



ASAM

American Society of
Addiction Medicine

AIIRise

**Treatment
Court Institute**

LEARNING COLLABORATIVE

Session Handouts

Description:

This presentation outlines Cobb County's experience integrating addiction medicine into its Drug Treatment Court (DTC) program. It highlights key milestones from initial resistance to successful implementation, including the establishment of collaborative partnerships with medical providers and pharmacies.

The session reviews early myths about medication use, outlines a patient-centered model compliant with confidentiality laws, and shares participant feedback indicating high satisfaction and improved outcomes. Funding strategies, future planning, and the use of All Rise toolkits and MOUD guides are also discussed, offering a replicable model for other jurisdictions aiming to enhance recovery support through a whole-person approach.

Learning Objectives:

1. Describe strategies for implementing addiction medication as an integral component of drug treatment court programs.
2. Explain a collaborative model linking treatment courts, medical providers, and pharmacies to support addiction care.
3. Identify key successes and challenges in establishing and sustaining collaborative partnerships.
4. Evaluate how similar collaborative models can be adapted and implemented within your own community or county.

Contact:

For questions about this course, please contact education@asam.org

Table of Contents:

<i>COBB Accountability Court MAT Screener.....</i>	<i>4</i>
<i>COBB Accountability Court Participant MAT Consent Form.....</i>	<i>6</i>
<i>MAT Presentation.....</i>	<i>7</i>
<i>MOU Cobb Superior Court.....</i>	<i>19</i>

COBB ACCOUNTABILITY COURT MAT SCRENER

Name: _____

Date: _____

Good Candidates for MAT

History of addiction to opioids: pain pills (Oxycontin, Roxicodone, Hydrocodone, Codeine, Tramadol, Opium, Percocet, Somas, Vicodin, etc.), heroin, morphine, fentanyl. History of severe alcohol use disorder – dependent or binge drinking.

Questions to ask:

1. What opioids do/did you take? _____

2. How long, how much and how often?

3. Withdrawal symptoms? “Dope sick” when unable to get another “fix.”

4. Tried to stop and want to stop but cannot do so due to withdrawals?

Clinician:

Explain how MAT can help client to get and stay clean (prevents physical urges, cravings, allows them to focus on treatment, complete treatment, feel better, overall, maintain employment, take care of themselves and family.)

Assessing a client for MAT (Recommendations met with resistance from client).

Ask what their concerns are about using MAT, try to provide answers. Client concerns:

If client says: “I’ve used it before, but it didn’t work for me.” Say: Tell me about that and listen to the scenario to find out details.

Explain - how maybe this time, with the right doctor and program, things may be different.

If client says: “I don’t want to use drugs; I just want to get sober/clean.”

Say: MAT is considered medication just like blood pressure meds or insulin for diabetes. It can be the difference in achieving full sobriety. It has helped many people overcome their addictions.

Assessing a client for MAT wrap-up

For any person who has a history of OUD or AUD, the treatment the recommendation should be that he/she goes to the MAT physician to be fully assessed. Do this even if there is resistance at first. When the individual receives the official physician assessment and hears from the physician, and is still refusing to take MAT, then his/her decision is documented in the treatment file.

Treatment / Court Staff should always document in the individual’s record that the MAT assessment and recommendation have been done. Follow up with the final decision documented.

**COBB ACCOUNTABILITY COURT
PARTICIPANT MAT CONSENT FORM**

You have been referred to the office About You Family Medicine by the Cobb County Accountability Courts. Please sign your initials near each clause and sign at the bottom if you agree to the following terms and policies:

*You agree to attend all appointments as scheduled. _____

*You are being drug tested through Cobb County Accountability Courts. Results for your urine toxicology screens will be shared with this office. Failure to submit screening is an assumed positive and may result in more frequent appointments with this office. _____

*You agree for About You Family Medicine to share your attendance and treatment compliance with staff of the Cobb County Accountability Courts. Your medical information will not be shared. _____

*If you successfully complete or are terminated for any reason from the Cobb County Accountability Court, you may continue care with About You Family Medicine. However, you will be financially responsible for your visits. If you are unable to continue with us, we will refer you to community mental health services and send a 30-day prescription of your medication. _____

I have read and understand the conditions above for receiving services and I agree.

