

Community Medical Services Opioid Treatment Program Description

Community Medical Services (CMS) provides ASAM Level 1 Outpatient Opioid Maintenance Treatment services for clients with a diagnosis of opioid use disorder (OUD) determined by DSM and ASAM criteria. Services provided include

- Medication Management
- Group and Individual Counseling
- Case Management
- SMI/Co-Occurring Disorders
- Community Based Services

PROGRAM GOALS

To help those who are suffering from substance abuse addiction. Program objectives to enhance rehabilitation include:

- Increase understanding and insight about the disease of addiction by providing continuous education about all physical, mental, emotional, psychological, financial, legal, social, and relational aspects of chemical dependency and the subsequent recovery process.
- Teach appropriate life skills that assist in the progressive development of physical, mental, emotional, and social tools need to participate in a lifestyle that is free of illicit drug use and abuse.
- Teach, coach, and encourage healthy coping strategies and interventions as an alternative to drug abuse and its negative effects.
- Aid in the process of increased and enhanced self-awareness, self-sufficiency, and self-responsibility.
- Assess, evaluate, and provide referrals to appropriate ancillary behavioral and/or medical support services as needed or desired.
- Assist in the healing and restoration of family and other significant relationships in the individual's life.
- Assist in the development of and participation in living environments that are free of illicit substances and encourage health community participation and involvement.

SERVICES OFFERED

Clients are required to see a medical provider and a counselor according to individual client needs, state licensure requirements, and accreditation standards. Clients are required to participate in a comprehensive treatment approach that may include, but is not limited to, individual and family counseling, substance abuse education, external support groups, referrals to specialized treatment providers, medical follow-up and evaluation, and case management services. Specific and individualized treatment needs, objectives, and goals are strength-based and determined by the client and his or her treatment team.

Counseling and all ancillary services are available to clients Monday through Friday during clinic hours of operation and on Saturdays, if scheduled in advance or during an emergency. CMS recommends scheduling appointments for treatment services, however every attempt is made to accommodate walk-ins. On-call services are available 7 days a week, 24 hours a day, 365 days a year. Vocational needs are coordinated with local vocational rehabilitation facilities.

Opioid Treatment

Opioid treatment is individualized based on the client and their medical considerations. The goal of treatment is to stabilize an individual on an appropriate dose as prescribed by a medical provider to assist the individual in becoming free of illicit opioids.

All state and federal regulations that govern medication-assisted treatment (MAT) are strictly followed. All CMS locations hold required state and local licenses including CSAT certification, DEA registration, and CARF accreditation. Locations requiring local county behavioral health registration, acute care plan registration, or state pharmacy licenses are held maintained.

Medication Monitoring and Adjustment

Medication is dispensed by a credentialed nurse. Clients are expected to see a medical provider at least once per quarter for medication monitoring and adjustment; more frequent visits are possible if necessary, based on medical provider recommendation, counselor recommendation, or client request.

Counseling Services

A range of cognitive, behavioral, and other addiction-focused therapies incorporating a variety of treatment approaches are provided to each client. Family counseling services are offered and provide per individual client request and with appropriate client consent. Educational needs are assessed and incorporated into all services provided. Counseling needs are assessed on an individual basis and include inputs from member of the treatment team. Coordination of care and referrals are provided to clients who require or request such services outside the scope of substance abuse counseling.

Behavior Management

Behavior management is incorporated into every aspect of the opioid treatment program. Appropriate behavior begins when a client arrives on clinic property and continues in the waiting area and at the dosing window. Respecting personal space, patience, confidentiality, and proper conversation are deemed appropriate behaviors. Inappropriate behavior in the dispensing line, lobby, or check in area is dealt with on an individual basis and may include probation or termination from the program. Behavior management within the context of the therapeutic setting emphasizes life skills of boundaries, responsibilities, and consequences. Clinicians assist clients in recognizing old patterns and behaviors and learning new life skills. This is utilized through client-centered approach counseling, cognitive-behavioral interventions, and behavior management techniques (initiatives and rewards).

Outpatient Medically Supervised Withdrawal (MSW)

Outpatient medically supervised withdrawal, also identified as *tapering*, provides effective treatment individualized for each client, depending on medication consideration and individual goals. Withdrawal can occur in as few as 31 days or based upon a scheduled decline in dose amount between the client and medical provider. Included in these services are lifestyle changes, as well as the reliance on opioid medication and ultimately withdrawal. Aftercare is offered, and referrals are provided and centers on maintaining the drug-free existence that has been accomplished.

