NATIONAL COUNCIL for Mental Wellbeing

ASAM American Society of Addiction Medicine

Stimulant Use Disorder

National Council & ASAM ECHO Series

CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Introduction Poll

- What role/function do you operate in at your CCBHC?

This publication was made possible by Grant No. 1H79SM085856 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS).

NATIONAL COUNCIL *for* Mental Wellbeing

Education Collaboration

National Council for Mental Wellbeing

The National Council for Mental Wellbeing is a membership organization that drives policy and social change on behalf of more than 3,400 mental health and substance use treatment organizations and the more than 10 million children, adults and families they serve. National Council advocates for policies to ensure equitable access to high-quality services, builds organizational capacity, and promotes mental wellbeing in healthcare.

American Society of Addiction Medicine

ASAM, founded in 1954, is a professional medical society representing over 7,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

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CCBHC ECHO Series

Session #1
Updated CCBHC Criteria

March 26, 2024
3:30 pm – 5:00 pm ET

Session #2
Co-Occurring Disorders

April 23, 2024
3:30 pm – 5:00 pm ET

Session #3
Stimulant Use Disorder

May 28, 2024
3:30 pm – 5:00 pm ET

Session #4
Alcohol Use Disorder

June 25, 2024
3:30 pm – 5:00 pm ET

Session #5
Opioid Use Disorder

July 23, 2024
3:30 pm – 5:00 pm ET

Session #6
Cannabis Use Disorder

August 27, 2024
3:30 pm – 5:00 pm ET

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Angela L. Colistra, PhD, LPC, CAADC, CCS

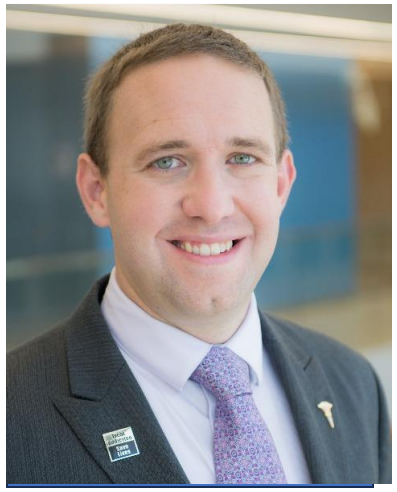
Lead ECHO Facilitator

No relavant financial relationships to disclose.

Elizabeth M. Salisbury-Afshar, MD, MPH, FAAFP, FACPM, DFASAM

Faculty

No relavant financial relationships to disclose.



Brian Hurley, MD, M.B.A., DFASAM, FAPA

Faculty

No relavant financial relationships to disclose.

Jennifer Leggett, LPC, LADC, CPRSS

CCBHC Specialist

No relavant financial relationships to disclose.

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Agenda

- Welcome & Introductions (15 Min)
- Didactic Presentation (30 Min)
- Didactic Presentation Q&A (15 Min)
- Case Presentation #1 (20 Min)
- Case Presentation #2 (20 Min)
- Closing Announcements (5 Min)

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Recording Notice

By joining this TeleECHO Session, you consent to being recorded for educational and quality improvement purposes. Your participation is appreciated.

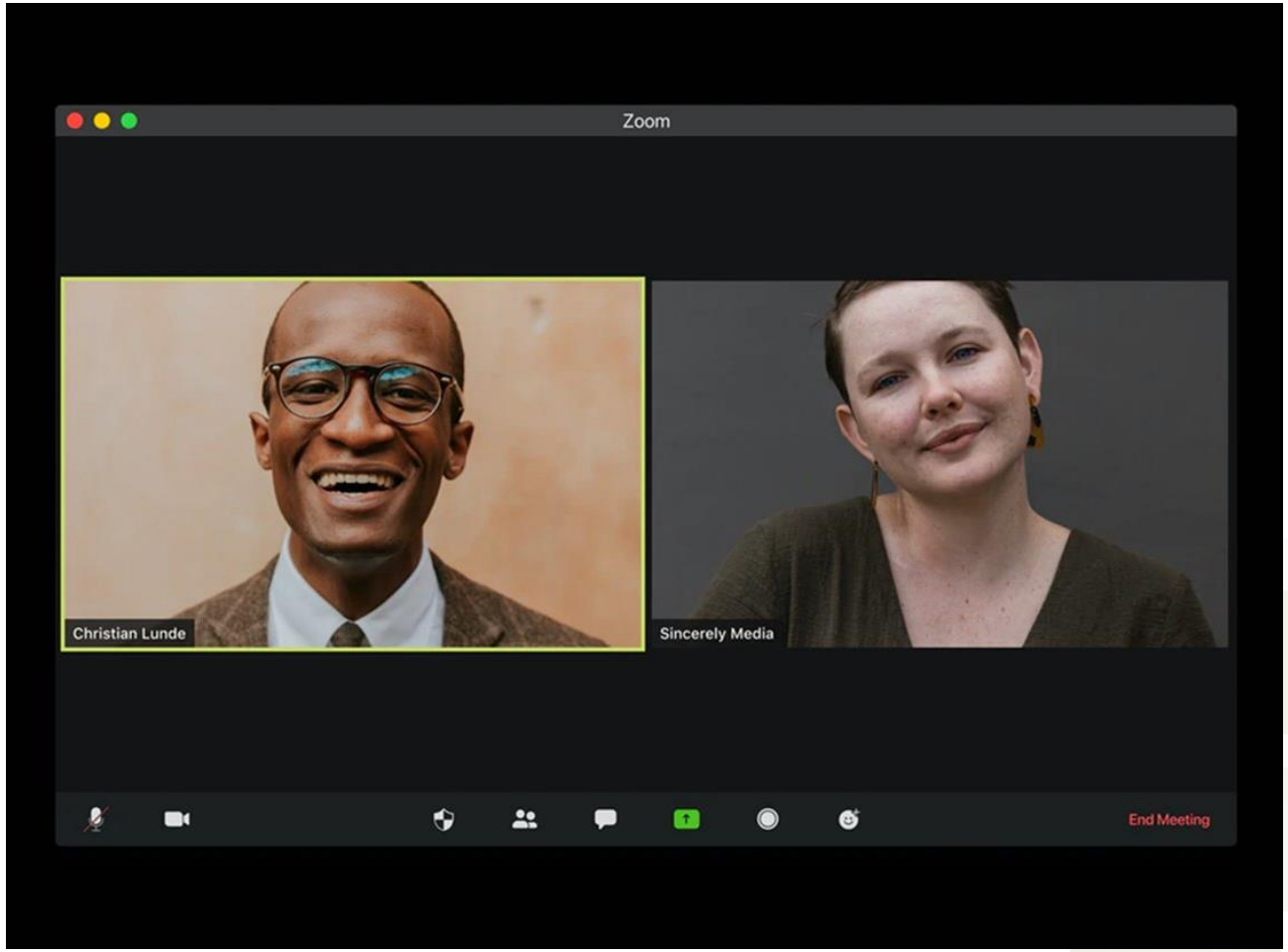
For questions or concerns, email education@asam.org.

