**Section IV. MAT Documents**

## I. MAT Job Descriptions

**Program Manager duty statement Medication Assisted Treatment Program**

1. Manages training of MAT RN case manager.
2. Manages training of MAT SUD counselors.
3. Provides support for prescribing Physicians and Nurse Practitioners.
4. Keeps all teams of clinics informed of the program and updated on program changes. Including PSRs and call center for frequent appointments and special scheduling.
5. Works with pharmacy to maintain availability of buprenorphine/ naloxone, naltrexone and naloxone opioid overdose reversal.
6. Develops and implements best practices for patient care including:
    i. pilot phase of developing weekly Induction Clinics
    ii. and weekly Refill/Stabilization groups

7. Develops a series of educational segments for the refill/stabilization group. These educational segments will include behavioral health therapy and other speakers at times.
8. Manages warm hand-off and monitoring of the Referral to Treatment process for the patient. There is a plan in place for warm hand offs and monitoring with CoRR for outpatient services and residential services
9. Writes and updates with the DEA waivered MDs and RN any patient information handouts, providing consistent information.
10. EHR – templates have been developed and written for both RN and MD notes.

11. Integrates Behavioral Health team as part of the Referral to Treatment process.

12. Maintain DEA compliance and design the program so access to information when DEA requires will be easily accessed.
13. Develops a plan to track relevant data with QA RN.
14. Continually manages and improves outreach for all agencies involved with providing care for clinic patients with opioid addictions such as county agencies, local Emergency Departments, community recovery providers, other medical clinics.
15. Participates in both Placer and Nevada County, participating in coalitions, work groups and is available as a nurse educator for community.
16. Trouble shoots as the pilot progresses and works closely with the team to focus on process improvements and implement changes.
17. Program manager uses chain of command to insure best possible communication and integration of MAT program in clinic process.

**Nurse Case Manager Role in MAT program**

1. Takes referrals from providers, from outside agencies, from patients directly. Provides initial MAT screening and schedules for a Nursing Assessment.
2. RN Case manager takes a complete assessment of patient using the Nursing Assessment template in eCW.
3. RN Case manager utilizes all validated tools of assessment and care including ASAM Whole Person criteria, Adverse Childhood Experiences, Clinical Opioid Withdrawal Scale, Treatment Needs Assessment (Hub & Spoke), OBOT (Hub & Spoke), DSM-% Opioid Use Disorder screen.
4. After patient is assessed for admission, RN consults with team to discuss admission, barriers, appropriate level of care, possible referrals to another MAT program or to Hub.
5. RN begins induction planning with waivered Provider, determining best induction plan: home induction, in-clinic induction or induction in social detox setting.
6. Referral to Provider for MAT medical clearance and labs including HIV
   HCV
7. Induction planning and scheduling with Provider.
8. RN manages all induction care, making sure patient has education regarding induction, comfort medications, first buprenorphine/naloxone prescriptions and handouts with instructions.
9. Follows induction daily for first 7 days as patient stabilizes and begins to attend group.
10. Educates patient on program requirements and schedules patient for hand-off to SUD counselor for Treatment Agreement and Treatment Planning and Hub& Spoke enrollment.
11. Schedules patient for BH Biopsychosocial intake within 30 days of admission.
12. Monitors all UDS as patients stabilize and for s/sx of relapse. Participates in supportive interventions with or without other members of the MAT team.
13. Manages weekly case reviews with MDs and SUD counselors, identifying ongoing care needs with the team.
14. Manages all Buprenorphine/naloxone refill orders with Provider. Entering orders, per Provider instructions.
15. If patient needs referral to Hub or other higher level of care, RN manages the transfer or admission to other facilities.
16. RN can develop the weekly Refill/Stabilization Group curriculum and share the facilitating duties with Providers and with the SUD Counselor.
17. RN manages and updates the Buprenorphine Patient Roster weekly and makes it available for any DEA visits.
18. RN schedules patient as needed in the Provider's schedule for any buprenorphine/naloxone dose changes or other MAT r/t questions. RN schedules patient with their PCP for all other medical needs.
19. RN consults with Provider and SUD counselor as patient progresses to Phase 2 and Phase 3.

20. RN Case manager participates in the educational needs of the clinic, available to teach about the best practices and purpose of the MAT program to improve over-all clinic culture towards treating OUD in clinic.
21. RN case manager works with all agencies to advocate for care and access for MAT patients, including jails, hospitals and Emergency departments, county agencies, courts and recovery providing facilities. Occasionally, visits to other settings such as jails and hospitals will be required.
22. RN case manager might also be required to attend and participate in local opioid coalitions.
23. RN Case Manager attends required MAT trainings and continuously updates MAT best Practices and research.

**MAT Medical Assistant/Nursing procedures:**

1. Prior to group day, chart prep, move MAT Refill/Stabilization group template into chart.
2. Collect and record UDS prior to MAT Refill/Stabilization group.
3. When collecting UDS, bring 2 patients back at a time and utilize both bathrooms in Pod for UDS collection.
4. If UDS is positive for anything other than prescribed meds such as BUP or BZO or THC, then the UDS must be sent to lab for confirmation. There will be additional patient specific requests for send out of urine for alcohol confirmation.
5. Make sure patient's name is on the collection cup and do not discard any collected UDS until reviewed by MAT MD and RN.
6. Enter information from Check-In sheet into eCW MAT Group Template, record UDS results on the Check-In (Bup half- sheet)
7. MA directs patients who are late for group making sure that UDS is collected and patient is brought into group with minimum disruption.
8. Once UDS results are recorded on Check-in sheet, MA gives the Check-in sheet to NCM in group room, usually about 10:15 or later.
9. After group, MA rooms the patients who have made an appointment with MD ahead of time. If patients have not scheduled but need to be seen, they can wait until those scheduled are seen.

