

Community Health  
Center of Cape Cod



## ADDICTION SERVICES PROGRAM

Primary Service Area is the Upper Cape towns of: Bourne, Mashpee, Falmouth and Sandwich. We also service Wareham and Plymouth

# The Community's Need

Our expansion of substance abuse programming at Community Health Center of Cape Cod was based on significant community feedback regarding need and the lack of available resources in our service area. Notably, the following information was reported in our most recent Barnstable County Regional Substance Abuse Council's "Baseline" Report (March 2015):

- At least 3.1% of Barnstable County residents are addicted to or dependent on heroin or prescription opioids.
- Alcohol addiction is endemic. The estimated number of persons addicted to alcohol on Cape Cod is 17,063, nearly 8% of the population.
- Mortality rates attributable to alcohol and drug dependence were roughly .8% and .9% respectively. However, recent studies show that deaths associated with drug dependence are growing significantly more rapidly than rates associated with alcohol.

# The Epidemic on Cape Cod

**The substance abuse epidemic has hit our region's youth, ages 15-24, the hardest.**

- Accidental deaths, suicides and risky behaviors are highest within this population. Suicide rates on the Cape are 1.4 times higher than the rest of the State.
- In 2010/2011, addiction treatment admissions and motor vehicle accident related hospitalizations for ages 15-24 on Cape, were more than double that of the rest of the State.
- Admissions for opiate abuse treatment for 15-24 year olds exceeded treatment for alcohol abuse, and that trend has continued.
- Youth on Cape experience higher rates of STDs, depression and anxiety.
  - 22% reported feeling sad or depressed daily for at least two weeks over the past year.
  - 13% of teens abuse prescription medications; over 19% reported binge drinking.

# SUSTAIN AND OUR GOALS

- Increase community awareness and education.
- Improve and Increase Addiction Services and treatment to the community.
- Increase Access of our Addiction Services and treatment.
- Increase the Addiction Services Program where needed.
- Integrate Medical and Behavioral Health care to provide additional treatment services and support to our patients.



CHC of Cape Cod Substance Use Panel – August 2017

## GOALS ACCOMPLISHED

### Increased community awareness and education

- Partnered with the Mashpee Substance Use Task Force to instituted the Monthly Drop-In.
- Collaborate with the Regional Substance Addiction Council to advance education, prevention and treatment.
- Collaborate with community institutions:
  - Municipalities of the Upper Cape
  - School Systems
  - Barnstable County of Correction
  - HIV Support Cape Cod
  - Housing Authority Cooperation
  - Mass Rehab
  - NAMI
  - Cape Cod Healthcare

# Increased Addiction Services

Increased access to MAT with increase of waived providers from 1 to 3.

We can now provide treatment to 475 patients.

Increased staff that now includes two MAT RN and a MA plus two LICSW.

Increased programming to include a MAT, SOAP, ERGs and Step Forward.

Provide Addiction Services regardless of patient status at CHC.

Piloting a referral program with Cape Cod Healthcare.

Provide same day access.

Individualized care based on patient's readiness, goals, and strengths.



# Medication Assisted Treatment

- Moved from total abstinence to a Harm Reduction Model.
- Grown from 80 patients to 193, 144 of which are currently receiving treatment. A 41% increase in patients service.
- We raised are maximum dose of suboxone from 8mg to 16 mg.
- We now offer subutex.
- Early Recovery Groups



# Structured Outpatient Addiction Program

- Began April of 2018, consistently treating 3-7 people daily.
- A full day program consisting of early recovery skills, health & wellness, mental health education, individual therapy and case management.
- Collaboration with patient's care team.
- Patients have full access to other Addiction Services.
- Bureau of Substance Addiction Services Certified.

## Step Forward

- A pre-contemplative/contemplative group.
- Patients are identified by their PCP and referred.
- Patients are encouraged to identify the negative impact of their use.
- Determine goals.
- Reach a decision regarding further treatment if desired or needed.

# Challenges and Barriers to Services

- Economics of Service Area
- Insurance
- Incidence of Depression
- Comorbid Medical and Mental Health Issues
- Lack of waived providers
- Provider's reluctance
- Access to Transportation
- Lack of education
- Challenging population
- Timing/Patient's readiness
- Denial, Shame and Guilt
- STIGMA