

PHILOSOPHY

The Center for Alcohol & Drug Treatment is a non-profit, community based organization in operation since 1961. The Center's main purpose is to provide chemical health, substance abuse, addiction treatment, and recovery services. The Center offers outpatient medication assisted treatment through the ClearPath Clinic, located at 1402 East Superior Street in Duluth. This program is designed for adult men and women, ages 18 years and older, with a one (1) year history of opioid addiction, according to medically accepted definition (DSM 5).

The ClearPath Clinic believes that each patient will benefit from engagement in a creative and flexible program with professionally employed therapeutic interventions based on a clarification of the patient's personal goals and/or needs, their readiness to change, and an accurate assessment of their individual mental, physical and environmental factors that support or undermine their ability to change, and the creation of a positive therapeutic alliance with a change agent. The program is designed to help patients identify current needs that are impacted by their use of chemicals, develop a plan to address these needs during and following treatment, to improve their level of functioning and quality of life among patients, their families, and the community. In addition to administering methadone and suboxone, the ClearPath Clinic also offers individual therapy, group counseling, other medical services, and referrals to community based agencies that can assist with physical and mental health issues, HIV prevention and intervention services, housing, education, and employment.

GENERAL DESCRIPTION

Patients enter the program through a comprehensive assessment and physical examination by a program physician. The ClearPath Clinic offers pharmacotherapies in combination with psychosocial interventions and integrated treatment services to individualize treatment according to patient needs. Services not provided onsite are available through referrals to community services.

ADMISSION CRITERIA

1. Patient must be at least 18 years old.
2. Patient must be addicted to opioid drugs.
3. Patient must have a history of one (1) year of opioid addiction before admission to treatment.
4. Physician and treatment team believe that the patient is likely to benefit from treatment.
5. Patient voluntarily chooses medication assisted treatment after all benefits, risks and alternative treatments have been fully explained.
6. Patient signs a written consent for treatment.
7. Patient has a third party reimbursement for treatment and/or agrees to accept financial responsibility.

PROGRAM SCHEDULE

The ClearPath Clinic is open six (6) days a week, Monday through Saturday. It is recognized that take home medication is a valuable therapeutic tool and is part of an individualized treatment plan. It is also recognized that there are significant public safety issue (potential

diversion, safe storage/security, overdose potential, etc.) associated with take home practices. The ClearPath Clinic's expectations are that patients attend group twice a month and have consistent attendance for individualized therapy sessions and dosing, until the time in the program and clinical criteria are considered using CSAT's Eight Point Criteria.

CSAT's Federal Eight Point Criteria are as follows:

1. Absence of recent abuse of drugs, including alcohol;
2. Regular clinic attendance;
3. Absence of serious behavioral problems at the clinic;
4. Absence of known recent criminal activity;
5. Stability of patient's home environment and social relationships;
6. Length of time in comprehensive maintenance treatment;
7. Assurances that take home medication can be safely stored within the patient's home; and
8. Whether the rehabilitative benefit the patient derives from a decrease in the frequency of clinic attendance outweighs potential risk of diversion.

TREATMENT PLANNING

Treatment plans are based on mutually agreed upon goals and intervention methods that are developed as a result of a thorough review of relevant assessment data as well as the client's strengths, needs, abilities, and preferences. This would include the client's stage of change, the needs of special populations (i.e. pregnancy, cultural or gender-specific needs, spirituality, etc.), and recognizing the importance of treatment phase (i.e. induction or maintenance). The inclusion of the client's family, friends, or relevant outside parties will be consistently encouraged during each individual counseling session and added to the treatment plan when preference and/or need is indicated. The effectiveness of the treatment plan will be measured by:

- Outcome Rating Scale (ORS)
- Session Rating Scale (SRS)
- Self-reported improvement of social functioning
- Decrease/absence of illicit drug or alcohol use
- Treatment retention

PROGRAM GOALS

The major goal of the ClearPath Clinic is to help patients identify problems in their lives and how they relate to their use of chemicals. The patient should improve his/her level of functioning and prevent future use and its negative consequences. Patients should experience:

- Resolution of legal and social problems and lessen the possibility of future problems;
- Decrease use of emergency medical and mental health services;
- Improved financial stability, work/school attendance and performance;
- Improved family relationships; and
- Development of healthy social networks and improved ability to access and use appropriate social support groups such as AA or NA.

