MHPC SUD Program Guidelines for Non-Treatment Seeking Veterans (Aug22_2023)

Introduction:

The following are guidelines for the new Mental Health Primary Care (MHPC) SUD program for Non-Treatment Seeking Veterans at the Central Virginia VA Health Care System. The program provides access to evidence-based SUD in-person and telehealth services on behalf of non-treatment seeking Veterans with positive misuse screens.

These guidelines have been prepared by Rob Martin LCSW CSAC who has been employed in one of the 2-year term 'SUD Special Funding Positions' since 8/14/22. The position is based in Mental Health Primary Care at the Central Virginia VA Health Care System and has a focus on Community Integration.

The SUD Special Funding positions were awarded nationally across multiple disciplines with funding by the 2021 American Rescue Plan to expand access to evidence-based SUD treatment according to the Biden-Harris Administration's Drug Policy Priorities. SAMHSA estimates that over 85% of Veterans with an SUD do not receive substance use disorder treatment. During FY 2021, over 520,000 Veterans with a substance use disorder diagnosis received care in VA with roughly 129,500 (24.9%) of Veterans receiving treatment in specialty SUD programs. The funding is intended to provide added capacity for the development and expansion of access to programming beyond the core minimum staffing requirements of SUD specialty clinics. Those clinics provide Level 2 Specialty SUD services according to the Stepped Care continuum of care model including outpatient services, intensive outpatient SUD programs, Opioid Treatment Programs, residential rehabilitation, and acute inpatient services.

The guidelines have been prepared based on findings of a needs assessment that is being conducted for the provision of expanded SUD services along the Stepped Care continuum focused on provision of Level 0 (Foundational services including self-care) and Level 1 (Interventions in primary care, non-specialty SUD care and general mental health clinics) services. The expanded programming includes the Veterans Recovery Network that Rob Martin directs that offers CBT-based peer support and groups for Veterans with SUDs that are facilitated by Veterans trained and certified as SMART Recovery® Facilitators.

With this program, VISN 6 and CVHCS facilities is expanding Veterans' access to evidence-based treatment and harm reduction services for SUDs in their preferred settings of care and free of stigma and access disparities.

Framework

The MHPC SUD Program is flexible and individualized and primarily based on the Alcohol Care Management (ACM) model (see Research Summary below) - with MAT intervention and psychosocial support as its primary pillars. The program will also incorporate aspects of the 'Cognitive Behavioral Therapy for Substance Use Disorders Among Veterans: Therapist Manual' (see CBT Curriculum Summary below) and its phased approach, clinical assessment measures and case conceptualization procedures.

Clinics, community partners and individual and group support from Veterans participating in the Veterans Recovery Network who are trained as SMART Recovery® Facilitators will provide psychosocial resources for the 'middle phase' of treatment. The MHPC SUD Program is planned for 26 rather than 16 weeks of the CBT-SUD approach to match tracking data for engagement in treatment and drinking levels consistent with methods of the ACM model. The BAM-R is being utilized for tracking across phases in the same manner as the CBT-SUD approach.

The primary intervention mirrors the ACM model with focus on the use of pharmacotherapy and psychosocial support including referral to the individual and group counseling services of Rob Martin LCSW CSAC. Supplementary procedures will be recommended in various forms including engagement with clinics for self-care (i.e., Whole Health) and connection with Veteran peers in recovery including Veteran SMART Recovery® Facilitators and mutual support meetings through the Veterans Recovery Network as a psychosocial support resource.

Research Summary: '*A randomized clinical trial of alcohol care management delivered in Department of Veterans Affairs primary care clinics versus specialty addiction treatment.*' J Gen Intern Med 29(1):162–8

The following information from the research study has informed what is recommended programmatically at the Central Virginia VA Health Care System for of non-treatment seeking Veterans with positive misuse screens.

