California’s Medi-Cal program and to make it integrate more seamlessly with other social services. Led by California’s Department of Health Care Services, the goal of CalAIM is to improve outcomes for the millions of Californians covered by Medi-Cal, especially those with the most complex needs.

- .

[CalAim - 5-year plan explained](#)





# What Are the Goals of CalAIM?

- Make services more standardized and more equitable across the state, bringing consistency to the current patchwork of programs that vary by county.
- Ensure that the Californians who need the most help and support actually get it — by emphasizing proactive outreach to bring people with complex needs into care and offering a “no wrong door” approach to people seeking help.
- Enable Medi-Cal managed care plans to couple clinical care with a range of new nonmedical services. Those services, which will be reimbursed by Medi-Cal, include housing supports, medical respite, personal care, medically tailored meals, and peer supports.
- Require plans and incentivize public health systems to be more responsive, equitable, and outcome focused.

[CalAim - 5-year plan explained](#)



## Who Will CalAIM Help?

- While CalAIM's broad reach is intended to help all Medi-Cal enrollees, many of the reforms focus on improving care for people with the most complex needs. This group includes:
  - People experiencing homelessness
  - Frequently hospitalized patients, including those who regularly use emergency rooms as a source of care
  - People with significant behavioral health needs, including people with serious mental illness, serious emotional disturbance, **or substance use disorder**
  - People with complex physical or behavioral health needs who are transitioning from jail or prison
  - Seniors and people living with disabilities, including those at risk for institutionalization and eligible for long-term care, as well as those living in nursing facilities and wishing to transition to the community
  - Children with complex medical conditions, such as cancer, epilepsy, or congenital heart disease
  - Children and youth in foster care

[CalAim - 5-year plan explained](#)



## Timeline for Implementation

- The first reforms will start to be implemented in January 2022, and additional reforms will be phased in through 2027. Many of the activities that CalAIM will cover require a waiver approval from the Centers for Medicare & Medicaid Services, and that is expected to be finalized in December 2021.
- In the meantime, work is actively underway to ensure a smooth transition from existing programs to CalAIM once those first reforms are approved.

## ELIGIBILITY

To be eligible for DMC-ODS pilot program services, beneficiaries must:

- Be eligible for Medi-Cal.
- Reside in a County that is participating in the pilot program.
- Have received at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders for substance-related and addictive disorders (except for tobacco-related disorders).
- Meet the ASAM Criteria definition of medical necessity for services.
- Individuals under age 21 are eligible.

## Results

By making a comprehensive set of services available through a formally organized structure with high expectations for quality and access, the DMC-ODS pilot program has substantially strengthened county delivery systems and is helping to promote long-term recovery among Medi-Cal Enrollees.

Understand DMC-ODS and CalAIM as it applies to your County

Reach out to your County representatives to notify of DUI participation and your roles including:

- Identifying OUD/Poly-OUD clients
- 2<sup>nd</sup> Level Assessments
- Treatment Referrals

DUI MAT and  
DMC-ODS

Roles and  
Responsibilities





# Medication Assisted Treatment for OUD

Paying for MAT

# Society's Cost of SUD vs Cost of Treatment

- The amount paid for treatment of substance use disorders is only a small portion of the costs these disorders impose on society.
- An analysis suggested that the total costs of prescription opioid use disorders and overdoses in the United States was \$78 billion in 2013. Of that, only 3.6 percent, or about \$2.8 billion, was for treatment.

[Source: National Institute on Drug Abuse](#)

# The Cost of MAT

- **Buprenorphine**

- For a stable patient provided in a certified OTP, including medication and twice-weekly visits: \$115.00 per week or \$5,980.00 per year

- **Naltrexone**

- Provided in an OTP, including drug, drug administration, and related services: \$1,176.50 per month or \$14,112.00 per year

- **Methadone**

- Including medication and integrated psychosocial and medical support services (assumes daily visits): \$126.00 per week or \$6,552.00 per year

[Source: National Institute on Drug Abuse](#)

# Paying for MAT

- **DMC-ODS/CalAIM**
  - In participating Counties, Medi-Cal recipients receive an expanded level of treatment and services.
- **Medi-Cal**
  - Treatment is covered with some limitations.
- **Covered California**
  - Clients pay according to a sliding income scale.
- **Medicare - For clients over 65 years of age**
  - Co-pays may be required.
  - Some people may be eligible for both Medicare and Medi-Cal, thereby eliminating the co-pay.
- **Private Insurance**
  - Co-pays may be required depending on plan details/benefits. Manufacturers and distributors offer co-pay savings plans that can reduce the co-pay to zero.
- **Self-Pay**
  - Cash clients may have additional options through a Narcotic Treatment Program (NTP) and/or the medicine's manufacturer/distributor.