Signed (Patient or Legal Guardian)

Print Name (Patient or Legal Guardian)

Date

MEDICATION-ASSISTED TREATMENT (MAT)

MAT is the **USE OF MEDICATIONS**, in combination with **COUNSELING & THERAPIES**, to provide a **WHOLE PATIENT APPROACH** to the treatment of substance use disorders. (SAMHSA)

MAT Facts

- Combination of MAT and therapy can successfully treat certain SUDs
- Helps sustain recovery by reducing cravings
- Used to prevent or reduce opioid overdose / improves survival
- Primarily used for treating OPIOID addiction and ALCOHOLISM
- Increases retention of individual in treatment
- Increases individual's ability to gain and maintain employment
- Improves birth outcomes in pregnant women w/ Opioid U/D

MAT Medications

- ALCOHOL USE DISORDER
 - Acamprosate (Campral)
 - Disulfiram (Antabuse)
 - Naltrexone (Vivitrol)
- OPIOID USE DISORDER
 - Buprenorphine
 - Methadone
 - Naltrexone (Vivitrol)
 - Sublocade
- OPIOID OVERDOSE
 - Naloxone (Narcan)

MAT for Alcohol U/D

- **Acamprosate or Campral** – used for the maintenance of alcohol abstinence –it directly binds to GABA receptors and indirectly affects the individual's ability to experience intoxication effects.
- **Disulfiram (Antabuse)** – used to prevent use of alcohol by producing a negative physical response to alcohol - blocks the metabolization of alcohol in the body resulting in a build up of acetaldehyde causing extreme sickness
- **Naltrexone (Vivitrol)** – suppresses the euphoria/pleasurable sensations of alcohol – reduces cravings

MAT for OPIOID U/D

- **Buprenorphine/Naloxone (Subutex, Suboxone)**
 - Alone, is an opioid partial agonist which binds to opioid receptors and “acts like” an opiate by producing euphoria and respiratory depression at low to moderate doses – its effects are weaker than methadone and heroin. Called “partial agonist” Because Naloxone (Narcan) is paired with it in Subutex and Suboxone, the heightened effects are reversed, and overdose is blocked.
 - Sublocade Injectable – is Buprenorphine Extended Release

MAT for OPIOID U/D

- **Methadone**

- Used in place of opiates as a long-acting opioid agonist it “acts like” an opiate by binding to the opioid receptors and producing the same effect. When using methadone, another opiate is unable to bind. Considered ‘harm reduction’ but can be abused and overdose may occur if taken in large doses.

MAT for OPIOID U/D

- **Naltrexone (Vivitrol)** – *daily pill or monthly injection*
 - Is an opioid antagonist – blocks opiates from binding to receptors; blocks effects of opiate use; reduces/suppresses cravings – non-addictive; can not be abused; no overdose possible

Effectiveness of MAT on SUD Recovery

- Study: Retention in medication-assisted treatment for opioid dependence: A systematic review (Mar 2015)
 - Higher retention rates of patients in treatment at 3, 4, 6, 12-month intervals
- Study: Medication-assisted treatment for opioid use disorder within a 12-step based treatment center: Feasibility and initial results (Sept 2019)
 - Nearly all patients successfully completed residential treatment and the majority attended additional programming afterward. (71% associated with medication compliance)

Assessing a Client for MAT

- Who are good candidates for MAT?
 - History of addiction to opioids: pain pills (Oxycontin, Roxycodone, Hydrocodone, Percocet, Somas, Vicodin, etc.), heroin, morphine, fentanyl
 - History of severe alcohol use disorder – dependent or binge drinking
- Questions to ask:
 - How long, how much and how often?
 - Withdrawal symptoms? “Dope sick” when unable to get another “fix”
 - Tried to stop and want to stop but cannot do so due to withdrawals?
- Explain how MAT can help them get and stay clean.
(prevents physical urges, cravings, allows them to focus on treatment, complete treatment, feel better overall, maintain employment, take care of themselves and family.)

