



SUMMIT

Substance Use, Motivation and Medication Integrated Treatment

SUMMIT Study Protocol: Step-by-Step Procedures for Providing Screening, Brief Intervention, and Treatment Services to Primary Care Patients with Opioid or Alcohol Use Disorders

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HEALTH

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Preface

This is a revised version of the integrated collaborative care (ICC) protocol implemented at Venice Family Clinic during the SUMMIT research study. Revisions were made following completion of the study to address critical gaps identified by external reviewers. This manual may be useful for researchers looking to study implementation of ICC for opioid or alcohol use (OAUD) disorder treatment in primary care, primary care clinics interested in implementing ICC for substance use disorder treatment, or policymakers seeking to better understand one service delivery model for providing substance abuse treatment in primary care settings. The introduction provides a general overview of the study for readers; the remainder of the manual is presented in the step-by-step instructional format in which it was used during the study.

Introduction



SUMMIT Study Overview

Substance Use, Motivation, Medication and Integrated Treatment (SUMMIT) was a research study funded by the National Institute on Drug Abuse (NIDA) that looked at ways to help medical and mental health providers in a primary care setting identify and treat patients with opioid or alcohol use disorders (OAUDs). The project helped the clinic implement screening and brief intervention procedures for all patients and evaluated which of two strategies was the better way to help patients get the care they need:

- Integrated collaborative care (referred to as the **ICC** study condition)
- Education and resources (referred to as the **E&R** study condition).

The evidence-based treatments were a brief substance use treatment, delivered by therapists, and two medication treatment options, offered and delivered by medical providers.

The five-year study was conducted through a partnership between the RAND Corporation and Venice Family Clinic (VFC), in Venice, California. The RAND Corporation is a nonprofit research institute driven by a core mission to help improve policy and decisionmaking through objective research and analysis. VFC is a federally qualified health center that provides quality health and mental health care to people in need. Most VFC staff members were involved in SUMMIT by learning ways to identify substance use disorders and deliver evidence-based treatment, and/or by participating in surveys, focus groups, or interviews. The project team, including VFC staff, worked together to design the study in a way that fit with VFC's culture and mission.



SUMMIT Study Design

The study compared two strategies for helping patients with OAUDs get the evidence-based practices they need:

- ICC
- E&R.

Therapists were *randomized* to one of the two conditions. That means that, through a random assignment process, these providers were placed in either the ICC or the E&R condition.

Therapists in both conditions were provided training and resources on a motivational interviewing–based brief treatment. Therapists in the ICC condition were also trained on how to provide services within an integrated, collaborative care model of treatment and were provided extra resources to facilitate their work, including a care coordinator to facilitate scheduling and monitoring.

Eligible patients were also randomized to the two conditions. Patients randomized to the E&R condition received a general referral to medical treatment or behavioral therapy. If they sought behavioral therapy, they were assigned to a therapist in the E&R condition. Patients randomized to the ICC condition were assigned to a care coordinator, received integrated collaborative care, and saw therapists in the ICC condition. ICC provided enhanced care coordination, along with tools and procedures to facilitate patient engagement and adherence to treatment. This strategy also offered greater decision support and team collaboration tools for ICC providers. Although rare, a patient who was already seeing a therapist was asked to see a different one if the therapist was not in the patient’s study condition.

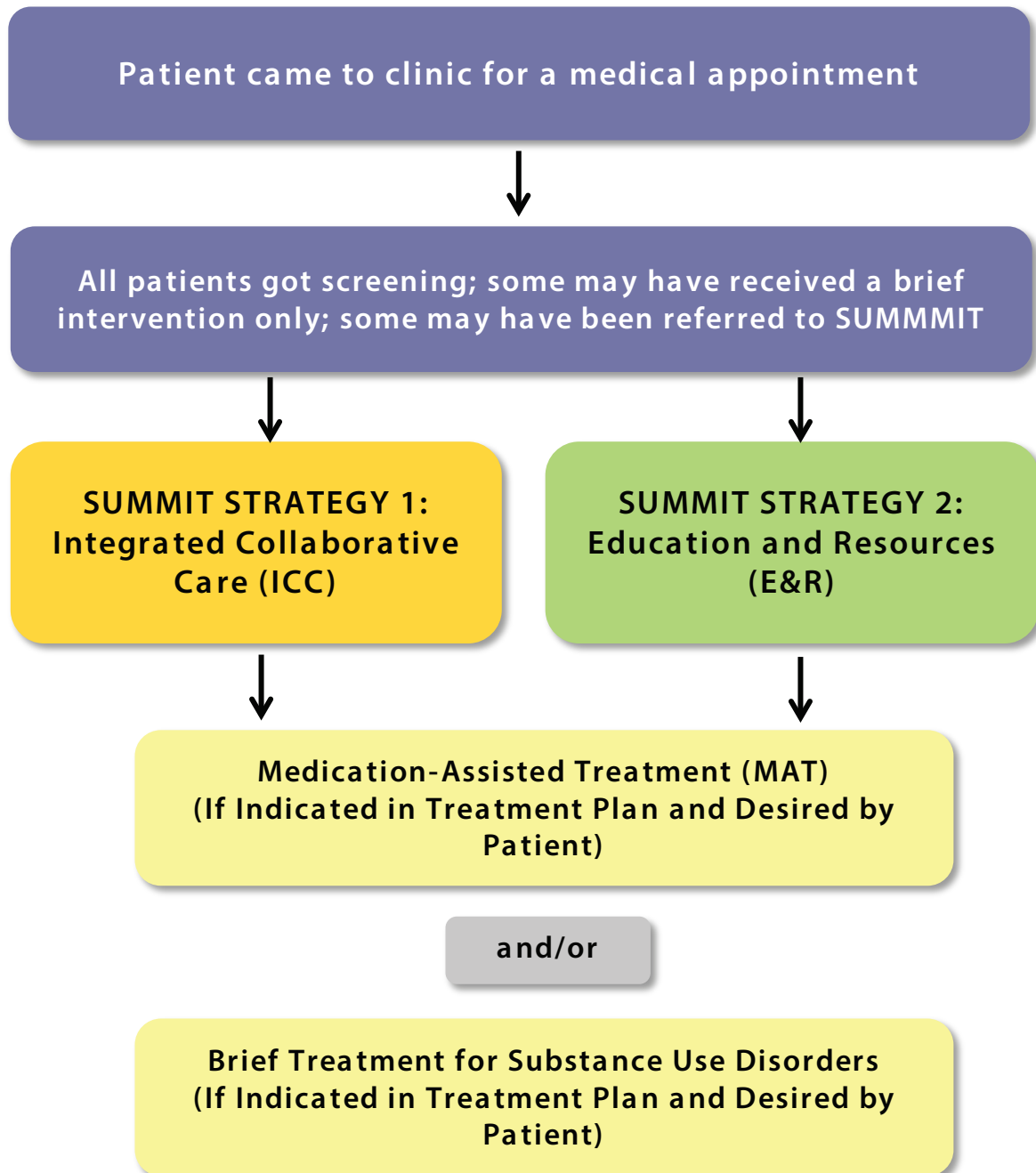
All patients, regardless of whether they participated in the study, were screened for OAUDs. If the screening indicated risky (or worse) use of alcohol or opioids (i.e., illicit opioids or misuse of prescription pain pills), medical providers could provide a very brief intervention and a referral to the study and/or brief treatment. A diagram of the study

A Note About Randomization

It was very important that E&R therapists did not discuss the study or treatment of their patients with ICC therapists (except in an emergency) and vice versa. Doing so could have invalidated the study. Therapists within the two groups were encouraged to consult with each other.

design is presented in the figure below. (If patients were not eligible for the study, they were still able to receive medication or behavioral therapy, at the discretion of providers.)

SUMMIT Design





SUMMIT Staff

Although only therapists (in addition to patients) were randomized to a study condition, most staff members of VFC helped with some part of the study. For example, front desk staff determined whether the patient was already in the study. Medical assistants conducted screenings. Specially assigned care coordinators (CC) in the ICC group coordinated patient visits and tracked clinical progress. Medical providers saw patients in both study conditions and had access to medication-assisted treatment for all patients.

Because multiple staff members played roles in different parts of patient care, we developed icons that indicate which providers were involved in each of the different pieces of the study. Icons are as follows:



Front desk



**Medical providers (physicians,
nurse practitioners, and
physician assistants)**



Medical assistants



Mental health therapists



ICC care coordinators



SUMMIT program staff

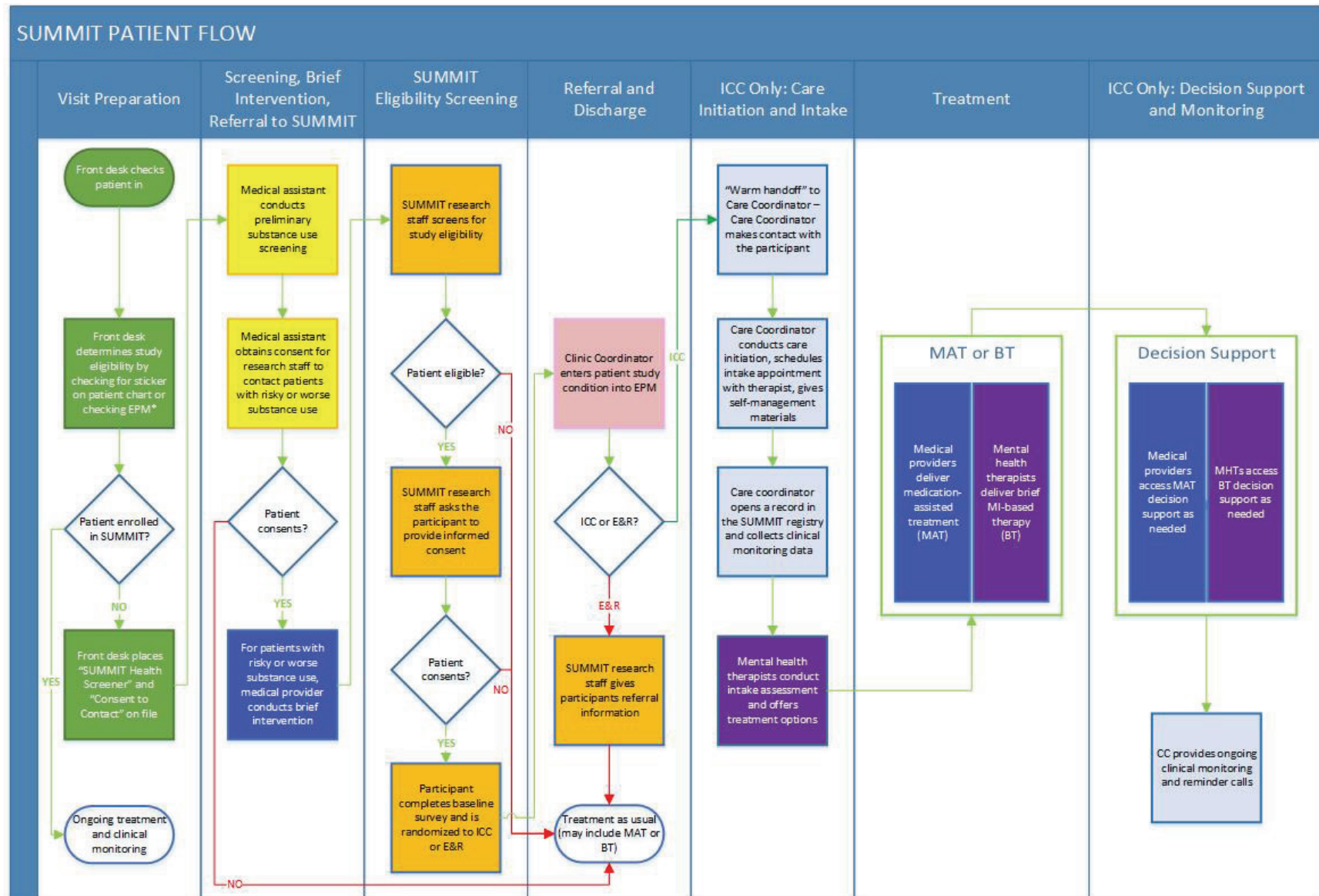


VFC clinic coordinators



VFC call center

Overview of Patient Flow During SUMMIT




NOTE: EPM System= Electronic Practice Management System; BT = brief treatment; MAT = medication-assisted treatment.

Preparation for SUMMIT

Chart Preparation

FD

During chart prep, the front desk staff takes the following steps to prepare the patient chart:

- ☐ Check the spine of the patient chart (if a paper chart exists) for a yellow or green sticker with the SUMMIT logo (). The stickers look like this:



If there is no sticker on the chart or there is no paper chart:

- ☐ Check for an alert in the Electronic Practice Management (EPM) System; the alert will indicate SUMMIT-ICC or SUMMIT-E&R—both mean that the patient is in SUMMIT.
- ☐ Check the registration sheet to determine whether the patient is an English or Spanish speaker and whether he or she is 18 or older.
- ☐ If the patient is not already in SUMMIT, for all patients 18 or older, paper-clip an English or Spanish Health Screener ([Appendix A](#)) to the chart or other folder. (Be sure to place the form on top of all other forms, including the encounter form.) Place a patient label on the top (white) copy of the Health Screener. (Do not place a label on the yellow copy.)
- ☐ If the patient is in SUMMIT, do not place a screener on the chart or folder. If there is only a scanning folder (if the patient's records are now electronic and the patient no

longer has a paper chart, he or she should have a scanning folder in which you can place all paper documents that eventually should be scanned into the electronic record), place a SUMMIT flyer inside the scanning folder.

Screening

MA

The MAs screen all patients visiting the clinic for a medical appointment for risky use (or worse) of alcohol or opioids, unless they are already in SUMMIT.

If the patient is already in SUMMIT, there will be either a SUMMIT flyer in the red scanning folder or, if the patient still has a paper chart, a yellow or green sticker on the outside of the folder. In either case, there will not be a screener on the patient chart. (There also will be an alert in the EPM.) The sticker looks like this:



Before provider medical visits, the medical assistants do the following:

- ☐ If there is a screener on the patient's chart, read to the patient all of the questions and response choices on the screener and mark the responses.
- ☐ Separate the top (white) sheet of the screener from the bottom (yellow) sheet. Put the white sheet in the patient's chart and put the yellow sheet in the SUMMIT envelope in the workup room or in the SUMMIT drop tray.
- ☐ If the shaded boxes are checked for questions 1a, 1b, 2, **or** 3 (any answer of "monthly," "weekly/almost weekly," or "every day/almost every day") and the patient is not currently in treatment at Clare or Phoenix House, follow procedures for referral to SUMMIT (page 12).

In general, a brief intervention is structured by the FRAMES model, which includes elements of **feedback**, **responsibility**, **advice**, **menu of options**, **empathy**, and **self-efficacy**. The medical provider offers the patient personalized **feedback** on the risks and consequences of drinking and drug use, tells the patient that he or she is **responsible** for making decisions about his or her substance use, and gives straightforward **advice** on modifying drug use. This information is to be delivered in a way that is **empathetic** and nonjudgmental, and the provider should express confidence in the patient's **self-efficacy** to change his or her alcohol or substance use should he or she so choose.^{1,2} If possible, the conversation about the patient's substance use should be tied to a specific medical concern that has been mentioned by the patient—for example, “you say you have headaches and insomnia; drinking affects those concerns in the following way.”

If the patient's screening is positive, the medical provider should conduct a brief intervention.

Suggestions for conducting a brief intervention are as follows:³

1. **State your feedback and advice clearly, and with empathy:**

- “I see from your health screener that you are [drinking/using drugs] more than is medically safe.” Most important, relate your feedback to the patient's concerns and medical findings, if present.
- “Tell me about your [drinking/drug use].”
- “I would like to offer you some advice; I strongly recommend that you cut down or quit.”

2. **Gauge readiness to change drinking or drug use habits:**

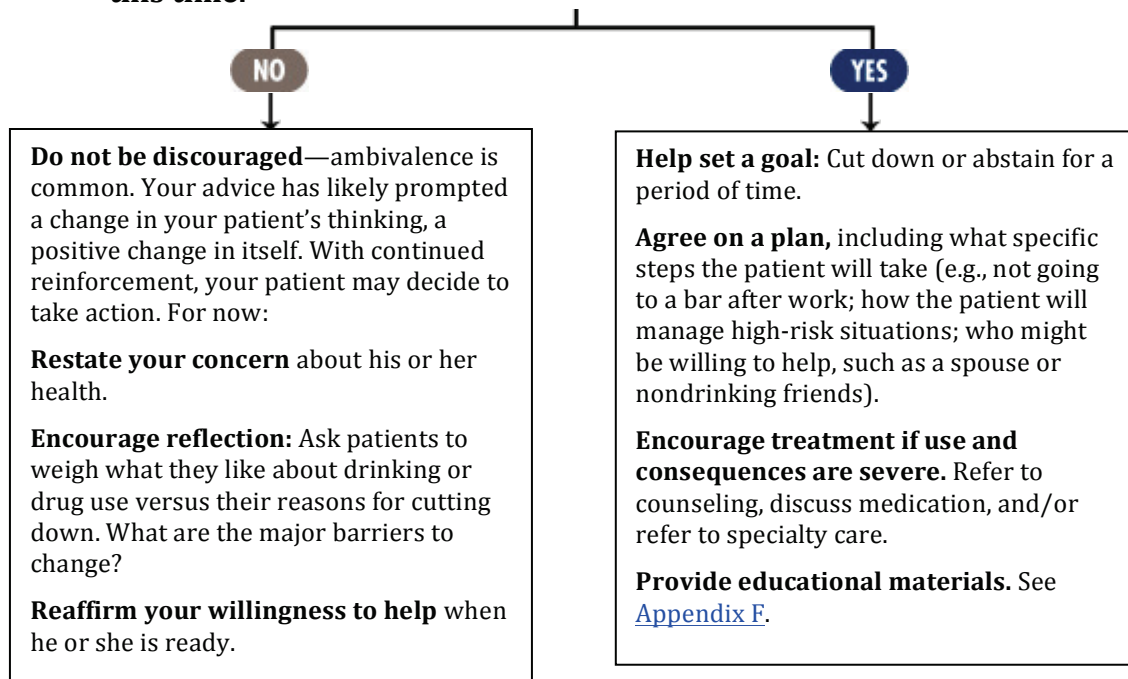
- “How willing are you to make changes in your [drinking/drug use?]”

¹ Miller WR, Zweben A, DiClemente CC, and Rychtarik RG. Motivational enhancement therapy: A clinical research guide for therapists treating individuals with alcohol abuse and dependence. 1994. Rockville, MD: National Institutes of Health. <http://casaa.unm.edu/download/MET.pdf>. Accessed December 28, 2016.

² Adapted from Saitz R. Brief intervention for unhealthy alcohol use. In: Saitz R, ed. *Addressing Unhealthy Alcohol Use in Primary Care*. New York: Springer; 2013:41–48.

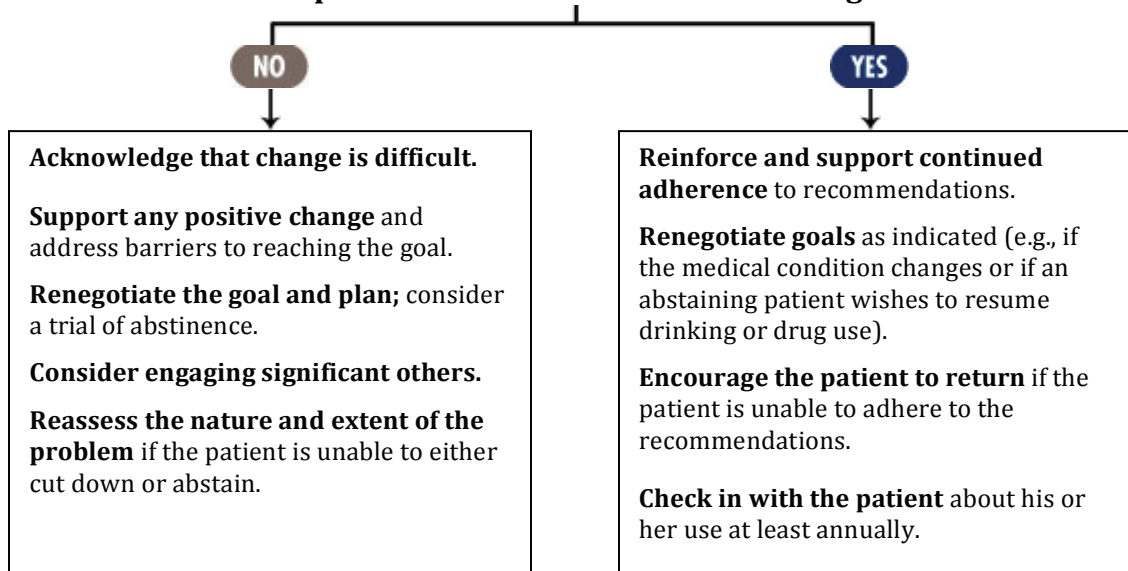
³ Adapted from National Institute on Alcohol and Alcoholism. Helping patients who drink too much. 2005. National Institute on Alcohol and Alcoholism, Bethesda, MD.

