

PRINCE WILLIAM COUNTY COMMUNITY SERVICES SUBOXONE PROTOCOL CLIENT AGREEMENT

I am seeking help from Prince William County Community Services (CS) for my dependence on opiates, wanting to live a sober and more productive life. To that end, I voluntarily agree to the terms of this treatment agreement. I understand that abstinence from all illegal or inappropriate substances of abuse is expected while I participate in the outpatient Suboxone Treatment Protocol. By placing my initials in front of each item below, I am indicating that I have read the item and that I understand it and agree to it.

_____ 1. I will cooperate in **providing information about all medical conditions and drug and alcohol use** to determine whether I am appropriate for the Suboxone Protocol. If appropriate for the program, I will be given a start date for my treatment to begin.

_____ 2. I will **sign a Release of Confidential Information** allowing contact with **all** other healthcare providers, and will notify CS staff if I am seen by another provider.

_____ 3. I will cooperate in **providing random urine screens** while in the program to reinforce my desire to remain abstinent from illegal or inappropriate substances of abuse. **I will provide an observed urine if requested.** Tampering with specimens or providing false specimens will result in being immediately tapered off the medication. My honest cooperation is essential to ensure my safety.

_____ 4. I understand that urine screen results are the most objective measurement of drug use available to the CS staff. **Positive drug screens will be treated as positive and negative Suboxone screens will indicate I am not taking my medication as prescribed.** The CS Suboxone doctor and counselors will take appropriate action based on my on site urine screen results. However, if I wish to dispute a urine result, I will need to pay for our lab to run a GC/MS confirmation test, which is costly.

_____ 5. I understand that for my safety, **the CS Suboxone doctor must review and approve all medications.** I will not take any other prescribed medications or over the counter medications until I have cleared the medication with the CS Suboxone doctor. **I understand that deaths have occurred when people taking Suboxone also used other benzodiazepines such as Valium, Xanax, Ativan or Klonopin.**

_____ 6. I understand **my prescription record will be regularly reviewed** via the use of the Virginia Prescription Monitoring Program. Evidence of multiple prescriptions for mood altering drugs and use of multiple pharmacies will be evaluated by the CS Suboxone doctor for risk and further medication may be refused.

_____ 7. I understand that while I am on Suboxone through Community Services, **I am subject to random pill counts.** I must appear with my prescription within 24 hours of CS notification. Failure to comply with pill counts can result in referral for more intensive treatment or a Suboxone taper.

_____ 8. I understand that **I must attend the scheduled Suboxone clinic during clinic hours in order to obtain Suboxone that day.** Failure to show for an appointment or being late will mean that medication will not be prescribed that day. Instead, I will be rescheduled for the next available Suboxone clinic appointment at my clinic site.

_____ 9. I understand that **if I have a positive urine screen at the Suboxone clinic for benzodiazepines, barbiturates or alcohol and appear to be under the influence, I will not receive my medications.**

_____ 10. I understand that **if my urine drug screen is positive for other drugs or negative for Suboxone, I may be offered a more stringent contract and intensive treatment plan. Suboxone may be discontinued or tapered.**

_____ 11. **I will be responsible with my medication.** I will take my medication only as prescribed. **If I overtake my medication and "run short", early release of medication or replacement prescriptions will not be provided.** I will not alter the medication in any way, and will take it in the form prescribed to me.

_____ 12. I will **not give my Suboxone to another person or attempt to sell or trade it.** To do any of these things will result in **immediate** termination from the program with no opportunity to appeal for continued services.

_____ 13. I will **secure my Suboxone** to protect myself and others, especially children, in my household. If it is lost or stolen, it is my responsibility.

_____ 14. When keeping appointments at Community Services, **I will be respectful to all staff.** Disruptive or illegal behavior conducted on CS property will be dealt with to the fullest extent possible.

_____ 15. I understand that the **Suboxone Protocol is part of an intensive outpatient program** that includes counseling, case management, medical/psychiatric services, drug screening and medication. **Attending regularly scheduled CS treatment and medical appointments is required to continue to receive Suboxone.**

_____ 16. Women who are participants in the Suboxone Protocol should be aware that Suboxone has not been approved for pregnant or breast-feeding women. **I understand that I must notify CS staff immediately if I suspect that I am pregnant.** Free pregnancy tests are available at the clinic.