# Paying for MAT

## Special Programs

- VIVITROL® Co-pay Savings Program covers up to \$500/month of co-pay or deductible expenses for eligible patients with a VIVITROL prescription.
  - Applies to those with private insurance
- There is also a program for people without insurance that can cover the entire cost of medication.
- Learn more:
- <https://www.vivitrol.com/co-pay-savings-program>

# CADTP MAT Certification

The experiential-based Medication-Assisted Treatment Counselor Credential (MATCC) supports the certified Substance Use Disorder Counselor to highlight their education, knowledge, and experience in medication-assisted treatment.

## Requirements

- Current Substance Use Disorder professional license or certification.
- 3-years of experience providing client services as an SUD Counselor.
- 1-year of experience providing client services specific to Medication-Assisted Treatment.
- 40-hours of medication-assisted treatment specific education which includes the required topics as described in the Eligibility Requirements.



# MAT TOOLKITS

These resources were created by Harbage Consulting with support from the Department of Health Care Services



## **Medication Assisted Treatment Toolkit for DUI Programs**



MAT Toolkits  
are a valuable  
resource of  
information to  
support our project!

- **The MAT Toolkit for Counselors (23 pages)**
  - Medication Assisted Treatment Toolkit for Counselors
  - Medication Assisted Treatment for Opioid Addiction – Facts for Families and Friends
  - Challenging the Myths About Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)
  - Narcan Instructions for Use
- **The MAT Toolkit for DUI Programs (8 pages)**
  - FAQs for counselors and DUI clients for identification of eligibility in this project
  - Statistics on DUI offenders and objectives for DUIPs in the MAT Project

- [California MAT Expansion Project Website](#) • [MAT Toolkits](#)



For Families and Friends

## Medication-Assisted Treatment for Opioid Addiction



*Facts for Families and Friends*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

Click on the images to go directly to the file.



## Medication Assisted Treatment Toolkit for DUI Programs



This resource was created by Harbage Consulting  
with support from the Department of Health Care Services



## Medication Assisted Treatment Toolkit for Counselors



This resource was created by Harbage Consulting  
with support from the Department of Health Care Services

Complete Toolkit in one document – 23 Pages

# Instructions for Narcan Use

## Instructions for Use

### Opioid Overdose Response Instructions



NARCAN™ Nasal Spray is a pure opioid antagonist indicated for emergency use outside of a hospital to reverse known or suspected opioid overdose, as manifested by respiratory and/or severe central nervous system depression.

NARCAN™ Nasal Spray can be administered by a bystander (non-healthcare professional) before emergency medical assistance becomes available, but it is not intended to be a substitute for professional medical care. Emergency medical assistance (calling 911) should be requested immediately when an opioid overdose is suspected, before administering naloxone.

Important: For use in the nose only.  
Do not remove or test the NARCAN™ Nasal Spray until ready to use.

1

**Identify Opioid Overdose**  
**Call for Emergency Medical Help**



**Check for signs of an opioid overdose:**

- Person DOES NOT wake up after you shout, shake their shoulders, or firmly rub the middle of their chest
- Breathing is very slow, irregular or has stopped
- Centre part of the eye is very small, like a pinpoint

Call 911 or ask someone to call for you.

Lay the person on their back.

2

**Give NARCAN™ Nasal Spray**



Remove device from packaging. Do not test the device. There is only one dose per device.

Tilt the person's head back and provide support under their neck with your hand.

Hold the device with your thumb on the bottom of the plunger. Put your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into one nostril. Your fingers should be right up against the nose. If giving to a child, make sure the nozzle seals the nostril.