Opioid Treatment on Demand (Center of Excellence)

Opioid Treatment on Demand (OTOD) is the equivalent of an opioid urgent care center, providing 24-hour access to intake, assessment, and review of all MAT and OUD treatment options; serves as a drop-in center for first responders, law enforcement, and concerned family members; also referred to as a Center of Excellence.

Medication Units

Medication unit means a facility established as part of, but geographically separate from, an opioid treatment program from which licensed private practitioners or community pharmacists dispense or administer an opioid agonist treatment medication or collect samples for drug testing or analysis (CFR 42, Part 2). Medication units allow MAT patients to establish a routine and maintain a productive life. This can be especially helpful for people living in rural areas where the nearest OTP site may be 70 miles away or more. Even in major cities, medication units may be needed to help cut down on long wait times at busy OTP sites (SAMHSA).

Case Management

Case management is a supportive service to enhance treatment compliance and effectiveness. Case management assists individuals to maintain or improve level and functioning and living environment. This

includes assisting clients to find resources for basic needs, coordination of care with outside providers, agencies, mental and medical health care providers, vocational, education, and other involved supporters. In addition to coordination of care, case management may include routine phone calls, face-to-face coordination, multi-agency intervention, and advocacy support.

Assessment/Evaluation/Diagnostic Services

A comprehensive assessment that follows the American Society of Addiction Medicine (ASAM) criteria before treatment services are provided. Existing records may be requested if involved in past treatment. The behavioral health assessment and interpretive summary are involved in formulating the behavioral health service plan, which will guide treatment goals, objectives, and methods. All clients undergo medical history, physical exam, and basic laboratory work by a medical provider.

Services Provide Off-Site

Any service provided off-site is documented in the client’s EHR. Such services consist of case management and medication delivery. Nursing staff provide medication deliveries.

Best Practices

CMS uses best practices models based on medication-assisted treatment and Cognitive Behavioral Therapy. Best practices included evidence based practices that are supported by ASAM (American Society of Addiction Medicine), SAMHSA (Substance Abuse and Mental Health Administration), NIH (National Institutes of Health), United States Department of Health and Human Services and other federally approved or universally accepted key agencies involved in the treatment of a substance use disorders.

Best Practice Model	American Society of Addiction Medicine (ASAM)
Service Provided by Best Practice	Appropriate assessment includes data from clinical interviews, physical examination, and diagnostic procedures, to assure optimal clinical outcomes, safety, treatment adherence, and referrals
Source of Best Practice (reference)	The ASAM Standards of Care for the Addiction Specialist Physician. (2014). American Society for Addiction Medicine, Chevy Chase, MD. Retrieved from: http://asam.org/docs/default-source/practice-support/quality-improvement/asam-standards-of-care.pdf?sfvrsn=10
Focus	Assessment tools and diagnosis; withdrawal management; treatment planning and management; care transitions and coordination; continuing care management; opioid medication management and monitoring.

Best Practice Model	Cognitive Behavioral Therapy
Service Provided by Best Practice	Individual and group counseling, case management, substance abuse education
Source of Best Practice (reference)	Hofmann, S.G., Assanaani, A., Vonk, I., Sawyer, A., Frang, A. (2012 October 1). The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analysis, National Institutes of Health, Boston University, Boston, MA. Retrieved from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3584880 .
Focus	CBT treatment for counseling, case management, and substance abuse education

Best Practice Model	Medication-Assisted Treatment
Service Provided by Best Practice	Medication management and medication education for opioid use disorder

Source of Best Practice (<i>reference</i>)	Center for Substance Abuse Treatment. Medication-Assisted Treatment for Opioid Addiction in Opioid Use Disorders. Rockville, MD: Substance Abuse and Mental Health Services Administration (US); 2005. (Treatment Improvement Protocol (TIP) Services, No. 43.) Available from: http://www.ncbi.nlm.nih.gov/books/NBK64164/
Focus	Pharmacological treatments (brief interventions) and pharmacological agents (methadone, buprenorphine, buprenorphine/naloxone, extended-release injectable naltrexone)

Best Practice Model	National Institute for Drug Abuse (NIDA)
Service Provided by Best Practice	Principles of Effective Treatment
Source of Best Practice (<i>reference</i>)	National Institute on Drug Abuse, National Institute of Health. Principles of Drug Addiction Treatment – A Research Based Guide. NIH publication No. 12-4180, printed October 1999; Revised December 2012. https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/podat_1.pdf
Focus	Evidence-based approaches.

