



CRMHC Buprenorphine Clinic

Abuse of opioids is a national problem of unprecedented proportion that can ultimately be tracked back both to the rising abuse of prescription medications and the easy availability of heroin. In Connecticut, heroin-related deaths have increased 87% from 2012 to 2014. Buprenorphine can help treat addiction to opioid drugs, including heroin and narcotic painkillers. Because it targets the same places in the brain that opioids do, it prevents or reduces symptoms of withdrawal, including cravings, without the same high as other opioid drugs. Buprenorphine can cause side effects similar to other opioids and also can cause physical dependence.

Definitions:

Generic Name: Buprenorphine and Naloxone

Brand Name: Suboxone

Induction: Protocol to initiate Buprenorphine, involving titration of dose while observing client for 2-4 hours or longer

Maintenance: On-going treatment with Buprenorphine

Program Requirements:

1. **Eligibility Criteria:** Clients who are 18 years or older, who have a co-occurring severe mental illness and Opioid Dependence and who are current clients of CRMHC
2. **Exclusionary Criteria:** Clients who have serious, uncontrolled medical conditions in which the use of Buprenorphine would be contraindicated.
3. **Factors to be considered** and addressed prior to starting Buprenorphine treatment: Alcohol or benzodiazepine dependence, pain syndrome requiring opioid analgesics, homelessness, coexisting stimulant abuse/dependence and/or lack of a support network
4. **Program Requirements:** A minimum of monthly random urine toxicology screening, random breath alcohol determinations and monthly visits with the prescribing physician. Additionally, every other week counseling and participation in two recovery groups per week

Referral Process:

1. Clinical teams and prescribers will identify those clients who could benefit from Buprenorphine treatment and who can comply with the program requirements
2. A referral shall be submitted, along with pertinent clinical information, to the Buprenorphine Review Committee (BRC). The BRC shall consist of a minimum of one certified physician and one clinical administrator.
3. The BRC will review all referrals and make recommendations for admitting to treatment and/or identifying barriers that should be resolved in order to provide the best opportunity for success. If admitted, the BRC will determine where and when induction should occur and identify a prescriber for maintenance.
4. All associated testing will be provided by trained nursing staff and/or certified physicians.
5. Testing will occur at 51 Coventry Street. Induction may occur at Blue Hills or 51 Coventry Street

**CAPITOL REGION MENTAL HEALTH CENTER
REFERRAL FOR BUPRENORPHINE CLINIC**

Client Name: _____ MPI Number: _____ Date: _____
Team: _____ Prescriber: _____ Primary Clinician: _____

Brief Biopsychosocial Summary:

Living situation/sustainability: _____

Financial situation/sustainability: _____

Support Network: _____

Substance Use History: _____

History of Inpatient admissions (detox, substance use and psychiatric): _____

Legal History: _____

Motivation to change: _____

COMMITTEE RECOMMENDATIONS:

Members: _____ Date: _____

Approved Deferred – see recommendations below Not appropriate at this time

Recommendations:

Inpatient Detox & Outpatient Induction Continue Buprenorphine Seek other MET
 Not appropriate at this time – see Considerations to be addressed below

Rationale/Considerations to be addressed:

Signature

Date

**CAPITOL REGION MENTAL HEALTH CENTER
OPERATIONAL POLICY AND PROCEDURE**

CHAPTER 11:	CLINICAL
Section :	Medication & Prescribing
Policy: 5.17	Treating with Buprenorphine
Reviewed Date:	
Revised Date:	5/4/2016
EMC Approval Date:	5/10/2016
Effective Date:	5/10/2016

Purpose: To establish a CRMHC Buprenorphine Clinic that will provide an alternative, optional treatment for clients suffering from opioid addiction and a co-occurring severe and persistent mental illness that is safe and effective and conforms to all regulatory requirements.

Policy:

Opioid Dependence has resulted in significant rates of mortality and morbidity. Best practice supports the efficacy of opiate agonist treatment. In order to improve services, CRMHC has established a Buprenorphine Clinic that will provide buprenorphine (Buprenorphine) to clients of CRMHC who carry a diagnosis of Opioid Dependence and who meet eligibility requirements.

Buprenorphine will only be prescribed by a Medical Doctor of CRMHC certified to prescribe Buprenorphine.

Procedure:

1. **Eligibility Criteria:** Clients who are 18 years or older, who have a co-occurring severe mental illness and Opioid Dependence and who are current clients of CRMHC, may be eligible for Buprenorphine services.
2. **Exclusionary Criteria:** Clients who have serious, uncontrolled medical conditions in which the use of Buprenorphine would be contraindicated. Clients who are pregnant or seeking to become pregnant may be excluded as indicated.
3. **Factors to be considered** and addressed prior to starting Buprenorphine treatment: Alcohol or benzodiazepine dependence, pain syndrome requiring opioid analgesics, homelessness, coexisting stimulant abuse/dependence and/or lack of a support network.
4. **Program Requirements:** A minimum of: monthly random urine toxicology screening, random breath alcohol determinations and monthly visits with the prescribing physician. Additionally, every other week counseling and participation in recovery groups,
5. **Induction** – initially, all inductions will be conducted at Blue Hills or another accredited facility.
6. **Referral** – Clients will be referred to the Buprenorphine Clinic by their clinical team and/or intake via the “Referral for Buprenorphine Treatment” form (attached).
7. **The Clinic** – the clinic is located at 51 Coventry Street.
 - a. All clients will be educated about Buprenorphine and the clinic requirements and will sign informed consent to treat as well as any necessary releases of information.
 - b. All treatment and associated testing will be provided by a medical doctor certified in Buprenorphine and/or trained direct care nurses.
 - c. Urine toxicology screens will be collected at baseline and at a minimum of monthly thereafter.
 - d. Standardized tests for opiates (morphine, codeine, hydrocodone, hydromorphone), cocaine metabolites, amphetamines, benzodiazepines and methadone/methadone metabolites will be utilized as indicated.