Press the plunger firmly with your thumb to give the dose.

Remove the device from the nostril.

3

**Evaluate and Support**



Move the person on their side (recovery position). Watch them closely.

Give a second dose after 2 to 3 minutes if the person has not woken up or their breathing is not improved. Alternate nostrils with each dose.

You can give a dose every 2 to 3 minutes, if more are available and are needed.

Perform artificial respiration or cardiac massage until emergency medical help arrives, if you know how and if it is needed.

For more information on NARCAN™ Nasal Spray, visit [www.choosemat.org](http://www.choosemat.org)

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# Helping Participants Access MAT

## Helping Participants Access Medication Assisted Treatment

### HOW DO I KNOW IF A PARTICIPANT CAN BENEFIT FROM MAT?

MAT may be a good choice for a participant if:

- 1 They are seeking treatment for an opioid or alcohol use disorder; and/or
- 2 They have tried stopping or reducing use of opioids or alcohol in the past but have been unsuccessful.

### HOW CAN I HELP A PARTICIPANT FIND A MAT PROVIDER?

Ask the participant where they get their health insurance, as this will determine what provider they can see. For information about different insurance sources and what they cover, see the table on the back of this document. Regardless of insurance source, DUI program counselors can work with participants to find a provider:

- 1 Check the MAT locator. Help the participant call providers to see if they take their insurance and have availability for an appointment.
- 2 Check the provider directory for a participant's insurance plan.
  - For Medi-Cal, substance use disorder (SUD) services are managed by each county's behavioral health department. In most counties, the county behavioral health department must have a provider directory (or provider list) posted on their website. You may also be able to call an access line for help. Access lines and websites for each county are listed at [bit.ly/2V4ffGs](http://bit.ly/2V4ffGs).
  - Other insurance plans also post provider directories online. These can be accessed using an online participant portal. Information about the online participant portal should be listed on the participant's insurance card.
- 3 Check with the participant's doctor. The participant's doctor may be able to prescribe MAT medications or may know of other providers who are able to help.



### MAT LOCATOR

- For a list of providers and facilities offering MAT in your area, visit: <http://choosemat.org/>.
- Type in your zip code, or the zip code of the participant and filter for providers that offer "Outpatient methadone/buprenorphine or naltrexone treatment."

### WHAT ARE NEXT STEPS?

**Check in:** Once you have found a provider who takes the participant's insurance and can provide treatment, help the participant make their appointment. Check in regularly with the participant to be sure they are showing up for each appointment. Be sure to schedule a follow-up with the participant to discuss next steps and treatment planning.

**Make connections:** Once you have helped the participant find a provider, begin making a list of providers in your area that offer MAT and accept the participants' insurance. This will make it easier to make referrals in the future.

CONTINUED ON THE BACK

# Challenging MAT Myths

## CHALLENGING THE MYTHS ABOUT MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER (OUD)



**MAT JUST TRADES ONE ADDICTION FOR ANOTHER:** MAT bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery. (10)



**MAT IS ONLY FOR THE SHORT TERM:** Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from stopping MAT. (11)



**MY PATIENT'S CONDITION IS NOT SEVERE ENOUGH TO REQUIRE MAT:** MAT utilizes a multitude of different medication options (agonists, partial agonists and antagonists) that can be tailored to fit the unique needs of the patient. (2)



**MAT INCREASES THE RISK FOR OVERDOSE IN PATIENTS:** MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression. (14)



**PROVIDING MAT WILL ONLY DISRUPT AND HINDER A PATIENT'S RECOVERY PROCESS:** MAT has been shown to assist patients in recovery by improving quality of life, level of functioning and the ability to handle stress. Above all, MAT helps reduce mortality while patients begin recovery.

$$L \leq \frac{L_0}{k}; k = \frac{4 \sqrt{L_0}}{4EJ}$$

**THERE ISN'T ANY PROOF THAT MAT IS BETTER THAN ABSTINENCE:** MAT is evidence-based and is the recommended course of treatment for opioid addiction. American Academy of Addiction Psychiatry, American Medical Association, The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies emphasize MAT as first line treatment. (8)