- **BACKGROUND:** Alcohol use disorder is one of the leading causes of disability worldwide. Despite the availability of efficacious treatments, few individuals with an alcohol use disorder are actively engaged in treatment. Available evidence suggests that primary care may play a crucial role in the identification of patients with an alcohol use disorder, delivery of interventions, and the success of treatment.
- **OBJECTIVE:** The principal aims of this study were to test the effectiveness of a primary care-based Alcohol Care Management (ACM) program for alcohol use disorder and treatment engagement in veterans.
- **DESIGN:** The design of the study was a 26-week single blind randomized clinical trial. The study was conducted in the primary care practices at three VA medical centers. Participants were randomly assigned to treatment in ACM or standard treatment in a specialty outpatient addiction treatment program.
- **INTERVENTION:** ACM focused on the use of pharmacotherapy and psychosocial support. ACM was delivered in-person or by telephone within the primary care clinic.
- **MAIN MEASUREMENTS:** Engagement in treatment and heavy alcohol consumption.
- **KEY RESULTS:** The ACM condition had a significantly higher proportion of participants engaged in treatment over the 26 weeks. The percentage of heavy drinking days were significantly lower in the ACM condition, while overall abstinence did not differ between groups.
- **CONCLUSIONS:** Results demonstrate that treatment for an alcohol use disorder can be delivered effectively within primary care, leading to greater rates of engagement in treatment and greater reductions in heavy drinking.

Alcohol Care Management (ACM) Model Used for the Randomized Clinical Trial Study

The ACM Model was developed to be assimilated into integrated care programs. These are clinical programs for delivering evidence-based mental health care in primary care. Primary care providers (PCPs) are encouraged to screen and initiate treatment for excessive drinking and alcohol use disorders. This model is consistent with the view of primary care as a patient-centered medical home and is aligned with efforts to integrate psychiatric and behavioral health into the medical home. Several controlled clinical trials and meta-analyses suggest that brief alcohol interventions (BAIs) with primary care patients who engage in "at risk" or harmful alcohol consumption are efficacious. This model of care is widely known as Screening, Brief Intervention, and Referral to Treatment (SBIRT). However, there is little evidence that BAIs improve outcomes or access to specialty care for individuals with moderate to severe alcohol use disorders. Within the Department of Veterans Affairs (VA) system, there has been substantial success in implementing screening, with over 95 % of veterans screened annually and a large number receiving brief advice. However, VA patients with a positive depression or posttraumatic stress disorder (PTSD) screen are ten times more likely to receive treatment than a patient with a positive alcohol screen.

Alcohol Care Management (ACM) Intervention. The main goal of ACM for the study was to engage subjects in treatment and reduce their alcohol consumption. In the study, the behavioral health provider (BHP) acted as a physician extender to the primary care team. The BHP communicated all assessment and treatment plan recommendations to the PCP through the medical record and verbal communication as needed. The BHP assessed for medical complications of alcohol use and made recommendations for further treatment.

Key Features of Alcohol Care Management (ACM). After the initial ACM visit, participants met weekly with their BHP for 30 min. If participants were unable to attend an in-person session, the session was conducted by telephone covering the same content and meeting for the same duration as the face-to-face sessions. As participants improved, the frequency of visits could be reduced to twice per month after the first 3 months. During each session, the BHP assessed use of alcohol, encouraged treatment adherence, offered support and education, and monitored for new or worsening medical problems. The BHP provided individualized education about alcohol use disorders as a treatable problem. The BHP educated the participant about pharmacotherapy, the dosing

regimen, how to watch for and manage potential side effects, and how to prevent medication noncompliance. Each BHP was trained in motivational interviewing techniques and the use of action plans focused on achievable goals for the participant each week. The goals could be drinking goals as well as other health care or life goals (e.g. walking, nutrition, etc.). While ACM promotes the goal of abstinence, it differs from 12-step programs in that participants set their own drinking reduction goals, with abstinence as one option. For ACM participants, depression and anxiety were managed concurrently by the BHP using defined care management strategies.

Initial Treatment with Naltrexone. In his/her role, the BHP would promote the use of evidence-based pharmacotherapy. For this project, we promoted the use of naltrexone, because it was on the formulary within the VA system. Participants who otherwise had no contraindications were offered treatment with naltrexone (50 mg). Use of naltrexone was not a requirement of participation.

CBT Curriculum Summary: '*Cognitive Behavioral Therapy for Substance Use Disorders Among Veterans: Therapist Manual (2023)*'

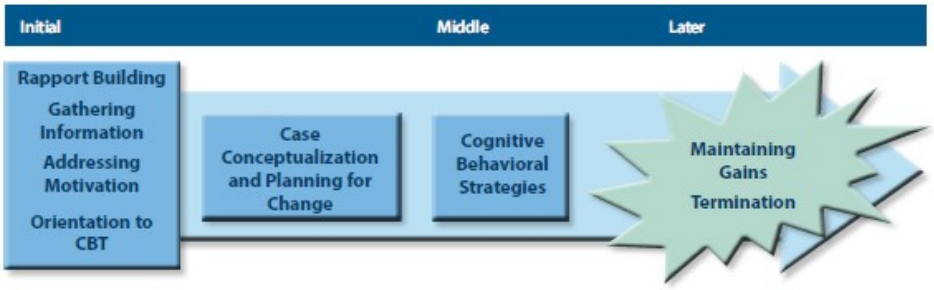
The recently published CBT-based SUD treatment manual provided on the OMHSP's Substance Use Disorders SharePoint site informs what is recommended programmatically at the Central Virginia VA Health Care System for of non-treatment seeking Veterans with positive misuse screens. The manual is divided into two parts.