**Substance Use Counselor - Medication-Assisted Treatment Program**

1. Substance Use Disorders – admission assessment.
    a. This will be done after Nursing assessment. Initial Screening, if required, can be done by provider or any MAT team member.
    b. This assessment by SUD counselors to identify level of care and whole person needs so that appropriate treatment referrals can be made for patient.
2. When patient is stable and not in withdrawal, SUD counselor will meet to review and sign Treatment Agreement with patient as part of admission process.
3. At time of signing Treatment Agreement, patient will be instructed on Phase 1 expectations.
4. Treatment Plan developed and written and signed by patient with SUD counselor. All questions reviewed.
    a. Will use Treatment Planning Template.
5. All Hub & Spoke documents signed along with additional Release of Information forms for other agencies involved with patient care.
6. SUD counselor will oversee and manage all appropriate referrals to community recovery providers for outpatient treatment, intensive outpatient recovery and residential treatment, utilizing county funding, as needed.
7. SUD Counselor schedules initial appointment for Behavioral Health intake.
    a. Appointment schedule through the BH Support person.
    b. If SUD counselor is LMFT, then patient can be scheduled in their schedule.
8. SUD counselor will manage the counseling/group needs of all Phase 3 patients.
9. Individual Counseling sessions for all MAT patients as needed and for those referred by MAT provider/RN.
10. Individual interventions if patient is relapsing or struggling with relapse behaviors, as determined by MAT team. Individual interventions based on UDS results, MAT team following Refill/ Stabilization group.
11. Group sessions as needed per MAT team.
12. Developing and facilitating Refill/Stabilization group curriculum.
13. Developing special groups for patients with specific needs, such as other SUDs, relapse prevention and trauma.
14. SUD counselor will be involved in development and support of Native Recovery at Chapa-De.
15. SUD counselor will participate in Community Opioid Coalitions as determined by MAT team and MAT program manager.
16. 16. SUD counselor will on occasion be going to jails, treatment facilities and hospitals to meet with Chapa-De patients to support their recovery care.
17. SUD counselor will be part of the implementation of the SBIRT process.

**Substance Use Counselor - Medication-Assisted Treatment Program**

18. Substance Use Disorders – admission assessment.
    a. This will be done after Nursing assessment. Initial Screening, if required, can be done by provider or any MAT team member.
    b. This assessment will be developed by SUD counselors with MAT team to identify level of care and whole person needs so that appropriate treatment referrals can be made for patient.
19. When patient is stable and not in withdrawal, SUD counselor will meet to review and sign Treatment Agreement with patient as part of admission process.
20. A time of signing Treatment Agreement, patient will be instructed on Phase 1 expectations.
21. Treatment Plan developed and written and signed by patient with SUD counselor. All questions reviewed.
    a. Will use Treatment Planning Template.
22. All Hub & Spoke documents signed along with additional Release of Information forms for other agencies involved with patient care.
23. SUD counselor will case manage all appropriate referrals to community recovery providers for outpatient treatment, intensive outpatient recovery and residential treatment, utilizing county funding, as needed.
24. SUD Counselor schedules initial appointment for Behavioral Health intake.
    a. Appointment schedule through the BH Support person.
    b. If SUD counselor is LMFT, then patient can be scheduled in their schedule.
25. SUD counselor will manage the counseling/group needs of all Phase 3 patients.
26. Individual Counseling sessions for all MAT patients as needed and for those referred by MAT provider/RN.
27. Individual interventions if patient is relapsing or struggling with relapse behaviors, as determined by MAT team. Individual interventions based on UDS results, MAT team following Refill/ Stabilization group.
28. Group sessions as needed per MAT team.
29. Developing and facilitating Refill/Stabilization group curriculum.
30. Developing special groups for patients with specific needs, such as other SUDs, relapse prevention and trauma.
31. SUD counselor will be involved in development and support of Native Recovery at Chapa-De.
32. SUD counselor will participate in Community Opioid Coalitions as determined by MAT team and MAT program manager.
33. 16. SUD counselor will on occasion be going to jails, treatment facilities and hospitals to meet with Chapa-De patients to support their recovery care.
34. SUD counselor will be part of the implementation of the SBIRT process.

**Behavioral Health Therapist MAT Job Description**

1. Biopsychosocial intake for all new MAT patients.
    a. If patient is currently receiving BH services, then update BPS to include OUD and MAT care.
2. Refer for on-going therapy if indicated
3. Refer to psychiatry if patient requires medications
4. Develop and facilitate groups for MAT program
    a. Seeking Safety
    b. Dialectical Behavioral Therapy (DBT)
5. Facilitate weekly Refill/Stabilization Group when indicated
    a. BH topics for education and Recovery Tools
6. Consults with MAT team in monthly case reviews and as needed.

## II. Medication Assisted Treatment Templates 10

1. **Screening** - **Medication Assisted Treatment**

*Note: this screening is specific to patient's current situation and can be done quickly over the phone by any staff member.*

Current Opioid use:
Began opioid use:
Other current drug use (alcohol, methamphetamine, benzodiazepine, cocaine) –
Buprenorphine/naloxone – prescribed or illicit:
Overdoses:
Most recent ER visit:

Current:
Social:
Housed:
Employment:
Income:
Transportation:
Reachable by phone:

Plan:

## 2. MAT Nursing Assessment

**Clinical Summary:**

**Substance Use**
Current opiate use (type, route, amount):

Last use:

Hx of overdose:

Access to Narcan:

Experience with Buprenorphine:

Precipitated withdrawal/side effects:

Last use:

Other substances currently using (type, route, amount):

Are you ready to stop using these substances?