POPULATION SERVED

The population served are individuals within the proximity of CMS clinics. They are persons who have an opioid dependence that meets the diagnostic criteria for opioid use disorder, as defined in the current Diagnostic and Statistical Manual of Mental Disorders (see below) who may also have co-occurring disorders or are seriously mental ill.

<p>Diagnostic Criteria</p> <p><i>Severity</i></p> <p><i>Mild = presence of 2-3 symptoms (305.50)</i></p> <p><i>Moderate = presence of 4-5 symptoms (304.00)</i></p> <p><i>Severe = presence of 6 or more symptoms (304.00)</i></p>
<p>A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring in a 12-month period:</p> <ol style="list-style-type: none"> 1. Opioids are often taken in larger amounts or over a longer period than was intended. 2. There is a persistent desire or unsuccessful efforts to cut down or control Opioid use. 3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid or recovery from its effects. 4. Craving, or a strong desire or urge to use opioids 5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school or home. 6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids. 7. Important social, occupational, or recreational activities are given up or reduced because of opioid use. 8. Recurrent opioid use in situations in which it is physically hazardous. 9. Continued opioid use despite knowledge of having persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance. 10. Tolerance, as defined by either of the following: <ol style="list-style-type: none"> a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect b. A markedly diminished effect with continued use of the same amount of opioid <p>Specify if on Maintenance Therapy: This additional specifier is used if the individual is taking a prescribed agonist medication such as methadone or buprenorphine.</p>

ADMISSION CRITERIA

The minimum standard for admission to the program for medication-assisted therapy and detoxification are as follows:

- The medical provider must determine that medication-assisted treatment is medically necessary.
- The individual must meet the definition of opioid use disorder contained within the DSM.
- Proof of addiction must be at least 12 months.
- Picture identification is required.
- Self-pay clients pay weekly fee by money order or MasterCard/Visa; Medicaid or acute care plan coverage options vary by location
- Physiological evaluation completed by medical provider including physical exam
- General and informed consent for opioid treatment services
- Initial drug screen
- TB and RPR screen
- Interview with intake clinician
- Individualized Behavioral Health Assessment and Service Plan completed

READMISSION

Readmission standards are concurrent with admissions standards if client is out of treatment for greater than one year. If client has had a short break from treatment, they must complete the following:

- Interview with medical provider and intake clinician
- Behavioral Health Assessment update
- Service plan update or completely new service plan, dependent upon circumstances
- General and informed consent for opioid treatment services
- Sign a release to obtain previous medical and treatment records (if applicable)
- Initial drug screen
- Self-pay clients pay weekly fee by money order or MasterCard/Visa; Medicaid or acute care plan coverage options vary by location
- Physical exam by medical provider or reevaluation of medication

REFERRAL TO ANOTHER AGENCY

In cases where an individual does not meet the admission criteria for treatment services at CMS, a written referral is provided by the screening medical provider for services that may better accommodate or meet the treatment needs of the individual. When CMS services no longer meet the treatment needs of a client, services are not appropriate and/or adequate to the extent needed, clients may be referred to higher level of care, if necessary.

Criteria for referral:

- Any active client may initiate a request for a specialized referral; or, the treatment team may determine a referral is needed to facilitate and support the recovery processes.
- Assigned clinician meets with the client individually to determine and identify available and appropriate treatment or ancillary support options available based on the client's request and/or treatment team recommendations.
- An appropriate release will be completed to allow for contact and coordination of referral information.
- Assigned clinician contacts the identified treatment or support service agency and coordinate the referral and request for additional services.
- Specific arrangements are determined and coordinated with the client.
- The assigned clinician is responsible for initiating and maintaining all coordination of care efforts with appropriate releases in place.
- A client may contact a referral source directly, if preferred.