Helpful Tips

- Mute microphone when you are not speaking.
- Position webcam effectively.
- Test both audio and video.
- Communicate clearly during clinic.
  - Speak clearly.
  - During discussion, use chat function only if audio is not working properly.

Please Turn On Your Camera

To promote face-to-face mentorship and the sharing of knowledge, please turn on your device's camera during the ECHO session if possible.



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Introductions

In the interest of preserving time for presentations, please briefly state the following when called upon the session facilitator:

1. Full Name
2. Location
3. Role within a CCBHC

If your mic is not functioning, please type your introductions in the Zoom chat box.

Avoid Use of Stigmatizing Language

The language we choose shapes the way we treat our patients…	
Instead of:	**You can say….**
addict, junkie, substance abuser	Person with a substance use disorder
Addicted baby	Baby experiencing substance withdrawal
Alcoholic	Person with alcohol use disorder
Dirty vs clean urine	Positive or negative, detected or not detected
Binge	Heavy drinking episode
Detoxification	Withdrawal management, withdrawal
Relapse	Use, return to use, recurrence of symptoms or disorder
substance abuse	Use (or specify low-risk or unhealthy substance use)
Substitution, replacement, Medication assisted treatment	Opioid agonist treatment, medication treatment

Saitz, R., Miller, S. C., Fiellin, D. A., & Rosenthal, R. N. (2020). Recommended Use of Terminology in Addiction Medicine.

Live Virtual Session: Ground Rules

1. We share cases to give time to process new information. Please participate!
2. Everyone's experiences differ: Assume the best intentions.
3. Monitor your participation: Everyone is accountable.
4. If someone says something that is not your understanding of the evidence, ask questions to clarify.

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Stimulant Use Disorder

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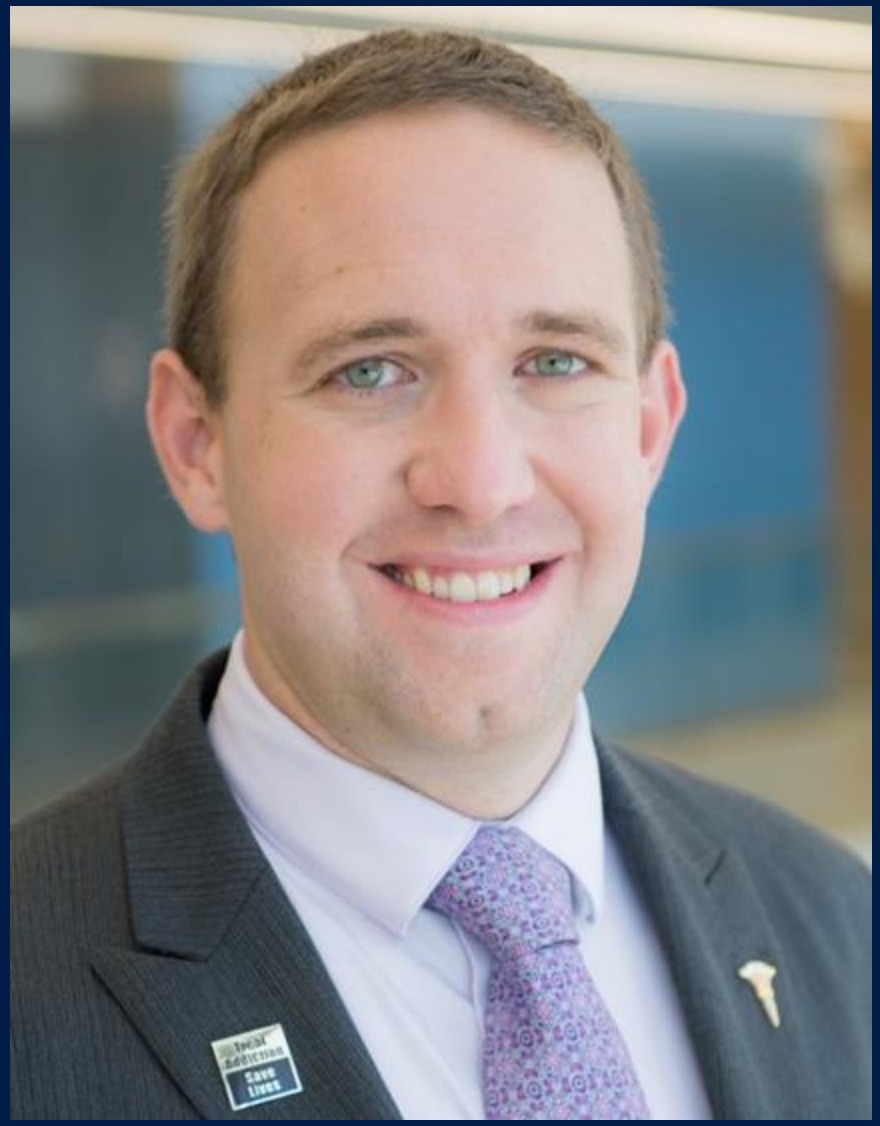