**Substance use history:**
Alcohol: age of first use? Ever a problem? In what way was/is alcohol a problem? Periods of daily or heavy binge drinking? DUIs? Rehabs for alcohol? Last drink?

THC:

Opioids-

Heroin:

Methadone:

Kratom:

Meth:

Cocaine:

Benzos:

Hallucinogens:

Tobacco:

Gambling:

History of SUD treatment (type, duration, sobriety):

Any periods of abstinence not related to tx:

Family hx of SUD:

---

**Medical**

Medical hx:

Current medical problems:

Medications (prescribed, OTC, taking but not prescribed):

Chronic pain:

Birth control:

**Dental:**

Last dental visit:

Refer to dental –

**Psychiatry**

Psych dx:

Current or History of SI:

History of SA/hospitalizations:

Current psych treatment/meds:

Current BH treatment:
---

**Legal**
Any current legal issues including probation:

Hx of legal issues:

CPS involvement:
---

**Motivation**
Why would you like to be in this program?

3 things motivating you to be/stay sober?

Barriers to being in this program:

What type of recovery program are you currently in or interested in?

---

**Trauma and Coping**
ACE:
Other trauma:

What strategies do you currently use to cope with stress?

**Social**:
Housed
Family life:

Drug or alcohol use in household:
Employment/income:
Vehicle/transportation:
---

**Planning**

Education:
Tx agreement signed:
Induction planned:
Referral to tx:
ASAM Score:
Labs done:
Narcan rx:
CURES:
Notes:

### 3. Provider Medical appointment for admission to MAT Program

Age__ M/F presenting with opioid use disorder and co-occurring ___use disorder/ psych conditions with last use of ____at ___ date ____.

S: Patient reports he/she would like to stop using because:
Readiness to change indicator:
O: Vital Signs
COWs:
UDS
A/P: F11.0 Opioid use disorder
-ordered RPR, HIV, HEP panel, g/c
-ordered baseline LFTS
-UDS/EtOH ordered
-Patient admitted into MAT panel
-nurse intake scheduled _____

### 4. Buprenorphine Induction(s) Template

**Home Induction:**

Opioid patient is withdrawing from:
Date/time of last use:

UDS results on day of induction:
COWS:
Cravings for opioid (scale of 0-10)
Does patient have clinic number to call if questions?
Does clinic have number to reach patient?
Instructions given and handout ____
All questions answered _____
Follow-up appointment _____

Refill group appointment _____
Addiction Therapist appointment _____
Additional notes from RN/MD:

**In-Clinic Induction:**

Opioid withdrawing from:
Last reported Use:
UDS:
COWS:
Cravings for Opioid of choice (scale of 0-10)
Time of first dose (usual first dose is 4/1 mg bup/nx SL):

45-60 minutes after first dose:
COWS _____.
Cravings (scale of 0-10) _____.
Side effects:

Time of second dose (usual second dose is 4/1mg bup/nx SL):

Patient ok to return home after 2nd dose if stable with instructions to take 4/1 mg Bup/nx in response to breakthrough withdrawal and then, if any cravings, take 4/1 mg bup/nx at bedtime. In morning, instruct to take bup/nx 8/2mg SL and come for follow-up appointment or call RN for phone follow-up.
Patient scheduled with addiction therapist/behavioral health clinician by end of Induction day.

### 5. Medication Assisted Treatment Induction Follow-Up note

(use this template for Day 1, Day 2, Day 3 etc. following induction)
Date of Induction:
Current Rx'd Bup/Nx Dose:
Breakthrough withdrawal:
Pain level:
Cravings:
Triggers:
Treatment plan:
Next visit:

6. **Recovery Treatment Plan**

CARE TEAM MEMBERS

Primary Care Provider:
BH:
Psychiatry:
MAT TEAM:
Pharmacy:
Clinical Pharmacist:

**Subjective**

History of Present Illness:

Social History:

Recent Opioid Overdoses:

Adverse Childhood Experiences (ACE) Score:

ASAM Level of Care Criteria score:

**Treatment Goals**

Patient Preferences and Functional/Lifestyle Goals:

Barriers to Meeting Goals:

Strategies to Address Barriers:

Discussed with Patient?
Notes:

**Objective**

Allergies: see chart

Active Outpatient Medications (including Supplies): see chart
Problem List: see chart

**MAT Recovery Treatment Plan**

The list below has important Action Steps to help you get the most from your recovery treatment plan:

ACTION STEPS: Reviewed and signed MAT Treatment Agreement

ACTION STEPS: Behavioral Health Intake appointment

ACTION STEPS:

ACTION STEPS:

ACTION STEPS:

**Care Plan Given to Patient __**

## 7. MEDICATION ASSISTED TREATMENT Refill and Stabilization Group

MAT Staff present:

Topics addressed in group:
Patient update:

UDS:

Rx/refill:

Phase:

MD Note:

1 hour was spent with this patient today.

The Medication-Assisted Treatment Stabilization Group meets weekly for refills of prescribed buprenorphine/naloxone (suboxone). Initially, patients receive short prescriptions with 0-1 refills. As the patient stabilizes with correct dose, exhibits adherence to the treatment agreement and engages in treatment, patient progresses through Phase 1 (weekly) to Phase 2 (bi-weekly) to Phase 3 (monthly)
The Refill Stabilization Group also provides opportunity for monitoring and identifying additional needs for care.