OB/GYN SERVICES

In Maricopa County, the CMS – Northern location has an onsite medical provider available one day per week to provide OB/GYN services to female client and pregnant clients who currently receive services. The OB/GYN medical provider arrives onsite with staff and equipment to provide specific OB/GYN care. Available services include:

- Well-women care including pelvic exam, breast exam, and pap smear
- Oral contraceptives
- Pregnancy testing, screening, monitoring, and management
- Fetal monitoring, fetal ultrasounds, and testing
- Partnership with local hospital for labor and delivery needs
- Education on pregnancy, fetal development, medication-assisted treatment and neonatal abstinence syndrome (NAS)
- Referrals to various women's health specialists as needed for pregnancy and family related resources
- Services that are not provided on site but are referred out include surgery, medical complications, and delivery. Emergent medical care is referred immediately to 911.
- Post-partum follow-up

CORRECTIONAL HEALTH SERVICES

In Maricopa County, Arizona, CMS has collaborative relationship with Correctional Health Services (CHS). The goal of the collaborative project is to address the needs of the opioid dependent client population within the CHS system.

Three primary populations can access these services:

1. *Inmates who arrive at CHS who are diagnosed with opioid use disorder.* Clients are offered methadone maintenance through the OTP while enrolled in the CHS system. Upon release from the CHS system, client continues OTP services through CMS.
2. *A pregnant patient who is incarcerated, who is diagnosed with opioid use disorder, who is not currently enrolled in an OTP.* This patient would need to be admitted to a certified OTP prior to the administration of methadone; medication would then be delivered from the OTP to the CHS facility.
3. *The inmate is currently a client at a certified OTP and the client is incarcerated.* The OTP provides the methadone medication while the patient is incarcerated and upon release from the CHS system, the client will continue OTP services through CMS.

DISCHARGING CLIENTS

Clients are discharged from services when they voluntarily want to terminate their services due to relocation out of area, feel they no longer need services, or pass away. Clients may be discharged involuntarily due to:

- Violence or threat of violence to other clients or CMS staff
- Selling, using, or buying illicit drugs or alcohol on the clinic premise
- Diversion of medication
- Non-compliant with required fees for treatment services
- Flagrant non-compliance that has resulted in observable, negative impact on persons served or staff members
- Determination by the treatment team that the services we are able to provide are not sufficient to meet client's treatment needs

TRANSFERRING

When a client requests a transfer to another agency (either temporarily or permanently) the assigned clinician is responsible for making the appropriate arrangements and for completing the necessary documentation for a smooth transition for the client.

Criteria for Transfer:

- Any client may request a transfer to another treatment provider. One week's notice is requested although emergency situation may dictate an immediate response.
- The assigned clinician and client will meet individually to determine and identify the treatment program they will be transferring to. A Release of Information and a Permanent Transfer Form or Courtesy Dose Request will be completed.
- The assigned clinician will make phone contact with the identified agency to initiate the transfer process.
- The necessary documentation is faxed to the receiving facility and an intake appointment is scheduled.
- Clinician will facilitate and coordinate the transfer process until the client is successfully admitted to the new treatment program.

DECLINING TO PROVIDE BEHAVIORAL HEALTH SERVICES OR TREATMENT

Client may be declined for services if they:

- Break rules and regulations of the clinic
- Do not fulfill their requirements of the program
- Do not meet eligibility requirements of admission

Clients that are declined for the above reasons are provided and/or assisted with appropriate referrals to service agencies to ensure continuation of care.

WAITING LIST

CMS does not maintain waiting lists for admission. All clients requesting treatment for OUD that meet the criteria for admission are scheduled for intake at the time of request for services. Pregnant clients are admitted within 24 hours of requested treatment.

ACCOMMODATIONS FOR NON-ENGLISH-SPEAKING PERSONS

CMS strives to employ bilingual and culturally sensitive and diverse staff at each clinic location. Staff receive regular training to promote a culturally diverse and sensitive atmosphere to meet the individualized needs of those served by CMS. If a staff is not available in the language needed, CMS uses an external translation provider.

ACCOMMODATIONS FOR PERSONS WITH SENSORY IMPAIRMENT

CMS is able to provide translation services and will access appropriate agencies to facilitate communication needs.

ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

CMS facilities provide for handicap-accessibility as follows:

- Handicapped parking and wheelchair ramp
- Wheelchair-accessible doorway into clinics
- Safety rails in client restrooms, where available
- Wheelchair-accessible doorways into client restrooms, clinical offices, and medical offices
- Clear floor spaces in common areas, walkways, and hallways
- Direct egress into the dosing area

EMERGENCY SAFETY RESPONSE

CMS does not employ the practices of seclusion or restraint under any circumstances. Staff is instructed to notify proper emergency response authorities when verbal attempts to de-escalate or minimize the risk of sudden, intense, or out of control behavior is unsuccessful.