**FOR MORE INFORMATION, PLEASE CONTACT NICK SZUBIAK, DIRECTOR, CLINICAL EXCELLENCE IN ADDICTIONS, AT [NICKS@THE NATIONAL COUNCIL.ORG](mailto:NICKS@THE NATIONAL COUNCIL.ORG)**

**MOST INSURANCE PLANS DON'T COVER MAT:** As of May 2013, 31 state Medicaid FPS programs covered methadone maintenance treatment provided in outpatient programs (4). State Medicaid agencies vary as to whether buprenorphine is listed on the Preferred Drug List (PDL) and whether prior authorization is required (a distinction often made based on the specific buprenorphine medication type). Extended-release naltrexone is listed on the Medicaid PDL in over 60 percent of states. (5)

(1) <http://www.thecenterforopioidepidemiologyandprevention.org/wp-content/uploads/2015/05/2015-05-01-Principles-of-Medication-Assisted-Treatment-for-Opioid-Use-Disorder.pdf>  
(2) <http://www.addictionmedicine.org/AM/AMContent.aspx?ArticleID=100>  
(3) <http://www.addictionmedicine.org/AM/AMContent.aspx?ArticleID=100>  
(4) <http://www.addictionmedicine.org/AM/AMContent.aspx?ArticleID=100>  
(5) <http://www.addictionmedicine.org/AM/AMContent.aspx?ArticleID=100>  
(6) <http://www.addictionmedicine.org/AM/AMContent.aspx?ArticleID=100>  
(7) <http://www.addictionmedicine.org/AM/AMContent.aspx?ArticleID=100>  
(8) <http://www.addictionmedicine.org/AM/AMContent.aspx?ArticleID=100>  
(9) <http://www.addictionmedicine.org/AM/AMContent.aspx?ArticleID=100>  
(10) <http://www.addictionmedicine.org/AM/AMContent.aspx?ArticleID=100>  
(11) <http://www.addictionmedicine.org/AM/AMContent.aspx?ArticleID=100>

Click on the images to go directly to the file.



## Consumer Handout

### Recovery is possible with Medication Assisted Treatment

TREATMENT FOR OPIOID ADDICTION STARTS HERE

YOU ARE NOT ALONE. NATIONWIDE:<sup>1</sup>

**19.7 million**

people struggle with an  
alcohol or drug addiction

**2.1 million**

people struggle with an  
opioid addiction



#### WHAT IS AN OPIOID?

Opioids are drugs that include:

- Heroin
- Fentanyl
- Prescription pain medications



#### WHAT IS MEDICATION ASSISTED TREATMENT?

FDA-  
approved  
medication + Counseling  
& behavioral  
therapies = Whole person  
approach  
to treatment

Medication Assisted Treatment, or MAT, uses Food and Drug Administration (FDA)-approved medications to treat opioid addiction. Together with counseling, MAT treats the whole person. Common medications in MAT include buprenorphine, methadone, and naltrexone.

#### DO YOU STRUGGLE WITH OPIOID ADDICTION?

- ☒ Are you using more opioids than you want to?
- ☒ Is it hard to cut down or control your opioid use?
- ☒ Do you crave opioids?
- ☒ Has your opioid use caused problems in your relationships with others, or other parts of life, like work, school, or home?
- ☒ Are you developing a tolerance (feeling less effect with continued use)?
- ☒ Do you feel physically sick or unwell when you stop using opioids?
- ☒ Have you tried to stop using opioids without success?

If you checked any of the boxes above, you may have an addiction to opioids, and Medication Assisted Treatment can help! There's no shame in getting the help you need.

<sup>1</sup>2017 NSDUH Annual National Report: [bit.ly/2KCLYUa](https://bit.ly/2KCLYUa).