Each patient checks in with MAT staff and the group in a general way. RN has assessed the patients prior to group for cravings, side effects and update on participation in treatment. Urine Drug Screen has been submitted and entered in chart prior to group.
MD meets briefly with patient for face-to-face visit.

### 8. MAT Brief Intervention for SUD Counselor

RN or MD issues: _____
Changes: Using ____ relationship ____ housing _____Work
Other changes _____
Cravings _____ measure 0 -10
Triggers (people, places, things) _____
Recommended LOC (ASAM) ___
Interventions (listening, coping strategy practiced) ____
Plan: (appointment, referrals, resources given) _____

**Chronic Pain Patient Care**

## Safe Rx Program

Patient Care
Complete Assessment
Education
Plan of Care

## Screening/Diagnostic tools

DSM-5 Opioid Use Disorder
AUDIT-C
DAST-10

## *Safe Rx*

## *RN Assessment Template*

### Pain

Location;
Onset:
Surgeries:
Pain level 0-10 ranged over a 24-hour period
Pain is worse when:
Pain is least when:
What relieves pain:
Other pain treatments (chiropractor, physical therapy, acupuncture, etc.)
Physical Limitations from living with pain:
Disability:

(*Do the above assessment for each reported chronic pain problem)*

### Opioids

When first prescribed:
Previous opioid rx'd (list all and approximate dates
- Current dosing:
- Is your pain well-managed with this regimen?
- Escalate dose on days of more pain?
- Stretch out to next refill due?
- Run out early?
  - Call provider for refills?
  - Obtain from friends/family/street?

Concerns about pain management?
Overall health goals:
Bell 2019

**Other medications** Hx/current:
Muscle relaxants
Anxiolytics/benzos
Sleep meds

**ED visits r/t pain in past year**

**Substances**
**Alcohol - (Ever a problem? DUI's? Rehabs? If still drinking, does patient drink more for pain and sleep management?**
**Benzos**
**Stimulants**
**Cannabis**
**Opioids**
**Tobacco**

**Other medical issues and treatments:**

**Diet and exercise:**

**Psych:**
Diagnoses/dates dx'd
Current psych meds:
Hx of psych meds.
SA/Si/Hospitalizations

**Education:**
CDC Guidelines for treating pain
Opioid Induced Hyperalgesia (OIH)
Anxiety/benzo connection to long term opioid therapy for chronic pain
Buprenorphine for Pain

**Planning:**
If a substance use disorder is identified, notify provider, add this new SUD dx to problem list.
Does patient need alcohol detox before proceeding with changes?
Does patient have an interest in stopping alcohol use?
Does patient have a responsible support at home to manage a home detox for EtOH?

Med Changes
Written plan
If switching to Buprenorphine:
1. Converting to short-acting opioids
2. Comfort meds for period of withdrawal

3. Bup Start (Induction) plan – clinic or non-clinic
4. If Bup for Pain initiated – start w BuTrans patch

BuTrans is a low but very stable dose so it gives provider opportunity to start low to see how well Buprenorphine is tolerated.

If tapering benzos:

Converting to Librium or phenobarbital – use conversion tables.

*Note: tapering a long-preferred benzodiazepine is more difficult for the patient. Converting to Librium equivalency and then tapering slowly is as comfortable and contributes to the concept of making a change. Weekly Rx also helpful until patient feels confident and committed to this change.*

Informed Consent for Bup for Pain Management

Schedule: Weekly Rx, weekly UDS and scheduled follow-up visits.
The follow-up visits should be as brief as possible

# Buprenorphine for Pain Template

## RN Assessment Template

### Pain

Location of pain:
Onset:
Surgeries:
Pain level 0-10 ranged over a 24-hour period
Pain is worse when:
Pain is least when:
What relieves pain:
Other pain treatments (chiropractor, physical therapy, acupuncture, etc.)
Physical Limitations from living with pain:
Disability:

(*Do the above assessment for each reported chronic pain problem)*

### Opioids

When first prescribed:
Previous opioid rx'd (list all and approximate dates
    Current dosing:
    Is your pain well-managed with this regimen?
    Escalate dose on days of more pain?
    Stretch out to next refill due?
    Run out early?
        Call provider for refills?
        Obtain from friends/family/street?
Concerns about pain management?
Overall health goals:
**Other medications** Hx/current:
Muscle relaxants
Anxiolytics/benzos
Sleep meds

**ED visits r/t pain in past year**

**Substances**
Alcohol - (Ever a problem? DUI's? Rehabs? If still drinking, does patient drink more for pain and sleep management?
Benzos
Stimulants
Cannabis

Bell 2019

Opioids
Tobacco

**Other current medical issues and treatments:**

**Diet and exercise:**

**Psych:**
Diagnoses/dates dx'd
Current psych meds:
Hx of psych meds:
SA/Si/Hospitalizations

Social:
Support:
Housed:
Income:
Vehicle:

Identified Barriers to care:

Plan:

1. Always this care with Urine Drug Screen.
2. Convert any long-acting opioids to short-acting equivalents. If a long-acting is converted to short-acting opioid then stay with it for 5-7 days before starting withdrawal and BUP start.
3. Plan Buprenorphine start (induction) with instructions to stop all opioids for 24 hours.
    a. Comfort meds for withdrawal phase. Some suggestions below – Provider might have another comfort med protocol.
        i. Ativan 1 mg BID for 1 day #2
        ii. Gabapentin 100 mg 1-3 caps QID prn for anxiety and sleep for 3 days # 40
        iii. Clonidine 0.1 mg (optional – assess for hypotension risk) #2
        iv. Ibuprofen 800 mg TID prn for aches
        v. Zofran 4 mg as directed prn nausea
        vi. Imodium 2 mg prn as directed for diarrhea
4. Start with BuTrans patch to assess for tolerance to Bup and for side effects.
    a. BuTrans dosing based on most recent opioid medications
    b. Add Buprenorphine 2 mg tab SL (take ½ tab SL BID initially) as needed to manage withdrawal and pain
    c. Titrate to eliminate withdrawal and to improve pain management.
5. Assess daily and adjust dose as needed

Once patient is stable, refer back to provider for ongoing Bup for Pain care.

