## Center for Addiction Research and Effective Solutions

Workflows for Integrated Behavioral Health Services and OUD Treatment

Patient interested in connecting to Integrated Behavioral Health services at Mile Square Is patient established with PCP at Mile Yes No Square or UI **Urgent?** Health? **Urgent?** Yes No No Yes Send Epic message to "MSM Patient can walk into MS Patient calls 312-996-2000 Patient can walk into MS Urgent Care, are triaged Behavioral Health Nurse Pool" and request appt with PCP. Urgent Care, are triaged and and connected to BH connected to BH provider, Pt will be connected to BH -Include reason for referral, if provider. and linked with PCP for f/u. services during PCP appt. patient has PCP, etc. -BH Coordinator will reach out OR and schedule patient Call Cristina Tolentino, \*note: response times could **Behavioral Health** be delayed due to only 1 staff Coordinator to connect managing message pool\* patient to BH provider P: 312-355-7553 Eligibility:

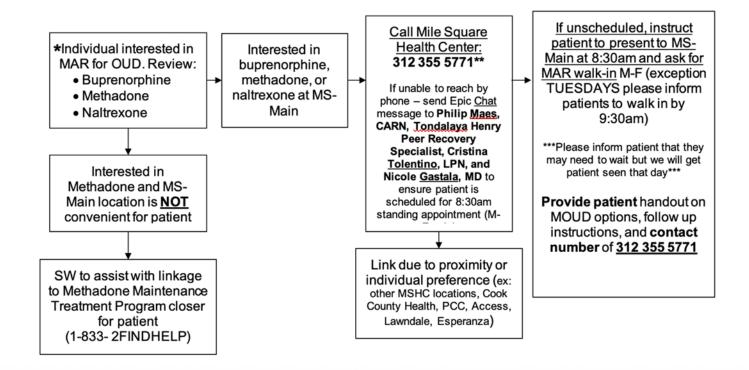
- Mile Square accepts all insurances and has sliding fee scale option for uninsured
- Patient must have PCP within Mile Square (all sites) or be open to switching to Mile Square/UI Health for their primary care or a PCP at UI Health with a PCP willing to co-manage patient
- Agreeable and appropriate to get services as an integrated model (ie. moves level of care based on need)

MS Urgent Care – 1220 S Wood Street, Chicago, IL 60622 M-F 8 am – 6:30 pm, Saturday 10 am – 5 pm \*Inpatient and ED Psych Discharges: Call BH Coordinator Cristina Tolentino (312-355-7553)\*

Source: Mile Square Health Center, Chicago Illinois



# Mile Square Health Center Main (MS-Main) Medication Assisted Recovery (MAR) for Opioid Use Disorder (OUD) Transition Workflow



<sup>\*</sup> Individuals may be referred to Phil Maes (312 355 5771) to discuss MAR options prior to this point to screen and provide education on/linkage to treatment options for substance use disorders.

Alternate phone numbers for scheduling only – MS-Main Nurse Line (312 413 8170)

Mile Square Health Center Main - 1220 South Wood Street, 2nd Floor - Chicago, Illinois 60608

Updated 3.17.2021

<sup>\*\*</sup> If outside agency – additionally fax patient information to ATTN: Phil Maes, CARN to 312 413 2026

<sup>\*\*\*</sup> Urgent Calls - Dr. Gastala - Cell - 708-642-6875

Workflows for Integrated Behavioral Health Services and OUD Treatment

1.15.2020

Naltrexone (Vivitrol\*)

### Which medication for opioid use disorder is right for me?

These medications are proven to lead to better recovery outcomes than other types of treatment.

### Methadone

You will have less intense withdrawal symptoms and your cravings will improve.

Methadone is a liquid that you drink.



You will have less intense withdrawal symptoms and your cravings will improve.

Buprenorphine often comes in a film called

Suboxone® that dissolves in your mouth. You can take home a 1-30 day supply. Pills, 30-day injections, and implants are less common.

Buprenorphine (Suboxone®)



You will not feel the effects of opioids or feel high. You might also have reduced cravings for opioids.



Vivitrol® is injectible naltrexone that lasts for

When you'll take it

What you'll feel

What you'll take



You can start methadone at any time after you are enrolled in services at a methadone clinic, if you are physically able.



You need to feel withdrawal before starting, which depends on your personal opioid use.



You have to be completely off of all opioids for 7-10 days before you can get this injection.

Where you'll go to get it



Go to a dedicated clinic every day for a dose until you are eligible for take-home doses.



Bring your prescription to a pharmacy after visiting a certified clinician.



Visit any clinician who will write a prescription and provide the injection.

Steps you'll take



1. You schedule an intake appointment at a methadone clinic.



2. During the appointment, you will be evaluated and agree on a treatment plan.



3. You are most likely started on methadone that day or the next if the clinician feels it is appropriate.



1. You schedule 2. You are an appointment at evaluated and a clinic or health prescribed buprenorphine.



3. You may pick up your buprenorphine from a pharmacy as soon as your appointment is

done.

R



1. After you stop using opioids, wait 7-10 days.



2. You return to a clinician for the injection.



3. A healthcare worker will follow up about symptoms and another injection every 28 days.

#### More information

\*California Health Care Foundation. Why health plans should got o the MAT in the fight against opioid addiction.

Jarvis et al. Addiction. 2018;113(7):1188-1209

74-80% of people stay in treatment after 1 year.\*

This medication has been shown to reduce risk of overdose and death. The daily commitment provides a high level of accountability. Risk of overdose is high if you use other opioids or depressants with methadone. Counseling is required.

60-90% of people stay in treatment after 1 year.\*

This medication has been shown to reduce risk of overdose and death. Comes in different flavors, but choice might be limited by your insurance. Counseling is recommended.

10-21% of people stay in treatment after 1 year.\*

This medication has not been shown to reduce risk of overdose or death. If you miss an injection, your risk of overdose increases greatly.

Issues you should discuss with your provider

Your questions about outpatient detox, withdrawal symptoms, and discomfort.

Your prior experiences with medications for opioid use disorder treatment.

Possible interferences with treatment like employment, transportation, or child care. Access to the medicine that reverses opioid overdose: naloxone/Narcan. You could use it to save someone else's life, or someone could use it to save yours.





Center for Dissemination and



Community Outreach

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Source: Mile Square Health Center, Chicago Illinois