Grants Pass Treatment Center

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PLEASE HOLD ALL QUESTIONS UNTIL THE END
Who we are...

- Accredited OTP (3 years)
- Highly Regulated
- Over 60 years combined experience
- Medical director, program physician, nurse practitioner
- 9-strong clinical team
- 7-strong medical team

What we do...

- Opiate addiction
  - Methadone
  - Buprenorphine
- Outreach
  - Fairs, events, community
- Client-focused
- Harm Reduction
  - Medical testing
  - Narcan prescriptions
Our Mission

The mission of Grants Pass Treatment Center is to provide professional, personal, affordable and effective treatment to those suffering from substance abuse addiction in rural parts of Oregon and to proactively engage and educate the communities we serve about the disease.
How do we do it...

[Diagram showing a flowchart with steps: Screen, Admission, Stabilize, Maintenance, Identify, Refer, Intervene, Plan, Action, Maintain]
Intake Process

ADMISSION PROCESS FLOW CHART

- Contacted by Potential Client
- Transfer Client (Review documentation from current clinic)
- Set Appointment to See Physician
- Intake Screening
- Is Client on Probation or Parole?
- Obtain consent from probation/parole officer
- Is the Patient Eligible for Treatment?
- Refer to Appropriate Treatment Resource
- **Client Consent Forms**
  1. Informed Consent to Treat
  2. MOTS Consent
  3. Acknowledgement Receipt of Admission
  4. Financial Contract
  5. ID Card Agreement
  6. Medical Referral
  7. Benzodiazepine Education
  8. Client Rights
  9. Take Home Medication Contract
  10. Understanding of Treatment
  11. Notice of Privacy Practices
  12. Release Protected Health Information

***Transfer Documents***
1. Release of Information to Treatment Center
2. Permanent Transfer Form
3. Discharge Summary
4. Admission & Anniversary Dates
5. UDS results
6. Up-to-date TB test
7. Up-to-date Labwork
8. Current Physician Order
9. Up-to-date History and Physical
10. Copy of Photo ID, Insurance Card & SS Card
Intake – Day 1

- Admit to system
- Suicide Risk Assessment
- Biopsychosocial
- Treatment plan
- Health/Nutritional Assessment
- Consents
Intake – Day 2

Medical Assistant/Urinalysis
Medical Assistant/ Vitals/TB Test
Doctor/Physical
Nurse/Medicate wait 30 minutes
Medical Assistant/Labs
Nurse/Monitor
Stabilization/Induction Period

- Daily monitor of dose
  - Lowest therapeutic
- Check in with clinical staff
  - 3 days post admit
  - 7 days post admit
- Orientation group
Medical

- Continued assessment daily by licensed medical staff
  - COWS
- Lowest therapeutic dose
- EKG
- Peak & Trough
- Infectious Disease Reduction
  - Education/Testing
- Assessments
- Medical Referrals
<table>
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<th>Clinical</th>
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<tbody>
<tr>
<td>• MPL (master problem list)</td>
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<td>• SNAP (strengths, needs, abilities, preferences)</td>
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<td>• Treatment Plans</td>
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<td>• Barriers</td>
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Maintenance

- Monthly UAs (minimum)
- 1 hour face to face clinical time each month
- Constant review of treatment plan
- Update every 90 days (First year, 180 days beyond)
  - Maintain SMART
Groups

- Based on individualized approach
- Seeking Safety
- Women/Men Specific
- Peer-Led
- Relapse Prevention

- Stimulant Cessation
- Orientation
- Nutrition (Medical lead)
- Parenting (With and without child present)
Interventions

- **Illicit opiate**
  - Safety, increased counseling, review dose with physician

- **Illicit benzodiazepine**
  - Safety, physician referral for titration, increased counseling

- **Alcohol**
  - Safety, IOP referral, medical awareness

- **Methamphetamine**
  - Increased counseling (groups), IOP

- **Marijuana**
  - Physician referral for OMMP, increased counseling
Barriers

- Polysubstance use
- Mental Health
- Housing
- Transportation
- Employment
- Child Care
Referrals/Coordination

- Referrals to 5 Pilar Agencies as well as UCAN, DHS- Self Sufficiency, HUD, Gospel Rescue Mission, CRC, VA and Work Source Oregon, CLCM, Primary Care Physicians.
- 18 mutual clients with Parole and Probation
- Medical care, urgent care, cardio-pulmonary
- HIV Alliance partnership
CDC and SAMHSA Reports

- $20 Billion- Annual financial cost of untreated opioid addiction in the United States.

- Community Benefits of a Highly Accredited Program:
  - 70% reduction in mortality among opioid users
  - Reduced criminality in the community
  - Reduction in infectious disease, specifically HIV/AIDS
  - Reduction in Emergency Room, public health costs
Criminality:

- Assist clients in reducing associated criminal activities and entry into the criminal justice system.
- Approximately 2% of clients accrue new criminal charges quarterly.
- GPTC upholds accepting consequences for actions.
- Cognitive Distortions group
Quality of Life:

- “My life has improved since entering this treatment center”
  - 80% Strongly Agree, 18% Agree (2% disagree)
- “I am doing better in school, work and my daily living activities since entering treatment”
  - 77% Strongly Agree, 19% Agree (4% disagree)
- “My family situation has improved since entering treatment”
  - 64% Strongly Agree, 33% Agree (3% disagree)
- “I am better at handling stress since entering treatment”
  - 54% Strongly Agree, 42% Agree (4% disagree)
Outcome Statistics - Local

Illicit Drug Use

- **2017 Quarterly Reports:**
  - 1<sup>st</sup> Quarter – 37.25% opiate positive
  - 2<sup>nd</sup> Quarter – 37.02% opiate positive
  - 3<sup>rd</sup> Quarter – 37.71% opiate positive
  - 4<sup>th</sup> Quarter – 36.13% opiate positive

- **2018 Quarterly Reports**
  - 1<sup>st</sup> Quarter – 27.18% opiate positive
  - 2<sup>nd</sup> Quarter – 29.5% opiate positive
  - 3<sup>rd</sup> Quarter – 30.37% opiate positive
  - 4<sup>th</sup> Quarter – 30.28% opiate positive
Thank you for having us, we look forward to serving the community!