Determine whether the patient is ready to commit to change at this time.



3. Continue your support at follow-up:

Was the patient able to meet and sustain the goal?





Referral to SUMMIT

If the screening indicates risky use or worse (ANY of the shaded boxes are checked for alcohol, prescription pain medication, OR street drugs):

In the past three months, how often have you . . .

☐ Once a month ☐ Once a week ☒ Every day or almost every day

. . . and the patient is not currently treatment at Clare or Phoenix House:

Are you currently in treatment at Clare or Phoenix House?

☒ No ☐ Yes

. . . the medical assistant tells the patient about SUMMIT and refers him or her to the program staff if he or she is willing:

*Based on the answers you gave, it looks like you **may qualify** for a new research project. Would you be willing to talk with someone from the program? You will receive \$5 for talking with the program staff for 10–15 minutes. You do not have to participate in the research program to receive \$5. If you are eligible for the project, you can earn \$50 for completing a survey.*

If the patient is willing to talk to SUMMIT program staff, the **medical assistant** does the following:

- ☐ Get a “Consent to Contact” form ([Appendix B](#)) from the pile in the exam or workup room and go through the form with the patient.
- ☐ Tear off the bottom portion of the form, give it to the patient (along with two patient labels), and tell the patient to give everything to the SUMMIT program staff.
- ☐ Contact the SUMMIT program staff by using the “walkie-talkie” located next to the SUMMIT drop box.
- ☐ Place the signed portion in the patient chart.

If the patient does not want to participate in the study, check the “declined” box on the screening form. The medical assistant can offer the patient a list of referrals, but patients should feel free to decline.

SUMMIT program staff do the following:

- ☐ Briefly explain the study.

Sample Script: Brief Study Explanation

SUMMIT STAFF:

We are conducting a research program to look at different ways that substance use services can be provided to patients at Venice Family Clinic. Patients who are eligible to participate will be randomly placed in one of two groups. The mental health therapists in each group get different types of trainings and coordinate patient care differently. I can tell you more about the study after we check to see if you are eligible. You will get \$5 if you are willing to answer these questions. You do not need to participate in the research program to receive \$5. The questions will take about 10–15 minutes. The answers you give to these questions will not be connected to your name. If you are eligible, you can receive \$50 for completing an interview today and \$50 for completing a telephone interview in six months.

- ☐ If needed, review relevant frequently asked questions with the patient (see [Appendix C](#)).

- ☐ If the patient is willing to be screened, determine whether the patient meets the study eligibility criteria:
- 18 or older
 - Speaks English or Spanish
 - Probable abuse or dependence on alcohol or opioids
 - Does not have marked functional impairment from bipolar disorder or schizophrenia
 - Does the patient currently see a therapist at VFC? If yes, then ask whether the patient is willing to potentially switch therapists if his or her usual therapist is not in the same study condition. (This will be rare, as most patients will not have a therapist. The patient is eligible if he or she does not currently have a

VFC therapist, or if he or she is willing to switch to a therapist in the same study condition.)

- f. Is not currently receiving treatment for a substance use disorder (does not include Alcoholics Anonymous, Narcotics Anonymous, etc.).

☐ Pay the patient \$5.

If the patient is not eligible for the study, thank him or her for participating in the screening, offer referral information, and ask whether the patient would like to speak with an on-call mental health therapist.

SUMMIT Patient Consent, Randomization, and Referral to Treatment



If the patient is eligible for the study, SUMMIT program staff should:

- ☐ Review the consent and HIPAA form (see [Appendix D](#)) with the patient and ask the patient to sign.
- ☐ Conduct a baseline interview with the patient.
- ☐ Follow randomization procedures to determine which study condition (ICC or E&R) the patient is in.
- ☐ Tell the patient his or her assignment.
- ☐ Pay the patient \$50.
- ☐ Refer the patient to treatment:
 - **ICC patients:** SUMMIT program staff members call the ICC care coordinator. If the care coordinator is not in the office or not available, program staff follow the alternate protocol (see “[Care Initiation](#)”). SUMMIT program staff give the patient the “Welcome to SUMMIT” (see [Appendix J](#)) handout and a contact form to complete.
 - **E&R patients:**
 - The SUMMIT program staff member gives the patient a referral sheet with the telephone number for making an appointment with a mental health provider, as well as the names and numbers of local treatment facilities and Alcoholics Anonymous and Narcotics Anonymous groups (see [Appendix E](#)) and the “Welcome to SUMMIT” handout (see [Appendix J](#)).
 - The SUMMIT program staff ask the patient whether she or he needs to talk with a therapist right now. If so, SUMMIT program staff page the on-call therapist. The on-call therapist follows treatment-as-usual procedures.
- ☐ Following randomization, the survey research group program staff give the VFC clinic coordinator the patient’s name and give the discharge coordinator a study condition card so the ICC or E&R status can be logged in the VFC EPM.

Care Initiation/Warm Handoff



Overview

The purpose of the Care Initiation Visit, which we can also think of as the “warm handoff” from the screening into care, is to welcome the patient to SUMMIT, make sure that he or she understands what SUMMIT is, and use motivational interviewing tools and techniques to assess the patient’s willingness to come to the intake/orientation ([see page 33](#)) and to encourage the patient to attend that visit. During the Care Initiation Visit, which is best when conducted in person, care coordinators do the following:

- ☐ Introduce themselves.
- ☐ Briefly explain SUMMIT.
- ☐ Ask the modified “check-in” question.
- ☐ Fully explain the SUMMIT orientation/intake and show the patient the “Welcome to SUMMIT” handout.
- ☐ Do the willingness ruler (show patient the laminated ruler) ([Appendix H.4](#)).
- ☐ Schedule an intake/orientation appointment for the patient.
- ☐ Give the patient the appointment slip for the appointment and, for people who are likely to no-show (e.g., patients who are homeless), give the walk-in hours handout and say that they can get a gift card to a Ralphs grocery store if they attend the intake/orientation.
- ☐ IF THE PATIENT SPECIFICALLY ASKS ABOUT MEDICATION: Schedule a medical appointment with a medical providers who has indicated that he or she prescribes extended-release, injectable naltrexone for alcohol dependence or buprenorphine/naloxone for opioid dependence.
- ☐ Give the patient the self-management folder (all folders will have the care coordinator’s business card) and show the patient the materials inside, explaining each ([Appendix F](#)). Explain that the care coordinator will call periodically to check in and remind the patient of scheduled appointments. Ask the patient to bring the folder to each visit.
- ☐ Let the patient know that the care coordinator will call them to remind the patient about the appointment.

- ☐ Give the patient a bus token if asked for one.
- ☐ Open a new patient record in the registry and enter the intake appointment date AND the medical appointment date, if there is one, and go through the contact sheet to make sure that there is alternate contact information for the patient.

Step-by-Step

- ☐ Introduce yourself.

"Hi, [PATIENT NAME], my name is [CARE COORDINATOR NAME]. I will be your contact person during the SUMMIT program. I know you've already been here for a while, so I won't keep you for very long. What is your understanding of the SUMMIT program?"

- ☐ Briefly explain SUMMIT.

"SUMMIT is a program to help you explore alcohol and drug use to decide if you want to make any changes. It's not like most programs you might be used to or heard about. This program is different in that we offer several different options to help with your drug or alcohol use, and you can pick which option works best for you. Also, the program is flexible and can meet the needs of your schedule. Based on what you talked about with the SUMMIT program staff earlier, your drinking or drug use may not be good for your health."

- ☐ Ask the modified check-in question.

"Thank you for spending the time going through that long interview. I'm sure you are tired of answering questions! I just have one more question so we can see how SUMMIT can best help you. You just talked with the interviewer about your alcohol and drug use. How is alcohol or drug use interfering in your life lately, if it is at all?"

- Provide **reflections** about how they say the problem is bothering them and what values (like family) are important to them, and tell them that you appreciate their sharing (for example, if they say their alcohol or drug use has been causing arguments with their spouse, you could say *"your substance use has been affecting your marriage"*). DO NOT offer advice or judgment.

"This is the kind of thing the SUMMIT program can be helpful for. I'm wondering if you would be willing to meet the therapist one time to see if it would be helpful for you."

☐ **Fully explain the SUMMIT orientation/intake and show the patient the “Welcome to SUMMIT” handout.**

“I’m glad you’re going to come once more to check out our program. If it’s okay with you, I can share what our next steps are. Would that work for you?”

- *“The next time you come in, you’ll meet with one of our SUMMIT therapists to discuss some of the things we’ve talked about, like how your [drinking/drug use] is affecting your life and [add in anything that is important to the patient, such as how he or she wants to have a better relationship with his or her spouse].”*
- *“This appointment is for you to get to know the therapist and for the therapist to get to know you. The session will take about an hour.”*
- *“The therapist will ask you some questions and give you the opportunity to talk about things.”*
- *“Whether or not you decide to change your [drinking/drug] use is up to you; the therapist’s job is just to gather information and better understand how to help support you.”*
- *“How does that sound?”*

“I’d like to set up that appointment for you, but first I want to get a sense of where you are will all of this. I know it’s all pretty new. Is that okay?”

☐ **Do the willingness ruler with the patient (show the laminated ruler).**

“On a scale from 0 to 10, how willing are you to come to one more session to talk about your [drinking/drug use]?”

Not willing

Very willing



- **Elicit change talk.** (E.g., *“You’re willing to check out the program because family is important to you.”*)
 - *Tell me what a [their number] means to you.*
 - If the patient gives a number less than 5, ask:

“What would get you to a [higher number that’s at least two numbers away]?”

- If a patient says a higher number, ask:
“Why a [their number] and not a 0?”

➤ **Additional examples:**

- If a patient is not very willing and says he or she is unsure:
 - *“It sounds like you’re not sure about coming in [or, you don’t want to come in]. Thank you for your honesty. We like to know about reasons why people are not interested in the program so we can improve it. Would you mind sharing the reason you don’t want to come in?”*
 - (Troubleshoot and validate concern—DO NOT give advice): *“I wonder if you would be willing to meet the therapist just once to see if it would be helpful.”*
- If the patient is willing to come in:
 - *“That’s great. I’m glad you’re willing to try it out. Can we schedule your appointment now?”*

☐ **Schedule an appointment for the patient.**

☐ **Give the patient the appointment slip for the therapy appointment and, for people you think are likely to no-show, such as people who are homeless, give the walk-in hours handout and tell them they can get a Ralphs gift card if they attend their intake/orientation. For those not likely to show up (e.g., patients who are homeless):**

“Your appointment is on [DATE] at [TIME] with [THERAPIST]. If you need to talk sooner, our walk-in hours are [XX]. We can’t promise that [THERAPIST] can see you at that time, but you are welcome to walk in. If you come to your scheduled appointment, we will give you a Ralphs gift card when you arrive.”

☐ **ONLY IF THE PATIENT SPECIFICALLY ASKS ABOUT MEDICATION: Schedule a medical appointment (extended-release, injectable naltrexone for alcohol dependence and buprenorphine/naloxone for opioid dependence). Schedule with a provider who has indicated willingness to prescribe the medication.**

“I can schedule an appointment to see a medical provider. Would you be interested in that?”

- ☐ If you make the medical appointment right away, give the patient a slip for that too and say that you will call to remind him or her about the appointment.
(Medical appointments should be a single visit scheduled in NextGen and entered into the registry.)

- ☐ Give the patient the self-management folder (all folders will have the care coordinator's business card) and show the patient the materials inside, explaining each ([Appendix F](#)). Ask the patient to bring the folder to each visit.

"Can I go over the materials with you?"

- ☐ Let the patient know that you'll call to remind him or her about the appointment. Make sure to **collect the updated contact form with patient phone and address information to log into the registry**. Make sure the form is complete and legible, with a phone number and an alternate phone number, as well as a mailing address.

"I will call you in a few days to remind you about the appointment. If you have any questions at all before then, please call me! My number is on the card inside of your folder. Also, you can call me if you urgently need to see the doctor or therapist, or if you would like to reschedule your appointment. Is this the best number to call you? Is there another phone number to call in case someone like a doctor really needs to get a hold of you (for example, St. Joseph Center or Ocean Park Community Center)? [If no phone number:] How about a place that you receive mail?"

- ☐ Give the patient a bus token if he or she asks for one.

- ☐ Open a new patient record in the registry and enter the intake appointment date AND the medical appointment date, if there is one. Also indicate the method of contact (i.e., whether you saw the patient in person or talked by phone or video).

- ☐ Absences:

- If the care coordinator has a planned absence, the care coordinator will tell the mental health director, who will then tell the SUMMIT supervisor. The SUMMIT supervisor will call the backup care coordinator. The backup care coordinator will speak with the patient to set up an appointment with the therapist. The SUMMIT staff person will give the patient the self-management

folder. As soon as the care coordinator returns to work, he or she will call the patient (by phone or video) to welcome the patient to treatment.

- If the care coordinator is not available but is in the building that day, the SUMMIT staff will leave a message for the care coordinator and give the patient the self-management folder. The care coordinator will contact the patient by telephone or video as soon as he or she returns.

Questions That Clients Might Ask

Question: What will happen at the orientation?

Answer: "The therapist will get to know you to see if the program is a good fit. If you are interested, the therapist will tell you about different things people can do to get help with their substance use, like counseling and medication."

Question: Do I have to go to the orientation?

Answer: "We are asking everyone who agrees to be in the study to go to the orientation."

Question: What if I don't go to the orientation?

Answer: "If you decide not to go to the orientation, I'd love to follow up with you in a few weeks to see how you are doing."

Question: I don't want to wait. Can I talk with someone now?

Answer: "We are encouraging everyone to make an appointment for the orientation. However, if this is an emergency, I can have someone talk with you now. Is this an emergency?" (If yes, call the on-call therapist.)

Question: I'm not interested. Do I have to do this?

Answer: "It's completely up to you whether or not you want to try the SUMMIT program. We collect reasons why people are not interested in the program so we can improve it, so would you mind sharing your reason?"

Discharge and Documentation



The VFC clinic coordinator helps make sure that the patient's study group is communicated to everyone who needs to know. **This is a critical part of the study, because the call center, front desk staff, and everyone else involved in the study need to know which study condition the patients are in in order to give them the right screening and care.**

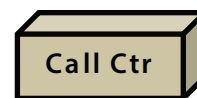
Immediately after the patient gives consent and is interviewed and randomized, SUMMIT program staff communicates the patient's name and study group to the on-duty VFC clinic coordinators. This coordinator ensures that the file gets to the patient's assigned coordinator.

The clinic coordinator then does the following:

- ☐ Create an alert in the EPM that indicates the patient's study condition (SUMMIT-ICC or SUMMIT-E&R).
- ☐ Enter the patient's study group (ICC or E&R) into the patient information folder in the EPM.
- ☐ If there is a patient chart, place an ICC or E&R sticker down the length of the spine of the chart. If the folder is thin, fold the sticker over the crease in the spine. The stickers look like this:



Scheduling Appointments for SUMMIT Patients



Call Center

The VFC call center helps make sure that SUMMIT patients who call asking for medication get scheduled with a medical provider who has indicated willingness to prescribe the medication.

Although many patients interested in medication will get a medical appointment through the care coordinator, some may call to ask about medication for alcohol problems (extended-release, injectable naltrexone) or opioid addiction (buprenorphine/naloxone). If the call center receives a call from a patient asking for a medical appointment to discuss one of these medications with a doctor, staff do the following:

- ☐ Ask the patient if he or she is in the SUMMIT program (and check for the SUMMIT alert in NextGen).
- ☐ If the patient is in SUMMIT:
 - ☐ If the patient is asking for extended-release, injectable naltrexone or mentions interest in a medication for *alcohol use*, schedule the appointment with one of the SUMMIT providers who has indicated willingness to prescribe this medication.
 - ☐ If the patient is asking for buprenorphine/naloxone or mentions interest in a medication for *opioid use* (e.g., heroin or prescription pain pills), schedule the appointment with one of the SUMMIT providers who has indicated willingness to prescribe this medication.
 - ☐ Tell the patient that the medical provider will decide whether medication is right for him or her.
- ☐ If the patient is *not* in SUMMIT, say that he or she will be screened for SUMMIT at the next medical appointment. Say that the medical provider will decide whether medication is right for him or her. Schedule a visit with a medical provider who is willing to prescribe the medication the patient is interested in.
- ☐ For either type of visit, select a single SUMMIT visit in NextGen.

CLINIC COORDINATOR



After the patient's first SUMMIT visit with a medical provider, the medical provider may decide that the next visit needs to be a "double visit." If the provider note indicates "double visit," clinic coordinators should:

- ☐ Schedule the patient with a regular 15-minute SUMMIT visit, AND
- ☐ Add a same-day, 15-minute SUMMIT visit right after the regular visit.



Pre-Intake Session

Overview

After ICC patients receive their care initiation visit with the care coordinators, they return to the clinic for their intake/orientation session. During this meeting, the care coordinators do the following:

- ☐ Welcome the patient.
- ☐ Ask the patient to fill out the SUMMIT “Check-In Form” (see [Appendix G](#)). (The care coordinator explains to the patient that the information will be used to let the care coordinator, the therapist, and the medical providers see how the patient is doing.)
- ☐ Share the motivational statements handout with the patient and ask the patient to choose his or her favorite ([Appendix K](#)).
- ☐ Enter the three scores from the SUMMIT “Check-In Form” (consequences, alcohol use, drug use) into the registry.
- ☐ Select the motivational statement from the drop-down menu in the registry.
- ☐ Open the “Patient Graph” in the registry. Print two copies and put a patient label on each. Give one to the client and one to the therapist. (The copy should eventually be scanned into the electronic medical record [EMR].)
- ☐ Bring the client to the therapist visit.

After the therapist visit, the care coordinators do the following:

- ☐ If the patient is coming back to therapy, enter the date of the next visit into the registry. If the patient is not coming back for therapy, select “not coming back for treatment” next to “disp” (disposition) in the registry.
- ☐ If the patient is interested in medication, make an appointment (a regular, single visit) with a medical provider.

- ☐ Give the patient graph and the e-ASSIST report card from the therapist (the therapist will conduct the ASSIST during the intake session) to the medical records department to scan into the EMR.
- ☐ Order a urine drug screen (fill out the lab form) and bring the patient to the lab.
- ☐ Provide the patient with bus tokens, if requested.

Step-by-Step

- ☐ Welcome the patient.
"Hi, [PATIENT NAME], it's really good to see you today. It's great that you made it to your appointment."
- ☐ Ask the patient to fill out the SUMMIT "Check-In Form" (see [Appendix G](#)). (The care coordinator will explain to the patient that this information will be used to let the providers see how the patient is doing.)
"Can you please fill out this form? I will give this form to you to fill out each time you come in. I also will give you a picture based on the scores on the form. The picture will show how you are doing. Over time, as you start to feel better, the picture will show that you are doing better. Please circle one answer for each question."
- ☐ Share the motivational statements handout with the patient and have the patient choose a favorite ([Appendix K](#)).
"While I am entering the scores, can you pick a statement that is meaningful for you? The statement will be printed on the bottom of your picture. You can read the statements yourself, or I can read them aloud to you."
- ☐ Enter the three scores (consequences, alcohol use, drug use) into the registry.
- ☐ Select the motivational statement from the drop-down menu in the registry.
- ☐ Open the "Patient Graph" in the registry. Print two copies and put a patient label on each. Give one to the client and one to the therapist. (The copy eventually should be scanned into the EMR.)

☐ Bring the client to the therapist visit.

After the therapist visit, the care coordinator will do the following:

☐ If the patient is coming back to therapy, enter the date of the next visit into the registry.