1. The first part focuses on cognitive behavioral theory, CBT intervention technique, the therapeutic alliance, and the structure of treatment.
2. The second part of the manual focuses on the implementation of CBT for substance use disorders and contains several sections, including: a) preparing and planning for change, b) cognitive behavioral strategies, c) termination and maintaining gains, and d) supplementary procedures, or information that will be useful for a subset of Veterans.

It is a tool that provides a foundation on which to base discussions about implementation. Additional helpful tools, including a series of videos that demonstrate skills described in this manual, can be found on the CBT-SUD SharePoint. The manual states CBT for substance use disorders will not be a stand-alone treatment. As a part of comprehensive care, the Veteran should also be made aware of treatment options related to pharmacotherapy and, if the Veteran is interested, referred for an evaluation for medication to assist with achieving and maintaining abstinence.

A key aspect of the curriculum in a formal process of case conceptualization. This is an on-going, empirical process that involves the integration of information obtained through clinical interview, chart review, assessment measures, behavioral observations, and the Veteran's family members and/or other providers. Use this information to formulate hypotheses about the Veteran's presenting problems, how they originated, and what is maintaining them. The conceptualization evolves over time as new information is gathered. It may be that hypotheses are confirmed or disconfirmed and new hypotheses formed. While avoiding the use of technical jargon, practitioners are encouraged to share the case conceptualization with the Veteran as part of the treatment process. One tool for case conceptualization was developed by Beck (1995) and is titled the Cognitive Conceptualization Diagram that can be facilitated by utilization of the clinical assessment measures and the tools and exercises of TST and SMART Recovery.

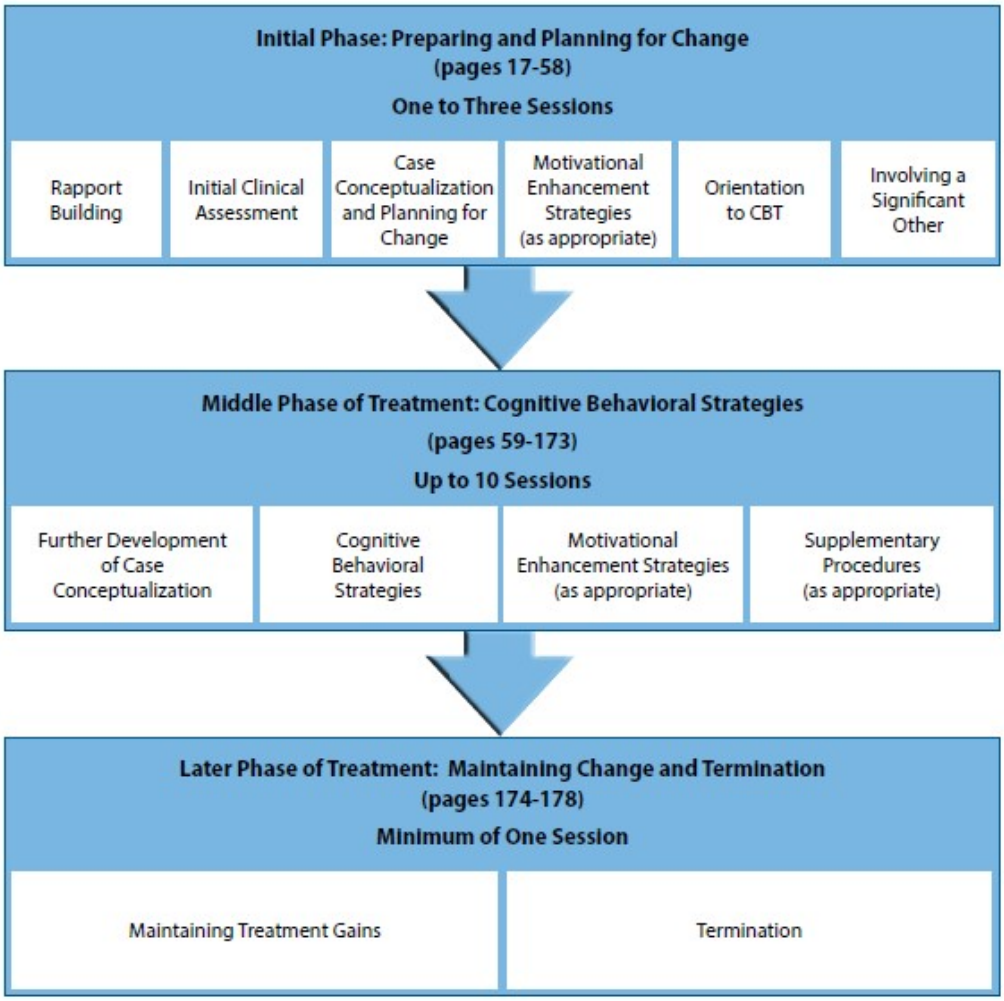
The manual describes 3-phased treatment approach. The manual describes a flexible 16-week curriculum and provides tools and exercises. These forms are comparable to the CBT-based curricula already being used by the SUD specialty clinic for Level 2 programming, specifically TST and SMART Recovery.