Brian Hurley, M.D., M.B.A., FAPA, DFASAM

Medical Director, Substance Abuse Prevention and Control, LA County Department of Public Health

Dr. Brian Hurley is an addiction physician and Medical Director of the Bureau of Substance Abuse Prevention and Control for the Los Angeles County Department of Public Health. He currently serves as President of the American Society of Addiction Medicine. Dr. Hurley is also a senior researcher at the Friends Research Institute and serves as the Co-Clinical Director of the Center for Care Innovations Addiction Treatment Starts Here Program. He is the program lead for LA County's Substance Abuse Mental Health Services Administration's Harm Reduction grant award and the Centers for Disease Control Overdose to Action Local grant award. He has also led numerous projects for Medications for Addiction Treatment Access in Los Angeles County.

Disclosure Information: No financial conflicts of interests

Brian is the President of the American Society of Addiction Medicine, so comments on topics involving ASAM may be biased toward ASAM.

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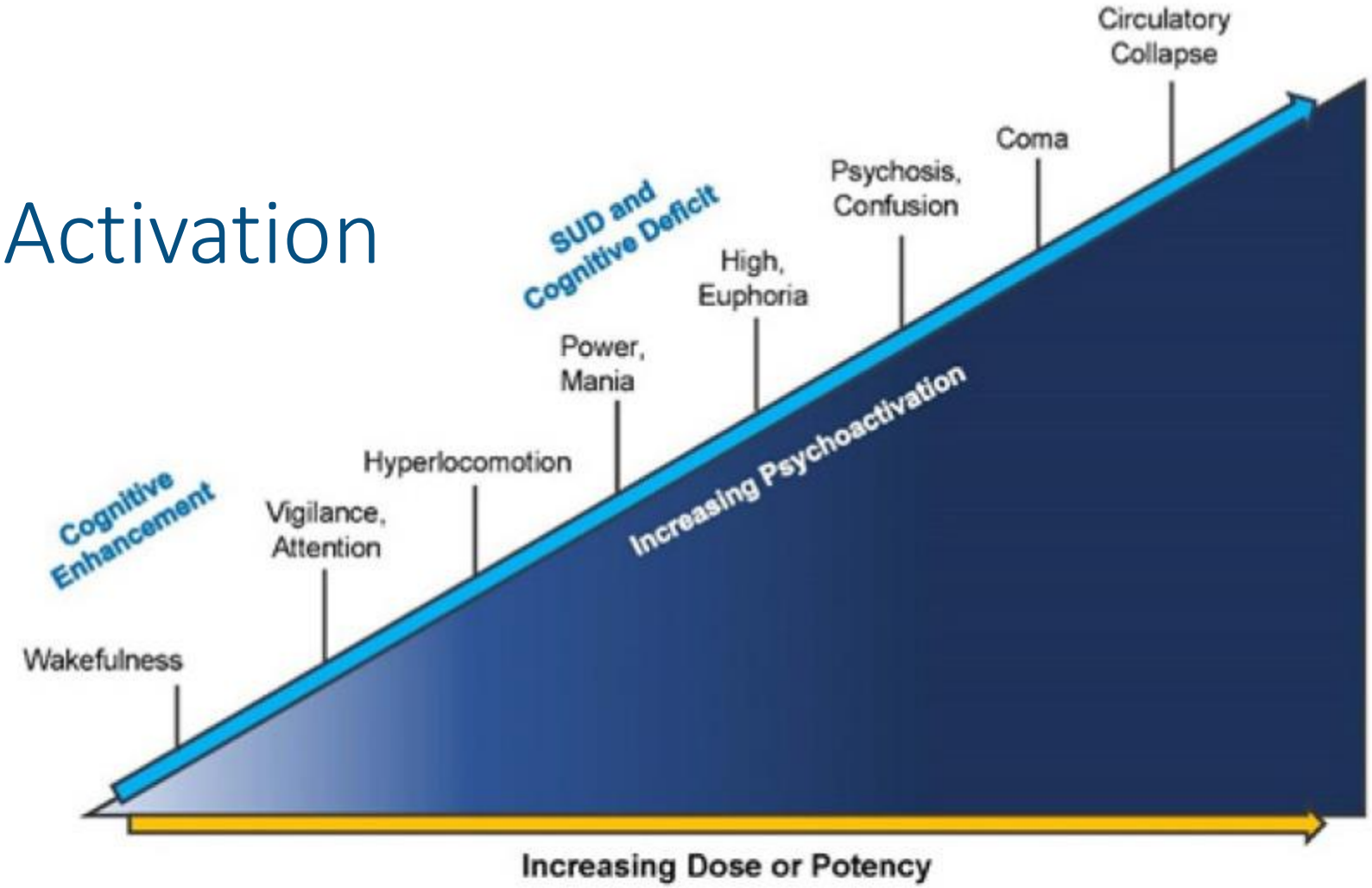
Continuum of Psychostimulant Activation