☐ If the patient is interested in medication, make an appointment (a regular, single SUMMIT visit) with a medical provider.

- For extended-release, injectable naltrexone for alcohol dependence, schedule the visit with a medical provider on the list who has indicated willingness to prescribe this medication.
- For buprenorphine/naloxone for opioid dependence, schedule the visit with one of the medical providers on the list who has indicated a willingness (and is certified) to prescribe this medication.

☐ Give the patient graph and the e-ASSIST report card to the medical records department to scan into the EMR.

☐ Order a urine drug screen (fill out the lab form) and bring the patient to the lab.

☐ If the patient is not coming back for therapy:

"Even though you've decided not to come back to see a therapist right now, you are welcome to change your mind at any time. Please feel free to call me to schedule an appointment if you want to meet the therapist to see if [she or he] would be a good fit for you. I would love to stay in touch with you either way. Please stop by to see me when you come in for a medical appointment, even if you don't have an appointment here. That way we can check in."

☐ Provide the patient with bus tokens, if requested.

Intake Session (ICC ONLY)



During the intake session (this may be split into two sessions), the therapist will do the following:

- ☐ Welcome.
 - ☐ Welcome the client to treatment.
 - ☐ Review the session agenda.
 - ☐ Conduct the VFC initial assessment to better understand the client's history and substance use (if you plan to do the intake in two sessions, you can do the VFC assessment during the second session).
- ☐ Assess the client's substance use.
 - ☐ Administer the computerized ASSIST to assess the severity of the patient's substance use (mild, moderate [abuse], severe [dependence]). (See [Appendix H.1](#) for the paper version.)
- ☐ Print and review the ASSIST report card (this should be scanned into the EMR so the medical provider has access).
- ☐ Review the menu of treatment options (see [Appendix H.2](#)).
- ☐ Ask the patient whether he or she would like to review materials on relevant treatments.
- ☐ Discuss the client's willingness and readiness to develop a change plan.
- ☐ With the client, develop a realistic change plan (see [Appendix H.5](#)) that is consistent with the client's values and goals.
- ☐ Describe what the client can expect from motivational interviewing–based therapy and/or medication-assisted treatment (MAT) treatment.
- ☐ Schedule the next visit and order a urine drug screen from the lab.

"The urine screen is used to help track your progress throughout the SUMMIT program. Only health care providers at the clinic will have access to the results of the screen. The screen can also help start a conversation with your doctor or therapist about your [alcohol/drug use]."

If the patient does not want to take the urine drug screen:

"Taking the urine drug screen is not required, but it would be very helpful to your providers. I will check in with you next time about this."

If the patient plans to see a medical provider to be assessed for medication:

"It's okay if you'd rather not do this now, but you should be aware that your doctor will require a urine screen before providing medication."

- ☐ Tell the care coordinator the date of the next visit.
- ☐ Ask the care coordinator to schedule a visit for the patient to see a prescribing medical provider for patients
 - who score 27 or higher for alcohol, prescription pain pills, or street opioids on the ASSIST and who are interested in receiving medication for their substance use disorder
 - who score close to but lower than 27 (i.e., 24–26) for alcohol, prescription pain pills, or street opioids on the ASSIST but who (in your clinical judgment) have clear and severe functional difficulties or consequences related to their use and who are interested in receiving medication for their substance use disorder.
- ☐ Ask the care coordinator to schedule a visit for the patient to see any medical provider for
 - ALL patients who score 27 or higher on the ASSIST who are not specifically interested in receiving medication (these patients should be assessed for medical issues anyway)
 - patients who score lower than 27 on the ASSIST but who in your clinical judgment have or could have medical issues related to their substance use.
- ☐ If the patient is interested in seeing a medical provider for opioid dependence, fill out Suboxone® Patient Assistance Program (PAP) enrollment form and administer the patient consent ([Appendix H.9](#)).
- ☐ If the medical provider determines that the patient needs in-patient detox, ask the care coordinator to call Redgate to schedule.

Intake Session Assessments and Worksheets (see Appendix H)

1. ASSIST substance use assessment and report card (the paper document is for reference only; the therapist will use the computerized ASSIST) ([Appendix H.1](#)).
2. Menu of treatment options ([Appendix H.2](#)).
3. MAT materials ([Appendix H.3](#)).
4. Willingness ruler ([Appendix H.4](#)).
5. Change-plan worksheet ([Appendix H.5](#)).
6. Role induction for brief treatment ([Appendix H.6](#)).
7. Role induction for treatment with extended-release, injectable naltrexone ([Appendix H.7](#)).
8. Role induction for treatment with buprenorphine/naloxone ([Appendix H.8](#)).
9. Suboxone® enrollment form and patient consent ([Appendix H.9](#)).

Note: If intake is done in two visits, the first visit should prioritize the limits of confidentiality, ASSIST, the willingness ruler, and the change plan worksheet. The second visit should prioritize the menu of treatment options, role induction, and the VFC intake.

Sample ICC Intake Session

Welcome

[Welcome the client to the treatment session.] The session will last about 90 minutes.

Today's Agenda

Since we're just getting started, I want to take some time to understand your [drinking/using]. I'll ask you a few questions, but I mostly want to hear from you about

- What your drinking/use looks like
- What's kept you using
- Any problems you've experienced from use.

- **Use Questionnaires**
- **Treatment Plan**

After that, I can explain what kind of treatment is available for you, and we can decide what you think is most helpful. Is that okay with you?

My Philosophy

I want you to know that I am not here to label you as having a problem or to force you to change.

Any change you want to make will be up to you, and I'm just here to help you if you're ready to do that. I want to work together with you.

How does that sound? Do you have questions before we begin?

- **No Labels/Forced Change**
- **Change Is Up to You**
- **Sharing the Talking**

Your Use

How about we start with you telling me a bit about yourself. For example, tell me what issues bring you to Venice Family Clinic? [After you get to know the patient a bit, move into questions about his or her use.] Tell me about how your drinking or using affects those issues. Tell me more about your drinking or using—how much, how often, where, things like that.

Tell Me About

- **Which Drugs**
- **Frequency**
- **Quantity**
- **Setting**

<reflect>

People have all different reasons why they like and dislike drinking and

Pros to Drinking/Using

using. What are some of the things you like about [drinking/using]?
[Understand what keeps them drinking/using.]

How about the not-so-good things you've experienced from [drinking/using]? What, if anything, concerns you about your [drinking/using]?

Cons to Drinking/Using

<reflect>

Summarize

Based on what we've discussed so far,

- You typically [drink/use] [number of days and how much].
- You've experienced some pros and cons from [drinking/using] [summarize].

[Also summarize any change talk or ambivalence regarding change.] How does that sound to you?

<reflect>

Elicit Feedback

What do you think of all of this so far?

Are you willing to think about how you might make a change, or is that getting ahead of things?

What are you thinking about your [drinking/using] at this point (abstinence, moderation, continuing)?

<elicit change talk>

<reflect>

Reasons to Cut Back or to Quit

[Do not review if client is not ready to change.] Here is a list of reasons why other clients decide to cut back or to quit drinking or using. May I show this to you? Do any of these reasons stand out to you?

<reflect>

**Administer the
Computerized
ASSIST and Print
Report Card**

Next I'd like to go through some questions we ask of all clients about your substance use. This will give you a better idea of what the options are for you if you decide you want to come to treatment.

Does that sound okay?

Review ASSIST Report Card

Low Risk

The results of the assessment show that your use of [drugs other than alcohol/opioids] has some, but not many, consequences right now, and you said earlier that these substances were affecting your life [add details]. [Note that to be in SUMMIT, use of at least one drug or alcohol will be moderate or severe; low-risk use will be for drugs other than alcohol or opioids.]

How does that fit for you?

<explore>

Did the care coordinator give you materials about [alcohol/opioid] use? Would you like to go over those together?

If you are willing, I can also schedule you for a few sessions of therapy with me to further discuss your use and help you figure out how to cut down, if that's what you'd like to do.

What do you think of all this information?

- **Discuss menu of treatment options (see "Menu of Treatment Options" in [Appendix H.2](#))**
- **See Patient Education Materials in [Appendix F](#)**

<p>Moderate Risk</p>	<p>The results of the assessment show that your use of [alcohol/opioids] has resulted in a few consequences for you. That means you are using at a level that could be a risk to your health and that you could benefit from a brief treatment. [Note: If the patient has any medical problems—diabetes, hypertension, high cholesterol, etc.—his or her use could be making these illnesses worse.]</p> <p>How does that fit for you?</p> <p><explore></p> <p>If you are willing, I can schedule you for a few sessions of therapy with me to further discuss your use and to help you figure out how to cut down, if that's what you'd like to do.</p> <p>Did the care coordinator give you materials with information about [alcohol/opioid] use? There's some information on 12-step groups like Alcoholics or Narcotics Anonymous.</p>
<p>High Risk</p>	<p>The results of the assessment show that your use of [alcohol/opioids] is resulting in a number of consequences right now and that you may be dependent on [alcohol/opioids]. That means that your body physically needs [alcohol/opioids] in order to feel right. This level of use is not healthy for you.</p> <p>How does this fit for you?</p> <p><explore></p> <p>If you are willing, I can schedule you for a few sessions of treatment to further discuss your use and to help you figure out how to cut down, if that's what you'd like to do.</p> <p>Another option for people with a dependence on [alcohol/opioids] is getting medication from a doctor.</p> <p>May I show you some information about medication?</p> <p>[Discuss information materials on extended-release, injectable naltrexone (alcohol dependence) or buprenorphine/naloxone (opioid dependence).]</p> <p>[Note: If the patient scores 27 or higher or if you have the sense that the patient needs to see a medical provider even if he or she is not interested in MAT, offer to make a medical appointment for the patient.]</p>

- See Patient Education Materials in [Appendix F](#)

- See Patient Education Materials in [Appendix F](#)
- See MAT Information in [Appendix H.3](#)

Willingness to Come to Treatment

Find out if the patient is willing to select any of the treatment options you presented.

I've just given you a lot of information about your [alcohol/opioid] use and about some options for treatment we can offer you here at the clinic.

How do you feel about what we've discussed?

Based on the options we've been talking about, what might be a good first step?

<elicit change talk>

If the patient chooses not to participate in treatment, say: "If you choose not to participate in the program, that is completely okay. Your decision will not impact the care you receive here at VFC. Know that we are here to help you if you decide you want to discuss options for changing your alcohol or drug use."

- See Willingness Ruler in [Appendix H.4](#)
- See MAT Information in [Appendix H.7](#)

Treatment Selection

If patient is ready to discuss ways to change	[Fill out the "Change Plan Worksheet" in Appendix H.5 .]
If patient is NOT ready to discuss ways to change If patient gives a 0	<p>Ultimately, what you decide to do about your [drinking/using] is up to you, and I respect your decision.</p> <p>On a scale from 0 to 10, how willing are you to participate in a few sessions of therapy with me to further explore your use and some options for making changes? Tell me what a [the number] means to you.</p> <ul style="list-style-type: none"> • What would get you to a 3? • So does that mean you prefer not to come back in for another few sessions of therapy to discuss your use?
If the patient does NOT want to come back for brief treatment	It sounds like you prefer not to come back to receive a few sessions of therapy for your use. Is that right? That's fine. I would still like to meet with you from time to time to check in with you about how you are doing and to see if you've changed your mind about participating in therapy.

If the patient gives a low number (1–3)	Since you are somewhat willing to try therapy, would it be okay if we scheduled you for another few visits?
For those with dependence If the patient gives a 0	On a scale from 0 to 10, how willing are you to try taking the medication we discussed to help you with your [alcohol/opioid] use? <ul style="list-style-type: none"> • What would get you to a 3? • So does that mean you prefer not to see a doctor to discuss medication for helping you with your [alcohol/opioid] use?
If the patient does NOT want to come back for MAT but will come for brief treatment	It sounds like you prefer not to discuss medication with a doctor at this point. Is that right? That's fine. You and I can discuss it in the future if you change your mind.
If the patient does NOT want to come back for brief treatment or MAT	It sounds like you prefer not to receive any treatment at all for your [alcohol/opioid] use at this time. Is that right? That's fine. Ultimately, what you decide to do about your [drinking/drug] use is up to you. As I mentioned, I would still like to meet with you from time to time to check in with you and to see if you've changed your mind about participating in therapy. And you can call us any time if you feel more ready to come for treatment. Can we make another appointment for a couple of weeks from now, just to check in?

Summarize Treatment Plan

Based on everything we've discussed, it sounds like you are interested in [choose the combination that the patient has selected]:

- Coming in for therapy
- Seeing a doctor to discuss medication to treat your [alcohol/opioid] use
- Not participating in any treatment at this time.

How does that sound? What have I missed?

I'd like to take a few minutes to tell you a little about the treatment[s] you've selected and about what to expect while you are in treatment here. Is that okay?

Go through role induction for MAT and brief treatment in [Appendixes H.6–H.8](#).

**See Role
Induction Forms
in [Appendixes
H.6–H.8](#)**

Patient Self-Management Materials

If you haven't already, go through the patient self-management materials for [alcohol/opioid use] [see patient self-management materials in [Appendix F](#)].

Did the care coordinator give you information about [alcohol/opioid use]? The information goes over what people who use these substances can do to help themselves be healthy and stop using. Would you like to look at these together?

See Patient Education Materials in [Appendix F](#)

I also would like to give you a list of [Alcoholics Anonymous/Narcotics Anonymous] meetings on the Westside [only for those with moderate and high risk]. These are support groups for people who are trying to stop using [alcohol/drugs]. Is that okay with you?

Going to a support group along with treatment can give extra support to people who are trying to stop using.

[For patients currently injecting drugs:] I also would like to give you information about VFC's needle-exchange program. The program is held at Venice Family Clinic (604 Rose Ave., Venice, CA 90291) on Mondays and Friday from 2 p.m. to 5 p.m. and on Tuesdays and Wednesdays from 5 p.m. to 7 p.m.

Summarize

I appreciate your willingness to be so open with me today and to talk about your [alcohol/opioid] use with me. It takes a lot of courage!

<affirm>

Today we looked at your [alcohol/opioid] use to try to determine if any of the treatments we offer here may work for you. You decided that you would like to [choose what the patient selected]:

- Attend therapy sessions
- Speak with a doctor about medication
- Both attend therapy sessions and speak with a doctor about medication
- Wait and see before you decide.

Next Steps

If coming back for brief treatment	<p>Let's make your next appointment.</p> <p>Next time we meet, I would like to talk with you more about the questions you answered today about your use and about what kind of changes you would like to make in your use and in your life. How does that sound?</p>
If coming back for MAT	<p>[Care coordinator] can schedule a time for you to come back to talk with a doctor to find out if the medication is right for you.</p> <p>[If the patient is interested in buprenorphine/naloxone, fill out the Suboxone® enrollment form and have the patient sign the patient consent (Appendix H.9). Call an ICC doctor who is waived to prescribe buprenorphine/naloxone and let him or her know that the patient will be coming for an appointment. Put the forms in the patient's chart.]</p>
If NOT coming back for brief treatment	<p>Although you decided not to come back for therapy with me as part of your treatment plan, I would like to check in with you in a few weeks. Would it be okay if I called you to see how you are doing?</p>

Treatment: Extended-Release, Injectable Naltrexone for Alcohol Dependence or Buprenorphine/Naloxone for Opioid Dependence



For detailed instructions on administering extended-release, injectable naltrexone for alcohol dependence and buprenorphine/naloxone for opioid dependence, please refer to the SUMMIT MAT Manual: <http://www.rand.org/pubs/tools/TL148-1.html>.

How will I know if my patients are in SUMMIT?

- You will see an ASSIST report card and the patient graph in the patient's chart or in the EMR.
- They will self-refer and tell you why they are there.
- There will be a SUMMIT sticker on the spine of their paper chart.
- There will be an alert in EPM.
- There will be a SUMMIT flyer in the scanning folder.
- If the patient is ICC, the care coordinator or therapist will call or email you to let you know the patient is coming.

What should I do with SUMMIT patients?

- If they need/want to be assessed for medication, they will ask.
- You will note that they are in SUMMIT, look for their screener, and ask some questions about their use, such as:
 - "Last time you came in you told us you had been using [alcohol/pain pills/heroin] pretty heavily. Can you tell me about what is happening with your use of [alcohol/pain pills/heroin]?"
 - "Can you tell me about any kind of treatment that you are getting?"

- “You may wish to consider getting treatment for your use, and we would be happy to help you with this.”
 - “There are some medicines to help you with your [alcohol/pain pill/heroin] use. Will you share with me what you know about these medicines? [After patient responds, say:] Can I tell you more about these medications? [If the patient agrees, offer more information.]”
 - “Counseling can also help.”

What should I do if the patient is interested in medication or therapy?

- Confirm that the patient is dependent on opioids or alcohol (if referred by the care coordinator or therapist, the patient already screened positive for dependence—you will need to confirm).
- Use the *DSM-IV* checklist in the MAT manual and other resources to further assess for appropriateness and eligibility (note that the *DSM-V* classifies abuse and dependence along a continuum; you may wish to refer to *DSM-V* guidelines as well).
- If the patient has not seen a therapist yet and would like to, call the on-call therapist and say that the patient is in the ICC condition and wants to see an ICC therapist.

How do I get extended-release, injectable naltrexone for SUMMIT patients?

- Extended-release, injectable naltrexone is FREE for patients who are enrolled in SUMMIT for the length of the study (18 months), regardless of income.
- SUMMIT patients should receive the free extended-release, injectable naltrexone (Vivitrol®) supplied from Alkermes, even if they have Medi-Cal or private insurance.
- The VFC pharmacy will keep the extended-release, injectable naltrexone in stock at Simms and at Rose and will track SUMMIT patients receiving extended-release, injectable naltrexone in a special registry from Alkermes. Note: extended-release, injectable naltrexone is refrigerated and needs to be taken out of the refrigerator 45 minutes before it is injected.

What if I want to prescribe extended-release, injectable naltrexone to non-SUMMIT patients?

- If you have an alcohol-dependent patient who is not enrolled in SUMMIT and is not currently receiving treatment, you may want to suggest getting screened for SUMMIT at the patient's next visit.
- The extended-release, injectable naltrexone currently available at the VFC pharmacy is for SUMMIT patients only.
- Extended-release, injectable naltrexone is covered by Medi-Cal and by private insurance.
- See the handout on obtaining extended-release, injectable naltrexone through Medi-Cal and private insurance for non-SUMMIT patients ([Appendix I](#)).

How do I get buprenorphine/naloxone for SUMMIT patients?

- Patients at or below 200 percent of the federal poverty level and who do not have insurance can obtain free **buprenorphine/naloxone** if they apply for the Patient Assistance Program (PAP). (Providers can have three patients on PAP at a time.)
- Most VFC patients who do not have insurance (including Medi-Cal) will be eligible for PAP.
- PAP enrollment forms are in the MAT manual.
- The VFC pharmacy will not be storing any buprenorphine/naloxone.
- Buprenorphine/naloxone is available at most local pharmacies; several pharmacies understand how to work with patients with PAP cards and who are using Medi-Cal (see [Appendix I](#)).
- Patients should take their prescriptions and their PAP cards to these pharmacies to obtain medication.

What if I want to prescribe buprenorphine/naloxone to non-SUMMIT patients?

- If you have an opioid-dependent patient who is not enrolled in SUMMIT and is not currently receiving treatment, you may want to suggest getting screened for SUMMIT at his or her next visit.

- Instructions for obtaining medication are the same for SUMMIT and non-SUMMIT patients.

What about therapy?

- Patients on these medications are not required to receive therapy — the medications can help even without therapy.
- Nevertheless, therapy and support can be helpful to patients on medication.
- VFC therapists can deliver a brief (six-session) treatment for substance use disorders to patients on medication or not on medication. To arrange for this, the patient should contact the care coordinator to schedule a therapy appointment.



Treatment: Brief Treatment for Substance Use Disorders

For detailed instructions on the six-session brief treatment intervention, please refer to the SUMMIT *Brief Treatment for Substance Use Disorders: A Guide for Behavioral Health Providers*: <http://www.rand.org/pubs/tools/TL147.html>.

How will I know whether my patients are in SUMMIT?

- ICC:
 - The care coordinator likely will set up the first appointment, and the care coordinator or therapist will call or email to let you know.
- E&R:
 - The medical provider will refer patients through the on-call therapist.
- ICC and E&R:
 - There will be an alert in EPM.

What should I do with SUMMIT patients?

