**Task 8: Findings**

**Jade Bayless**

**Old Dominion University**

**HMSV 440W: Program Development, Implementation, and Funding**

**Dr. Silverberg**

**August 4, 2022**

**Findings**

**Role**: Evaluator

**Audience**: Stakeholders

**Format**: APA Formatted Paper

**Task**: Develop an account of the findings of your evaluation.

**Findings:**

**Results of Evaluation**

The agency that I have chosen to evaluate is the Behavioral Health Group, BHG in Newport News, VA. This agency is a treatment center that aids in medication-associated treatment (MAT) for clients with opioid use disorder. I believe the purpose of evaluating this agency is to find out if the work the agency is conducting is beneficial to the clients in which they serve, the stakeholders involved, and the community. At the conclusion of this evaluation, I obtained and observed some relevant and interesting information and knowledge as to how medicated associated treatment facilities, such as BHG aid to the well-being of their clients and the community in which they support. I had the opportunity to speak with and learn from several stakeholders withing the agency who provided their take and experiences while being apart of the Behavioral Health Group.

**Conclusion**

According to the research done, it can be concluded that medicated assisted treatment facilities for opioid use disorder not only makes patients look and feel healthier, but patients have been able to stop using illicit substances altogether, including non-opiate drugs. Patients have also been able to maintain steady jobs, attend schools, maintain healthy families, and work through legal issues due to the assistance of medicated associated treatment facilities. Overall, stakeholders are satisfied with being associated with medicated assisted treatment facilities with a success rate of about 16-24 patients become completely sober of all illicit drug usage.

Stakeholders were also able to provide ways in which the program could improve for stakeholders and well as for patients. Jointly, stakeholders believe more support and resources should be available to counselors and the concerns of the staff within the clinic should be considered more since they are on the front line. It was also noted that sometime unrealistic expectations from corporate offices are not always sustainable in working in an MAT setting or with patients that struggle with addiction. For patient improvement, more support for families of people struggling with addiction can be offered. Because the nature of treatment, MAT programs are confidential and are protected by federal law which can sometimes limit the amount of support provided to families and friends of those in treatment.

**Implications of Findings**

Opioid addicted patients are assessed typically by the combination of a doctor or nurse practitioner, using the criteria for Opioid Use Disorder in the DSM 5. Patients meet with a nurse, counselor, and doctor and/or nurse practitioner during intake. Several assessments and biopsychosocial forms are conducted as well as an observed urine and blood screening. To qualify for methadone or suboxone treatment, a patient must meet at least 4 symptoms of the disorder, which essentially means they meet the moderate to severe criteria. Patients complete a Clinical Opioid Withdrawal Scale with a nurse to assess present withdrawal symptoms to determine dosage amount. After these steps are completed, the patient takes their first dose and is instructed to wait 15 minutes to ensure there are no other side effects. Dosage is determined by UDS results, presenting withdrawal symptoms, as well as the assessment from the medical provider. According to research conducted, patients on methadone had 33% fewer opioid-positive test and were 4.4 times more likely to stay in treatment. Due on these findings and research conducted, we can conclude that in fact medicated assisted treatment facilities have benefits to patients who are addicted to illicit drugs such as opioids. The Behavioral Health Group follows and is protected by federal law; therefore, they adhere to the federal guidelines and policies set out by the federal law.

**Findings that Impact the Program**

Medicated assisted treatment facilities not only play a crucial role on those addicted to opioids and other illicit drugs, but they also play a role on members of the community as well as those in the clinic level that assist with these patients daily. Upon further research, resources for medicated assisted treatment facilities are limited and can impact the program significantly. Although the goals are aligned for the expectations of the patient, goals and expectations can be unrealistic for counselors and supervisors within the clinic. Resources for families of the opioid use disorder patients are also limited. Increasing funding for the program will definitely increase awareness, knowledge, and success of medicated assisted treatment facilities, however, as these facilities are federally protected, they are also federally funded, which makes fundings limited. Donations and community support are encouraged; however, lack of funds can impact the program majorly.

**Findings Impact the Service**

A patient who is seeking treatment is most likely in the action stage of change. This is when a person, or addict, realizes there is an issue and they seek out to change their behaviors, such as starting a detox or seeking treatment from a treatment facility, such as the Behavioral Health Group. Medicated associated treatment facilities aid in the sobriety of opioid use disorder patients by offering methadone and suboxone as treatment. Methadone, which is a narcotic used to treat moderate to severe pain, causes side effects that can threaten an already addicted patient. According to the findings of this evaluation, some patients can experience symptoms that mimic opioid use and/or withdrawal until a patient feels stabilized on their dose. These symptoms can include, but are not limited to, agitation, muscle aches, restlessness, anxiety, runny nose, sweating, insomnia, stomachaches, diarrhea, and nausea. Due to these symptoms, patients can revert, making treatment ineffective for them. Typically, medicated assisted treatment does not substitute one addiction for another, however some patients do feel that way. The purpose of medicated treatment facilities is to help patients safely stabilize, develop coping skills, and adapt to a new lifestyle using a regulated opioid agonist versus an illicit drug. The eventual goal is to safely wean the patient of medication under medical supervision with little to no withdrawal symptoms. The longevity of a patient’s treatment plan depends solely on each patient. Some patients are in treatment for a few months and some patients are in treatment for several years. If symptoms and side effects were to worsen in patients at a rapid pace, the treatment facility could be in jeopardy and reviewed by federal law for the effectiveness of the treatment program and services offered.