Assessing a Client for MAT

- Recommendations met with resistance from client
 - Ask what their concerns are about using MAT, try to provide answers.

“I’ve used it before, but it didn’t work for me.”

Say: Tell me about that and listen to the scenario to find out details. Explain how maybe this time, with the right doctor and program, things may be different.

“I don’t want to use drugs; I just want to get sober/clean.”

Say: MAT is considered medication just like blood pressure meds or insulin for diabetes. It can be the difference in achieving full sobriety. It has helped many people overcome their addictions.

Assessing a Client for MAT

- For any person who has a history of OUD or AUD, the treatment recommendation should be that he/she goes to the MAT physician to be fully assessed. Do this even if there is resistance at first.
- When the individual receives the official physician assessment and hears from the physician, and is still refusing to take MAT, then his/her decision is documented in the treatment file.
- Treatment / Court Staff should always document in the individual's record that the MAT assessment and recommendation have been done. Follow up with the final decision documented.

REFERENCES

SAMHSA

JOURNAL OF ADDICTIVE DISEASES

SCIENCE DIRECT

NATIONAL LIBRARY OF MEDICINE

AMERICAN ADDICTION CENTERS

Exhibit "A"
SERVICES

Contractor shall provide participants of the Cobb County Accountability Courts with medication assisted treatment services, if they so choose to seek those services as part of their substance use disorder treatment while participating in the program. Pursuant to this Agreement, Contractor shall provide the following:

1. Contractor shall provide medication assisted treatment to CCAC participants that voluntarily choose to seek these services, are referred by CCAC to Contractor to begin treatment, and that have executed **Exhibit "C" MAT Consent Form** (incorporated herein by reference), which may be amended as necessary without the need to amend this Agreement.
2. Contractor agrees to the following rates to provide medication assisted treatment to CCAC participants:
 - Monthly rate of \$ [REDACTED] per individual participant while receiving services
 - Up to an additional rate of \$ [REDACTED] per month for special testing and lab work.
3. CCAC staff will notify Contractor by email to refer the participants using the first and last initial and State ID or Driver's License as the patient identifier.
4. All confidential patient correspondence shall be faxed or emailed to the Contractor email address: brian@aboutyoufamilymedicine.com.
5. Participant is required to contact Contractor to schedule his or her appointments. Once the referral is made by the CCAC staff, no other contact shall be made by CCAC staff on behalf of the participant so that the patient-doctor relationship will remain private.
6. All medication prescriptions prescribed by Contractor to CCAC participants shall be electronically submitted to Genoa Pharmacy, 1650 County Services Pkwy #200, Marietta, GA 30008 or 400 Technology Ct SE Suite J Room P, Smyrna, GA 30082.
7. CCAC will provide Contractor with drug screen reports showing a positive result for prohibited substances of any participant who is undergoing care with Contractor, as well as drug screen reports indicating medication non-compliance if prescribed Buprenorphine is not present. All participants in the CCAC are drug tested a minimum of two times per week in Phases 1-4 and a minimum of one time per week in Phase 5. Contractor must report, by email, to the CCAC any issues of non-compliance with treatment services including late to appointments, no shows, continued cancellations, refusal to comply with medication directives, etc. No other protected healthcare information will be provided to CCAC while participant is under the care of Contractor.
8. If any CCAC participant undergoing care with Contractor is terminated from the CCAC program, the participant will be able to continue treatment with Contractor by taking on the responsibility of paying a monthly rate agreed upon by the participant and Contractor. The individual's information on compliance will no longer be provided to the CCAC.
9. At any time that Contractor is unable to accommodate any additional participants from CCAC, Contractor shall notify CCAC in writing.

Exhibit "C"

MAT CONSENT FORM

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Signed (Patient or Legal Guardian)

Print Name (Patient or Legal Guardian)

Date