- ICC: Follow ICC intake procedures.
- ICC and E&R: Follow guidelines in the SUMMIT *Brief Treatment for Substance Use Disorders* manual.

ICC Care Coordination and Monitoring



Overview

Care coordination involves scheduling appointments and keeping information flowing between providers by keeping the patient registry up to date. Monitoring involves making reminder phone calls and staying on top of who has appointments and who has missed appointments. To coordinate the care of ICC patients, the care coordinator will do the following:

1. **Coordinate and track patient check-in visits and urine drug screen tests.**
2. **Make reminder and no-show calls.**
3. **Make two check-in calls to non-therapy patients and chronic no-shows.**
4. **Enter the outcome of all calls (“call outcome”) and visits (“visit status”) into the registry.**
5. **Attend supervision and care coordination meeting with therapists on SUMMIT patient status.**
6. **If requested by medical provider, follow procedures for detox admission and discharge.**

Step-by-Step

1. Coordinate and track patient check-in visits and urine drug screen tests.

- ☐ Conduct the “SUMMIT Check-In” ([Appendix G](#)) each time the patient comes in for a therapy visit or if he or she is at a medical visit and stops by to see you.
- ☐ Enter scores directly into the registry.
- ☐ Print out two copies of the patient graph from the patient registry; give one copy to the therapist before each appointment and one copy to the patient.
- ☐ Order a urine drug screen test every other visit. There should be automatic reminders in the registry. (If the patient is just checking in with you and not there to see the therapist, you can ask the therapist for the drug screen form.)
- ☐ Enter urine drug screen results into the registry (the lab should send them back to you and will have entered them into the EMR). Make sure that the date of the urine drug screen result you enter in the registry matches a patient visit date.

- ☐ Give all check-in forms, lab results, and patient graphs to the medical records department to scan into the patient's SUMMIT folder in the EMR.

2. Make reminder and no-show calls.

- ☐ **Each day, click “Reminder Calls” in the registry and call the patients on the list. Note the outcome of the call (e.g., “Confirmed”) on the “Therapy Appts” or “Med Appts” tab.**

If the patient answers, say: “Hi, [patient name], it’s [care coordinator name]. We met at the Venice Clinic {give time period—e.g., a week ago}. How is [ask BRIEFLY something personal the patient brought up the last time you met—e.g., family]? I’m glad I got ahold of you. I wanted to give you a quick call because we’re looking forward to seeing you on [appointment date]. Will you be able to make that appointment [troubleshoot if needed and be open about rescheduling]? Sometimes things come up and patients aren’t able to make their appointments. Is there anything that might get in the way of you getting to your appointment on [time/day]? [Troubleshoot as needed]. Please feel free to give me a call if you need to cancel or reschedule, I’d be happy to do that for you.”

If the patient does not answer, leave a message that says: “Hi, [patient name], it’s (care coordinator name). I am calling to let you know we’re looking forward to seeing you on [appointment date]. Please give me a call back if you need to reschedule or believe you will not be able to make it. Thank you!”

If someone who is not the patient answers, say: “Hi, is [patient name] available? [If no:] When is a good time to call back? [Note reply in the “comments” field in the registry.] Okay, thank you!”

- ☐ **There will be reminders for the following types of calls:**
 - Intake/orientation appointments
 - Regular therapy appointments
 - Medical provider appointments: The care coordinator will make reminder calls for patients with medical appointments as long as the medical appointment is entered into the registry (if the care coordinator makes the medical appointment, the patient should be entered into the registry; if not, the care coordinator can check the EPM to see when the patient has a medical appointment)

- No-shows: Patients who no-showed for a scheduled appointment will get one additional call
- Non-therapy check-ins: Patients who decide not to come back for therapy (or who consistently no-show) will get two more calls—one at two weeks and one at four weeks—after the “not coming back for therapy” box is checked in the registry.

3. Make check-in calls to non-therapy patients and chronic no-shows.

Care coordinators will make two check-in calls (at the most) to patients who have decided not to come in for therapy (either because they told the therapists that they did not want therapy or because they stopped coming in). These calls will be two weeks after the intake (or their last visit) and then, if the patient has not scheduled an appointment, two weeks after that.

- ☐ Each day, click “Non-Therapy Patient Calls” and call the patients on the list. Track the results of your calls on the “Non-Therapy Patient” tab.

- ☐ For the first non-therapy patient check-in calls:

“Hi, [patient name], it’s [care coordinator name] from the Venice Family Clinic. I’m just calling to find out how you’ve been doing. How are you? How is [ask BRIEFLY something personal the patient brought up the last time you met—e.g., family]? We have some openings to meet with a counselor; any chance you want to check it out once to see if it’s a good fit for you?” [If a chronic no-show, also ask: “I noticed that you haven’t been coming in for your appointments. How is everything going?”]

IF YES: “Would you like to set up an appointment?”

IF NO: “That’s okay. I will give you a call in a few weeks to find out how you are doing. Please feel free to call me before then if you would like to make an appointment. Do you still have my card? [If not, give your phone number.] Remember, you always can stop by to see me after a medical provider visit.”

- ☐ If the patient still hasn’t come in, call the patient after two more weeks and follow the same script. If the patient still doesn’t come in, he or she will be taken off the reminder list.

“Hi, [patient name], it’s [care coordinator name] from the Venice Family Clinic. I’m just calling one more time to find out how you’ve been doing. How are you? We have some

openings to meet with a counselor; any chance you want to check it out once to see if it's a good fit for you?"

IF YES: "Would you like to set up an appointment?"

IF NO: "It sounds like therapy isn't right for you now. If you change your mind, please call me. Remember, you can always stop by to see me after a medical provider appointment. Take care."

4. Enter the outcome of all calls and visits into the registry.

- Call outcomes get entered under "Call Outcomes."
- Visit outcomes get entered under "Visit Status."
- Note in the registry (next to "disp") when a patient
 - Has decided not to attend therapy ("Patient not coming back for treatment")
 - Is a chronic no-show (that is, you have called two times and the patient has not responded or has not come back) ("Patient not coming back for treatment")
 - Has completed treatment ("Patient has completed treatment")

5. Attend supervision and care coordination meeting with therapists on SUMMIT patient status.

Care coordinators will attend a supervision meeting every week with therapists to discuss SUMMIT patients.

➤ The day before the meeting:

- ☐ On the main page of the registry, click on "Care Coordination Report" and select your site (Simms or Rose) to produce a list of patients who have had a SUMMIT appointment in the last month. This report will get filed in a folder called "reports" on your computer. Print copies of the updated report for each person at meeting.

➤ During the meeting:

- ☐ Give each person a copy of the report.
- ☐ Briefly discuss each patient by reading information from each column. Here is an example of what that might be like:

“Mr. Smith is a 45-year-old Hispanic male who was referred to SUMMIT on January 1, 2013, for alcohol problems.”

Depending on where he is in his treatment, the next sentence would be:

“I met Mr. Smith and he said he was an 8 on the motivation ruler. [One more sentence about what motivates or doesn’t motivate him.] He is scheduled with Chris on [date].”

Or

“I wasn’t able to meet with Mr. Smith, but I have left three phone messages for him, most recently on [date].”

Or

“I met Mr. Smith, and he indicated he was not interested in SUMMIT because [indicate reason]. I have followed up with a phone call, and he again confirmed he didn’t want to participate. I will call him again in two weeks.”

Or

“He had an intake with Chris on February 2, 2014, and had a score of [give number] on the ASSIST. He also uses [drugs/alcohol]. He has completed [give number] sessions, and his primary substance use disorder issue is [main issue]. He [is/is not] interested in [or is/is not eligible for] medication and is scheduled for an appointment with [therapist] on [date]. Gloria will contact Dr. [medical provider] and let her know he will be coming. Clinical issues with him are [not showing up, keeps relapsing, doing well, etc.].”

- ☐ Take notes about things that need to be done for each patient. For example, the group may decide that Mr. Smith should see a medical provider to learn more about the medication that is available.

➤ **After the meeting:**

- ☐ Follow up with any “to dos.” For example, you can make a medical appointment for Mr. Smith and enter it into the registry.
- ☐ File the paper copy of the report in the folder for “Care Coordination Reports.”

6. If requested by the medical provider, follow procedures for detox admission and discharge.

Admission:

1. Medical provider contacts the care coordinator.
2. The care coordinator contacts the detox facility intake supervisor and identifies this as a Venice Family Clinic patient. The patient speaks with the intake supervisor on the phone (~20 minutes). Fax referral letter and lab work to 562-599-5235.

Discharge:

1. The detoxification counselor contacts the VFC call center supervisor to arrange follow-up appointment for the patient being discharged from the detox facility.
2. The patient should be scheduled with his or her primary care provider, if possible (refer to list of prescribing providers), within seven to ten days.
3. The VFC call center supervisor notifies the care coordinator that the patient has been discharged from the detox facility.

ICC Troubleshooting

	Scenario	Option
1	Patient is interested in SUMMIT and has no phone	<ol style="list-style-type: none">1. Care coordinator double-checks that patient completed the care coordinator contact form2. Care coordinator asks, "If a doctor or someone else needed to reach you, how would they get a hold of you?"3. Care coordinator asks, "Can you think of any other way that we might be able to reach you or get a message to you [e.g., St. Joseph's, Ocean Park Community Center]?"4. Care coordinator offers \$10 food gift card if patient shows for intake5. Care coordinator mails letter to remind patient about future appointments6. Care coordinator asks for any updated contact information at the beginning of the month
2	Patient calls to cancel intake or session	<ol style="list-style-type: none">1. Care coordinator schedules immediately if patient cancels intake appointment2. Therapist or care coordinator schedules immediately if patient cancels a session
3	Patient no-shows once for intake or	<ol style="list-style-type: none">1. If patient no-shows for intake, care coordinator calls

	session without calling	<p>patient and offers to schedule immediately if the patient is interested (offers walk-in hours and \$10 food gift card if not interested at first)</p> <p>2. If patient no-shows for a session, therapist calls patient (repeat above)</p>
4	Patient no-shows twice for intake or session without calling	<p>1. If intake, care coordinator calls patient and offers walk-in hours and \$10 food gift card; if patient shows to walk-in hours, schedule immediately</p> <p>2. If no response after two calls, care coordinator mails letter</p> <p>3. If no response after two weeks, therapist writes termination note (if applicable) and care coordinator documents in registry (disposition = chronic no show)</p>
5	Reminder calls	1. Care coordinator calls two days prior to appointment
6	Waiting list over three weeks	<p>1. Care coordinator informs mental health director</p> <p>2. Schedule at alternate clinic</p> <p>3. Bring in therapist from alternate clinic</p>
7	Patient scores 27 or higher (or therapist is concerned about potential withdrawal symptoms)	<p>1. Therapist offers patient appointment with physician for a medial assessment; care coordinator schedules</p> <p>2. Therapist emails physician a heads up about possible withdrawal symptoms to assess</p> <p>3. Therapist emails physician ongoing clinical updates</p>
8	Patient is interested in inpatient detox	<p>1. Redgate allows one per month</p> <p>2. Care coordinator contacts other care coordinator to see if other patients are being considered; works with Dr. Lamp to prioritize multiple patients and coordinate labs</p> <p>3. Care coordinator and patient call the admissions office for phone intake or the detox unit for updates/discharge plan</p>
9	PHQ-9	1. Administer at each session
10	Progress Notes and SUMMIT docs	1. Document progress notes, put SUMMIT docs (e.g., graph) in "Scan to SUMMIT folder"
11	Session 0	<p>1. First visit: Confidentiality, ASSIST, change plan</p> <p>2. Second visit: Intake</p>

Accessing Decision Support for MAT



Having access to decision support (or consultation) is a key part of providing collaborative care. All medical providers have several resources for accessing decision support on the administration of extended-release, injectable naltrexone and buprenorphine/naloxone.

- ☐ For immediate support, contact the addiction medicine specialist by telephone or email.
- ☐ To share your questions and answers with other ICC providers, use the e-mail listserv.
- ☐ The addiction medicine specialist holds case conference discussions.
- ☐ Access SAMHSA Buprenorphine Clinical Discussion WebBoard, an online forum for buprenorphine-waived physicians, sponsored by SAMHSA:
<http://bup-webboard.samhsa.gov/login.asp>

Accessing ICC Decision Support for Brief Treatment (ICC ONLY)



Having access to decision support (consultation) is a key part of providing collaborative care. To assist ICC mental health therapists, all mental health sessions with participants will be audio-recorded. The SUMMIT research clinician will initially listen to the audio recording of each session and provide ongoing, weekly supervision in either individual or group format. The research clinician will provide clinicians with coaching and feedback via phone or in person to promote motivational interviewing behaviors and sustain proficiency.

- ☐ For immediate support with the SUMMIT Brief Treatment, ICC mental health therapists may contact the research clinician by telephone or e-mail.

To share your questions and answers with the other ICC providers, you can use the ICC e-mail listserv.

- ☐ The research clinician also will be providing support during weekly calls with all ICC therapists.

Appendix A. Sample Health Screener




Place Patient Label Here

Health Screener: MA Administered

Today's Date: ___/___/___


The clinic is starting a new program for people who have problems with alcohol and drugs. I'm going to ask you a few questions about your drinking and drug use.

ASK 1a, IF PATIENT IS A MALE :

1a. In the past **THREE MONTHS**, how often have you had **5 or more** drinks a day? (Show picture)

☐ Never ☐ Once or Twice ☐ Once a month ☐ Once a week ☐ Every day or almost every day

OR

ASK 1b, IF PATIENT IS A FEMALE :

1b. In the past **THREE MONTHS**, how often have you had **4 or more** drinks a day? (Show picture)

☐ Never ☐ Once or Twice ☐ Once a month ☐ Once a week ☐ Every day or almost every day

ASK ALL PATIENTS:

2. In the past **THREE MONTHS**, how often have you taken prescription pain medicine in a way that was different from how a doctor told you to take it? Some examples of prescription pain medication are oxycodone, Oxycontin, hydrocodone, Vicodin, Percocet, and methadone.

☐ Never ☐ Once or Twice ☐ Once a month ☐ Once a week ☐ Every day or almost every day

3. In the past **THREE MONTHS**, how often have you taken street drugs, like heroin, cocaine, crack, methamphetamine, or ecstasy, or other drugs (DO NOT INCLUDE MARIJUANA)?

☐ Never ☐ Once or Twice ☐ Once a month ☐ Once a week ☐ Every day or almost every day

4. Are you currently in treatment at CLARE or Phoenix House?

☐ No ☐ Yes



If Monthly, Weekly, or Daily/Almost daily is checked for any question and patient is not currently in treatment at CLARE or Phoenix House:

- **MEDICAL ASSISTANT:** Follow SUMMIT Referral Guidelines
- **MEDICAL PROVIDER:** Deliver a Brief Intervention



Check this box if patient declines to answer screening questions





Check this box if patient declines to be referred to SUMMIT

Health Screener: MA Administered

Today's Date: ___/___/___

La clínica está empezando un programa nuevo para ayudar a las personas que tienen problemas con el consumo de alcohol y drogas. Le voy a hacer algunas preguntas sobre sus experiencias con el consumo de alcohol y drogas.

<p> IF PATIENT IS A MALE, ASK 1a</p>	<p>1a. En los <u>ÚLTIMOS TRES MESES</u>, ¿cuántas veces ha tomado <u>5 o más</u> bebidas alcohólicas el mismo día? (Muestre la imagen)</p> <table border="0"> <tr> <td><input type="checkbox"/> Nunca</td> <td><input type="checkbox"/> Una vez al mes</td> </tr> <tr> <td><input type="checkbox"/> Una o dos veces</td> <td><input type="checkbox"/> Una vez a la semana</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Todos los días o casi todos los días</td> </tr> </table>	<input type="checkbox"/> Nunca	<input type="checkbox"/> Una vez al mes	<input type="checkbox"/> Una o dos veces	<input type="checkbox"/> Una vez a la semana		<input type="checkbox"/> Todos los días o casi todos los días						
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	<input type="checkbox"/> Todos los días o casi todos los días												
<p> IF PATIENT IS A FEMALE, ASK 1b</p>	<p>1b. En los <u>ÚLTIMOS TRES MESES</u>, ¿cuántas veces ha tomado <u>4 o más</u> bebidas alcohólicas el mismo día? (Muestre la imagen)</p> <table border="0"> <tr> <td><input type="checkbox"/> Nunca</td> <td><input type="checkbox"/> Una vez al mes</td> </tr> <tr> <td><input type="checkbox"/> Una o dos veces</td> <td><input type="checkbox"/> Una vez a la semana</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Todos los días o casi todos los días</td> </tr> </table>	<input type="checkbox"/> Nunca	<input type="checkbox"/> Una vez al mes	<input type="checkbox"/> Una o dos veces	<input type="checkbox"/> Una vez a la semana		<input type="checkbox"/> Todos los días o casi todos los días						
<input type="checkbox"/> Nunca	<input type="checkbox"/> Una vez al mes												
<input type="checkbox"/> Una o dos veces	<input type="checkbox"/> Una vez a la semana												
	<input type="checkbox"/> Todos los días o casi todos los días												
<p>ASK ALL PATIENTS</p>	<p>2. En los <u>ÚLTIMOS TRES MESES</u>, ¿cuántas veces ha tomado medicinas contra el dolor que requieren receta médica de una manera diferente de la que el médico le dijo que las tomara? Algunos ejemplos de medicamentos contra el dolor son Oxycodona, Oxycontin, Hydrocodona, Vicodin, Percocet y Metadona.</p> <table border="0"> <tr> <td><input type="checkbox"/> Nunca</td> <td><input type="checkbox"/> Una vez al mes</td> </tr> <tr> <td><input type="checkbox"/> Una o dos veces</td> <td><input type="checkbox"/> Una vez a la semana</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Todos los días o casi todos los días</td> </tr> </table> <p>3. En los <u>ÚLTIMOS TRES MESES</u>, ¿cuántas veces ha tomado drogas como la heroína, la cocaína, el crack, metanfetamina, el éxtasis u otras drogas (NO INCLUYA MARIJUANA)?</p> <table border="0"> <tr> <td><input type="checkbox"/> Nunca</td> <td><input type="checkbox"/> Una vez al mes</td> </tr> <tr> <td><input type="checkbox"/> Una o dos veces</td> <td><input type="checkbox"/> Una vez a la semana</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Todos los días o casi todos los días</td> </tr> </table> <p>4. ¿Está usted actualmente en tratamiento en CLARE o en Phoenix house?</p> <p><input type="checkbox"/> Sí <input type="checkbox"/> No</p>	<input type="checkbox"/> Nunca	<input type="checkbox"/> Una vez al mes	<input type="checkbox"/> Una o dos veces	<input type="checkbox"/> Una vez a la semana		<input type="checkbox"/> Todos los días o casi todos los días	<input type="checkbox"/> Nunca	<input type="checkbox"/> Una vez al mes	<input type="checkbox"/> Una o dos veces	<input type="checkbox"/> Una vez a la semana		<input type="checkbox"/> Todos los días o casi todos los días
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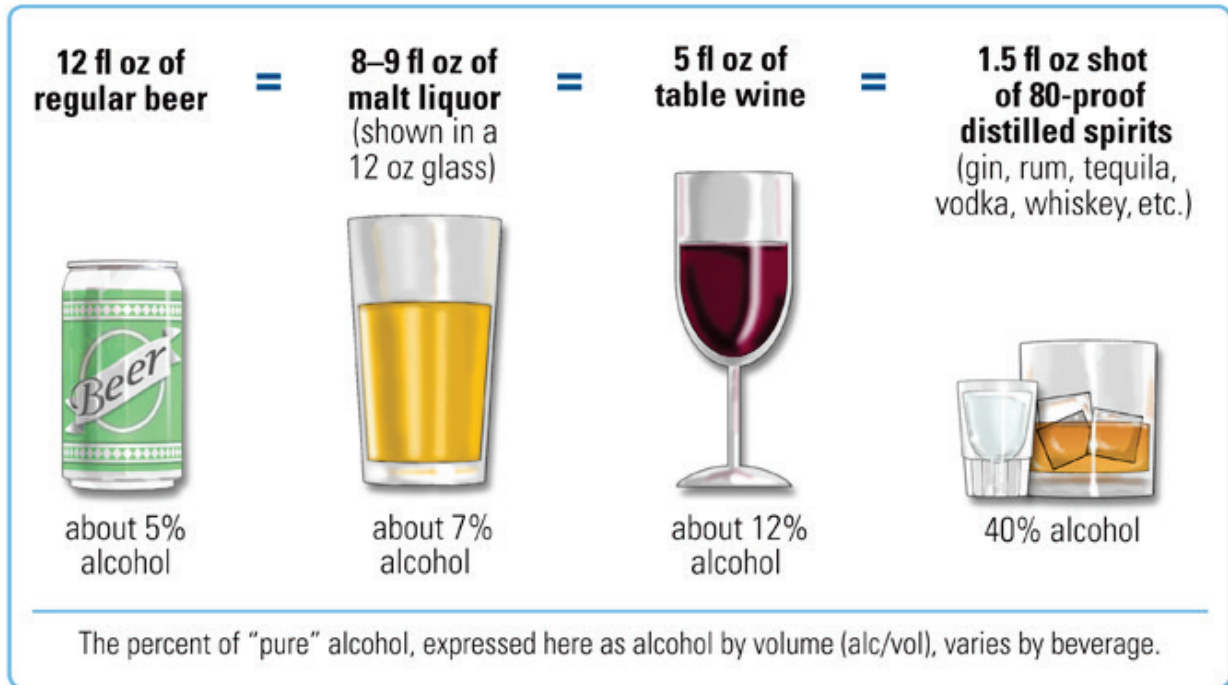
☒ If Monthly, Weekly, or Daily/Almost daily is checked for any question and patient is not currently in treatment at CLARE or Phoenix House:

- MEDICAL ASSISTANT:** Follow SUMMIT Referral Guidelines
- MEDICAL PROVIDER:** Deliver a Brief Intervention

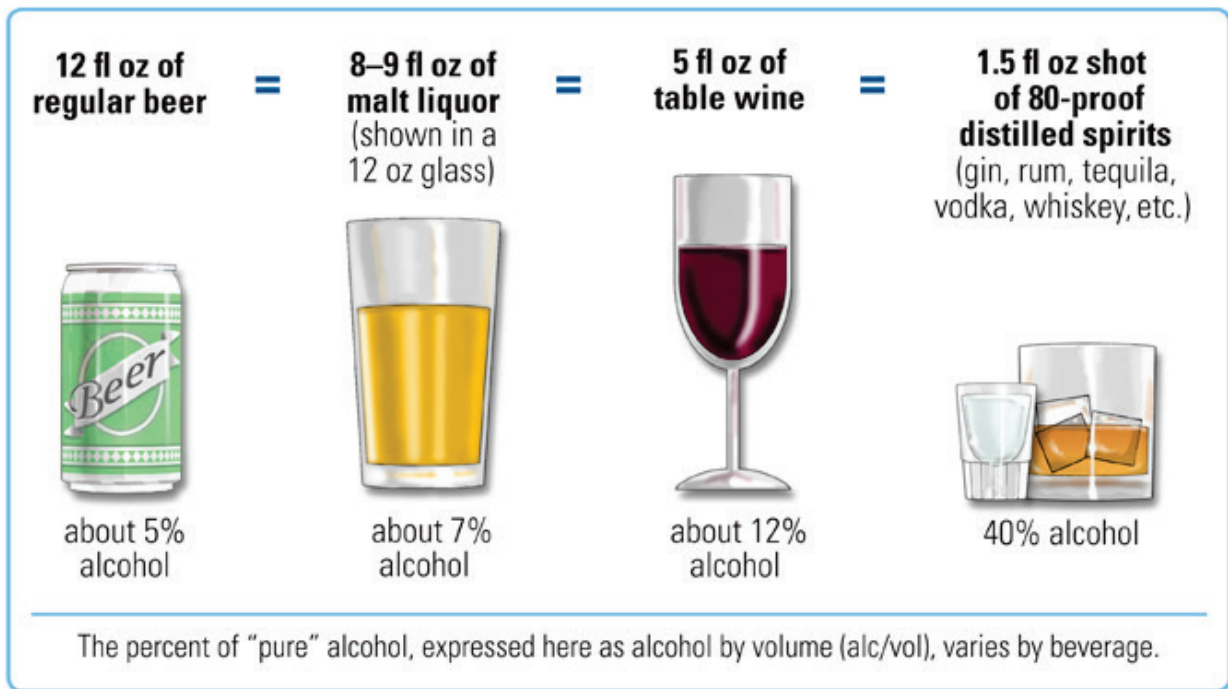
☐ Check this box if patient declines to answer screening questions

☐ Check this box if patient declines to be referred to SUMMIT

Standard-Drinks Reference Card (to accompany health screener)



**One drink is one full glass of beer, one small glass of hard liquor,
or a little less than one whole glass of wine.**



El tamaño de una bebida alcohólica es un vaso lleno de cerveza, un vaso pequeño de aguardiente, o un poco menos que una copa llena de vino.

Appendix B. Sample Consent to Contact Form



Consent to be Contacted by SUMMIT

It looks like the answers to some of the questions I asked you about drugs and alcohol today might qualify you for a research project we are doing at Venice Family Clinic (VFC). The project is called SUMMIT and is being conducted by RAND, a nonprofit organization in Santa Monica that does research to help society and improve policy. RAND is working closely with VFC on this project. It is funded by the National Institute on Drug Abuse (NIDA).

If it is okay with you, I would like to ask someone from the project to talk with you after your appointment and ask you a few questions to see if you might qualify. I will not give your name to the RAND staff person, but they will see your answers to the questions I just asked you about drugs and alcohol. The questions should take less than 10 minutes, and you will be paid \$5 for your time whether you qualify or not. If you qualify for the project, the project staff will tell you more about it to see if you want to take part.

I authorize VFC to disclose the answers to my initial screening questions to RAND for the purpose of telling me more about a research project.

I understand that VFC will NOT give my name to RAND.

Signature _____ Date : ____/____/____
(Must sign here to be contacted)

Print Your Full Name _____
First Middle Last

If you have questions, you may contact the Survey Director [enter contact information].

MA: (1) PLEASE TEAR OFF BOTTOM PORTION AND GIVE TO PATIENT FOR SUMMIT STAFF MEMBER; (2) PLACE THE SIGNED FORM IN THE PATIENT'S CHART

I have agreed to speak with someone about SUMMIT.



RAND Corporation

Appendix C. Frequently Asked Questions

Frequently Asked Questions for SUMMIT Project

How long will this take?

- I will ask you a few questions to see if you might qualify for a research project. The questions will take less than ten minutes, and you will receive \$5.
- If you are eligible and agree, we'll ask you to participate in a one-hour interview today and a follow-up telephone survey in six months. You will be paid \$50 for today and \$50 if you participate in the interview in six months.

Why should I participate?

- We will pay you \$5 for this screening interview to thank you for your time.
If you qualify . . .
- You will be paid for all of the surveys you complete (\$50 for today's interview and \$50 for the interview in six months).
- You can learn more about substance use and about the kind of help that is available at the clinic.
- You can get treatment that might help you.
- You can help the clinic learn how to help other people in the future.
- This project is important and we would appreciate your input.

Why are you asking me to do this? Can't you get someone else?

- Your answers to some of the questions that the medical assistant asked you suggest that you might be eligible for the project.
 - You gave your permission to the medical assistant for me to talk with you and tell you more.
- It's important that we talk to as many different people as possible so that the project truly represents the community. We are interested in your opinions.
- Your experiences are unique and valuable. Someone else cannot replace the information you can give us.

Do I have to do this? Is this required? Is this mandatory?

- We think this project is important and would appreciate your input, but you do not have to participate in the screening questions if you do not want to. If you qualify, it is up to you if you decide to take part in the project or not.
- Your decision to take part or not will not affect the services or treatment you receive here at VFC or anywhere else in the community.

What is going to happen to the answers I give you? Is this private? Are you going to tell anyone what I say?

- Your answers to the questions the medical assistant asked you go into your patient chart, but the form given to me does not have your name on it.
- Only staff who work on the SUMMIT project will see your answers to the screening questions I ask you today. We ask the questions to see if you might qualify for this important research project. These are also anonymous.
- If you decide to enroll in the project, your survey answers will be kept confidential and shared only with research staff and not with anyone at the Venice Family Clinic or anyplace else.
- The results of the urine drug screen will only be shared with the health care workers involved with the SUMMIT project.

What is SUMMIT?

- SUMMIT is an exciting new research project that we hope will improve the substance use care that is offered by health clinics.
- SUMMIT compares two ways to improve substance use care at Venice Family Clinic.

Why is this project important?

- When substance use is not identified and treated, it can hold people back from doing everyday tasks, such as holding a job, having good relationships, parenting children, managing personal finances, and taking care of one's health.
- A lot of people who have problems with substance use do not get the treatment they need.
- Health clinics are a good place for people to get treatment because a lot of people go to health clinics, but these clinics don't often provide substance use services.
- The project will help this health clinic and other health clinics figure out the best way to deliver treatment to patients who need it.

- We will use the results of our project to improve substance use services at this clinic and in the community. That means that we hope the project will benefit the community long after the research has ended.

Which groups are involved in SUMMIT?

- RAND is a nonprofit research institute that conducts public health research.
- VFC is working with RAND on this project.
- No one at VFC will see your answers to the questions I ask you today.

Who can I contact if I have questions?

- [Provide study contact information.]

How is SUMMIT funded? Who is paying for SUMMIT?

- SUMMIT is supported by the National Institute of Drug Abuse (NIDA), which is part of the National Institutes of Health (NIH) in the U.S. Department of Health and Human Services.

Appendix D. Sample Consent and HIPAA Forms



PURPOSE OF THE PROJECT

SUMMIT is a research project being conducted by the RAND Corporation and Venice Family Clinic (VFC). The project will help doctors and therapists treat people who have substance use problems.

The project will look at two different ways that clinic staff can learn about and use treatments that have already been found to work. The project is funded by the National Institute on Drug Abuse (NIDA).

HOW WE SELECTED YOU

We are asking you to take part in the project because the answers you gave on your health screening suggest that you might benefit from treatment for your alcohol or opioid use.

WHAT WE WILL ASK YOU TO DO

If you agree to be in the project, we will ask you to do the following:

- We will ask you to provide your name, birth date, clinic medical record number, address, and telephone number.
- We will randomly put you in one of two research groups. The main difference between the groups is the support the medical providers get to deliver services.
- You can continue to see the same medical provider (by *medical provider*, we mean doctor, physician's assistant, or nurse) during the study. If you choose to receive medication for your substance use, you may need to also see a medical provider who specializes in certain medications.
- If you currently see a mental health therapist here at the clinic or have seen one in the past, we may ask you to see a different therapist if it turns out that the therapist you've

seen here is not in the same group as you are. You will be able to switch back to your usual therapist at the conclusion of the study.

- You will be able to participate in a few different treatments for substance use disorders that will be offered here at the clinic. You can work with a therapist and a medical provider to decide which treatments are best for you. Agreeing to be in the project does **NOT** mean you are required to take part in treatment of any kind.
- If you would like to participate in therapy, we will ask you to allow the therapist to audio record the sessions.
- If you decide to take part in substance use treatment:
 - You may be asked to talk with a care coordinator today to set an appointment to come back another day to talk with a therapist.
 - You may receive telephone calls from a care coordinator or therapist to remind you about your appointments. When you come in for an appointment, you may be asked to answer questions about how you've been doing with your substance use.
 - You may be asked to provide your urine so it can be tested for drugs. Again, agreeing to be in the project does **not** mean you must take part in treatment of any kind.
- We will ask you to allow the project to obtain some information from your clinic medical records, including:
 - The dates you visited specific medical providers and therapists during the project
 - Dates of visits that were scheduled but you did not attend
 - Results of any urine drug screens
 - Medical diagnoses, including any diagnoses related to a substance use disorder
 - Prescriptions for medications that are provided to you by your medical provider during the course of the study, including prescriptions for medications for substance use disorders
 - Information you report on the how much and how often you use substances between your visits and any problems associated with your use.

- Today, either right after we go over this form or after you see your medical provider, we will ask you to participate in a survey interview that will ask you questions about things like your income, employment, and marital status; about your emotional and physical well-being; and about your drug or alcohol use. You will be paid \$50 in cash today when you complete the interview. You need to complete the interview to be paid, so if you don't finish it today, we will pay you on the day you finish. The interview will take about one hour.
- We also will contact you by telephone in about six months to participate in a similar survey interview that also will take about one hour. You will be paid \$50 if you complete the interview. We will mail you a gift card for completing the follow-up interview.

CONFIDENTIALITY

- RAND will not show or tell your name or any other facts that identify you to anyone outside the research staff. Your name will never appear in any project reports or presentations. Information in these reports or presentations will be grouped from all the people in the project so no person can be identified. Any information that could identify you will be destroyed after all publications are final.
- Information about your participation in the project and about any treatment you receive will be documented in your VFC medical record as part of routine clinical care. This information is covered by VFC confidentiality regulations and state and federal laws.
- We have also applied for a Certificate of Confidentiality (CoC) from the U.S. Department of Health and Human Services (DHHS). If the certificate is granted, it will protect researchers from being forced, even by court order or subpoena, to identify you. If you disclose during the interview that you plan to harm yourself or others, the CoC does not protect that information from being released to the proper authorities.

PARTICIPATION IS VOLUNTARY

Your participation in this research project is completely voluntary. This means it is up to you whether or not to take part in the project. You may refuse to take part, or you may stop being in the project at any time and for any reason, without any penalty.

RISKS OF PARTICIPATION

Although you can refuse to answer any questions at any time, there is a risk of unintentional disclosure of confidential information and of someone finding out you are participating in a substance use project. Unintentional disclosure of information about your substance use and about your participation in a treatment project could affect your relationships with your family, friends, and employer. However, this risk is minimal because we take many steps to protect your privacy.

BENEFITS OF PARTICIPATION

The goal of this project is to help health clinics deliver substance use treatment in a way that is best for patients and for doctors. This research may benefit you personally by giving you treatment for your substance use at no cost to you. It also may benefit future patients of the clinic. We hope the research will benefit your whole community and other communities by finding better ways to deliver substance use treatment in health clinics.

If you have any questions about the project, collection of data, or confidentiality, please contact Dr. Katherine Watkins at 310-393-0411, ext. 6509. If you have any questions about your rights as a research participant, please contact the Human Subjects Protection Committee at 310-393-0411, ext. 6369.

Research participant (print name)

Signature

Date

Consent administrator

Date



Health Insurance Portability and Accountability Act (HIPAA) Form

If you sign this document, you give permission to Venice Family Clinic to release your health information that identifies you to the RAND Corporation for the SUMMIT project. SUMMIT is a research project being conducted by the RAND Corporation at Venice Family Clinic. The project will help doctors and behavioral health therapists treat people who have substance use problems. The project will look at two different ways that clinic staff can learn about and use treatments that have already been found to work. The project is funded by the National Institute on Drug Abuse (NIDA).

The health information that Venice Family Clinic may use or disclose (release) for this research includes (1) the dates that you visited specific medical providers and therapists during the project; (2) dates that you missed visits that you had scheduled; (3) results of any urine drug screens; (4) medical diagnoses, including any diagnoses related to a substance use disorder; (5) prescriptions for medications that are provided to you by your doctor during the course of the study, including prescriptions for medications for substance use disorders; and (6) Information you report about your substance use, such as how much you used, how often you used, and any problems associated with your use.

The health information listed above may be used by or disclosed (released) to researchers from the RAND Corporation who are part of the SUMMIT Project.

Venice Family Clinic is required by law to protect your health information. By signing this document, you authorize Venice Family Clinic to use or disclose (release) your health information for this research. Those persons who receive your health information may not be required by federal privacy laws (such as the Privacy Rule) to protect it and may share your information with others without your permission, if permitted by laws governing them. However, even though it MAY not be covered by federal privacy laws, RAND agrees to abide by federal privacy laws with regards to these data.

Please note:

- You do not have to sign this Authorization, but if you do not, you may not participate in the SUMMIT research project.
- You may change your mind and revoke (take back) this Authorization at any time. Even if you revoke this Authorization, the RAND Corporation may still use or disclose health information it already obtained about you as necessary to maintain the integrity or reliability of the current research. To revoke this Authorization, you must write to Dr. Katherine Watkins, RAND Corporation, 1776 Main Street, Santa Monica, CA 90407.

This Authorization expires at the end of the research study.

Printed name of participant

Signature of participant

Date

Appendix E. Referral Sheet

SUBSTANCE USE AND MENTAL HEALTH REFERRALS / USO DE SUSTANCIAS Y REFERENCIAS DE SALUD MENTAL

SUBSTANCE ABUSE/ ABUSO DE SUSTANCIAS	CONTACT/CONTACTO	\$ AND SPANISH/ESPAÑOL
Venice Family Clinic 604 Rose Ave., Venice, CA 90291 2509 Pico Blvd., Santa Monica, CA 90405	310-392-8636	Venice Family Clinic patients only
CLARE Foundation (detox) 909 Pico Blvd., Santa Monica, CA 90404	310-314-6200	MediCal, SSI, GR, free for low income
Redgate Hospital (medical detox) 1775 Chestnut Ave., Long Beach, CA 90813	562-599-8444 (may call collect)	Call every morning at 8 a.m.
Alcoholics Anonymous Hundreds of locations	Eng: 800-923-8722 Esp: 323-735-2089	Free 12-step groups
Al-Anon (for family members) Many locations	Eng: 323-936-4343 Esp: 562-948-2190	Free 12-step groups
Narcotics Anonymous Many locations	310-390-0279	Free 12-step groups
Cocaine Anonymous Many locations	310-216-4444	Free 12-step groups
CRISIS		
Suicide Prevention Hotline	Eng: 310-391-1253 Eng/Esp: 877-727-4747	Free
L.A. Rape & Battering Hotline	310-392-8381	Free
Exodus Mental Health Urgent Care 3828 Delmas Terrace, Culver City, CA 90231	310-253-9494	Free—psychiatric emergencies

PSYCHIATRIC MEDICATION/MEDICAMENTOS PSIQUIRICOS		
Edelman Westside Mental Health Center 11080 Olympic Blvd., Los Angeles, CA 90064	310-966-6500 Walk-in M–Th 8 a.m.	All MediCal, HMOs, Medicare, no insurance
Didi Hirsch Mental Health Services Many locations	310-390-6612	MediCal (adults/child), Medi-Medi (adults), Medicare, Healthy families (child)

DOMESTIC VIOLENCE & SEXUAL ASSAULT/ DOMÉSTICA & ASALTO SEXUAL		
Venice Family Clinic	310-392-8636	Venice Family Clinic patients only
Sojourn Services	310-264-6646	Free
Chicana Service Action Center	323-262-9847	Free
Center for Pacific Asian Families	323-653-4045	Free

COUNSELING / CONSEJERIA		
Didi Hirsch Community MH Ctr.	310-390-6612 M–F: 8:30 a.m.–5 p.m.	Free crisis counseling, only for event that happened within last 2 months Free for victims of child abuse MediCal/Medicare for most services Español
Family Service of Santa Monica 1533 Euclid St., Santa Monica 90404	310-451-9747	Sliding scale Bilingual staff/interns (español) Bill any insurance, Medical for 18 years and younger (no adults), sliding scale, victims of crime, government aid

Airport Marina Counseling Ctr. 7891 La Tijera Blvd., Los Angeles, CA 90045	310-670-1410	Sliding scale Bilingual interns (español) PPO (private), no HMO
Antioch University Counseling Center 400 Corporate Pointe, Culver City, CA 90230	310-574-2813 x366	Sliding scale
WISE Center for Healthy Aging (55+) 1527 4th St. #200, Santa Monica, CA 90401	310-394-9871	Medi-medi, MediCal, Medicare, sliding scale, Private, HMO Sliding scale or free for very low income Español
Chicago School of Professional Psychology 1145 Gayley, #322, Los Angeles, CA 90024	310-208-3120	Sliding scale Español, Farsi
Open Path Counseling Center 5731 W Slauson Ave #175, Culver City, CA 90230	310-258-9677 M–F: 8 a.m.–9 p.m. Sat: 9 a.m.–5 p.m.	Sliding scale Español
Pepperdine Psychology Clinic 400 Corporate Pointe #458, Culver City, CA 90230	310-568-5752	Sliding scale
Southern California Counseling Center 5615 W. Pico Blvd., Los Angeles, CA 90019	323-937-1344 M–Th: 6pm–8pm Sat: 9am–2pm	Español Walk-in for intake
South Bay Center for Counseling 360 N. Sepulveda Blvd. # 2075, El Segundo, CA 90245	310-414-2090 M–Th: 8am–9pm F: 8am–5pm Sat: 9am–2pm	Sliding scale—ask for intake line Bilingual interns
Kedren Community Health Center 4211 Avalon Blvd., Los Angeles, CA 90011	323-233-0425 323-233-0344 (TDD) M–F: 8:30 a.m.–5 p.m.	Walk-in, sliding scale, Medicare, MediCal All types of MediCal (adult/child)
LA Gay and Lesbian Center 1625 N. Schrader Blvd., Los Angeles, CA 90028	323-993-7669 M–F: 9 a.m.–9 p.m. Walk-in intake: 1–4 p.m./call	Sliding scale Español Straight MediCal, straight Medicare as long as assigned as their medical home (adult/child) Private