DISCHARGE CRITERIA

Medically Supervised Withdrawal (Voluntary MSW)

- The patient has met the outcome(s) stated in his/her treatment plan and has achieved a state of improved functioning.
- The patient participated in the development of the treatment plan and was active and involved in his/her own treatment.
- The patient participated in ongoing reviews throughout treatment.
- The patient demonstrated improvement in relevant dimensions.
- The patient achieved a period of recovery in treatment.
- The patient participated in the development of an aftercare plan based on the individual needs to support recovery.

When a patient is discharge with staff approval, the discharge will follow criteria as listed. If some goals are not met, it will be noted in the patient's record and in the discharge summary, with the reasons and plan for completion of those tasks.

Clinical Discharge/Transfer/System Discharge

A patient may be offered or given a clinical discharge if:

- The patient fails to respond to treatment (i.e. continued use of illicit drugs as shown by urine drug screen analysis) and has received maximum therapeutic benefit as determined by the physician and clinical treatment team, and is being referred to a higher level of care;
- The patient has a physical or mental illness that precludes safe and effective treatment;
- The patient transfers to a different level of care or another facility; or
- Self-termination or "drop out" of treatment.

If a patient is absent from the clinic, documented attempts to contact the patient will be made for up to fourteen (14) days in an attempt to resolve the patient's issue. If contact is made, the patient will be invited back for an individual session to see if his/her issues can be resolved.

Involuntary Medically Supervised Withdrawal (IMSW)

A patient may be administratively discharged if the program physician and treatment team believe that continued treatment constitutes a threat to the patient's well-being, other patients in the program, or program staff. The following would constitute a need for administrative discharge:

- Threatening or abusive language or violent, assaultive behavior that constitutes a threat to other patients or staff;
- Bringing a knife, gun, or other weapon into the clinic;
- Criminal activity on clinic property or status as a fugitive from justice;
- Theft of property from staff, patients, or members of the community;
- Receiving methadone or other medication assisted treatment medications from more than one methadone maintenance program at the same time;
- Participation in the distribution, exchange of, or obtaining of illicit drugs;
- Intentional or malicious acts that compromise or undermine the treatment of other patients or the therapeutic compliance with group ground rules;
- Verbal threats of physical abuse of staff, other patients, or any other person in the community in which the clinic is located;
- Causing a disturbance at the clinic;

- After adequate notice, refusal to comply with stipulation of regulating agencies or treatment activities believed critical to the provision of minimum standards of patient care (i.e. therapeutic urine drug screens, minimum required contact, participation in treatment planning, etc.); and/or
- If medical insurance is unable to pay for treatment and the patient is unable or unwilling to pay for treatment.

A withdrawal regimen shall be provided, except in cases where continued treatment would impose a threat to the patient's well-being or the well-being of other patients or staff.

Criminal Justice

- If a patient is arrested or sent to jail and is allowed their medication during incarceration, the patient can return to the clinic upon release. If the patient is incarcerated for an extended period of time without receiving his/her medication, he/she may be discharged from the program, but can apply for readmission upon release.
- In cases where the patient is deemed to be a possible danger to self or others, his/her collateral providers and family will be notified immediately. If no one is available, contact will be made with the Initial Intervention Team of the local social service agency.
- If there is reason to believe the patient intends imminent harm to another individual and has identified a plan of intent, staff must attempt to contact the intended person and staff has a "duty to warn." Staff will follow up with local law enforcement.
- If a patient has committed a crime on the premises against the program or staff, the appropriate law enforcement agency must be contacted, releasing only information pertinent to the crime.

Reviewed & Revised February 2017