_____ 17. **I understand that participant behaviors will be regularly reviewed by the Suboxone Committee and any irregularities may result in termination.**

REMEMBER! THE USE OF ALCOHOL OR BENZODIAZEPINES WHILE TAKING BUPRENORPHINE CAN BE LIFE-THREATENING!

Client Name (print)

Witness Name (print)

Signature

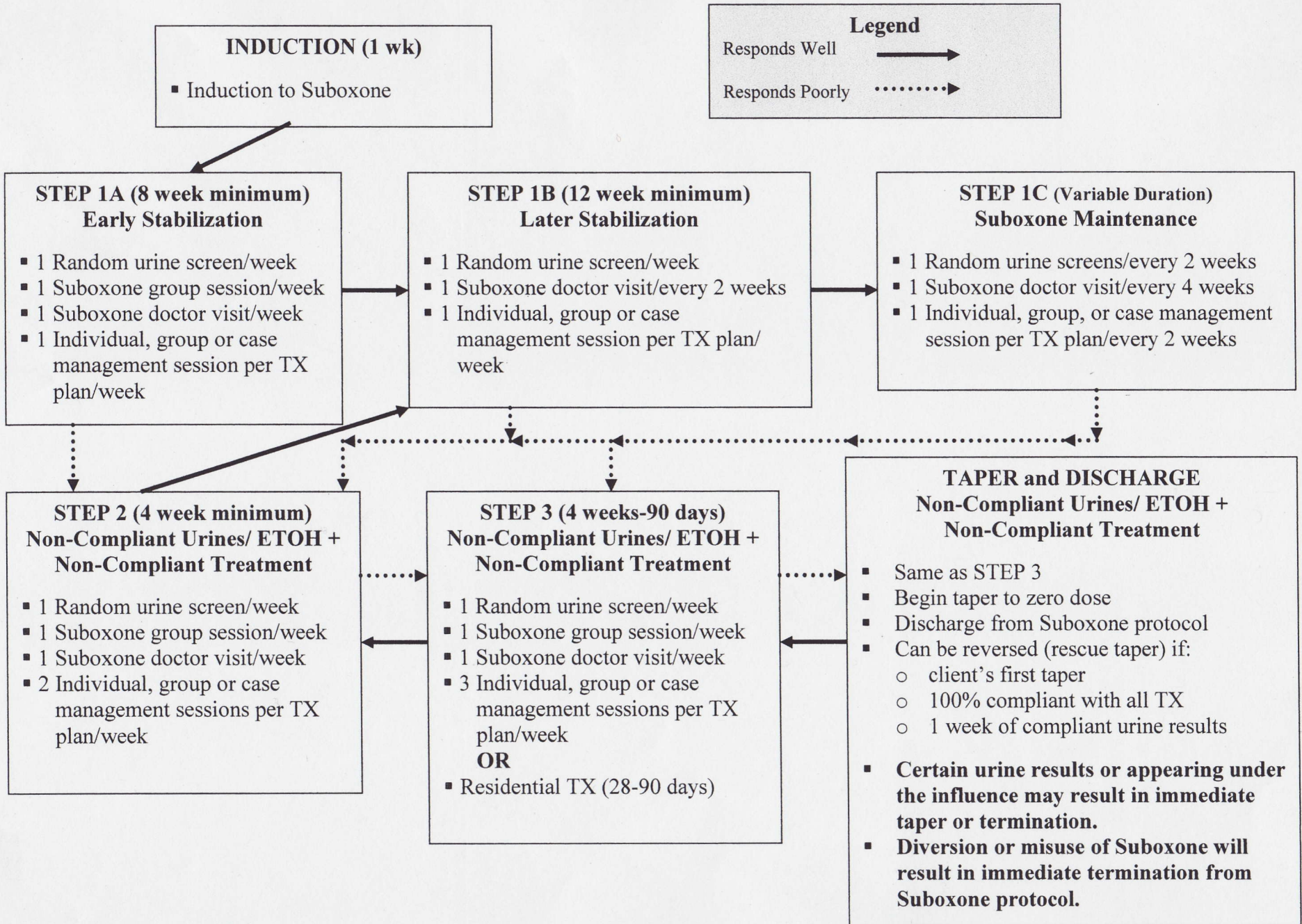