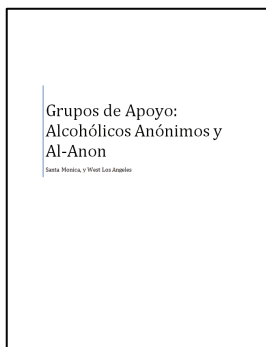
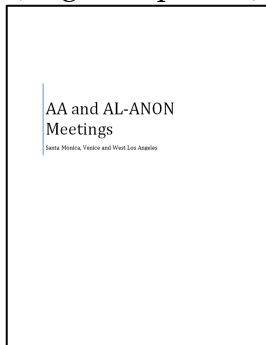
CHILDREN'S COUNSELING / CONSEJERIA PARA NIÑOS		
St. John's Child and Family Development Center 1339 20th Street, Santa Monica, CA 90404	310-829-8921	MediCal, Healthy Families
Didi Hirsch 4760 S. Sepulveda Blvd., Culver City, CA 90230	310-390-8896	MediCal, SSI, Medicare, free for child abuse (Child Alert)
Venice Family Clinic 604 Rose Ave., Venice 90291 2509 Pico Blvd., Santa Monica, 90405	310-392-8636	Venice Family Clinic patient only
Family Services of Santa Monica 1533 Euclid St., Santa Monica 90404	310-451-9747	Sliding scale, some MediCal, cheaper for Santa Monica residents

ABUSE HOTLINES/ LÍNEAS DE ABUSO		
Child Abuse Hotline	800-540-4000	24 hour
Elder Abuse Hotline	213-351-5401	24 hour
L.A. Rape & Battering Hotline	310-932-8331	24 hour
Sojourn Services for Battered Women	310-264-6644	24 hour

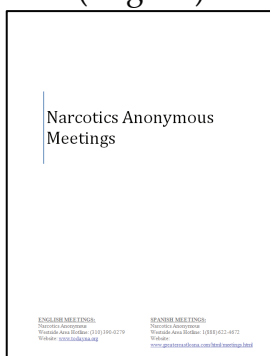
Appendix F. Patient Self-Management Materials

HARD COPIES LOCATED IN PLASTIC SLEEVES:

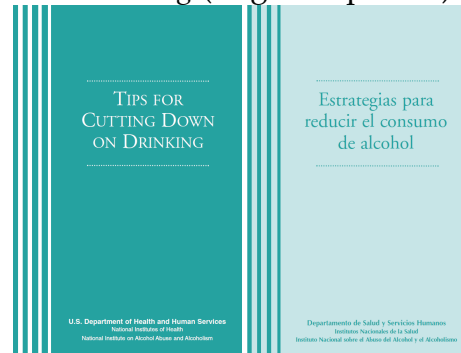
AA and AL-ANON Meetings (English/Spanish)



Narcotics Anonymous Meetings (English)



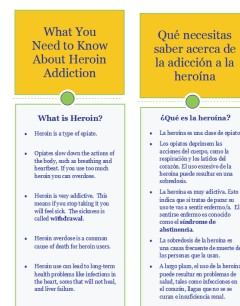
Alcohol handout: Tips for Cutting Down on Drinking (English/Spanish)



Opioid handout: What You Need to Know About Opioid Pain Medicine Misuse and Addiction (English/Spanish)



Heroin Handout: What You Need to Know About Heroin Addiction (English/Spanish)



Appendix G. SUMMIT Check-In Form



SUMMIT

Visit Check-In

Place Patient Label Here

Circle the number in the box that best describes your answer to these statements:

"Since your last visit..."

	Never	Once a week or less	More than once a week	Daily or almost daily	
1. I have been unhappy because of my drinking or drug use.	0	1	2	3	
2. Because of my drinking or drug use, I have not eaten properly.	0	1	2	3	
3. I have failed to do what is expected of me because of my drinking or drug use.	0	1	2	3	
4. I have felt guilty or ashamed because of my drinking or drug use.	0	1	2	3	
5. I have taken foolish risks when I have been drinking or using drugs.	0	1	2	3	
6. When drinking or using drugs, I have done impulsive things that I regretted later.	0	1	2	3	
7. My physical health has been harmed by my drinking or drug use.	0	1	2	3	
8. I have had money problems because of my drinking or drug use.	0	1	2	3	
9. My physical appearance has been harmed by my drinking or drug use.	0	1	2	3	
10. My family has been hurt by my drinking or drug use.	0	1	2	3	
11. A friendship or close relationship has been damaged by my drinking or drug use.	0	1	2	3	
12. My drinking or drug use has gotten in the way of my growth as a person.	0	1	2	3	
13. My drinking or drug use has damaged my social life, popularity or reputation.	0	1	2	3	
14. I have spent too much or lost a lot of money because of my drinking or drug use.	0	1	2	3	
15. I have had an accident while drinking or using drugs.	0	1	2	3	Total

	Never	Once	Less than 2 times a week	2 to 3 times a week	4 to 5 times a week	6 or more times a week	
1. In the past week, how often did you have a drink containing alcohol?	0	1	2	3	4	5	
2. In the past week, how often did you have 5 or more drinks on one occasion?	0	1	2	3	4	5	Total

	Never	Once	Less than 2 times a week	2 to 3 times a week	4 to 5 times a week	6 or more times a week	Total
3. In the past week, how many days did you use any illicit drugs or misuse prescription medication?	0	1	2	3	4	5	

Haga un círculo alrededor del número en la casilla que mejor describe su respuesta a estas declaraciones:

"Desde su última visita ..."

	Nunca	Una vez al mes o menos	Más de una vez al mes	Todos los días o casi todos los días	
1. Me he sentido infeliz a causa de mi consumo de alcohol o drogas.	0	1	2	3	
2. A causa de mi consumo de alcohol o drogas, no he comido como es debido.	0	1	2	3	
3. He dejado de hacer lo que se espera de mí a causa de mi consumo de alcohol o drogas.	0	1	2	3	
4. Me he sentido culpable o avergonzado a causa de mi consumo de alcohol o drogas.	0	1	2	3	
5. He tomado riesgos tontos cuando he estado bebiendo o usando drogas.	0	1	2	3	
6. Cuando estaba bebiendo o usando drogas, he hecho cosas impulsivas de las que me arrepentí después.	0	1	2	3	
7. Mi salud física ha sido perjudicada debido a mi consumo de alcohol o drogas.	0	1	2	3	
8. He tenido problemas de dinero debido a mi consumo de alcohol o drogas.	0	1	2	3	
9. Mi aspecto físico se ha dañado por mi consumo de alcohol o drogas.	0	1	2	3	
10. Mi familia se ha sentido afectada por mi consumo de alcohol o drogas.	0	1	2	3	
11. Una amistad o relación cercana ha sido dañada por mi consumo de alcohol o drogas.	0	1	2	3	
12. Mi consumo de alcohol o drogas se ha interpuesto en el camino de mi crecimiento como persona.	0	1	2	3	
13. Mi consumo de alcohol o drogas ha dañado mi vida social, popularidad o reputación.	0	1	2	3	
14. He gastado demasiado o perdido mucho dinero a causa de mi consumo de alcohol o drogas.	0	1	2	3	
15. He tenido un accidente, mientras estaba tomando o usando drogas.	0	1	2	3	Total

	Nunca	Una Vez	Menos de 2 veces a la semana	2 a 3 veces a la semana	4 a 5 veces a la semana	6 o más veces a la semana	
1. ¿En la semana pasada, con qué frecuencia tomó una bebida que contenía alcohol?	0	1	2	3	4	5	
2. ¿En la semana pasada, con qué frecuencia tomó 5 o más bebidas en una ocasión?	0	1	2	3	4	5	Total

	Nunca	Una Vez	Menos de 2 veces a la semana	2 a 3 veces a la semana	4 a 5 veces a la semana	6 o más veces a la semana	Total
1. ¿En la semana pasada, cuántos días usó alguna droga ilícita o usó indebidamente medicamentos recetados?	0	1	2	3	4	5	

Appendix H. Intake Assessments and Worksheets

H.1. ASSIST⁴

⁴ We adapted the “NIDA-Modified ASSIST,” which can be found at National Institute on Drug Abuse. Screening for drug use in general medical settings: Resource guide. 2012. National Institute on Drug Abuse, Bethesda, MD. https://www.drugabuse.gov/sites/default/files/resource_guide.pdf. Accessed June 1, 2016.

[INSERT LABEL HERE]

INTRODUCTION (Please read to patient.)

I would like to ask you some questions about your use of certain substances. Your answers are confidential, and I'm only going to use them to better help you. Some of the drugs I am going to ask about can be prescribed by a doctor (like pain medication or sleeping pills). I only want you to tell me about your use of these drugs if you have taken them in ways that were different from how a doctor told you to take them.

GIVE ASSIST RESPONSE CARD TO PATIENT

1. In your life, which of the following substances have you ever used? (I am talking about taking these substances in a way that was different from how a doctor told you to take them.)

		No	Yes
A.	Alcoholic beverages (some examples of alcoholic beverages are beer; wine; and liquors, like vodka, gin and whiskey)	0	3
B.	Cannabis (other names for cannabis are marijuana, pot, grass, and hash)	0	3
C.	Cocaine (I am talking about powder cocaine or crack; other names for powder cocaine and crack are blow, toot, bump, and rock)	0	3
D.	Amphetamine-type stimulants (some examples of stimulants are speed, diet pills, ecstasy, Ritalin, Dexadrine, and Adderall; other names for stimulants are bennies, black beauties, crosses, hearts, LA turnaround, speed, truck)	0	3
E.	Sedatives or sleeping pills (some examples of sedatives are Valium, Serapax, Xanax, Ativan, Librium, Rohypnol, and GHB; other names for sedatives are forget-me pills, Mexican Valium, R2, roach, roofies, and special K or vitamin K)	0	3
F.	Street opioids (some examples of street opioids are heroin and opium; other names for these drugs are smack, horse, brown sugar, dope, H, junk, skag, skunk, white horse, and China white)	0	3
G.	Prescription pain medicine in a way that was different from how a doctor told you to take it (some examples of these medications are Oxycodone, Hydrocodone, Oxycontin, Vicodin, Methadone, Percocet and Lortab; some other names for these medications are oxycotton, hillbilly, percs, and vike)	0	3

If "No" to all items, stop assessment.

If "Yes" to any of these items, ask Question 2 for each substance ever used.

For questions 2–5, only fill out for substances patient has ever used.

2. In the past three months, how often have you used the substances you mentioned (FIRST DRUG, SECOND DRUG, ETC.)?

		Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
A.	Alcoholic beverages (beer; wine; and liquors, like vodka, gin, and whiskey)	0	2	3	4	6
B.	Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
C.	Cocaine (coke, rock, etc.)	0	2	3	4	6
D.	Amphetamine-type stimulants (speed, diet pills, ecstasy, etc.)	0	2	3	4	6
E.	Sedatives or sleeping pills (Valium, Serapax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	0	2	3	4	6
F.	Street opioids (heroin, opium)	0	2	3	4	6
G.	Prescription pain medicine (Oxycodone, Hydrocodone, Oxycontin, Vicodin, Methadone, Percocet and Lortab, etc.)	0	2	3	4	6

Question 2 (if “Never” to all items in question 2, skip to question 6)

3. During the past three months, how often have you had a strong desire or urge to use (FIRST DRUG, SECOND DRUG, ETC.)?

		Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
A.	Alcoholic beverages (beer; wine; and liquors, like vodka, gin, and whiskey)	0	3	4	5	6
B.	Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
C.	Cocaine (coke, rock, etc.)	0	3	4	5	6
D.	Amphetamine-type stimulants (speed, diet pills, ecstasy, etc.)	0	3	4	5	6
E.	Sedatives or sleeping pills (Valium, Serapax, Xanax, Ativan, Librium, Rohypnol, GHB)	0	3	4	5	6
F.	Street opioids (heroin, opium)	0	3	4	5	6
G.	Prescription pain medicine (Oxycodone, Hydrocodone, Oxycontin, Vicodin, Methadone, Percocet, Lortab, etc.)	0	3	4	5	6

4. During the past three months, how often has your use of (FIRST DRUG, SECOND DRUG, ETC.) led to health, social, legal, or financial problems?

		Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
A.	Alcoholic beverages (beer; wine; and liquors, like vodka, gin, and whiskey)	0	4	5	6	7
B.	Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
C.	Cocaine (coke, rock, etc.)	0	4	5	6	7
D.	Amphetamine-type stimulants (speed, diet pills, ecstasy, etc.)	0	4	5	6	7
E.	Sedatives or sleeping pills (Valium, Serapax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	0	4	5	6	7
F.	Street opioids (heroin, opium)	0	4	5	6	7
G.	Prescription pain medicine (Oxycodone, Hydrocodone, Oxycontin, Vicodin, Methadone, Percocet, Lortab, etc.)	0	4	5	6	7

5. During the past three months, how often have you failed to do what was normally expected of you because of your use of (FIRST DRUG, SECOND DRUG, ETC.)?

		Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
A.	Alcoholic beverages (beer; wine; and liquors, like vodka, gin, and whiskey)	0	4	5	6	7
B.	Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
C.	Cocaine (coke, rock, etc.)	0	4	5	6	7
D.	Amphetamine-type stimulants (speed, diet pills, ecstasy, etc.)	0	4	5	6	7
E.	Sedatives or sleeping pills (Valium, Serapax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	0	4	5	6	7
F.	Street opioids (heroin, opium)	0	4	5	6	7
G.	Prescription pain medicine (Oxycodone, Hydrocodone, Oxycontin, Vicodin, Methadone, Percocet, Lortab, etc.)	0	4	5	6	7

Ask questions 6 & 7 for all substances ever used (i.e., those endorsed in question 1)

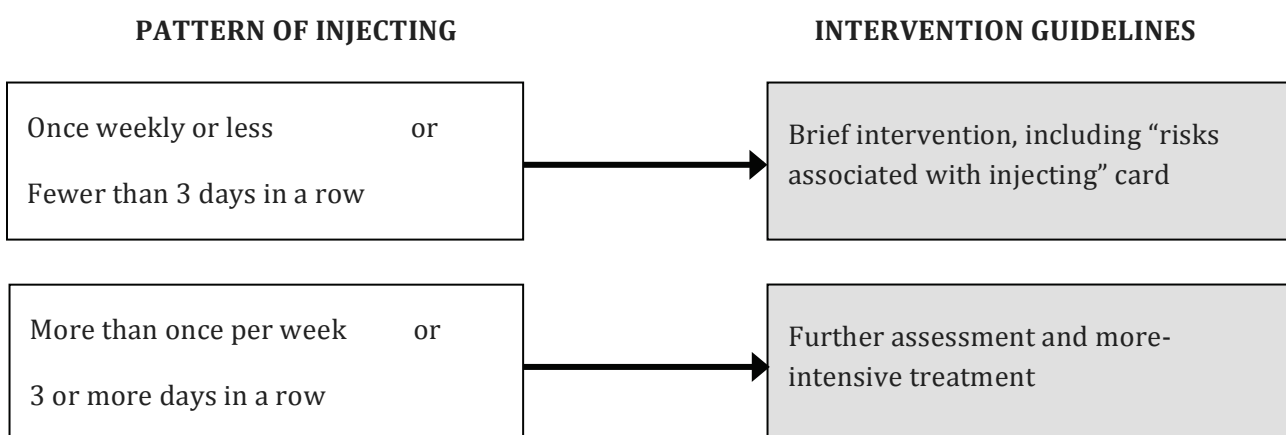
6. Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (FIRST DRUG, SECOND DRUG, ETC.)?				
		No, Never	Yes, in the Past 3 Months	Yes, but Not in the Past 3 Months
A.	Alcoholic beverages (beer; wine; and liquors, like vodka, gin, whiskey, etc.)	0	6	3
B.	Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
C.	Cocaine (coke, rock, etc.)	0	6	3
D.	Amphetamine-type stimulants (speed, diet pills, ecstasy, etc.)	0	6	3
E.	Sedatives or sleeping pills (Valium, Serapax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	0	6	3
F.	Street opioids (heroin, opium)	0	6	3
G.	Prescription pain medicine (Oxycodone, Hydrocodone, Oxycontin, Vicodin, Methadone, Percocet, Lortab, etc.)	0	6	3

7. Have you ever tried and failed to control, cut down, or stop using (FIRST DRUG, SECOND DRUG, ETC.)?				
		No, Never	Yes, in the Past 3 Months	Yes, but Not in the Past 3 Months
A.	Alcoholic beverages (beer; wine; and liquors, like vodka, gin, whiskey, etc.)	0	6	3
B.	Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
C.	Cocaine (coke, rock, etc.)	0	6	3
D.	Amphetamine-type stimulants (speed, diet pills, ecstasy, etc.)	0	6	3
E.	Sedatives or sleeping pills (Valium, Serapax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	0	6	3
F.	Street opioids (heroin, opium)	0	6	3
G.	Prescription pain medicine (Oxycodone, Hydrocodone, Oxycontin, Vicodin, Methadone, Percocet, Lortab, etc.)	0	6	3

	No, Never	Yes, in the Past 3 Months	Yes, but Not in the Past 3 Months
8. Have you <u>ever</u> used any drug by injection? (NON-MEDICAL USE ONLY)			

IMPORTANT NOTE:

Patients who have injected drugs in the past 3 months should be asked about their pattern of injecting during this period, to determine their risk levels and the best course of intervention.



SCORING:

How to calculate a specific substance involvement score.

For each substance, add up the scores received for questions 2 through 7, inclusive. Do not include the results from either Q1 or Q8 in this score. For example, a score for alcohol would be calculated as: Q2a + Q3a + Q4a + Q5a + Q6a + Q7a.

	Record specific substance score	No intervention	Receive brief intervention	More-intensive treatment*
a. Alcohol		0–10	11–26	27+
b. Cannabis		0–3	4–26	27+
c. Cocaine		0–3	4–26	27+
d. Amphetamine		0–3	4–26	27+
e. Sedatives		0–3	4–26	27+
f. Opioids		0–3	4–26	27+
g. Prescription pain medications		0–3	4–26	27+

RESPONSE CARD FOR PATIENTS

Response card—substances

a. Alcoholic beverages (beer; wine; and liquors, like vodka, gin, whiskey, etc.)
b. Cannabis (marijuana, pot, grass, hash, etc.)
c. Cocaine (coke, crack, etc.)
d. Amphetamine-type stimulants (speed, diet pills, ecstasy, etc.)
e. Sedatives or sleeping pills (Valium, Serapax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)
f. Street opioids (heroin, opium)
g. Prescription pain medications (Oxycodone, Hydrocodone, Oxycontin, Vicodin, Methadone, Percocet, Lortab, etc.)

Response card (ASSIST questions 2–5)

Never: not used in the past 3 months

Once or twice: 1 to 2 times in the past 3 months

Monthly: 1 to 3 times in one month

Weekly: 1 to 4 times per week

Daily or almost daily: 5 to 7 days per week

Response Card (ASSIST Questions 6–8)

No, never

Yes, but not in the past 3 months

Yes, in the past 3 months



PATIENT FEEDBACK CARD

Name _____ Test date _____

Specific substance involvement scores

Substance	Score	Risk Level	
a. Alcoholic beverages		0–10 11–26 27+	Low Moderate High
b. Cannabis		0–3 4–26 27+	Low Moderate High
c. Cocaine		0–3 4–26 27+	Low Moderate High
d. Amphetamine-type stimulants		0–3 4–26 27+	Low Moderate High
e. Sedatives or sleeping pills		0–3 4–26 27+	Low Moderate High
f. Opioids		0–3 4–26 27+	Low Moderate High
g. Prescription pain medications		0–3 4–26 27+	Low Moderate High

What do your scores mean?