Bell 2019

## III. MAT Patient Handouts

## 1. Buprenorphine/Naloxone (Suboxone) Pre-Induction and Home Induction Instructions

Welcome to the Medication Assisted Treatment with Buprenorphine (suboxone) Program. The pre-induction and home induction process is important for a safe and comfortable start of the medication.

Your induction date/time/ location _____.

You are coming off of (opioid) _____.

You will need to **STOP TAKING or USING all opioids** after _____(day) _____(time).

You are also required to abstain from all alcohol, benzodiazepines and illicit drugs.

The reason you need to be in withdrawal from all opioids is that the opioid receptors in your brain and body will soon be occupied by buprenorphine. If there are still opioids in your system, there is a risk for precipitated withdrawal. ***Precipitated withdrawal*** is an intense withdrawal, which can last for many hours and even days.

If you and your provider have planned for a ***home induction***, you will have met with provider and submitted urine drug screen (UDS) and reviewed the plans for a successful comfortable induction.

For your comfort during your opioid withdrawal, your provider might prescribe:

_____ Imodium for diarrhea

_____ Clonidine for withdrawal symptoms

_____ Hydroxyzine for nausea, anxiety and sleep

_____ Gabapentin for withdrawal symptoms, anxiety and sleep

_____ Ibuprofen for aches and pain

_____ Other

Please read the instructions for the proper doses on the bottles of these medications, as they will be ordered specific to your expected withdrawal.

*On day of induction, you will follow the additional directions provided to you by your provider.*

Some initial **common side effects**:

Drowsiness, light-headedness, nausea, mild headache, urinary retention, constipation. These are usually mild side effects and some people do not experience any. Side effects such as sweating, constipation and muscle twitching might persist. Let us know of any side effects that you are experiencing. Please drink extra fluids, take ibuprofen or Tylenol for headache, stay in touch with your MAT team, keep your appointments and take care of your recovery. It is important that your provider knows about any side-effects you might be having.

Your MAT RN will be following your Home Induction daily for the first 3 days via telephone or in-clinic visits.

Bell 2019

**2. Buprenorphine/Naloxone (Suboxone) Pre-Induction Instructions for <u>In-clinic Induction</u>**

Welcome to our Medication Assisted Treatment with Buprenorphine (suboxone) Program. The pre-induction process is important for a safe and comfortable start of the medication.

Your induction date/time/ location _____.

You are coming off of (opioid) _____.

You will need to **STOP TAKING or USING all opioids** after _____(day) _____(time).

You are also required to abstain from all alcohol, benzodiazepines and illicit drugs.

The reason you need to be in withdrawal from all opioids is that the opioid receptors in your brain and body will soon be occupied by buprenorphine. If there are still opioids in your system, there is a risk for precipitated withdrawal. ***<u>Precipitated withdrawal</u>*** is an intense withdrawal, which can last for many hours and even days.

On the day of your in-clinic induction, please plan to be here for up to three hours. We will require a Urine Drug Screen and will measure your opioid withdrawal symptoms.

For your comfort during your opioid withdrawal, your MD has prescribed:

_____ Imodium for diarrhea

_____ Clonidine for withdrawal symptoms

_____ Hydroxyzine for nausea, anxiety and sleep

_____ Gabapentin for withdrawal symptoms, anxiety and sleep

_____ Ibuprofen for aches and pain

_____ other

Please read the instructions for the proper doses on the bottles of these medications, as they will be ordered specific to your expected withdrawal.

*On day of induction, you will submit Urine Drug Screen, meet with Nurse Case Manager for evaluation of your withdrawal symptoms. When you are ready to start buprenorphine (suboxone), you will pick up your prescribed first dose of buprenorphine/naloxone from the clinic pharmacy. You will then return to waiting room where your RN will expect to find you to start medication phase of induction process. Please do not open the bottle and do not take the medication. You will be taking the first two doses in the clinic once your nurse and MD have determined that it is safe to start the buprenorphine (suboxone).*

Some initial **common side effects**:

Drowsiness, light-headedness, nausea, mild headache, urinary retention, constipation. These are usually mild side effects and some people do not experience any. Side effects such as sweating, constipation and muscle twitching might persist. Let us know of any side effects that you are experiencing. Please drink extra fluids, take ibuprofen or Tylenol for headache, stay in touch with your MAT team, keep your appointments and take care of your recovery. It is important that your provider knows about any side effects you might be having.

### 3. Buprenorphine for Pain *Start Instructions* for Patient

**Your Provider will be initiating** a Buprenorphine for Pain trial for management of your chronic pain. The pre-start and home Bup Start process is important for a safe and comfortable start of the medication.

Your induction date/time/ location _____.

You are coming off of (opioid) _____.

You will need to **STOP TAKING all opioids** after _____(day) _____(time).

You are also required to abstain from all alcohol, benzodiazepines and illicit drugs.

The reason you need to be in withdrawal from all opioids is that the opioid receptors in your brain and body will soon be occupied by buprenorphine. If there are still opioids in your system, there is a risk for precipitated withdrawal. ***Precipitated withdrawal*** is an intense withdrawal, which can last for many hours and even days.