POLICIES AND PROCEDURES FOR RECEIVING AND REFUNDING TREATMENT FEES

Treatment fees are generated weekly on the day of the week that the client joins the program; payments are only accepted via Visa, MasterCard, or money order. Fees include medication, medical appointments, counseling appointments, and case management services. Missing a medical appointment, counseling appointment, or medication service does not change the fee.

It is the policy of CMS to refund money owed to clients due to overpayment of fees. Refunds are processed through the finance department and all refunds are distributed within 10 working days of notification to the finance department.

Arizona: Arizona clinics accept AHCCCS clients for treatment services. Treatment fees may vary depending on eligibility rates and co-pay status.

QUALITY MANAGEMENT

The Quality Management (QM) Department reviews and evaluates all services provided and assesses all departments, including medical and clinical operations, administration, and finance. QM staff conduct monthly clinical record reviews to ensure that discharge planning begins at intake and is updated and evaluated on a regular basis. QM staff also review client records for notation of client orientations, input of the client in treatment, client progression in treatment, treatment plans consistent with the presenting diagnosis, and appropriate treatment issues, goals, objective, and methods. QM staff confirm that all documentation is written in objective and appropriately measurable language, case notes are tied to specific goals/objectives, relapse prevention planning is in place, and the discharge plan is initiated when the client's treatment plan has been substantially completed. Other standards evaluated are screening and access to care, incident, accident, and death reports, and billing submissions. Through outcomes management, measurable objective and performance indicators gauge the effectiveness, efficiency, and satisfaction of the services CMS provides.

STAFF QUALIFICATIONS TO PROVIDE BEHAVIORAL HEALTH SERVICES

Staff providing services are required to be at least 21 years of age and meet the minimum qualifications set forth by Arizona Administrative Code, Title 9, Chapter 10, for a behavioral health professional, behavioral health technician, and behavioral health paraprofessionals. Each facility has at least one staff member available during hours of operation that has successfully completed CPR and first aid training. Interns are required to be at least 18 years of age. Volunteers are required to be at least 21 years of age.

Medical Director

The Medical Director assumes responsibilities for administering all medical services performed by the program, ensuring the program is in compliance with all federal and state regulations, ensure a medical evaluation and medical history has been taken, and ensure appropriate laboratory studies have been performed and reviewed.

Qualifications: Licensed to practice medicine in the jurisdiction in which the clinic is located. Knowledge of OUD. Experience with OTPs preferred, but not necessary.

Chief Medical Officer

Oversees all aspects of the clinic operation and all staff positions are to report to the Chief Medical Officer. Has authority and responsibility to operate the agency according to the requirements of oversight agencies, has access to all areas of the premises.

Qualifications: Licensed medical doctor, physician assistant or nurse practitioner. Knowledge of behavioral health, substance use disorder and medication-assisted treatment. Previous medical office experience. Knowledge of state and federal guidelines surrounding drug treatment.

Medical Provider

Responsible for the overall care of all clients of assigned clinic locations. Performs physical exams, physical assessments, and prescribes and manages opioid treatment medication (methadone, buprenorphine, extended-release injectable naltrexone). Works directly with the Clinic Manager and clinical staff, as needed, for medical treatment needs of clients. Responsible for ongoing treatment of clients including medical orders and required documentation.

Qualifications: Licensed as medical doctor, doctor of osteopathy, nurse practitioner, or physician assistant in the location(s) where direct medical care, knowledge of behavioral health, substance use disorders, and medication-assisted treatment. Understanding of ethics of confidentiality requirements of substance use clients. Eligible or

has completed the SAMHSA/CSAT Data-2000 waiver process in order to prescribe buprenorphine for OUD. Website for more information: SAMHSA/CSAT medication-assisted treatment buprenorphine waiver information.

Director of Risk Management/Program Sponsor

The Director of Risk Management oversees the operation of behavioral health services provided by CMS and is responsible for the overall execution of program services. Responsibilities include the maintenance and execution of policies and procedures, as dictated by local, state, and federal agencies. Works directly with the Regional Managers, Regional Director, Clinical Coordinators, and Clinic Managers to ensure that facilities and staff maintain compliance with all applicable regulations.

Qualifications: Master's degree or above in a behavioral health related field and an Arizona Board of Behavioral Health Counselor's License. Require 4 years of experience in upper management, 5+ years of experience in the substance use disorder field including management, clinical organization, counseling, and training.