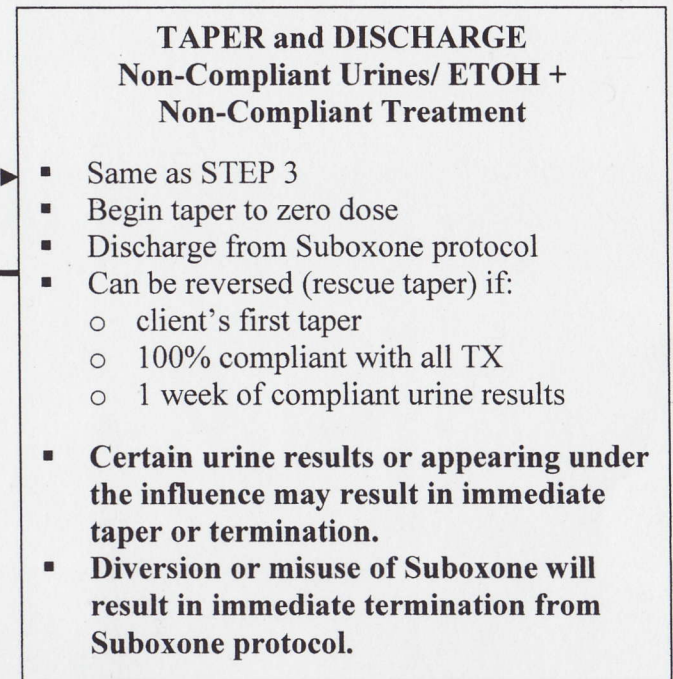
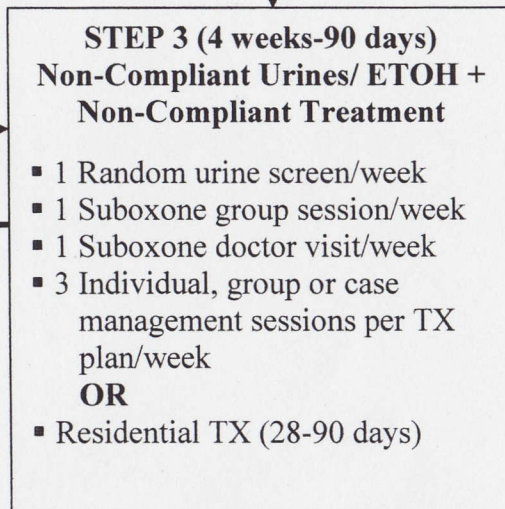
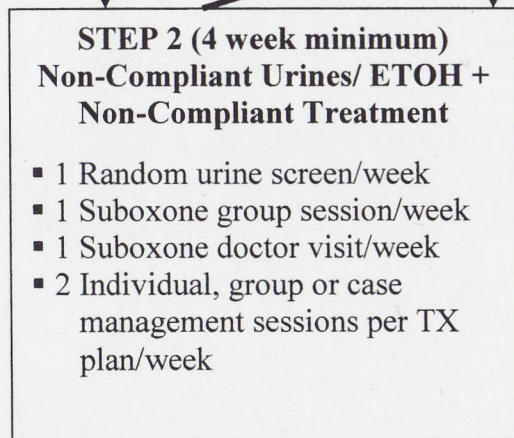
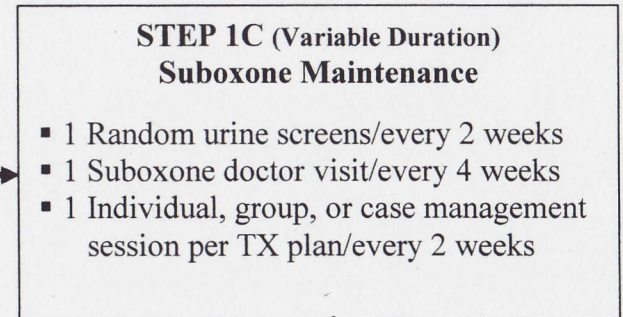
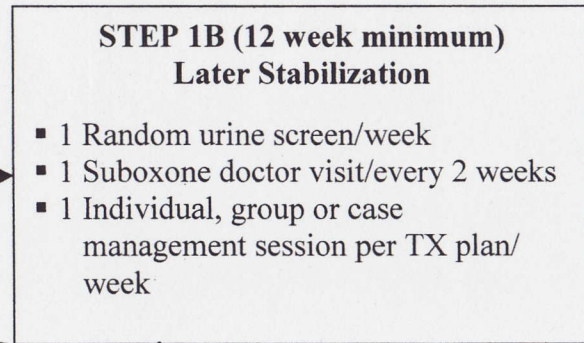
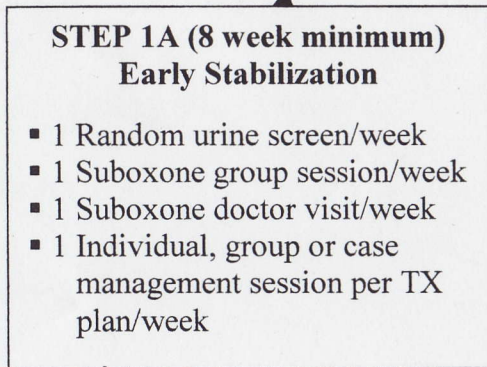
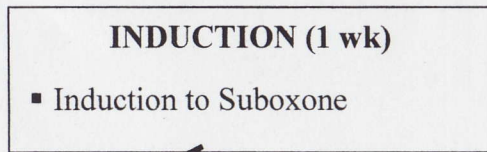
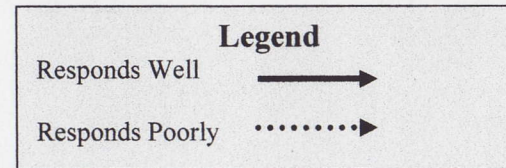
Witness Signature