Substance Abuse and Mental Health Services Administration. Treatment for Stimulant Use Disorders. Treatment Improvement Protocol (TIP) Series 33. SAMHSA Publication No. PEP21-02-01- 004. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2021. http://store.samhsa.gov/product/tip-33-treatment-stimulant-use-disorders/pep21-02-01-004

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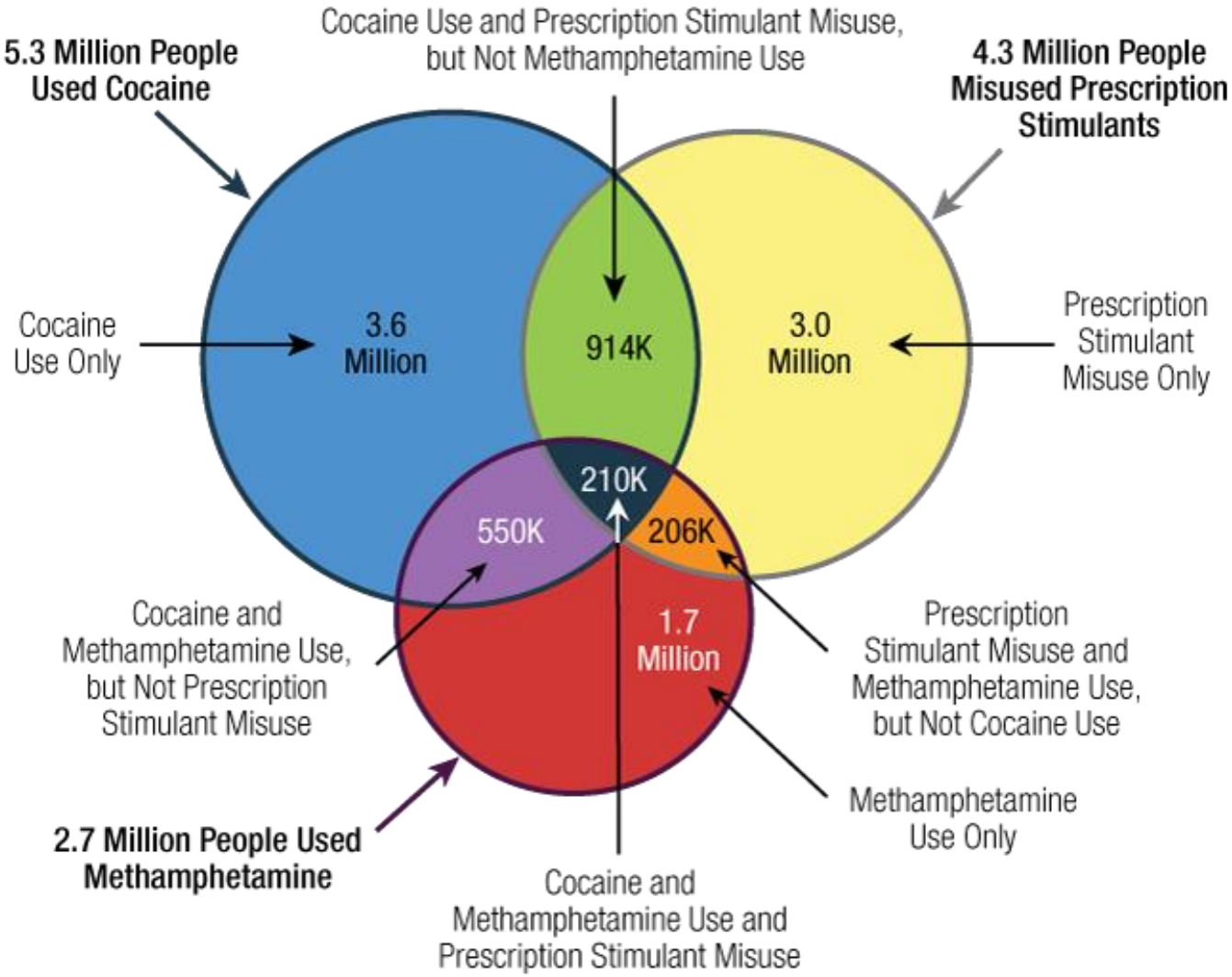

10.2 Million People Aged 12 or Older with Past Year CNS Stimulant Misuse

Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. http://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

NIDAMED

Screening and Assessment Tools Chart

Screening tools

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
Screening to Brief Intervention (S2BI)	X	X		X	X	X
Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)	X	X		X	X	X
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)	X			X		X
Opioid Risk Tool – OUD (ORT-OUD) Chart		X	X		X	

National Institute on Drug Abuse. NIDAMED Screening and Assessment Tools Chart. http://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools - Accessed 2/5/2024.