- e. The originating clinical team will continue to work with the client and will carry the client on their caseload for purposes of therapy and treatment planning.
- 8. **The Pharmacy** – Ongoing prescriptions for Buprenorphine will be provided through the Medicine Shoppe Pharmacy
- 9. **Record Keeping** – A Buprenorphine clinic census will be maintained on a secure data base in order to ensure an accurate count and in keeping with regulatory requirements. Prescribers will enter information into the secure data base.
- 10. **Discharge** – while treatment retention is a primary goal, discharge shall be initiated when the client has gone thirty (30) days without Buprenorphine. Reasons for discharge shall include voluntary discontinuation of care including a pattern of no-shows, relocation and referral to a higher level of care and/or diversion.

CAPITOL REGION MENTAL HEALTH CENTER OPIATE WITHDRAWAL/FLOW SHEET

PATIENT NAME _____ MPI# _____

Print

ADMISSION DATE: _____

Clinical Institute Narcotic Assessment (CINA)	DATE																	
	TIME																	
PULSE RATE: Write in value																		
BLOOD PRESSURE: Write in value																		
TEMPERATURE: Write in value																		
RESPIRATION: Write in value																		
NAUSEA OR VOMITING: Ask "Do you feel sick to your stomach or have you vomited since last observation?"																		
GOOSE FLESH: Observe 0=No goose flesh visible; 1=Occasional goose flesh but not elicited by touch, not permanent; 2=Prominent goose flesh in waves and elicited by touch; 3=Constant goose flesh over flesh and arms																		
SWEATS: Observe 0= No sweat visible; 1= Barely perceptible sweating, palms moist; 2= Beads of sweat obvious on forehead; 3= Drenching sweats																		
RESTLESSNESS: Observe 0= Normal activity; 1= Somewhat more than normal activity, moves legs up & down, shifts positions occasionally; 2= Moderately fidgety & restless, shifting positions frequently; 3= Gross movements most of the time or constantly																		
HAND TREMOR: Arms extended & fingers spread apart. Observe 0= No tremor; 1= Not visible but can be felt fingertip to fingertip; 2= Moderate with patient's arms extended.																		
LACRIMATION: Observe 0= No lacrimation; 1= Eyes watering, tears at corner of eyes																		
NASAL CONGESTION: Observe 0= No nasal congestion of sniffing; 1= Frequent sniffing; 2= Constant sniffing with watery discharge																		
YAWNING: Observe 0= No yawning; 1= Frequent yawning 2= Constant uncontrolled yawning																		
ABDOMINAL CHANGES: Ask "Do you have any pain in your abdomen?" 0= No abdominal complaints, normal bowel sounds; 1= Reports waves of abdominal crampy pain; 2= Reports crampy abdominal pain, diarrheal movements, active bowel sounds.																		
CHANGES IN TEMPERATURE: Ask "Do you feel hot or cold?" 0= No report of temperature change; 1= Reports feeling cold, hands cold and clammy to touch.																		
MUSCLE ACHES: Ask "Do you have any muscle cramps?" 0= No muscle aching reported. Arm and neck muscles soft at rest; 1= Mild muscle pains; 2= Reports severe muscle pains, muscles of legs, arms and neck in constant state of pain.																		
PUPIL REACTION: N= Normal; S= Sluggish; F= Fixed																		
PUPIL DILATION: Write appropriate size in column																		
TOTAL																		

SCORING: 0-11 = MILD / 12-24 = MODERATE/ 25-30 = SEVERE

Nurse Rater's Initials & Signature

Nurse Rater's Initials & Signature

**Capitol Region Mental Health Center
Suboxone/Subutex Treatment Contract**

Date: _____

I, _____, agree to participate in the Capitol Region Mental Health Center Suboxone/Subutex treatment protocol.

This protocol involves the following:

Once to twice weekly drug tests as determined by the doctor. _____
Initials

Mandatory participation in substance abuse group and/or individual treatment as defined by:

Group treatment (_____) _____ times a week _____
Initials

Individual treatment (_____) _____ times a week _____
Initials

Attendance at all appointments with Dr. _____.

Attendance at all appointments with Outpatient Clinician _____.

Any changes in this agreement will require the consent of the client, Outpatient Clinician, and the Psychiatrist before any changes are implemented.

I understand that failure to comply with any part of this agreement may result in termination of Suboxone/Subutex treatment.

Client Signature/Date

Outpatient Clinician Signature/Date