Date

Date

SUBOXONE MOTIVATIONAL STEPPED CARE 10/28/10

(Please note: The diagrams show the minimum requirements)



PRINCE WILLIAM COUNTY COMMUNITY SERVICES SUBOXONE INFO SHEET

Below is information to help you respond inquiries about this service:

- The Suboxone Protocol is for men and women *18* years of age or older
- Participants must be a *resident of Manassas, Manassas Park or Prince William County*
- We do not offer emergency opioid detox and Suboxone is not recommended for pain management. The Suboxone Protocol is designed for people with opiate dependence.
- Subutex and the generic equivalent of Subutex include only Buprenorphine, not the Naloxone included in Suboxone. Naloxone is an important safety feature of Suboxone that makes it difficult to crush and inject Suboxone. We do not use Subutex at PWC Community Services, except occasionally as needed for induction to avoid precipitated withdrawal.
- Priority will be given to those who *have limited financial resources and do not have insurance*. If you have insurance that covers this treatment, you may wish to contact a private physician who can provide Suboxone. buprenorphine.samhsa.gov/
- The first step is to get an appointment with Adult SA, MOMS, or DORS staff to see if you meet criteria for the Suboxone Protocol which includes intensive outpatient drug and alcohol counseling.
- No stand-alone medication is provided*. Participants must be involved in a minimum of twice weekly counseling sessions and adherence to clear program guidelines.
- There is a *fee* for the medication and for treatment services, but we do have a sliding scale for treatment services based on income and number of dependents and some funding for the medication for those who meet eligibility requirements.

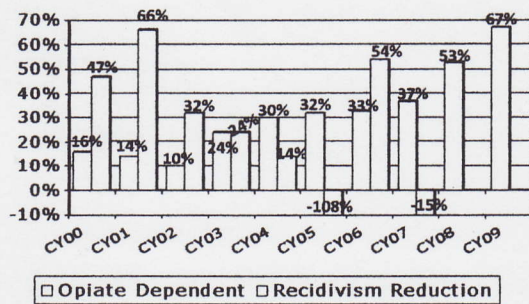
Integrating Suboxone into a Community Based Substance Abuse Treatment Program

Prince William County Community Services
 Keith Shuster, LPC, 2010
 November 16, 2010