Regional Operations Director

The Regional Operations Director oversees all clinic managers and is involved in the operation and administration of behavioral health services. Coordinates administrative and human resource functions and conducts yearly personnel evaluations. Is the main contact for clinic needs for all assigned locations. Visits assigned locations to monitor needs of staff directly on site.

Qualifications: Master's or bachelor's degree in a behavioral health field. Required 3+ years of experience and previous counseling experience in a substance abuse treatment setting. Previous experience in human resources needs and training of staff. Knowledge of SUD and behavioral health issues, SUD treatment, counseling skills, and training experience. Ability to interact with state and federal authorities. Effective communication skills. Understanding of diverse and multi-cultural populations.

Clinical Coordinator

The Clinical Coordinator oversees all clinical staff involved in providing behavioral health services. Coordinates counseling functions, supervises all counselors. Provides individual and group supervision as well as clinical follow-up for client caseloads. Visits assigned locations to monitor staff needs on site.

Qualifications: Master's or bachelor's degree in a behavioral health field. Clinical supervision experience preferred in OTP setting. Requires 3+ years of experience and previous counseling experience in a substance abuse treatment setting. Previous experience in supervision and training of clinical staff. Knowledge of SUD and behavioral health issues, SUD treatment, counseling skills, and training experience. Ability to interact with state and federal authorities. Effective communication skills and cultural competency knowledge.

Director of Medical Operations

The Director of Medical Operations oversees the nursing and pharmacy areas of all assigned locations. Monitors all DEA regulations and follow up with compliance requirements related to nursing, pharmacy, and DEA as related to OTP services. Compliance management for nursing and medication related functions, process improvement, employee training and development, main contact for DEA audits, response or required contact or follow-up.

Qualifications: Licensed LPN or RN, 3+ years of experience in an OTP setting is required, 2 years of which were in a supervisor role. Actively working toward RN certification.

Clinic Manager

The Clinic Manager is both an administrative and clinical position responsible for the daily operation of the clinic. Managers, maintains, and coordinates the clinic staff and the clinic facility. Provides counseling, substance use education, and/or case management services. Provides clinical supervision of behavioral health staff under the direct supervision of the Regional Operations Director.

Qualifications: 2+ years of behavioral health work experience or an associate's degree in a behavioral health field with a combination of full-time behavioral health work experience, preferable in SUD treatment and post-high school education in a field related to behavioral health totaling at least 6 years.

Substance Abuse Clinicians

Substance Abuse Clinicians provide counseling, substance abuse education, and case management services based on the individual treatment needs of each client. In addition, clinicians are required to maintain clinical records with current behavioral health assessments, treatment plans, progress notes, service plan reviews, coordination of care, discharge summaries and other vital clinical documents.

Qualifications: For Licensed Physicians: Board of Behavioral Health Counselor's License in state of employment with preferred experience in substance abuse or related field., and for *clinicians working toward licensure* - master's degree, bachelor's degree, or associate's degree in a behavioral health related field or combination of degree in non-behavioral health related field behavioral health work experience and/or behavioral health education. Knowledge SUD treatment, relapse prevention, and appropriate person-centered skills. Ability to participate as an effective team member, ability to maintain client confidentiality at all times, and required sensitivity to individuals receiving and seeking treatment for substance use or behavioral health disorders.

Case Manager

Case Managers coordinate and facilitate ancillary support and rehabilitative services and are responsible for providing clients a single point of contact for multiple health and social service needs that promote the recovery continuum and treatment goals. Case Managers supply support services and coordination of care to clients on caseload(s) of assigned clinician(s). Case Manger assists clients with needs outside the realm of SUD counseling. Provides advocacy and linkage to community resources for health and social services needs identified during the initial assessment process and throughout treatment participation.

Qualifications: Paraprofessional or behavioral health technician (BHT) as described by state of jurisdiction. Experience in substance abuse rehabilitation and medication-assisted treatment is desired. Knowledge of SUD treatment, relapse prevention, and appropriate person-centered skills. Ability to participate as an effective team member, ability to maintain client confidentiality at all times and required sensitivity to individuals receiving and seeking treatment for substance use or behavioral health disorders.

Nurse

Nurses are responsible for administering medication to clients; assisting medical providers; conducting required testing; maintaining medication inventory and audit records; and providing support to the overall operations of the clinic.

