

# HEARTLAND ALLIANCE HEALTH

HEARTLAND HEALTH OUTREACH, INC

## Supportive Treatment for Addiction and Recovery (STAR)

### *Policies and Procedures for Medications for Addiction Treatment at Heartland Alliance Health*

Updated October 2019

#### Acronyms/Definitions:

AODC: Alcohol and Other Drug Counselors are certified to provide addiction-related counseling services.

BH: Behavioral Health- the Behavioral Health team includes LCSW/LCPCs, AODCs, and Peer Recovery Support Specialists/Recovery Coaches

HAH: Heartland Alliance Health- An FQHC (330H) that services people experiencing homelessness in Chicago, IL

LCSW/LCPC: Licensed Clinical Social Worker/Licensed Clinical Professional Counselors

MA: Medical Assistants room patients, complete vital signs, complete all screening questions in Centricity and schedule follow up visits

Medical Provider: Includes physicians, nurse practitioners, physician assistants

MAT: Medication for Addiction Treatment

STAR: Supportive Treatment for Addiction and Recovery- This HAH team includes all members providing substance use disorder treatment, including counseling, therapy, group sessions, and medication management and monitoring.

**Appendix 2- Buprenorphine Agreement**

NAME \_\_\_\_\_ DOB \_\_\_\_\_ Date: \_\_\_\_\_

*Updated 9/2019*

- I will get Buprenorphine (Suboxone) only from my provider: \_\_\_\_\_.
- I will tell all other health providers (including dentists) that I am taking buprenorphine and can only get it from the provider listed above.
- I agree not to get medications on the “Meds to Avoid” list without talking to my provider first.
- I understand that people have died by mixing buprenorphine with alcohol and other drugs like benzodiazepines (Valium, Klonopin, and Xanax). I understand that buprenorphine will interact with opioid pain medicines like Norco, Vicodin, and Tylenol #3 and will not get any prescriptions for any of these medications at outside facilities without talking to my provider first.
- I will take my medicine only as prescribed and will not take someone else’s medicine.
- I will tell the provider listed above about all other medicines I am taking.
- I will not share, sell, or trade buprenorphine or any other medication with anyone. I understand that doing so is illegal and would lead to immediate termination from the program.
- I will tell the provider listed above about all my health problems.
- I will not request early refills for my buprenorphine for any reason, including lost or stolen, and I understand that my provider cannot give early refills.
- I will keep all my appointments with the provider listed above and other members of the health care team. If I cannot make it to an appointment, I will call to discuss with the STAR team to develop an alternative plan.
- I understand that missing an appointment usually means I will run out of medication early, which will cause symptoms of withdrawal.
- I will meet with the STAR team at least weekly initially, and visits will be spaced out I become more stable in my recovery. How often I meet with the STAR team will be based on how stable I am in my recovery.
- I understand that buprenorphine is only part of the treatment, the other part is therapy. I will work with the STAR team on a treatment plan.
- I will keep my medicine in a safe place and away from children. I understand that if a child takes this medicine, he/she could die.
- I will talk to the STAR team about any alcohol or drug use.
- I understand that I am required to give urine for drug testing so the provider listed above can make sure that I am taking the buprenorphine as prescribed and there are no substances that might interact with buprenorphine.
- I understand that the provider listed above will check the Illinois Prescription Monitoring Program to make sure I am not getting prescriptions for medications that might interact with the buprenorphine.
- I understand that violence, threatening language or behavior, or participation in any illegal activity at the office will not be tolerated and can lead to termination from treatment services.
- I agree that I will not deal, steal, or conduct any other illegal or disruptive activities in the health center.
- I understand that there is no fixed time for being on buprenorphine and that the goal of treatment is for me to stop or reduce drug use and become successful in all aspects of my life.
- I understand that I may experience opioid withdrawal symptoms when I stop taking buprenorphine.
- I have been provided education about the other two FDA-approved medications used for opioid use disorder treatment- methadone and naltrexone.
- I have been provided education about the increased chance of pregnancy when stopping illicit opioid use and starting buprenorphine treatment and been informed about methods for preventing pregnancy.
- I understand that my treatment plan is individualized. The STAR team will work with me to develop a plan with me that works for me and my life. There may be times when the STAR team will recommend that I should get more services- sometimes called in a higher level of care, like going to a residential

or intensive outpatient program for example. If this happens, the STAR team will work with me to find a program and make sure that I can get services there.

I understand that if I am late for an appointment (15 minutes past scheduled time), my provider may not be able to see me. This means that I may not get medication that day. If I do not get medication, I will have withdrawal symptoms. If I know I am going to be late, I should contact the STAR team to let them know and they will work with me to develop a plan.

I understand that if I miss an appointment I will run out of medication and will have withdrawal symptoms. If I know I am going to miss an appointment, I should contact the STAR team to let them know and they will work with me to develop a plan. In most cases, the plan will be scheduling an appointment at the next available STAR visit.

I have read and understand this agreement. A copy of this agreement has been given to me. A copy will remain in my medical record.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Staff signature \_\_\_\_\_ Date \_\_\_\_\_