Treatment Structure: The treatment is designed to be flexible and individualized. Approximately 12 sessions are delivered during a 16-week period using the curriculum. Not all tasks within treatment phases (e.g., rapport building, case conceptualization, motivational enhancement strategies) are intended to take place in sequential order or all at one time.

The program that would be produced for CVHCS may follow at 26 week timeline replicating the ACM Model.

The intent is to engage in the tasks as clinically indicated. Some of the tasks, such as case conceptualization, will likely evolve throughout the course of treatment. A depiction of the structure of the treatment follows:



Clinical Assessment Measures are incorporated into the protocol to inform treatment and potential adjustments to the individualized treatment plan. Printable and electronic versions of the measures are located on the CBT-SUD SharePoint (https://dvagov.sharepoint.com/sites/VACOMentalHealth/MBC).

A graphic summarizing the suggested instruments and time for Clinical Assessment Measures is provided on the following page:

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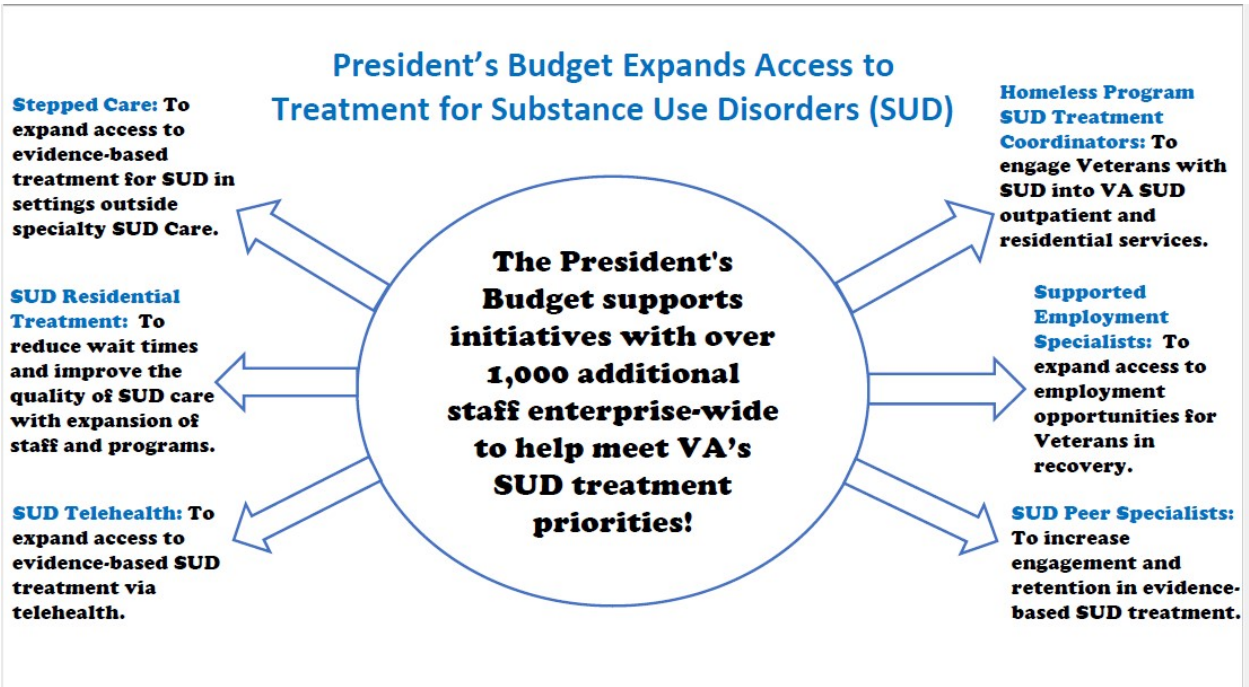
Figure 3. Suggested Timing for Administration of Clinical Assessment Measures