Qualifications: Licensed LPN or RN in state(s) of employment. Ability to travel to assigned CMS sites. Experience in the field of substance use disorders preferred, but not required.

Medical Assistant

Medical Assistants are responsible for providing support to clinical and administrative operations.

Qualifications: High school diploma or equivalent. Certified Medical Assistant in state(s) of employment. Ability to travel to assigned CMS sites. Experience in the field of substance use disorders preferred, but not required.

Front Office

Greets and receives all clients arriving at the clinic. Answers all incoming phone calls to the clinic's primary phone number, taking messages when appropriate. Sets clinical and medical appointments for all clients. Monitors clinic lobby and assists with smooth check-in for clinical and medical appointments.

Qualifications: High school diploma (or equivalent) plus experience in a fast-paced office setting. Experience with front office duties in a medical setting is a plus but not required. Ability to participate as an effective team member, maintain client confidentiality at all times, and required sensitivity to individuals receiving and seeking treatment for substance use or behavioral health services.

Community Medical Services Locations

Community Medical Services – Corporate Office

Monday through Friday, 5:30 am – 1:30 pm • Closed Saturday and Sunday

ALASKA

Community Medical Services – Wasilla

Clinical and Administrative

Monday through Friday, 7:00 am – 12:00 pm

Saturday 7:00 am – 10:00 am

Closed Sunday

ARIZONA

Community Medical Services – Alpha

Clinical and Administrative

Monday through Friday, 4:30 am – 1:30 pm

Saturday 5:30 am – 10:00 am

Closed Sunday

Community Medical Services – Camelback

Medication and Laboratory Services

Monday through Friday, 5:00 am – 10:00 am

Saturday 6:00 am – 9:00 am

Closed Sunday

Community Medical Services – Casa Grande (Medication Unit)

Medication and Laboratory Services

Monday through Friday, 4:30 am – 1:30 pm

Saturday 5:00 am – 10:00 am

Closed Sunday

Community Medical Services – East Broadway

Clinical and Administrative

Monday through Friday, 4:30 am – 11:30 am

Saturday 6:00 am – 9:00 am

Closed Sunday

Community Medical Services – Glendale

Clinical and Administrative

Monday through Friday, 4:30 am – 1:30 pm

Saturday 5:00 am – 10:00 am

Closed Sunday

Community Medical Services – Mesa

Clinical and Administrative

Monday through Friday, 4:30 am – 11:30 am

Saturday 6:00 am – 8:00 am

Closed Sunday

Community Medical Services – Northern/ Center of Excellence/OTOD

Clinical and Administrative

Open 24 hours per day, 7 days per week

**Community Medical Services – Safford
(Medication Unit)**

Medication and Laboratory Services
Monday through Friday, 5:00 am – 10:00 am
Saturday 6:00 am – 9:00 am
Closed Sunday

Community Medical Services – NW Tucson

Clinical and Administrative
Monday through Friday, 4:30 am – 11:30 am
Saturday 6:00 am – 9:00 am
Closed Sunday

Community Medical Services – Tucson East

Clinical and Administrative
Monday through Friday, 4:30 am – 11:30 am
Saturday 6:00 am – 9:00 am
Closed Sunday

MONTANA

Community Medical Services – Billings

Clinical and Administrative
Monday through Friday, 6:00 am – 11:00 am
Saturday 7:00 am – 9:00 am
Closed Sunday

Community Medical Services – Bozeman

Clinical and Administrative
Monday through Friday, 6:00 am – 11:00 am
Saturday 7:00 am – 9:00 am
Closed Sunday

Community Medical Services – Kalispell

Clinical and Administrative
Monday through Friday, 6:00 am – 11:00 am
Saturday 7:00 am – 9:00 am
Closed Sunday

Community Medical Services – Missoula

Clinical and Administrative
Monday through Friday, 6:00 am – 12:00 pm
Saturday 7:00 am – 9:00 am
Closed Sunday

NORTH DAKOTA

Community Medical Services – Fargo

Clinical and Administrative
Monday through Friday, 6:00 am – 11:00 am
Saturday 7:00 am – 9:00 am
Closed Sunday

Community Medical Services – Minot

Clinical and Administrative
Monday through Friday, 6:00 am – 11:00 am
Saturday 7:00 am – 9:00 am
Closed Sunday

On-call services for all sites are available 24 hours per day, 7 days per week to accommodate crisis and/or medical situations.