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Screening - Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) Tool

The Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool Part 1:

- In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?
  □ Daily or Almost Daily □ Weekly □ Monthly □ Less Than Monthly □ Never

- In the PAST 12 MONTHS, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone) Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin) Medications for ADHD (for example, Adderall or Ritalin)
  □ Daily or Almost Daily □ Weekly □ Monthly □ Less Than Monthly □ Never

McNeely J, Wu L, Subramaniam G, Sharma G, Cathers LA, Svikis D, et al.Performance of the Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) Tool for Substance Use Screening in Primary Care Patients.Ann Intern Med. 2016;165:690-699. doi: 10.7326/M16-0317

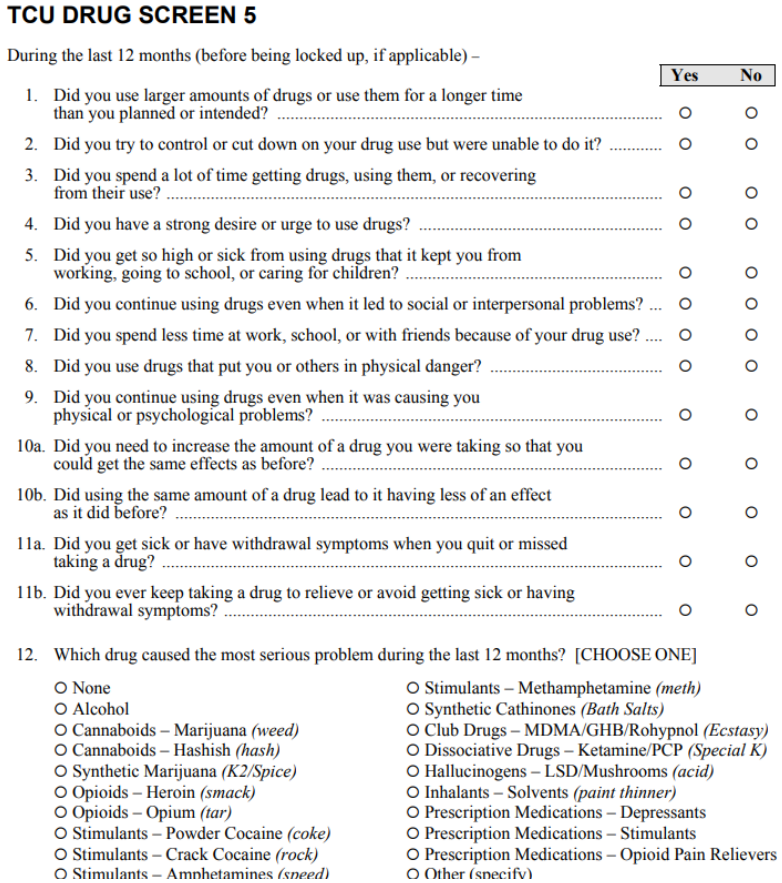
Screening - Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) Tool

The Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool Part 2:

- In the In the PAST 3 MONTHS, did you use a medication for ADHD (for example: Adderall, Ritalin) not as prescribed or that was not prescribed for you? If "Yes", answer the following questions:
  a. In the PAST 3 MONTHS, did you use a medication for ADHD (for example: Adderall, Ritalin) at least once a week or more often?
  b. In the PAST 3 MONTHS, has anyone expressed concern about your use of medication for ADHD (for example: Adderall, Ritalin)?
- In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)?
  a. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often?
  b. In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack or methamphetamine?

McNeely J, Wu L, Subramaniam G, Sharma G, Cathers LA, Svikis D, et al.Performance of the Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) Tool for Substance Use Screening in Primary Care Patients.Ann Intern Med. 2016;165:690-699. doi: 10.7326/M16-0317

Texas Christian University Drug Screen



TCU DRUG SCREEN 5

During the last 12 months (before being locked up, if applicable) –

		Yes	No
1.	Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	○	○
2.	Did you try to control or cut down on your drug use but were unable to do it?	○	○
3.	Did you spend a lot of time getting drugs, using them, or recovering from their use?	○	○
4.	Did you have a strong desire or urge to use drugs?	○	○
5.	Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children?	○	○
6.	Did you continue using drugs even when it led to social or interpersonal problems?	○	○
7.	Did you spend less time at work, school, or with friends because of your drug use?	○	○
8.	Did you use drugs that put you or others in physical danger?	○	○
9.	Did you continue using drugs even when it was causing you physical or psychological problems?	○	○
10a.	Did you need to increase the amount of a drug you were taking so that you could get the same effects as before?	○	○
10b.	Did using the same amount of a drug lead to it having less of an effect as it did before?	○	○
11a.	Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	○	○
11b.	Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms?	○	○

12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]

○ None
○ Alcohol
○ Cannaboids – Marijuana *(weed)*
○ Cannaboids – Hashish *(hash)*
○ Synthetic Marijuana *(K2/Spice)*
○ Opioids – Heroin *(smack)*
○ Opioids – Opium *(tar)*
○ Stimulants – Powder Cocaine *(coke)*
○ Stimulants – Crack Cocaine *(rock)*
○ Stimulants – Amphetamines *(speed)*
○ Stimulants – Methamphetamine *(meth)*
○ Synthetic Cathinones *(Bath Salts)*
○ Club Drugs – MDMA/GHB/Rohypnol *(Ecstasy)*
○ Dissociative Drugs – Ketamine/PCP *(Special K)*
○ Hallucinogens – LSD/Mushrooms *(acid)*
○ Inhalants – Solvents *(paint thinner)*
○ Prescription Medications – Depressants
○ Prescription Medications – Stimulants
○ Prescription Medications – Opioid Pain Relievers
○ Other (specify)