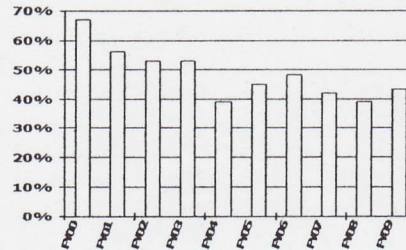
High Intensity Drug Trafficking Area

- Opiate Dependence among HIDTA clients jumped from 16% in 2000 to 67% in 2009
- Recidivism Reduction outcomes demonstrate a negative trend as opiate dependence increases
- Successful Completion Rates dropped from an average of 56% before 2003 to an average of 43% as opiate dependence increased
- Opiate Diagnoses doubled for Adult Substance Abuse Services between 2005 and 2009 to 33%

HIDTA Recidivism & Opiate Rates



HIDTA Successful Completion Rates 2000-2009



Preparation

- With an increase in HIDTA funding in 2007, PWCCS began planning a Suboxone pilot
- Suboxone team researched other VA localities, developed policies and procedures, and trained clinical and medical staff through the ATTC
- Medical Director trained our Community Services Board to ensure their support
- From the start we planned to integrate Suboxone and outpatient substance abuse services for maximum effectiveness

From Drug Free to MAT

- January, 2008 - first Suboxone Induction run by interdisciplinary team: MD/LPN/CM
- Suboxone Team: review operations, solve problems, develop forms, financial procedures and data base
- Barriers
 - Resistance to medication assisted treatment
 - Medical Director had insufficient time
 - Modifications to financial and data systems took much longer
 - High cost of medication (\$500+ per month)
 - 4 on Medicaid; 3 on RB's patient assistance

Refining the Model

- In June, 2009 – Hire part-time physician with waiver to run Suboxone program
- More formal weekly Suboxone medication clinic format in both sites:
 - Case management
 - Urine drug screens
 - Suboxone support group
 - Medication review

Refining the Model (cont.)

- September, 2009 - Expanded continuum of Suboxone care to 90 day Suboxone assisted residential treatment for those needing stabilization
- Worked with pharmacies to reduce pricing
- April, 2010 - Advanced Suboxone training and consultation with Greg Brigham, a NIDA researcher, through the ATTC

Evidence Based Practices

- Implemented Motivational Stepped Care approach (negative reinforcement model for clients in MAT)
- The Matrix Model Rawson
- Group Treatment for Substance Abuse Velasquez
- Twelve Step Facilitation Model Nowinski
- Motivational Interviewing Miller & Rollnick

Who Are We Serving?

- 89 Clients from since 2008
- Current 44 - 62% AOPSA; 38% HIDTA
- Gender: 62% Male
- Race: 82% White; 9% Black; 9% Other
- Age:
 - 28% - Age 20-25
 - 28% - Age 25-29
 - 24% - Age 30-39
 - 20% - Age 40-55
- Criminal Involvement at admission: 81%

Diversion Prevention

- M.D. reviews: VA PMP, treatment attendance and results of drug screens prior to each Med Review. Treatment and med reviews intensified if problems arise per MSC.
- Prescriptions are always faxed directly from the M.D.'s office; no scripts are handed to clients
- Clients must attend Suboxone Med Review clinic to renew prescription
- Clients are subject to random pill counts
- Close collaboration with probation officers

Suboxone Outcomes

Early Results from the first 16 months

- Comparison of retention rates for Suboxone participants (73%) with retention rates clients with opiate diagnosis with traditional SA Tx (34%)

Recent Retention Results from the first 30 months

- Current Suboxone clients averaged 343 days in MAT
- Successful completers averaged 314 days in MAT
- Incomplete closed clients averaged 174 days in MAT
- 48% of clients closed to Suboxone continued Tx
- The longer retained in MAT, the lower the rate of criminal activity

Annual Implementation Costs

• PT Physician	\$80,000
• Medication (community pharmacy \$\$)	\$25,000
• Urine screens	\$15,000
• Training thru ATTC, BDHS, VAMARP	free
SUB-TOTAL	\$120,000
• Suboxone Case Manger III*	\$85,000
TOTAL COST for non-HIDTA clients	\$205,000