**Influence Positive or Negative**

The influence of the Behavioral Health Group and other medicated associated treatment facilities greatly and positively influence the patients they serve, stakeholders involved, as well as the community. Medicated assisted treatment facilities involve the use of medication, in combination with counseling and behavioral therapy to rehabilitate opioid use disorder patients. Allowing these patients the chance and opportunity to rehabilitate themselves, while still functioning in a normal, day-to-day society, positively influences the patients and their families. Communities are also positively influenced, because as more opioid use disorder patients seek treatment and follow effective treatment plans, illegal street drug usage is lessened making the communities around us better places to live.

**Recommendations**

Based off the results of my findings, I would recommend more frequent trainings within the clinic, as well as town hall like meetings where staff feel comfortable sharing their thoughts and opinions on how to make the facility better for all. According to the clinical staff interviewed, they believe expectations sometimes can be unrealistic coming from corporate and superiors in the clinic. At minimum, these stakeholders hold a bachelor’s degree in a relevant field, and they are dedicated to the work that they do. I believe that if they have an input, their voice should be heard as they are the ones in most cases that directly serve the patients. I would also recommend opening more medicated assisted treatment facilities throughout the region and expanding treatment to those who are addicted to other illicit drugs, not just opioid use disorder. Based on these recommendations, medicated treatment facilities could improve greatly. This will allow stakeholders to focus on things that need changing, things that can be improved, what is working appropriately, as well as expanding to serve more addicts within the community.

**Goals and Objectives for the Program**

1. Staff Meetings
   1. Monthly stakeholder meetings, including corporate stakeholders, clinic staff, counselors, and supervisors.
   2. Bi-weekly staff/stakeholder meetings, including in-house clinical and non-clinical staff.
2. Trainings
   1. Effective on-boarding and revisional trainings effective for all stakeholders.
   2. Cross-training allows for understanding of all stakeholders involved.
3. Resources
   1. Effective resources for family members of opioid drug disorder.
   2. Effective resources for stakeholders at the lower level.
   3. Additional federal funding to maintain, support, and introduce new medicated assisted treatment facilities.

**Broad Goal**

The ultimate goal for medicated assisted treatment facilities, such as the Behavioral Health Group, is full recovery and the ability to live a self-directed life for all patients while promoting healthy and clean living throughout the community.

**Objectives**

1. Identify factors that positively influence a healthier, sobor lifestyle in opioid use disorder patients.
2. Develop implementation strategies for effective medicated assisted treatment guidelines.
3. Develop and test new and innovative approaches towards a successful and sober lifestyle in opioid use disorder patients.

**Research Articles to support Findings, Recommendations, Goals, and/or Objectives**

In the article Addiction, it is discussed how opioid use disorder is a medical condition in which one cannot abstain from opioid use to the extent in which the uses interfere with daily life. In fact, opioid use is widely distributed and affected in the brain, moderately and severely, and play important roles in several functions and daily task. With conducting my research and evaluation, patients who seek treatment in medicated assisted treatment facilities, such as Behavioral Health Group, are assessed to determine the best treatment for their personal symptoms. Because these symptoms affect cognitive and behavioral aspects, these assessments are crucial in determining brain function and patterns established for each specific patient.

(Herlinger & Lingford-Hughes, 2022)

Methadone is a narcotic that is administered during medicated assisted treatments to patients who suffer opioid use disorder. According to the research conducted, interim methadone maintenance is used for patients who are transitioning and provides a safe way for patients to engage with the community, curb cravings, and prevent opioid withdrawal symptoms. Based on my evaluation, interim methadone maintenance is effective in patients who are transitioning, therefore methadone treatment in patients who participate in medicated assisted treatment is beneficial in treating and recovering addicts of opioid use disorder.

(McCarty, Chan, Bougatsos, Grusing, & Chou, 2021)

Medication for opioid use disorder is an approach to opioid use treatment that combines the use of medication with FDA approved illicit drugs with counseling for those who have been diagnosed with opioid use disorder. According to research conducted resources are limited, as statistics show that only 45% of countries have facilities offer medication for opioid use disorder. This research aligns with the suggestions in which the stakeholders have given in the Behavioral Health Group. Several stakeholders, on a clinic level, agree and stress the importance of needing additional resources and support for stakeholders, patients, as well as the community.

(Cantor, Powell, Kofner, & Stein, 2021)

# References

Cantor, J., Powell, D., Kofner, A., & Stein, B. (2021). Population-based estimates of geographic accessibility of medication for opioid use disorder by substance use disorder treatment facilities from 2014 to 2020. *Drug and Alcohol Dependence* , Vol 229.

Herlinger, K., & Lingford-Hughes, A. (2022). Opioid use disorder and the brain: A clinical perspective. *Addiction* , 495-505.

McCarty, D., Chan, B., Bougatsos, C., Grusing, S., & Chou, R. (2021). Interim methadone – Effective but underutilized: A scoping review. *Drug and Alcohol Dependence*, Vol 225.