13. How often did you use each type of drug during the last 12 months?

	Never	Only a few times	1-3 times per month	1-5 times per week	Daily
a. Alcohol	○	○	○	○	○
b. Cannaboids – Marijuana *(weed)*	○	○	○	○	○
c. Cannaboids – Hashish *(hash)*	○	○	○	○	○
d. Synthetic Marijuana *(K2/Spice)*	○	○	○	○	○
e. Opioids – Heroin *(smack)*	○	○	○	○	○
f. Opioids – Opium *(tar)*	○	○	○	○	○
g. Stimulants – Powder cocaine *(coke)*	○	○	○	○	○
h. Stimulants – Crack Cocaine *(rock)*	○	○	○	○	○
i. Stimulants – Amphetamines *(speed)*	○	○	○	○	○
j. Stimulants – Methamphetamine *(meth)*	○	○	○	○	○
k. Synthetic Cathinones *(Bath Salts)*	○	○	○	○	○
l. Club Drugs – MDMA/GHB/Rohypnol *(Ecstasy)*	○	○	○	○	○
m. Dissociative Drugs – Ketamine/PCP *(Special K)*	○	○	○	○	○
n. Hallucinogens – LSD/Mushrooms *(acid)*	○	○	○	○	○
o. Inhalants – Solvents *(paint thinner)*	○	○	○	○	○
p. Prescription Medications – Depressants	○	○	○	○	○
q. Prescription Medications – Stimulants	○	○	○	○	○
r. Prescription Medications – Opioid Pain Relievers	○	○	○	○	○
s. Other (specify) _____	○	○	○	○	○

14. How many times before now have you ever been in a drug treatment program? [DO NOT INCLUDE AA/NA/CA MEETINGS]

○ *Never* ○ *1 time* ○ *2 times* ○ *3 times* ○ *4 or more times*

15. How serious do you think your drug problems are?

○ *Not at all* ○ *Slightly* ○ *Moderately* ○ *Considerably* ○ *Extremely*

16. During the last 12 months, how often did you inject drugs with a needle?

○ *Never* ○ *Only a few times* ○ *1-3 times/month* ○ *1-5 times per week* ○ *Daily*

17. How important is it for you to get drug treatment now?

○ *Not at all* ○ *Slightly* ○ *Moderately* ○ *Considerably* ○ *Extremely*

Institute of Behavioral Research. (2020). Texas Christian University Drug Screen 5. Fort Worth: Texas Christian University, Institute of Behavioral Research. Available at http://ibr.tcu.edu/forms/tcu-drug-screen

TheNationalCouncil.org

http://ibr.tcu.edu/wp-content/uploads/2017/09/TCU-Drug-Screen-5-v.Aug17.pdf

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Substance Use Disorder Dx Criteria: 3Cs

Loss of **Control**:

- Substance taken in larger amounts or over more time than intended
- Unsuccessful efforts to cut down
- A great deal of time is spent
- Giving up activities due to substance use

Consequences:

- Failure to fulfill major role obligations
- Use in situations in which it is physically hazardous
- Continued substance use despite having persistent or recurrent problems
- Social or interpersonal problems related to use

Cravings:

- Craving
- Tolerance
- Withdrawal

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5, Section II on Substance-Related and Addictive Disorders. Washington, DC: American Psychiatric Association.

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Screening

Stimulant misuse screening - When general healthcare providers screen adolescents or adults for risky substance use per USPSTF guidelines,[2] they should include screening for stimulant misuse (i.e., nonmedical or nonprescribed use; *Very low certainty*, *Strong Recommendation*).

Frequent checks - Clinicians should consider more frequent screening for stimulant misuse in patients who take prescribed psychostimulant medications (*Very low certainty*, *Strong Recommendation*).

Review PDMP - Clinicians should check their state's PDMP prior to prescribing psychostimulant medications (*Moderate certainty*, *Strong Recommendation*).

Screening → Assessment

For patients who screen positive for stimulant misuse, clinicians should:

- Consider asking patients about:
  - the context of their stimulant use (e.g., chemsex, weight loss, academic or work performance, staying awake; *Clinical consensus, Strong Recommendation)*;
  - trauma (*Clinical consensus, Strong Recommendation)*, and
  - intimate partner violence (IPV; *Clinical consensus, Strong Recommendation)*.

- Evaluate complications using patient history and clinical exam and treat or refer as needed (*Very low certainty, Strong Recommendation)*;

- Conduct baseline laboratory testing based on clinical assessment of risk factors (see Assessment; *Clinical consensus, Strong Recommendation*).

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Assessment – Initial Prioritization

When assessing patients for StUD, the first clinical priority should be to identify any urgent or emergent biomedical or psychiatric signs or symptoms, including acute intoxication or overdose, and provide appropriate treatment or referrals (*Clinical consensus, Strong Recommendation*).

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Assessment – Comprehensive Assessment

After first addressing any urgent biomedical or psychiatric signs or symptoms, patients should undergo a comprehensive assessment that includes:

- Assessment for StUD based on diagnostic criteria (e.g., current DSM, *Clinical consensus, Strong Recommendation*)
- A StUD-focused history and physical examination (*Clinical consensus, Strong Recommendation*)
- A mental status exam to identify co-occurring psychiatric conditions, such as signs and symptoms of psychoses, ADHD, mood disorders, cognitive impairment, and risk of harm to self or others (*Clinical consensus, Strong Recommendation*)
- A StUD-focused history and physical examination (*Clinical consensus, Strong Recommendation*)
- Clinicians treating StUD should conduct routine baseline laboratory testing (*Clinical consensus, Strong Recommendation*)
- Clinicians should conduct other clinical tests as necessary based on each patient's clinical assessment findings (*Clinical consensus, Conditional Recommendation*)

Assessment – Comprehensive Assessment

When evaluating patients with long-term or heavy stimulant use, clinicians should exercise:

An elevated degree of suspicion for cardiac disorders (*Clinical consensus*, *Conditional Recommendation)*;

A lower threshold for considering ECG testing based on findings of the history and physical exam (*Clinical consensus*, *Conditional Recommendation*);

A lower threshold for considering creatine kinase (CK) testing for rhabdomyolysis based on findings of the history and physical exam (*Clinical consensus*, *Strong Recommendation*);

An elevated degree of suspicion for renal disorders (*Clinical consensus*, *Conditional Recommendation).*

PREVENTION

Secondary and tertiary prevention strategies should be used to reduce harms related to overdose risk, risky sexual practices, injection drug use, oral health, and nutrition.