If you and your provider have planned for a ***buprenorphine start at home***, you will have met with provider and submitted urine drug screen (UDS) and reviewed the plans for a successful comfortable buprenorphine start.

For your comfort during your opioid withdrawal, your provider might prescribe:

_____ Imodium for diarrhea

_____ Clonidine for withdrawal symptoms

_____ Ondansetron as needed for severe nausea

_____ Hydroxyzine for nausea, anxiety and sleep

_____ Gabapentin for withdrawal symptoms, anxiety and sleep

_____ Ibuprofen for aches and pain

_____ Other

Please read the instructions for the proper doses on the bottles of these medications, as they will be ordered specific to your expected withdrawal.

*On day of buprenorphine start, you will follow the additional directions provided to you by your provider.*

Some initial **common side effects**:

Drowsiness, light-headedness, nausea, mild headache, urinary retention, constipation. These are usually mild side effects and some people do not experience any. Side effects such as sweating, constipation and muscle twitching might persist. Let us know of any side effects that you are experiencing. Please drink extra fluids, take ibuprofen or Tylenol for headache, stay in touch with your MD/RN keep your appointments. It is important that your provider knows about any side-effects you might be having.

Your RN will be following your Buprenorphine for Pain Management daily for the first 3 days via telephone or in-clinic visits

**4. Medication-Assisted Treatment Program Structure**

**Refill/Stabilization groups**: Every new patient is initially on short prescriptions of Buprenorphine such as a 7-day supply, with or without refills. This gives your Medication Assisted Treatment team the opportunity to see you frequently in the early weeks of your recovery so that we can give you plenty of support. The doctor will refill your medications at this group; there will also be behavioral health staff if you need to start therapy. We will also cover many topics about recovery and the medication you are taking. Refill/Stabilization Group will also give us an opportunity to make sure that the Treatment plan for long term recovery support is effective or if your Treatment plan requires re-assessment and adjustment.
Please see handout on *MAT Phase Program*.
**The weekly MAT group is every _____ from _____ am. Please come ½ hour prior to start of group** so the Medical Assistant can collect urine drug screen prior to the group. Every admitted MAT patient will be scheduled for a Biopsychosocial intake or update, if you are already receiving behavioral health care at Chapa-De.
**Individual Appointments:** Additional sessions with Addictions nurse, MD or behavioral health therapist will be scheduled based on assessed need and request.
**Maintenance visits:** Once stable on correct dose, treatment agreement adherence established, and behavioral health and treatment (recovery) needs have been identified and are in place, you will be scheduled for routine visits with your buprenorphine (suboxone) provider.
**Relapse:** Addiction is a chronic progressive relapsing disease. We understand that relapse can occur. If this does happen we will work with the individual to provide increased support and monitoring until they are stable. Relapse includes resumption of use of alcohol, benzodiazepines, methamphetamines and opioids.

If you have any questions or concerns, please call our MAT RN Case Manager at: _____.

**5. Medication Assisted Treatment**

**Our Phased Program**

**Phase I**

- Weekly prescriptions for buprenorphine/naloxone.
- Weekly Urine Drug Screens – *must have minimum of 4 consecutive * NEG drug screens.*
- Weekly attendance at Refill/Stabilization Group.
- Complete Behavioral Health intake.
- Adhere to MAT Treatment Agreement and Individual Treatment Plan for other identified health and recovery needs – referral to Outpatient Treatment in community.

Patient can request to be moved into Phase II and MAT team will assess on individual basis.

**Phase II**

- Bi-weekly prescriptions, refill/stabilization group attendance and Urine Drug Screens.
- Ongoing adherence to individual treatment plan.

Patient can request for MAT team to assess for move to Phase III after 1 month.

**Phase III**

- Monthly: appointment with your Primary Care Provider, if waivered to prescribe buprenorphine, or MAT MD.
- Monthly attendance at Phase III group or Individual counseling.
- Monthly Urine Drug Screens.
- Monthly buprenorphine prescriptions.

Patient can return to Phase I for added support and monitoring at any time at patient request and/or recommendation of MD and MAT team.

***NEG Urine Drug Screen must be POS for BUP, NEG for all drugs except those prescribed. THC is assessed by MD on individual basis.*

## 6. Medication-Assisted Treatment (MAT) with BUPRENORPHINE/NALOXONE (SUBOXONE) TREATMENT AGREEMENT, INFORMED CONSENT and RECOVERY TREATMENT PLAN

**Patient Name:** **MR#:**

I am requesting that my Chapa-De Indian Health Medication-Assistant Treatment team initiate buprenorphine/naloxone (Suboxone) treatment for opioid use disorder. I freely and voluntarily agree to accept this MAT Treatment Agreement and Informed Consent, as follows:

1. **Timeliness.** I agree to keep, and be on time for all my scheduled MAT appointments including Phase 1/Phase 2 required groups, provider visits, Behavioral Health appointments and individual counseling.
2. **Courtesy**. I agree to conduct myself in a courteous manner at all times when at Chapa-De Indian Health clinics.
3. **Required Urine Drug Screen (UDS)**. I agree to submit to Urine Drug Screens whenever required by my doctor, this includes random and scheduled drug screens.
4. **Pill/film counts**. I agree to bring in my bottle of buprenorphine/naloxone (Suboxone) for random pill or strip counts within 24 hours that this request is made by my MAT provider. I understand that this medication and all prescribed controlled medications must be kept in the bottle in which they came from the pharmacy. *This is required by law.*
5. **Do not come to clinic under the influence.** I agree not to arrive at the office intoxicated or under the influence of drugs. If I do, the staff will not see me and I will not be given any medication until my next scheduled appointment.
6. **Diversion.** I agree not to sell, share, trade or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and could result in my treatment being terminated.
7. **Refills at scheduled times only.** I agree that my medication (or prescriptions) can only be given to me at my regular office or group visits. Any missed office or group visits could result in my not being able to get medication until the next scheduled visit.
8. **Responsibility and Lost/Stolen Buprenorphine**. I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place. I can request a lockbox from the

MAT Nurse Case Manager. I agree that lost medication will not be replaced until I have made a police report, submit a UDS and meet with RN.