- **Low:** You are at low risk of health and other problems from your current pattern of use.
- **Moderate:** You are at risk of health and other problems from your current pattern of substance use.
- **High:** You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent.

Are you concerned about your substance use?

a. alcohol	Your risk of experiencing these harms is (check one): Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Regular excessive alcohol use is associated with:
	Hangovers, aggressive and violent behavior, accidents and injury Reduced sexual performance, premature aging Digestive problems, ulcers, inflammation of the pancreas, high blood pressure Anxiety and depression, relationship difficulties, financial and work problems Difficulty remembering things and solving problems Deformities and brain damage in babies of pregnant women Stroke, permanent brain injury, muscle and nerve damage Liver disease, pancreas disease Cancers, suicide

b. cannabis	Your risk of experiencing these harms is (check one): Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Regular use of cannabis is associated with:
	Problems with attention and motivation Anxiety, paranoia, panic, depression Decreased memory and problem-solving ability High blood pressure Asthma, bronchitis Psychosis in those with a personal or family history of schizophrenia Heart disease and chronic obstructive airways disease Cancers

c. cocaine	Your risk of experiencing these harms is (check one): Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Regular use of cocaine is associated with:
	Difficulty sleeping, heart racing, headaches, weight loss Numbness, tingling, clammy skin, skin scratching or picking Accidents and injury, financial problems Irrational thoughts Mood swings—anxiety, depression, mania Aggression and paranoia Intense craving, stress from the lifestyle psychosis after repeated use of high doses Sudden death from heart problems

d. amphetamine-type stimulants	Your risk of experiencing these harms is (check one): Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Regular use of amphetamine-type stimulants is associated with:
	Difficulty sleeping, loss of appetite and weight loss, dehydration Jaw clenching, headaches, muscle pain Mood swings—anxiety, depression, agitation, mania, panic, paranoia Tremors, irregular heartbeat, shortness of breath Aggressive and violent behavior Psychosis after repeated use of high doses Permanent damage to brain cells Liver damage, brain hemorrhage, sudden death (ecstasy) in rare situations

e. sedatives	Your risk of experiencing these harms is (check one): Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Regular use of sedatives is associated with:
	Drowsiness, dizziness, confusion Difficulty concentrating and remembering things Nausea, headaches, unsteady gait Sleeping problems Anxiety, depression Tolerance and dependence after a short period of use Severe withdrawal symptoms Overdose and death if used with alcohol, opioids, or other depressant drugs

f. opioids	Your risk of experiencing these harms is (check one): Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Regular use of sedatives is associated with:
	Itching, nausea, vomiting Drowsiness Constipation, tooth decay Difficulty concentrating and remembering things Reduced sexual desire and sexual performance Relationship difficulties Financial and work problems, violations of law Tolerance and dependence, withdrawal symptoms Overdose and death from respiratory failure

g. prescription pain medication	Your risk of experiencing these harms is (check one): Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Regular use of sedatives is associated with:
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	Itching, nausea, vomiting Drowsiness Constipation, tooth decay Difficulty concentrating and remembering things Reduced sexual desire and sexual performance Relationship difficulties Financial and work problems, violations of law Tolerance and dependence, withdrawal symptoms Overdose and death from respiratory failure

RISKS OF INJECTING CARD—INFORMATION FOR PATIENTS

Using substances by injection increases the risk of harm from substance use. This harm can come from:

- **The substance**
 - If you inject any drug, you are more likely to become dependent.
 - If you inject amphetamines or cocaine, you are more likely to experience psychosis.
 - If you inject heroin or other sedatives, you are more likely to overdose.
- **The injecting behavior**
 - If you inject, you may damage your skin and veins and get infections.
 - You may cause scars, bruises, swelling, abscesses, and ulcers.
 - Your veins might collapse.
 - If you inject into the neck, you can cause a stroke.
 - Injecting into the heart can damage heart valves.
- **Sharing of injecting equipment**
 - If you share injecting equipment (needles and syringes, spoons, filters, etc.), you are more likely to spread blood-borne virus infections, like Hepatitis B, Hepatitis C and HIV.
- ❖ **It is safer not to inject.**
- ❖ **If you do inject:**
 - ✓ Always use clean equipment (e.g., needles and syringes, spoons, filters, etc.).
 - ✓ Always use a new needle and syringe.
 - ✓ Don't share equipment with other people.
 - ✓ Clean the preparation area.
 - ✓ Clean your hands.
 - ✓ Clean the injecting site.
 - ✓ Use a different injecting site each time.
 - ✓ Inject slowly.
 - ✓ Put your used needle and syringe in a hard container and dispose of it safely.
- ❖ **If you use stimulant drugs, like amphetamines or cocaine, the following tips will help you reduce your risk of psychosis:**
 - ✓ Avoid injecting and smoking the substance.
 - ✓ Avoid using on a daily basis.
- ❖ **If you use depressant drugs, like heroin, the following tips will help you reduce your risk of overdose:**
 - ✓ Avoid using other drugs, especially sedatives or alcohol, on the same day.
 - ✓ Use a small amount, and always have a trial "taste" of a new batch.
 - ✓ Have someone with you when you are using.
 - ✓ Avoid being in places where no one can get to you if you do overdose after injecting.
 - ✓ Know the telephone numbers of an ambulance service.

H.2. Menu of Treatment Options

SUMMIT MENU OF TREATMENT OPTIONS

MODERATE SUBSTANCE USE DISORDER

Choose one or more of the following:

Attending Six or More Therapy Sessions

In these sessions, you will visit with a therapist for about an hour each time for six or more sessions. During the sessions, the therapist will talk with you about your substance use and your goals for changing your use, and will teach you some strategies for dealing with situations that might trigger your use.

Attending a Support Group

You can choose a support group in your area, like a 12-step program, and attend meetings as often as you like. Support groups often are run by other people who have substance use problems and can be very helpful to people wanting to change their habits.

Waiting for a While and Deciding Another Time

You may not feel ready right now to choose treatment options. You can make another appointment, and we can talk more about this when you feel more ready.

SUMMIT MENU OF TREATMENT OPTIONS

SEVERE ALCOHOL USE DISORDER

Choose one or more of the following:

Attending Six or More Therapy Sessions

In these sessions, you will visit with a therapist for about an hour each time for six or more sessions. During the sessions, the therapist will talk with you about your substance use and your goals for changing your use, and will teach you some strategies for dealing with situations that might trigger your use.

Starting Medication-Assisted Treatment with Extended-Release, Injectable Naltrexone

There are some medications available that can help people with their drinking. Extended-release, injectable naltrexone is available for people who want help stopping their drinking or staying sober. This medication is taken in the form of an injection once a month. People have found it to be very helpful with limiting cravings and helping them stay sober. It is only for people who really want to stop drinking. If you are interested, your doctor will help you decide if it is right for you.

Attending a Support Group

You can choose a support group in your area, like a 12-step program, and attend meetings as often as you like. Support groups often are run by other people who have substance use problems and can be very helpful to people wanting to change their habits.

Waiting for a While and Deciding Another Time

You may not feel ready right now to choose treatment options. You can make another appointment, and we can talk more about this when you feel more ready.

Patients in need of medically assisted withdrawal from alcohol are referred to a local detoxification facility or managed in the clinic by the medical providers. In this study, the need for medically assisted withdrawal is a decision made by the medical provider and not presented as option on the menu.

SUMMIT MENU OF TREATMENT OPTIONS

SEVERE OPIOID USE DISORDER

Choose one or more of the following:



Attending Six or More Therapy Sessions

In these sessions, you will visit with a therapist for about an hour each time for six or more sessions. During the sessions, the therapist will talk with you about your substance use and your goals for changing your use, and will teach you some strategies for dealing with situations that might trigger your use.



Starting Medication-Assisted Treatment with Buprenorphine/Naloxone

There are some medications available that can help people with dependence on opioids. A medication called buprenorphine/naloxone is available for people who want help reducing their dependence on illegal opioids or prescription pain pills. People have found the medication to be very helpful with limiting cravings. Buprenorphine is an FDA-approved drug that is effective for the treatment of dependence on opioids, such as heroin, and pharmaceutical opioids, such as oxycodone. Buprenorphine is dissolved under the tongue. It reduces cravings and consumption. Naloxone helps reduce the risk of overdose. Patients who take buprenorphine/naloxone feel “normal” but not high. If you are interested in this medication, your doctor will help you decide if it is right for you.



Attending a Support Group

You can choose a support group in your area, like a 12-step program, and attend meetings as often as you like. Support groups often are run by other people who have substance use problems and can be very helpful to people wanting to change their habits.



Waiting for a While and Deciding Another Time

You may not feel ready right now to choose treatment options. You can make another appointment, and we can talk more about this when you feel more ready.

H.3. MAT Patient Information Materials

EXTENDED-RELEASE, INJECTABLE NALTREXONE FACT SHEET

What is extended-release, injectable naltrexone?

Extended-release, injectable naltrexone is a monthly shot that may help you to stop or reduce your alcohol use. This treatment is usually combined with counseling and support.

How does extended-release, injectable naltrexone help me stop drinking?

Extended-release, injectable naltrexone blocks the effects of alcohol in the brain. Although the precise action in the brain is unknown, there are three kinds of effects. First, extended-release, injectable naltrexone can reduce craving, which is the urge or desire to drink. Second, extended-release, injectable naltrexone helps patients remain abstinent. Third, extended-release, injectable naltrexone may interfere with the tendency to want to drink more if a recovering patient has a drink.

Does extended-release, injectable naltrexone work?

In research studies, people with alcohol dependence who received medication were twice as successful in remaining abstinent and in avoiding relapse as those who did not take the medication.

If I drink, will extended-release, injectable naltrexone make me sober if I take it?

No, extended-release, injectable naltrexone will not stop you from being drunk if you drink. It does not reduce the effects of alcohol that impair coordination and judgment.

How long does extended-release, injectable naltrexone take to work?

Extended-release, injectable naltrexone's effects will occur shortly after you have taken the first dose. The effects of extended-release, injectable naltrexone in helping patients remain abstinent and avoid relapse to alcohol use also occur early after the first use.

Are there some people who should not take extended-release, injectable naltrexone?

Extended-release, injectable naltrexone for alcohol dependence should not be used by pregnant women and individuals with severe liver or kidney damage.

Is extended-release, injectable naltrexone addictive?

No, extended-release, injectable naltrexone is not addictive.

Will extended-release, injectable naltrexone affect my ability to feel pleasure?

Although it does seem to reduce alcohol craving, extended-release, injectable naltrexone does not interfere with the experience of other types of pleasure, such as sexual pleasure.

What does it feel like to be on extended-release, injectable naltrexone?

Patients usually report that they are largely unaware of being on extended-release, injectable naltrexone. Extended-release, injectable naltrexone usually has no psychological effects, and patients don't feel either "high" or "down."

What are the side effects of extended-release, injectable naltrexone?

- The most common side effect is mild nausea, which usually goes away within days of the shot.
- There may be pain and swelling at the location of the shot, or you may develop an abscess.
 - You may use over-the-counter pain medications, such as Tylenol or Advil.
- You may feel sad—if you have thoughts about hurting or killing yourself, notify your doctor **RIGHT AWAY**.
- Some may experience an allergic reaction.
- It may harm your liver or cause hepatitis in some individuals.

Can I take other medications with extended-release, injectable naltrexone?

Extended-release, injectable naltrexone is likely to have little impact on other medications that patients commonly use, such as antibiotics, non-opioid analgesics (e.g., aspirin, acetaminophen, ibuprofen), and allergy medications. You should inform your physician of whatever medication you are currently taking so that possible interactions can be evaluated. **The major active effect of extended-release, injectable naltrexone for alcohol dependence is on opioid drugs. This class of drug is used to treat pain. The medication may therefore block the effect of any painkillers.** Tell your physician if you are taking painkillers, and he or she can prescribe non-narcotic pain relievers that can be used effectively while you are on the medication for alcohol dependence.

Important: Please tell your doctor before you start treatment if . . .

- You use opioid drugs (for example, morphine, Vicodin, methadone, buprenorphine/naloxone, oxycodone, methadone, heroin).
 - Do **NOT** use any opioid drugs, including prescription pain pills, during treatment or for the first two to three weeks after stopping treatment. Using opioids immediately after treatment may result in an overdose because your body can no longer tolerate the same amount of the drug it could previously handle. Talk to your doctor before you start taking any medication after going off of injectable naltrexone.
- You are going to have surgery or medical treatment that may require you to take pain medications (you may need special treatment, in this case).
- You have any liver disease(s).
- You are pregnant, intend to get pregnant, or are breastfeeding.
 - You should **NOT** get any treatment shots if you are pregnant or breastfeeding.

Will I get sick if I drink alcohol while on extended-release, injectable naltrexone?

No, extended-release, injectable naltrexone may reduce the feeling of intoxication and the desire to drink more, but it will not (like other medications for drinking) cause a severe physical response to drinking beyond the effects of the alcohol.

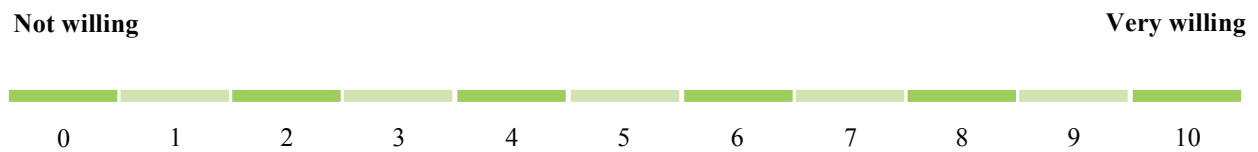
Source:

Sydney Alcohol Treatment Group: www.alcpharm.med.usyd.edu.au

H.4. Willingness Ruler

Willingness to Choose a Treatment Strategy Today

On a scale from 0 to 10, how willing are you today to choose a treatment strategy to address your drinking/using?



H.5. Change Plan Worksheet



CHANGE PLAN WORKSHEET

1 The **changes** I want to make are:

2 The most important **reasons** why I want to make these changes are:

3 The **steps** I plan to take in changing are (e.g., going to sessions or meetings):

4 The ways **other people can help me** are:

Person	Possible ways to help

5 I will know that my **plan is working** if:

6 Some things that **could interfere** with my plan are:

H.6. Role Induction for Brief Treatment

What to Expect from Brief Treatment

What Is Brief Treatment?

Brief treatment will involve meeting with a therapist for six or more sessions to discuss how your alcohol or opioid use is affecting your lifestyle and your health. Everything you discuss during treatment is completely confidential, which means that your family, friends, and supervisors will not have access to any of this information. The only exception is if we need to protect you or others from being harmed.

The goal of the brief treatment sessions is to provide you with information to help you make healthy decisions in your life. The therapist will provide you with a safe space to talk about alcohol and drug use.

As part of therapy, you will learn more about your substance use. The therapist will provide you with feedback on your use and help you figure out what situations trigger your use. You will also learn some strategies for not using at times when you most want to.

What Will Be Expected of You in Brief Treatment?

The goal of brief treatment is to help you meet your change plan goals at your own pace. The expectation is that you come to your sessions and be willing to be honest about your substance use.

You will not be expected to do anything or make any changes you are not ready for, but brief treatment will work best if you can set some realistic goals for yourself.

H.7. Role Induction for MAT with Extended-Release, Injectable Naltrexone

What to Expect from MAT with Extended-Release, Injectable Naltrexone

What Is Extended-Release, Injectable Naltrexone?

Extended-release, injectable naltrexone is a monthly shot that may help you to stop or reduce your alcohol use. This treatment is usually combined with counseling and support.

What Will Be Expected of You in Treatment?

This treatment involves the following parts:

1. **An assessment from the doctor.** You will first visit with a doctor who will determine if you meet the requirements for taking extended-release, injectable naltrexone. Requirements include physical health, like not having liver disease or being pregnant, and also your desire to stop drinking. People who take extended-release, injectable naltrexone usually want to stop drinking, or they want help staying sober.
2. **Monthly injections into the buttocks.** Extended-release, injectable naltrexone is injected into your buttocks. The injection sometimes hurts a little. The effects of the injection, which are to reduce cravings for alcohol, last the whole month.
3. **Counseling and support.** Although you are not required to come to therapy to get this medication from the doctor, it works best if you are getting therapy or if you are getting support, like in a self-help group.

H.8. Role Induction for MAT with Buprenorphine/Naloxone

What to Expect from MAT with Buprenorphine/Naloxone

What Is Buprenorphine/Naloxone?

Buprenorphine/naloxone, also known by the brand name Suboxone[®], is a medication for treating people who are dependent on heroin or other opioids (such as prescription pain medications). Buprenorphine/naloxone comes in white tablets or film that you dissolve under your tongue.

Buprenorphine is an FDA-approved drug that is effective for the treatment of dependence on opioids, such as heroin, and prescription pain pills, such as oxycodone. Buprenorphine reduces cravings and consumption. Patients who take buprenorphine feel “normal” but not high. The medication gives enough opioid to prevent withdrawal, and gives you the space to focus on things other than using. It is good for people wanting to make long-term changes to their lifestyle and to reduce illicit drug use.

What Will Be Expected of You in Treatment?


This treatment involves the following steps:

- 1. An assessment from the doctor.** You will first visit with a doctor, who will determine if you meet the requirements for taking buprenorphine/naloxone. Requirements include your physical health, like not having liver disease or being pregnant; not using a type of drug called a benzodiazepine (like Xanax); and your desire to stop using opioids. People who take buprenorphine/naloxone usually want to stop misusing prescriptions drugs or using illegal street drugs, like heroin.
- 2. Withdrawal from opioids.** You will need to be in withdrawal from opioids before you begin the medication. Your doctor will explain more about this to you.
- 3. Follow-up visits with the doctor.** For the first few days on this medication, you will need to return to the clinic each day to get the medication. This is so the doctor can see you how you are doing. After that, the doctor may want to see you every week.
- 4. Counseling and support.** Although you are not required to come to therapy to get this medication from the doctor, it works best if you are getting therapy or if you are getting support, like in a self-help group.

H.9. Suboxone® Enrollment Form and Patient Consent

HARD COPIES LOCATED IN PLASTIC SLEEVES

English

Suboxone® Sublingual (buprenorphine and naloxone)  **Film**

Here to Help

Enrollment Form for Here to Help® Patient Assistance Program

Please complete the enrollment form and fax to 1-888-407-8788. Both the physician and patient signature must be included for services to be performed. If your patient may be a candidate for the Here to Help® Patient Assistance Program, please include proof of income. Please call the Here to Help® Patient Assistance Program at 1-888-888-4818 if you have any questions.

Patient Information

Patient Name: _____
Date of birth: _____ Phone: _____ Gender: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Patient Financial Information

1. Are you a US resident? ☐ YES ☐ NO 2. Number of persons in household: _____
3. What is your household's total yearly GROSS INCOME (including Social Security, Disability, Veterans, Wages, pension benefits, etc.)? \$ _____
4. Do you file a Federal Income Tax Return? ☐ YES ☐ NO (If yes, attach proof of income: 1040, 1040EZ, or Social Security Statement)

IMPORTANT - Required to Process Application

Patient Authorization and Consent to Share and Disclose Health Information with the Here to Help® Patient Assistance Program form MUST be reviewed and signed by patient or authorized representative

Physician Information

Prescribing Physician: _____ DEA # _____
Primary Contact: _____ DEA "X" #: _____
Facility Name: _____
Phone: (310) 392-5555 Fax: (310) 392-5542
Street Address: 504 Rose Avenue _____
City: Venice _____ State: California _____ Zip: 90291

Insurance Information

1. Is the patient enrolled in Medicare / Medicare Part D? ☐ YES ☐ NO
2. Is the patient enrolled in Medicaid? ☐ YES ☐ NO
3. Does the patient have prescription drug coverage? ☐ YES ☐ NO

Medical Information: _____ include applicable ICD 9 code(s)

Patient Diagnosis: _____


"The program only covers doses of SUBOXONE Film that are within the recommended dosing range of buprenorphine as described in the product information. Eligibility for the program is limited to one year from the date of acceptance."