Behavioral Treatments

- **Contingency Management (CM)** should be a primary component of the treatment plan in conjunction with other psychosocial treatments for StUD (*High certainty, Strong Recommendation*).
- Three additional behavioral interventions have the most supportive evidence & are preferred *alongside* CM:
  - Community Reinforcement Approach (CRA) (*Low certainty, Conditional Recommendation)*
  - Cognitive Behavioral Therapy (CBT) (*Moderate certainty, Strong Recommendation*)
  - Matrix Model (*Moderate certainty, Conditional Recommendation)*
- Clinicians can consider offering evidence-based behavioral interventions delivered via digital therapeutics or web-based platforms as add-on components to treatment for StUD, but they should not be used as standalone treatment (*Low certainty, Strong Recommendation*).
- Clinicians should consider using telemedicine to deliver behavioral treatment for StUD to patients who may face challenges accessing in-person care (*Moderate certainty, Strong Recommendation*).

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Medications for Stimulant Use Disorder

- Pharmacotherapies, including psychostimulant medications, may be utilized off-label to treat StUD
- When prescribing controlled medications, clinicians should closely monitor patients and perform regular ongoing assessments of risks and benefits for each patient
- Psychostimulant medications should only be prescribed to treat StUD by:
  - *Physician specialists who are board certified in addiction medicine or addiction psychiatry; and*
  - *Physicians with commensurate training, competencies, and capacity for close patient monitoring.*

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No medications are FDA-approved to treat stimulant use disorder

Medications for Methamphetamine Use Disorder

- Bupropion (signal for lower frequency MA use)
  - Additional consideration for tobacco use d/o, depression
- XR-Naltrexone injection + high dose bupropion XL
- Mirtazapine (two small studies)
  - Additional consideration for depression
- Topiramate (low-level MA use)
  - Additional consideration for AUD
- Methylphenidate-ER (higher frequency MA use)
  - Additional consideration for ADHD

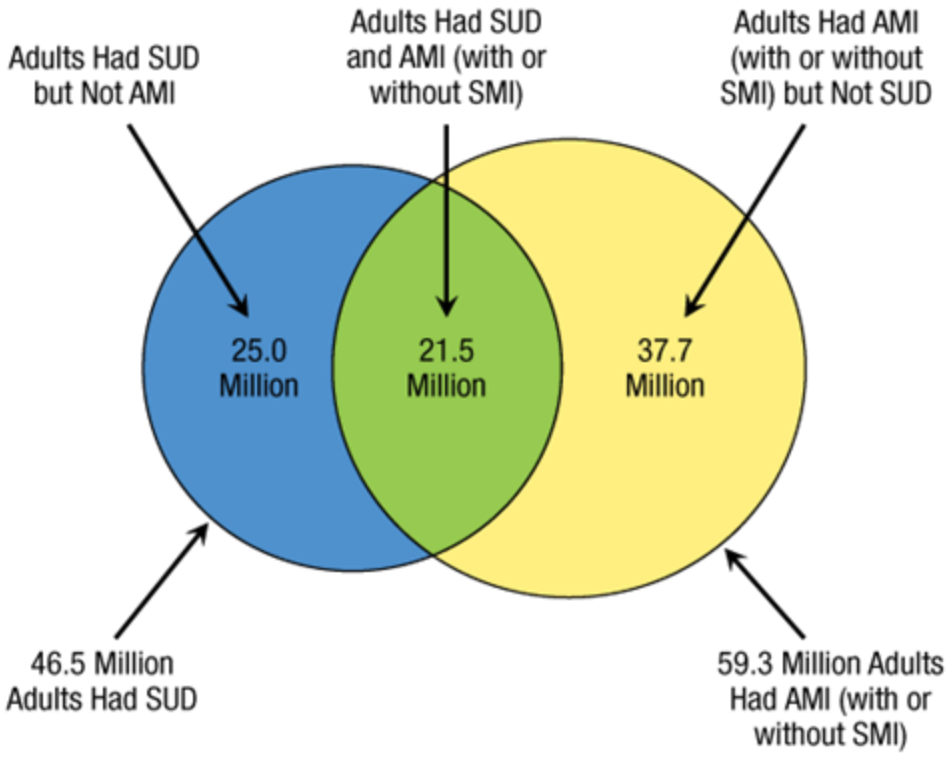
None are FDA-approved to treat stimulant use disorder