9. **Benzodiazepines and Alcohol use.** I agree not to obtain medications from any physicians, pharmacists, or other sources without informing my treating physician. I understand that mixing buprenorphine/naloxone (Suboxone) with other medications, especially benzodiazepines and alcohol, can be dangerous. I also understand that I should not take non-prescribed benzodiazepines or drink alcohol while taking Suboxone as the combination could produce excessive sedation or impaired thinking or other medically dangerous events.
10. **Stimulant use.** I understand that continuing use of any illicit drugs such as methamphetamines and cocaine will require increased treatment such as intensive outpatient (IOP) or residential treatment.
11. **Take Suboxone as prescribed**. I agree to take my medication as the doctor has prescribed, and not to increase or decrease my Suboxone dose without first consulting with my Provider. If I decide to taper off of suboxone I will do so under medical supervision.
12. **Recovery/Treatment.** I understand that medication alone is not sufficient treatment for my disease and I agree to participate in the recommended Phased MAT program which provides patient education, recovery tools and support, to assist me in my recovery.
13. **Willingness to go to higher Level of Care.** *I agree that if at any point in this program, it is recommended by my doctor and MAT team that I enroll in Outpatient Treatment, Intensive Outpatient Treatment or Residential Treatment that I will do so. I may also be referred to daily buprenorphine dosing and intensification of care at the Aegis Hub. I understand that my success in recovery depends on my willingness to engage in the recovery process.*
14. **Other options for care**. I understand that there are alternatives to buprenorphine/naloxone treatment for opioid addiction, of which not all are provided at this clinic, including:
    a. medical withdrawal and medication-free treatment
    b. Injectable naltrexone treatment
    c. methadone treatment
    d. My Provider will discuss these with me and provide a referral if I request this.
15. **Reachable by phone.** *I agree to keep all contact numbers up to date so that my providers can contact me quickly. I will set my cell phone for voicemail messages. If my numbers change, I am required to inform the clinic.*

16. **Confidentiality.** I agree to maintain the *absolute confidentiality* of all Chapa-De patients in our Medication Assisted Treatment Program at all times. This includes all 12 step groups, outside treatment settings such as CoRR or Common Goals, all public places and in the clinic.
17. **Discharge.** I understand that my buprenorphine/naloxone treatment may be discontinued and I may be discharged from the clinic if I violate this agreement.
18. My **Recovery Treatment Plan** to which I agree to participate in and complete (patient specific: MAT Phase expectations, referral to Outpatient Treatment, Behavioral Health, etc.):

_____

_____

_____.

_____ _____

Patient's Signature Date

_____ _____

Witness Signature Date

## IV. MAT Curriculum for Refill/Stabilization Group

1. **Medication Assisted Treatment Group Format/Draft**

**I. Intro**

- Quote – encourage patients to bring quotes. Quote should be relevant to recovery topic of the day.
- Mindfulness - 5 minute guided
- Announcements
- Agreement on group rules – Have a patient in group read the group rules each week.
- Introductions/check-ins – different themes (i.e. “what brought me joy this past week”)

(10 minutes)

**II. Educational Topics (see example curriculum)**
(10 minutes)

III. **Recovery Tools (see example curriculum)**
(40 minutes)

**2. MAT Curriculum rotating every 8 weeks (example)**

1. Life Management
    a. Basic Need: shelter, food, income vehicle, support -
    b. Goal Setting priorities – have handout
    c. Jobs/work
    d. Job interviews and resume writing
    **e.** Setting a new course; dreams, hopes, great ideas
    **f.** Healthy Living
        **i.** Diet
        **ii.** Exercise
        **iii.** Sleep
        **iv.** Hydration
        **v.** Tobacco
2. Recovery 101
    a. Principles of Recovery (12 Step) have handout
    b. Resentment/forgiveness –have handout
    c. Values – have handout
    d. Phases of MAT -
    e. Priorities in Recovery –
    f. Bup and other substances
3. Relationships
    a. Boundaries – have handout
    b. Communication – have handout
    c. Parenting –have handout
    d. Non-Violent Communication -
4. Stress Management
    a. Mindfulness Workshop
    b. Self-Compassion –have handout
    c. Wellness: outdoor activities, diet, sleep, exercise -
    d. Autonomic Nervous System -
5. Creativity and Healing
    a. Native Recovery
        i. White Bison
        ii. Red Road to Wellbriety
    b. Potential
    c. Arts
        i. Poetry
        ii. Storytelling
        iii. Music

iv. Art

d. Cultivating an authentic spirituality
    i. Four Agreements

6. Mental Health in Recovery
    a. Managing Depression
    b. Managing Anxiety
    c. Bipolar DO
    d. ADHD
    e. Trauma/resilience

7. CBT and Emotional Health
    a. Thought Traps – have handout
    b. ABC Behavioral worksheet –have handout
    c. Returning to Feelings – have handout
    d. Life Stages – Erikson's Stages of Psychosocial Development/Maslow's Hierarchy of Needs –have handout
    **e.** Emotional Intelligence/Social Intelligence
8. Other/Wild Card week
    a. Group Processes
    b. Special guests – Behavioral Health or visiting teachers

