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

Rev 5/4/16
<table>
<thead>
<tr>
<th>Client Name:</th>
<th>MPI Number:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Team:</td>
<td>Prescriber:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary Clinician:</td>
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</tbody>
</table>

### 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
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#_______________________**

**ADMISSION DATE: __________________________**

<table>
<thead>
<tr>
<th>Clinical Institute Narcotic Assessment (CINA)</th>
<th>DATE</th>
<th>TIME</th>
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</thead>
<tbody>
<tr>
<td>PULSE RATE: Write in value</td>
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<tr>
<td>BLOOD PRESSURE: Write in value</td>
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<tr>
<td>TEMPERATURE: Write in value</td>
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<tr>
<td>RESPIRATION: Write in value</td>
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<tr>
<td>NAUSEA OR VOMITING: Ask “Do you feel sick to your stomach or have you vomited since last observation?”</td>
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<tr>
<td>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</td>
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</tr>
<tr>
<td>SWEATS: Observe 0= No sweat visible; 1= Barely perceptible sweating, palms moist; 2= Beads of sweat obvious on forehead; 3= Drenching sweats</td>
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<tr>
<td>RESTLESSNESS: Observe 0= Normal activity; 1= Somewhat more than normal activity, moves legs up &amp; down, shifts positions occasionally; 2= Moderately fidgety &amp; restless, shifting positions frequently; 3= Gross movements most of the time or constantly</td>
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<tr>
<td>HAND TREMOR: Arms extended &amp; fingers spread apart. Observe 0= No tremor; 1= Not visible but can be felt fingertip to fingertip; 2= Moderate with patient’s arms extended.</td>
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<tr>
<td>LACRIMATION: Observe 0= No lacrimation; 1= Eyes watering, tears at corner of eyes</td>
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<tr>
<td>NASAL CONGESTION: Observe 0= No nasal congestion of sniffing; 1= Frequent sniffing; 2= Constant sniffing with watery discharge</td>
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<tr>
<td>YAWNING: Observe 0= No yawning; 1= Frequent yawning; 2= Constant uncontrolled yawning</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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<tr>
<td>PUPIL REACTION: N= Normal; S= Sluggish; F= Fixed</td>
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<tr>
<td>PUPIL DILATION: Write appropriate size in column</td>
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</tbody>
</table>

**TOTAL**

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

Nurse Rater’s Initials & Signature

Nurse Rater’s Initials & Signature

CRMHC/New 2016
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. __________

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

Group treatment (_________) ______ times a week __________

Individual treatment (_________) ______ times a week __________

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