Physician Declaration: Required to Process Application

My signature below certifies that the person named in this form is my patient and medications received from RHP Patient Help for patient assistance are only for use of the patient named on this form. These medications will not be offered for sale, trade, or barter. Additionally, no claim for reimbursement will be submitted concerning these medications to Medicare, Medicaid, or any third party, or returned for credit. By signing, I also agree that RHP Patient Help has the right to contact my patient directly to confirm receipt of medications, perform program quality reviews and revoke, change, or terminate the program at any time. To the best of my knowledge, my patient meets the criteria for this Patient Assistance Program.

Physician Signature: _____ Date: _____

The DEA "X" number is assigned to each specific physician that has been authorized to prescribe Suboxone.

Suboxone® Sublingual (buprenorphine and naloxone)  **Film**

Here to Help

Patient Authorization and Consent to Share and Disclose Health Information with the Here to Help® Patient Assistance Program

Provider Instructions: Patient must read and sign this form before he or she can participate in the Here to Help® Patient Assistance Program (the "Program").

I, _____, acknowledge and agree that all the information I provide in connection with my application to the Here to Help® Patient Assistance Program will be used to decide if I am eligible to participate in the Program. By signing below, I verify that the information on my application, including a signed copy of my prior year's tax return/supporting documentation, is complete and accurate. I understand that I have no prescription insurance coverage, including Medicaid, Medicare or other public or private program, and I have insufficient financial resources to pay for the prescribed product. I further acknowledge that any changes to my financial, prescription drug coverage, or insurance information may affect my continued eligibility in the Program. Accordingly, I agree to contact the Program to inform them of any changes to my financial, prescription drug coverage, or insurance information.

I hereby allow my doctor(s), my pharmacy(ies), any other health care provider, and my health plan or insurer to give medical information relating to my use or need for products provided under the Program to The Lash Group, Inc. The Lash Group runs the Program for RHP Patient Help. My medical information can include spoken or written facts about my health and payment benefits. It can include copies of records from my health provider, my pharmacy, or my health plan about my health care.

I verify that I have no other coverage for prescription medications, including Medicaid, Medicare, or any public or private assistance programs or any other prescription insurance.

I also agree that The Lash Group and RHP Patient Help have the right to verify my eligibility and to evaluate any financial documentation, insurance information, and medical records submitted to the Program to determine if I qualify for the Program and to operate the Program. People who work for The Lash Group and RHP Patient Help may also see my information, but they may use it only to help me get assistance receiving Suboxone®. I determine my eligibility for the Program, to operate the Program, or as otherwise required or permitted by law. I understand that The Lash Group and RHP Patient Help have the right to contact me directly to confirm receipt of medications (or to obtain my feedback about the Program) and that RHP Patient Help can revise, change, or terminate the Program at any time.

I acknowledge that this authorization and consent is subject to revocation by me at any time, except to the extent that the Program has already taken action in reliance on it. If not previously revoked, this authorization and consent will last until I am no longer participating in the Program. If I change my mind before that time, I can tell my health care provider, my pharmacy, and my insurer in writing that I do not want them to share any more information with The Lash Group and RHP Patient Help, but I will not charge any actions they took before I told them and I will terminate my participation in the Program. I know that I have a right to see or copy the information my health care providers, my pharmacy, or insurer have given to The Lash Group and RHP Patient Help.

I KNOW THAT I MAY REFUSE TO SIGN THIS FORM. My choice about whether to sign this form will not change the way my health care providers, pharmacies, or insurers treat me. If I refuse to sign this form, I know that this means I will not be eligible to participate in the Program.

Patient Signature: _____ Date: _____

Patient Name: _____

If the patient cannot sign, the patient's legal representative must sign below:


Representative Name: _____

Signature: _____

Describe relationship to patient and authority to make medical decisions for patient: _____

Fax with Here to Help Patient Assistance Program Enrollment Application to 1-888-407-8788.

Spanish

Suboxone® Sublingual (buprenorphine and naloxone)  **Film**

Here to Help

Formulario de inscripción en el Programa de Asistencia a Pacientes Here to Help®

Por favor, complete el formulario de inscripción y envíelo por fax a 1-888-407-8788. Se deben incluir las firmas del médico y del paciente para que se puedan prestar los servicios. Si su paciente puede ser un candidato para el Programa de asistencia a pacientes Here to Help®, incluya la prueba de sus ingresos. Por favor, llame al Programa de asistencia a pacientes Here to Help® al 1-888-888-4818 si tiene alguna pregunta.

Información del paciente

Nombre del paciente: _____ Teléfono: _____ Sexo: _____
Fecha de nacimiento: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código postal: _____

Información financiera del paciente

1. ¿Es residente de EE. UU.? ☐ SÍ ☐ NO
2. Número de personas en el hogar: _____
3. ¿Cuáles son los ingresos ANUALES BRUTOS de su hogar, incluyendo beneficios del Seguro Social y de pensiones? \$ _____
Adjunte prueba de los ingresos: 1040, 1040EZ, Declaración de ingresos obtenidos (Statement of Earned Income, SEGI), o declaración del seguro social.

¡IMPORTANTE - Obligatorio para procesar la solicitud

El Formulario de autorización y consentimiento del paciente para compartir y divulgar información médica con el Programa de asistencia a pacientes Here to Help®, DEBE ser revisado y firmado por el paciente o su representante autorizado.

Contacto del médico

Médico: _____ N° DEA: _____
Consultor principal: _____ N° DEA "X": _____
Número del centro médico: _____ Fax: _____
Teléfono: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código postal: _____

Información del seguro

1. ¿El paciente está inscrito en Medicare/Medicare Parte D? ☐ SÍ ☐ NO
2. ¿El paciente está inscrito en Medicaid? ☐ SÍ ☐ NO
3. ¿El paciente tiene cobertura para medicamentos de prescripción? ☐ SÍ ☐ NO

Información médica: _____ incluir 9 códigos de ICD aplicables

Diagnóstico del paciente: _____


"El programa solamente cubre las dosis de Láminas SUBOXONE que están dentro del rango de dosis recomendado de buprenorphine, según se describe en la información del producto. La elegibilidad para el programa se limita a un año desde la fecha de la aceptación."

Declaración del médico: Obligatorio para procesar la solicitud

Mi firma y consentimiento certifica que la persona nombrada en este formulario es mi paciente y que los medicamentos recibidos de RHP Patient Help para asistencia al paciente son solamente para uso del paciente cuyo nombre aparece en este formulario. Estos medicamentos no se venderán, se intercambiarán, se baratarán, ni se enviará solicitud de reembolso ni se solicitará reembolso a Medicare, Medicaid, o a cualquier otra parte, o se devolverá para crédito. Al firmar, también estoy de acuerdo en que RHP Patient Help tiene el derecho de contactar directamente con mi paciente para confirmar la recepción de los medicamentos, realizar revisiones de calidad del programa y revocar, cambiar o terminar el programa en cualquier momento. A la mejor de mi conocimiento y entendimiento, mi paciente cumple los criterios de este Programa de asistencia a pacientes.

Firma del médico: _____ Fecha: _____

El número DEA "X" está asignado a cada médico específico que ha sido autorizado para prescribir Suboxone.

Suboxone® Sublingual (buprenorphine and naloxone)  **Film**

Here to Help

Autorización y consentimiento del paciente para compartir y divulgar información médica con el Programa de asistencia a pacientes Here to Help®

Instrucciones para el proveedor: El paciente debe leer y firmar este formulario antes de que él o ella pueda participar en el Programa de asistencia a pacientes Here to Help® (el "Programa").

Yo, _____, reconozco y acepto que toda la información que proporcionaré en relación con mi solicitud al programa de asistencia a pacientes Here to Help® se utilizará para decidir si cumplo los requisitos para participar en el Programa. Al firmar por debajo, verifico que la información en mi solicitud, incluyendo una copia firmada de mis declaraciones de impuestos del año previo/documentación de apoyo, es completa y exacta. Además reconozco que cualquier cambio en mi información financiera, de cobertura de medicamentos de prescripción, o de seguro puede afectar la continuación de mi elegibilidad en el Programa. Por tanto, acepto comunicarme con el Programa para informarme de cualquier cambio en mi información financiera, de cobertura de medicamentos de prescripción, o de seguro.

Yo, por el presente documento, autorizo a mi(s) médico(s), mi(s) farmacia(s), cualquier otro proveedor de atención médica, y a mi plan de salud o aseguradora, a entregar la información médica relacionada con mi uso o necesidad de productos proporcionados bajo el Programa a The Lash Group, Inc. The Lash Group administra el Programa de RHP Patient Help. Mi información médica puede incluir datos comunicados verbalmente o por escrito sobre mi salud y beneficios de pagos. Puede incluir copias de los expedientes sobre mi salud o tratamiento médico mantenidos por mi proveedor de atención médica, mi farmacia o mi plan de salud.

Verifico que no tengo ninguna otra cobertura para medicamentos de prescripción, incluyendo Medicaid, Medicare o cualquier otro programa de asistencia pública o privada, o cualquier otro seguro para medicamentos de prescripción.

Además acepto que The Lash Group y RHP Patient Help tienen derecho a verificar mi elegibilidad y evaluar toda la documentación financiera, información de seguro y registros médicos enviados al Programa para determinar si cumplo los requisitos para participar en el Programa y para operar el Programa. Las personas que trabajan para The Lash Group y RHP Patient Help tendrán acceso a mi información, pero podrán utilizarla solamente para ayudarme a obtener ayuda para recibir Suboxone®, determinar mi elegibilidad para el Programa, operar el Programa, o según lo requiera o permita la ley. Entiendo que The Lash Group y RHP Patient Help tienen derecho a comunicarse directamente conmigo para confirmar la recepción de medicamentos (o para obtener mi opinión sobre el Programa) y que RHP Patient Help puede revisar, cambiar o rescindir el Programa en cualquier momento.

Reconozco que esta autorización y consentimiento está sujeta a la rescisión por parte mía en cualquier momento, salvo en la medida en la que el Programa haya actuado ya en virtud de él. Si yo se lo he revocado previamente, esta autorización y consentimiento durará hasta que él ya no pueda participar más en el Programa. Si cambio de opinión antes de esa fecha, puedo informar por escrito a mi proveedor de atención médica, mi farmacia y mi aseguradora de que no quiero que ellos continúen más información con The Lash Group y RHP Patient Help, pero esto no cancelará ninguna acción que hayan tomado antes de ser informados de ello, y que al hacerlo mi participación en el Programa se rescinde. Sé que tengo derecho a ver o copiar la información que mis proveedores de atención médica, mi farmacia o aseguradora hayan entregado a The Lash Group y RHP Patient Help.

SÉ QUE PUEDO NEGARME A FIRMAR ESTE FORMULARIO. Mi opción sobre firmar o no este formulario no cambiará la forma en que me tratan mis proveedores de atención médica, farmacia o aseguradora. Si no quiero a firmar este formulario, sé que esto significa que no cumpliré los requisitos para participar en el Programa.

Firma del paciente: _____ Fecha: _____

Nombre del paciente: _____

Si el paciente no puede firmar, el representante legal del paciente debe firmar a continuación:

Nombre del representante: _____

Firma: _____

Describe la relación con el paciente y su autoridad para tomar decisiones médicas en nombre del paciente: _____

Envíe por fax la solicitud de inscripción en el Programa de asistencia a pacientes Here to Help®, al 1-888-407-8788.

SBP-5052-060013

Appendix I. Obtaining Medications



Guidelines for Obtaining Extended-Release, Injectable Naltrexone and Buprenorphine/Naloxone

Extended-Release, Injectable Naltrexone

Obtaining extended-release, injectable naltrexone for SUMMIT patients:

- Extended-release, injectable naltrexone is FREE for ALL patients who are enrolled in SUMMIT for the length of the study (6 months for the pilot and 18 months for the full study), regardless of income.
- SUMMIT patients should receive the free extended-release, injectable naltrexone supplied by Alkermes, even if they have Medi-Cal or private insurance.
- The Venice Family Clinic pharmacy will keep the extended-release, injectable naltrexone in stock at Simms and at Rose and will track SUMMIT patients receiving extended-release, injectable naltrexone in a special registry from Alkermes, known as the Cenduit Interactive Response Technology (CIRT).
 - *Note: extended-release, injectable naltrexone is refrigerated and needs to be taken out of the refrigerator 45 minutes before it is injected.*

Obtaining extended-release, injectable naltrexone for non-SUMMIT Patients:

- Enroll patients in the Touchpoints program (<http://www.vivitrol.com/Content/pdf/VivitrolEnrollForm.pdf>)
 - Touchpoints will assist with:
 - Obtaining insurance authorization, if needed
 - Identifying the appropriate specialty pharmacy to which the extended-release, injectable naltrexone should be shipped (if other than Venice Family Clinic)
 - The logistics of delivering the extended-release, injectable naltrexone to the clinic

- For patients with Medi-Cal, including Medi-Cal managed care plans, request extended-release, injectable naltrexone by submitting a treatment authorization request (TAR) for treating alcohol dependence (ICD9 Code: 303.90).
 - *Note: Even if you are submitting a TAR or Prior Authorization, be sure to enroll the patients in the Touchpoints program (see above).*
- If you have an alcohol-dependent patient during the study who is not enrolled in SUMMIT and who is not currently in treatment for alcohol dependence, you may want to suggest that they get screened for the study on their next visit.

Buprenorphine/naloxone

Obtaining buprenorphine/naloxone for SUMMIT and non-SUMMIT Patients:

- **Low-income patients:** Uninsured patients at or below 200 percent of the federal poverty level can obtain free buprenorphine/naloxone during and after the study if they apply for the Patient Assistance Program (PAP). To apply, providers are required to fill out a Here to Help PAP enrollment form and a PAP consent form for each patient (these are located in your MAT binder). (Most if not all VFC patients will be eligible for the PAP program.) Each provider is limited to three (3) active patients at a given time.
- The PAP form requires:
 - Patient information
 - *Note: If the patient is unemployed, it is okay to fill out the form with zero income and “no” on the tax return question; the patient will still be able to obtain medication.*
 - Physician information
 - *Note: VFC’s information is already filled out on your form; all that is required is your contact information and waiver-associated DEA number.*
 - Insurance information
 - *Note: As with the financial information, it is okay to check “no” for all categories; the patient will still be able to obtain medication.*
 - Medical information
 - *Note: This should include ICD9 codes for opioid dependence/addiction (304.0).*
- PAP cards will be mailed directly to the patients’ home addresses; if patients are homeless, cards can be mailed to VFC. Turnaround time is from two to five days.
- PAP cards are valid for one year; after one year, you must submit new paperwork.
- If patients lose their PAP cards, they must call the PAP number (888-898-4818) and inform the PAP of the lost card. The PAP will then issue a new card for the patient.
- **For patients with Medi-Cal, including Medi-Cal managed care plans:** Submit a TAR or Prior Authorization for buprenorphine/naloxone to treat opioid dependence (304.0).

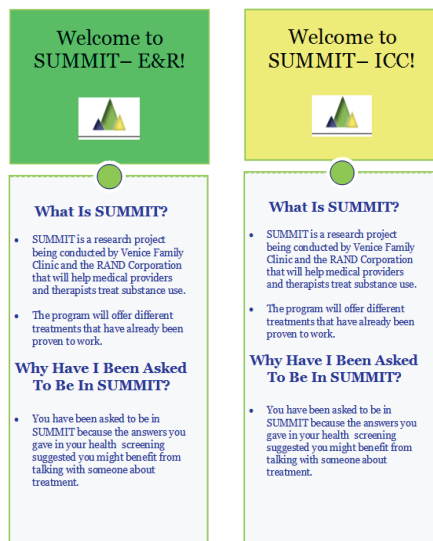
- The VFC pharmacy will not be storing any buprenorphine/naloxone on-site. Patients will be required to fill their prescriptions at local pharmacies. Although buprenorphine/naloxone is available at most local pharmacies, the following partner pharmacies understand how to work with patients with PAP cards and those with Medi-Cal:

- CVS
119 S. Lincoln Blvd.
Venice, CA 90291
(310) 392-398

- Rite-Aid
2142 Pico Blvd.
Santa Monica, CA 90405
(310) 405-7624

Appendix J. Welcome to SUMMIT Handouts

HARD COPIES LOCATED IN PLASTIC SLEEVES



Appendix K. Motivational Statements

Motivational Statements

“In the time of your life, live.”

—William Saroyan (American playwright)

“No feeling is final.”

—Rainer Maria Rilke (German poet)

**“Never, never, never, never, never,
never, never, never give up.”**

—Winston Churchill (British prime minister)

**“It’s never too late to be
what you might have been.”**

—George Eliot (British writer)

**“If we change within,
our outer life will change also.”**

—Jean Shinoda Bolen (American writer)

**“Do what you can, with what you
have, where you are.”**

—Theodore Roosevelt (American president)

**“The future depends on what we do
in the present.”**

—Mohandas K. Gandhi (Indian leader)

**“When you do a thing, do it with all
your might. Put your whole soul into
it. Stamp it with your personality. Be
active, be energetic, be enthusiastic
and faithful, and you will accomplish
your object.”**

—Ralph Waldo Emerson (American writer)

**“Let your heart guide you. It
whispers, so listen closely.”**

—Molly Goode (American writer)

**“I think I can, I think I can,
I think I can.”**

—Watty Piper (Children’s book author)

**“Do not compromise yourself.
You are all you’ve got.”**

—Janis Joplin (American singer)

**“Be attentive to what is arising within
you, and place that above
everything else.”**

—Rainer Maria Rilke (German poet)

**“Although the world is full of
suffering, it is full also of the
overcoming of it.”**

—Helen Keller (American writer)

**“You are not responsible for being
down, but you are responsible for
getting up.”**

—Jesse Jackson (American political leader)

**“You yourself, as much as anybody
in the entire universe, deserve your
love and affection.”**

—Buddha (Indian philosopher)

“With will one can do anything.”

—Samuel Smiles (Scottish writer)

**“Go confidently in the direction
of your dreams. Live the life
you have imagined.”**

—Henry David Thoreau (American writer)

Declaración de Motivación

**“Durante la duración de tu vida,
vive.”**

—William Saroyan (dramaturgo estadounidense del siglo)

“Ningún sentimiento es final.”

—Rainer Maria Rilke (poeta alemán del siglo)

**“Nunca, nunca, nunca, nunca, nunca,
nunca, nunca, nunca, nunca, nunca,
nunca te des por vencido.”**

—Adaptado de un discurso de Winston Churchill (primer ministro británico del siglo)

**“Nunca es demasiado tarde para ser
lo que podrías haber sido.”**

—George Eliot (escritora británica del siglo)

**“Si cambiamos por dentro, nuestra
vida exterior cambiara también.”**

—Jean Shinoda Bolen (escritor estadounidense del siglo)

**“Haz lo que puedas, con lo que
tengas, donde quiera que estés.”**

—Theodore Roosevelt (presidente de los E.E.U.U. del siglo)

**“El futuro depende de lo que
hacemos en el presente.”**

—Mohandas K. Gandhi (líder indio del siglo)

**“Con fuerza de voluntad uno puede
hacer cualquier cosa.”**

—Samuel Smiles (escritor escocés del siglo)

**“Deja que tu corazón te guíe.
Susurra, así que escucha con
atención.”**

—Molly Goode (escritora estadounidense del siglo)

**“Creo que puedo, creo que puedo,
creo que puedo.”**

—Watty Piper (auto del siglo del libro infantil *El pequeño motor que pudo*)

**“No te pongas en una situación
comprometida. Eres todo lo que tú
tienes.”**

—Janis Joplin (cantante estadounidense del siglo)

**“Presta atención a lo que está
surgiendo en tu interior, y dale
prioridad por encima
de todo lo demás.”**

—Rainer Maria Rilke (poeta alemán del siglo)

**“Aunque el mundo está lleno de
sufrimiento, también está lleno de
superación.”**

—Helen Keller (escritora estadounidense del siglo)

**“No es tu culpa haber caído, pero
levantarte es tu responsabilidad.”**

—Jesse Jackson (líder político estadounidense del siglo)

**“Tú, tanto como cualquier persona de
cualquier rincón del universo,
mereces amor y afecto.”**

—Buddha (filósofo indio del siglo V a. de C.)

**“Hacen falta dos para decir la verdad:
uno que hable, otro que escuche.”**

—Henry David Thoreau (escritor estadounidense del siglo)

**“Cuando hagas una cosa, hazlo con
toda tu fuerza. Pon todo tu alma en
ello. Estámpale tu personalidad. Se
activó, enérgico, entusiasta y fiel, y
lograrás tu propósito.”**

—Ralph Waldo Emerson (escritor estadounidense del siglo)



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