Medications for Cocaine Use Disorder

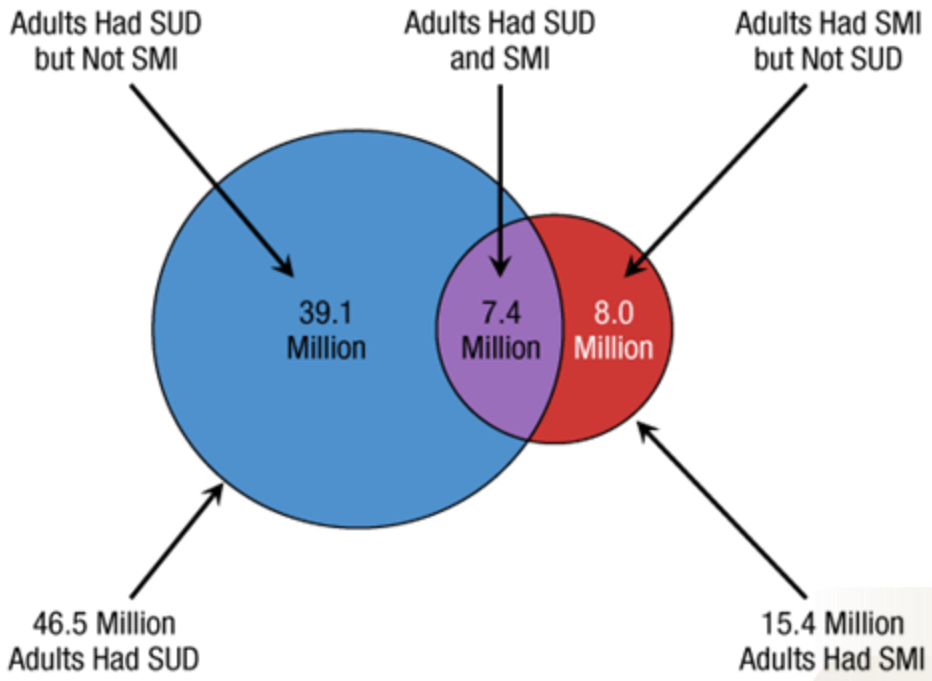
- **Modafinil** (without co-occurring AUD)
- **Topiramate** (lower frequency cocaine use)
  - Additional consideration for AUD
- **Mixed Amphetamine Salts-ER + Topiramate**
  - Additional consideration for AUD, ADHD
- **Mixed Amphetamine Salts-ER**
- **Bupropion** (best when combined with CM)

None are FDA-approved to treat stimulant use disorder

Co-Occurring Disorders



84.2 Million Adults Had Either SUD or AMI (with or without SMI)



54.4 Million Adults Had Either SUD or SMI

Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. http://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

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Didactic Presentation Discussion

Case Presentations

Case #1: 23yo Cisgender Man Using Methamphetamine, Nicotine, Cannabis

- Mr. Brown is a **23 year-old** HIV-negative male smokes methamphetamine in 2-3 day binges two to four times a month and his methamphetamine use is typically concurrent with group sexual activity, and he is sexually active with both men and women. He is prescribed PREP which he takes consistently. He reports no history of chronic medical conditions or taking non-PREP medications. During his methamphetamine binge episodes, he typically does not sleep. After these episodes, he sleeps for over twenty hours and feels depressive symptoms including deflated self-attitude. He vapes 5mg of nicotine daily (a 20mg pod lasts four days) and smokes cannabis daily. He denies consuming alcohol, using opioids, and denies any other substance use.

- He's not ready to stop using methamphetamine, vaping, or using cannabis.

Case #2: 32yo Cisgender Woman Using Methamphetamine

- Ms. Green is a **32 year-old** HIV-negative cisgender woman who recently became homeless after the end of a relationship. She began using methamphetamine to maintain alternateness overnight in the encampment where she has been staying. She was brought in by ambulance to a local hospital with symptoms of acute agitation; EMS brought her into the emergency room after she became behaviorally disruptive at her encampment. On interview in the emergency department, she reported feeling as though everyone in her encampment was plotting against her and began feeling the sensation of insects crawling underneath her skin. She usually experiences these symptoms when she uses methamphetamine, but they resolve within a day of stopping methamphetamine use.
- Urine labs obtained in the emergency room were positive for amphetamines and positive for human chorionic gonadotropin (hCG).

Case #3: 42yo Transgender Woman Using Methamphetamine, Cocaine, and Alcohol

- Ms. Black is a **42 year-old** HIV positive transgender woman who works as an interstate truck driver. During long-haul drives, she will use methamphetamine to maintain alertness overnight. During days off she binge drinks alcohol typically two days each week and uses cocaine with alcohol typically twice a month. She arranges her use to avoids using cocaine or methamphetamine the three days prior to scheduled drug checked required by her employer
- She takes efavirenz / emtricitabine / tenofovir, spironolactone, and 17-beta estradiol daily. She takes no other medications.
- She has begun experiencing palpitations during these drives so presents to the clinic 'for a heart check.' She is open to changing her substance use if her substance use might be causing health problems.

Closing Announcements

Complete Evaluation

Please follow the steps below to claim credits:

1. Go to www.asam.org
2. On the top right part of the screen, click on “Login.”
3. Seach for the course Stimulant Use Disorder – May 28, 2024, 3:30 PM – 5:00 PM ET
4. Click Complete Post Test to answer multiple choice questions.
5. Click Complete Evaluation to provide valuable activity feedback.
6. Click the button Claim Medical Credits in the box titled Claim Credits & Certificate. Choose the type of credit and click submit. Click the button View/Print Certificate to save or print your certificate. You can view/print your certificate at any time by visiting the ASAM e-Learning Center, clicking Dashboard, and clicking Transcript/Achievements.

Interested in Presenting a Case?

Have a patient or clinical system question you need assistance with?

Contact Kendra Peterson at kpeterson**@asam.org or via Zoom chat**

Complete the Case Presentation Form and submit one week before the session

Present at an upcoming session

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NATIONAL COUNCIL for Mental Wellbeing

Save the Date! CCBHC ECHO Series

Session #1
Updated CCBHC Criteria

March 26, 2024
3:30 pm – 5:00 pm ET

Session #2
Co-Occurring Disorders

April 23, 2024
3:30 pm – 5:00 pm ET

Session #3
Stimulant Use Disorder

May 28, 2024
3:30 pm – 5:00 pm ET

Session #4
Alcohol Use Disorder

June 25, 2024
3:30 pm – 5:00 pm ET

Session #5
Opioid Use Disorder

July 23, 2024
3:30 pm – 5:00 pm ET

Session #6
Cannabis Use Disorder

August 27, 2024
3:30 pm – 5:00 pm ET

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