**Education topics**

c. Bup/Brain power point
d. MAT Treatment Agreement
e. Side Effects
f. UDS
g. Taking care of your prescriptions
h. Legal service
i. MD Q&A
j. Coming off of buprenorphine
k. Tobacco Cessation
l. AOD
    i. Cannabis
    ii. Alcohol
    iii. Benzodiazepines and sedative hypnotics
    iv. Methamphetamine and cocaine

**3. MAT Pre-group Check-In**

**Name: _____**

**Buprenorphine Symptoms:**

0 = Low 10 = High

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Cravings:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Side Effects:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Pain:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Constipation:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Depression**: | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Anxiety:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Sleep:** poor fair good very good

**Triggers I encountered this week: _____**

**_____**

**What I did for my recovery this week: _____**

**_____**

**Other Concerns: _____**

**Time Constraints for group today: _____**

**_____**

**Need to see the Dr. individually:**

**UDS: AMP BAR BUP BZO COC MET MDMA MTD OPI OXY THc**

**MAT Pre-group Check-In**

**Name: _____**

**Buprenorphine Symptoms:**

0 = Low 10 = High

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Cravings:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Side Effects:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Pain:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Constipation:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Depression**: | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Anxiety:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Sleep:** poor fair good very good

**Triggers I encountered this week: _____**

**_____**

**What I did for my recovery this week: _____**

**_____**

**Other Concerns: _____**

**Time Constraints for group today: _____**

**_____**

**Need to see the Dr. individually:**

**UDS: AMP BAR BUP BZO COC MET MDMA MTD OPI OXY THC**

### 4. MAT Refill and Stabilization Group

*TEMPLATE for EHR*

MAT Staff present:

Topics addressed in group:
Patient update:

UDS:

Interventions done by MAT Staff:

Phase:

MD Note:

1 hour was spent with this patient today.

The Medication-Assisted Treatment Stabilization Group meets weekly for refills of prescribed buprenorphine/naloxone (suboxone). Initially, patients receive short prescriptions with 0-1 refills. As the patient stabilizes with correct dose, exhibits adherence to the treatment agreement and engages in treatment, patient progresses through Phase 1 (weekly) to Phase 2 (bi-weekly) to Phase 3 (monthly)
The Refill Stabilization Group also provides opportunity for monitoring and identifying additional needs for care.

Each patient checks in with MAT staff and the group in a general way. RN has assessed the patients prior to group for cravings, side effects and update on participation in treatment. Urine Drug Screen has been submitted and entered in chart prior to group.
Provider meets with each patient for brief face-to-face visit.

***Medication-Assisted Treatment Group Rules***

- We arrive on time for group
- We are respectful to ourselves and others
- We listen
- We turn off our cell phones
- We avoid “cross talk”
- We avoid giving advice
- We use respectful language at all times – please no swearing
- We do not discuss our buprenorphine dose in group
- Confidentiality and anonymity –

  “Who we see here, what we hear here, stays here”

## RESILIENCE Questionnaire

**Please circle the most accurate answer <u>under</u> each statement:**

**1. I believe that my mother loved me when I was little.**

Definitely true Probably true Not sure Probably Not True Definitely Not True

**2. I believe that my father loved me when I was little.**
Definitely true Probably true Not sure Probably Not True Definitely Not True
**3. When I was little, other people helped my mother and father take care of me and they seemed to love me.**
Definitely true Probably true Not sure Probably Not True Definitely Not True
**4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.**
Definitely true Probably true Not sure Probably Not True Definitely Not True
**5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.**
Definitely true Probably true Not sure Probably Not True Definitely Not True
**6. When I was a child, neighbors or my friends' parents seemed to like me.**
Definitely true Probably true Not sure Probably Not True Definitely Not True
**7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.**
Definitely true Probably true Not sure Probably Not True Definitely Not True
**8. Someone in my family cared about how I was doing in school.**
Definitely true Probably true Not sure Probably Not True Definitely Not True
**9. My family, neighbors and friends talked often about making our lives better.**
Definitely true Probably true Not sure Probably Not True Definitely Not True
**10. We had rules in our house and were expected to keep them.**
Definitely true Probably true Not sure Probably Not True Definitely Not True
**11. When I felt really bad, I could almost always find someone I trusted to talk to.**
Definitely true Probably true Not sure Probably Not True Definitely Not True
**12. As a youth, people noticed that I was capable and could get things done.**
Definitely true Probably true Not sure Probably Not True Definitely Not True
**13. I was independent and a go-getter.**
Definitely true Probably true Not sure Probably Not True Definitely Not True
**14. I believed that life is what you make it.**
Definitely true Probably true Not sure Probably Not True Definitely Not True

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely True" or "Probably True"?) _____
Of these circled, how many are still true for me? _____

# Sources

- Job descriptions, Electronic Health Record Templates, Patient Handouts, Refill/Stabilization Group Curriculum developed with and for Chapa-De Indian Health MAT team.

- Pre-Group Check-in first developed by Dr. Neal Mehra and MAT Team at El Dorado Community Health Center

- Resilience Questionnaire:

http://www.traumainformedcareproject.org/resources/RESILIENCE_Questionnaire.pdf

*This questionnaire was developed by the early childhood service providers, pediatricians, psychologists, and health advocates of Southern Kennebec Healthy Start, Augusta, Maine, in 2006, and updated in February 2013. Two psychologists in the group, Mark Rains and Kate McClinn, came up with the 14 statements with editing suggestions by the other members of the group. The scoring system was modeled after the ACE Study questions. The content of the questions was based on a number of research studies from the literature over the past 40 years including that of Emmy Werner and others. Its purpose is limited to parenting education. It was not developed for research.*