Session 1 (Start of Treatment)	BAM-R	UDS*	BAL*	WAI-SR	SIP-AD (Lifetime/ 30 Days)	Ruler	PHQ-9	Q-LES-Q-SF
Session 2	BAM-C	*	*					
Session 3	BAM-C	*	*	WAI-SR				
Session 4	BAM-C	*	*					
Session 5	BAM-C	*	*					
Session 6 (Middle)	BAM-R	UDS*	BAL*		SIP-AD (30 Days)	Ruler	PHQ-9	Q-LES-Q-SF
Session 7	BAM-C	*	*	WAI-SR				
Session 8	BAM-C	*	*					
Session 9	BAM-C	*	*					
Session 10	BAM-C	*	*					
Session 11	BAM-C	*	*	WAI-SR				
Session 12 (End of Treatment)	BAM-R	UDS*	BAL*		SIP-AD (30 Days)	Ruler	PHQ-9	Q-LES-Q-SF
Administrative Note		If CBT-SUD is terminated prior to Session 12, please have Veteran complete the BAM-R, UDS, BAL, WAI-SR, SIP-AD, Ruler, PHQ-9 & Q-LES-Q-SF at the (earlier) termination session *Follow national and local guidance. Administer as clinically indicated. These may not be administered if the Veteran is engaging in telemental health sessions.						

A graphic summarizing the Funding Lanes for Biden-Harris Administration's budget to expand access to treatment for SUDs is provided on the following page.

The Community Integration position supporting this program is funded through OMHSP's Stepped Care initiative.



This is a list of SUD Special Funding Positions that have been approved for two years (2022-2024) at CVHCS.

SUD Special Funding Positions

Yes	VISN 06	(1V06) (652) Richmond, VA HCS	(1V06) (652) Richmond, VA (Hunter Holmes M	DOM SUD Staffing	DOM SUD
Yes	VISN 06	(1V06) (652) Richmond, VA HCS	(1V06) (652) Richmond, VA (Hunter Holmes M	SSVF SUD Navigator	Other
Yes	VISN 06	(1V06) (652) Richmond, VA HCS	(1V06) (652) Richmond, VA (Hunter Holmes M	Stepped Care Expansion	BHIP
Yes	VISN 06	(1V06) (652) Richmond, VA HCS	(1V06) (652) Richmond, VA (Hunter Holmes M	Stepped Care Expansion	PCMHI

Sources:

1. 'A randomized clinical trial of alcohol care management delivered in Department of Veterans Affairs primary care clinics versus specialty addiction treatment.' https://pubmed.ncbi.nlm.nih.gov/24052453/
2. DeMarce, J. M., Gnys, M., Raffa, S. D., & Karlin, B. E. (2023). Cognitive Behavioral Therapy for Substance Use Disorders Among Veterans: Therapist Manual (Rev. ed.). Washington, DC: U.S. Department of Veterans Affairs.
3. 2022 OMHSP SUD Conference title: Substance use Disorder treatment. An integrated, collaborative, and stepped care approach.
4. VHA DIRECTIVE 1160.04 Veterans Health Administration Transmittal Sheet Washington, DC 20420 December 8, 2022 VHA PROGRAMS FOR VETERANS WITH SUBSTANCE USE DISORDERS
5. Social Worker Control number 659100500 Open & closing dates 06/10/2022 to 06/27/2022
6. PCMHI Stepped Care Expansion Substance Abuse Treatment GS 12 (Functional Statement)
7. BHIP's Role in VA's Stepped Mental Health Continuum of Care (sharepoint.com)

8. Whole Health Integration in Primary Care, Mental Health and Suicide Prevention 2022 Conference (November 2-3, 2022) (sharepoint.com)
9. Management of Substance Use Disorder (SUD) (2021) - VA/DoD Clinical Practice Guidelines (va.gov)
10. National Academic Detailing Services – Alcohol Use Disorder (AUD) (sharepoint.com)
11. AUD Patient Report Viewer (va.gov)
12. Substance Use Disorders - Home (sharepoint.com)
13. Telehealth National TeleMental Health Center - VHA Telehealth Services Intranet (va.gov)