## Consumer Handout - Spanish

### La recuperación es posible con el tratamiento asistido por medicamentos

EL TRATAMIENTO PARA LA ADICCIÓN A LOS OPIOIDES COMIENZA AQUÍ

USTED NO ESTÁ SOLO. A NIVEL NACIONAL:<sup>1</sup>

**19.7 millones**

de personas luchan contra  
una adicción al  
alcohol o drogas

**2.1 millones**

de personas luchan  
contra una adicción  
a los opioides



#### ¿QUÉ ES UN OPIOIDE?

Los opioides son medicamentos  
que incluyen:

- Heroína
- Fentanilo
- Medicamentos recetados  
para el dolor



#### ¿QUÉ ES EL TRATAMIENTO ASISTIDO POR MEDICAMENTOS?

El tratamiento asistido por medicamentos (MAT, por sus siglas en inglés) utiliza medicamentos aprobados por la Administración de Alimentos y Drogas (FDA por sus siglas en inglés) para tratar la adicción a los opioides. Junto con el asesoramiento, el MAT trata a la persona de manera integral. Los medicamentos comunes del MAT incluyen buprenorfina, metadona y naltrexona.

<sup>1</sup>Encuesta Nacional sobre el Consumo de Drogas y la Salud de 2017 (National Survey on Drug Use and Health, NSDUH): [bit.ly/2KCLYUa](https://bit.ly/2KCLYUa).

MAT Toolkits are  
available for  
download in the DUI  
MAT Project Portal

## Additional MAT Toolkits Available

- MAT in Residential Treatment Facilities
  - MAT Toolkit for Primary Care Givers
  - MAT Toolkit for Justice System Professionals
  - MAT Posters for Correctional Facilities
- 
- All Toolkits are available at the [Mat Expansion Project Website](#).



The California MAT Expansion Project supports more than

**30 PROJECTS**

across the state and has expanded access to MAT in more than

**650 ACCESS POINTS**

including...

**108**

Hospitals/Emergency Departments

**3,000+**

Patients received treatment for stimulants

**35**

County Jail Systems

**12**

Indian Health Programs

**22**

Sites Specifically for Youth

**10**

Mental Health/SUD Clinics



**67,000+ NEW PATIENTS**

with opioid use disorder (OUD) have received MAT

July 2021



**270**

Community Access Points

**36,000+**

Patients



received recovery support services



Since October of 2018, the Naloxone Distribution Project (NDP) has distributed more than

**750,000 UNITS**

of naloxone to more than

**2,000 ORGANIZATIONS** in

**58 COUNTIES** resulting in

**40,000+ OVERDOSE REVERSALS**

For more information, visit:  
**CaliforniaMAT.org**

July 2021

**18,000+**

STAKEHOLDERS received training and technical assistance on providing MAT

**Media Campaign**  
TV, radio, & billboard ads

**1.2 BILLION IMPRESSIONS**

**ChooseMAT.org**  
treatment locator

**31,500 VISITORS**

# MAT Expansion Partners

See Project Details at  
the [MAT Expansion  
Project Website](#)



- Addiction Treatment Starts Here Learning Collaborative and Network
- California Bridge Program
- California Department of Public Health Projects
- California Hub & Spoke System
- California Poison Control System
- California Substance Use Line
- California Youth Opioid Response
- Youth Peer Mentor Program
- Justice System Touchpoints
- CURES Optimization
- Drug Take-Back
- **DUI MAT Integration/Outreach**
- Expanding MAT in County Criminal Justice Systems
- MAT Access Points
- MAT Toolkits and GPRA Data Collection
- Media Campaign
- Mentored Learning
- Mother & Baby Substance Exposure Initiative
- Naloxone Distribution Project
- NTP Treatment Capacity
- Primary Care Residency
- SUD Workforce: Recovery and MAT Summits
- Recovery Housing
- Systems of Care
- Tribal MAT Projects
- Prescriber Support Initiative
- Young People in Recovery



# Resources

Click the link to go to  
the resource

- [Directory of Narcotic Treatment Programs in California](#)
- [Hub and Spoke Project Website and Locator](#)
- [Drug Medi-Cal Organized Delivery System](#)
- [MAT Expansion Website](#)
- [Pain Management Resources](#)
- [County Plans and Contracts](#)
- [Substance Use Disorder County Access Lines and Websites](#)
- [How Medi-Cal is Improving Treatment for Substance Use Disorder in California](#)
- [Vivitrol Co-pay Savings](#)

[Medi-Cal Moves Addiction Treatment into the Mainstream: Early Lessons from the Drug Medi-Cal Organized Delivery System Pilots](#)