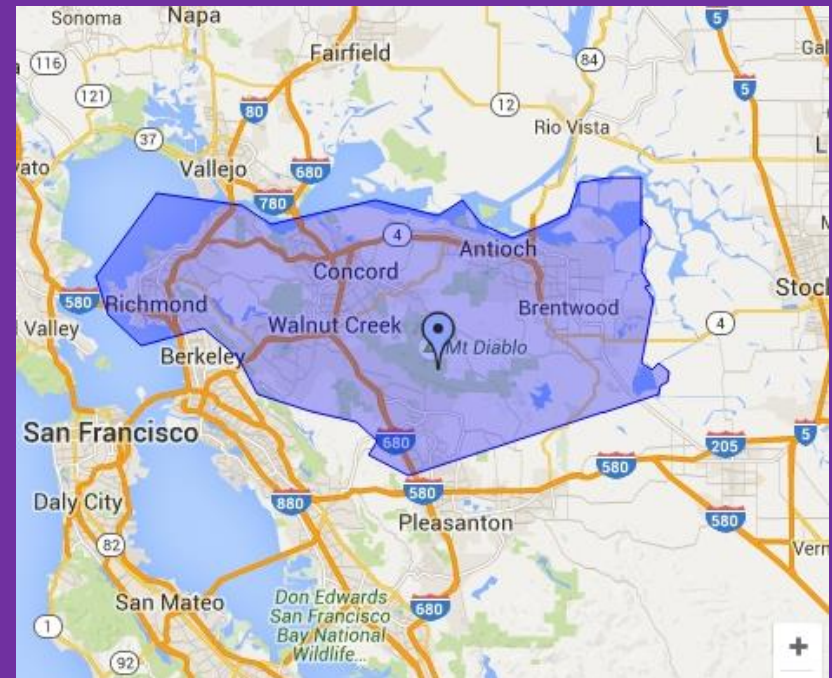


CHOOSING CHANGE CLINIC

**CONTRA
COSTA
HEALTH
SERVICES**

ABOUT CONTRA COSTA HEALTH SERVICES

- 4,400 employees
- Coverage and care of 200,000 people
- \$1.8 billion budget
- Large, Integrated County Health System
 - Behavioral Health
 - CCHP (Medi-Cal managed care plan)
 - Hospital and 10 County Care Clinics
 - Detention Health
 - Health, Housing, and Homeless
 - Public Health*
- Safety net system with special emphasis on the underserved

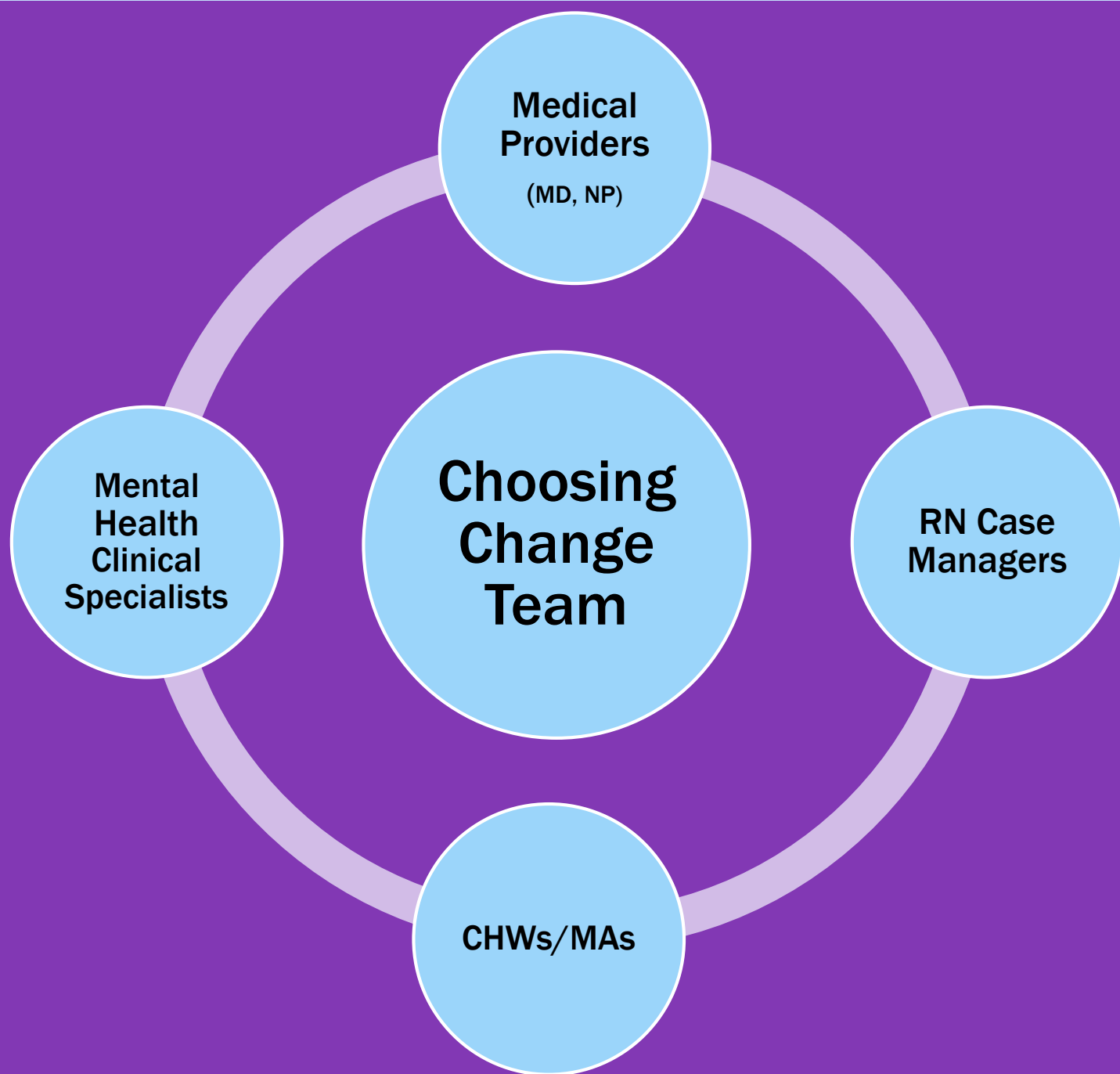


WHAT IS CHOOSING CHANGE?

- A clinic designed to support people with opioid-use disorder (OUD)--through the development of treatment plans, medication, counseling and connections to recovery services
- Medication-assisted treatment (MAT) is offered using Suboxone (buprenorphine-naloxone). It is effective in helping reduce or stop use of opioids, and has been shown to reduce the risk of accidental overdose by 50-90%
- The program offers scheduled individual, group, and family sessions and walk in clinics
- Partnership of 3 divisions of CCHS: Public Health, Behavioral Health, and CCRMC

OUR PHILOSOPHY: HARM REDUCTION

- The harm reduction approach to addiction is to reduce the health harm associated with drug use. Unlike abstinence-only models, this approach meets people where they are and is less stigmatizing. Even if people are not ready, willing, or able to stop using an addictive substance, they can start receiving help and making positive changes in their lives.
- The Choosing Change Program also partners with the local Needle Exchange Program and hands out Fentanyl Testing Strips to patients.



CHOOSING CHANGE BY THE NUMBERS



Patients Served*

- 500+ Currently Active
- 950+ All Time (2016-2019)



80+ referrals/month



17% Patient Growth/Quarter



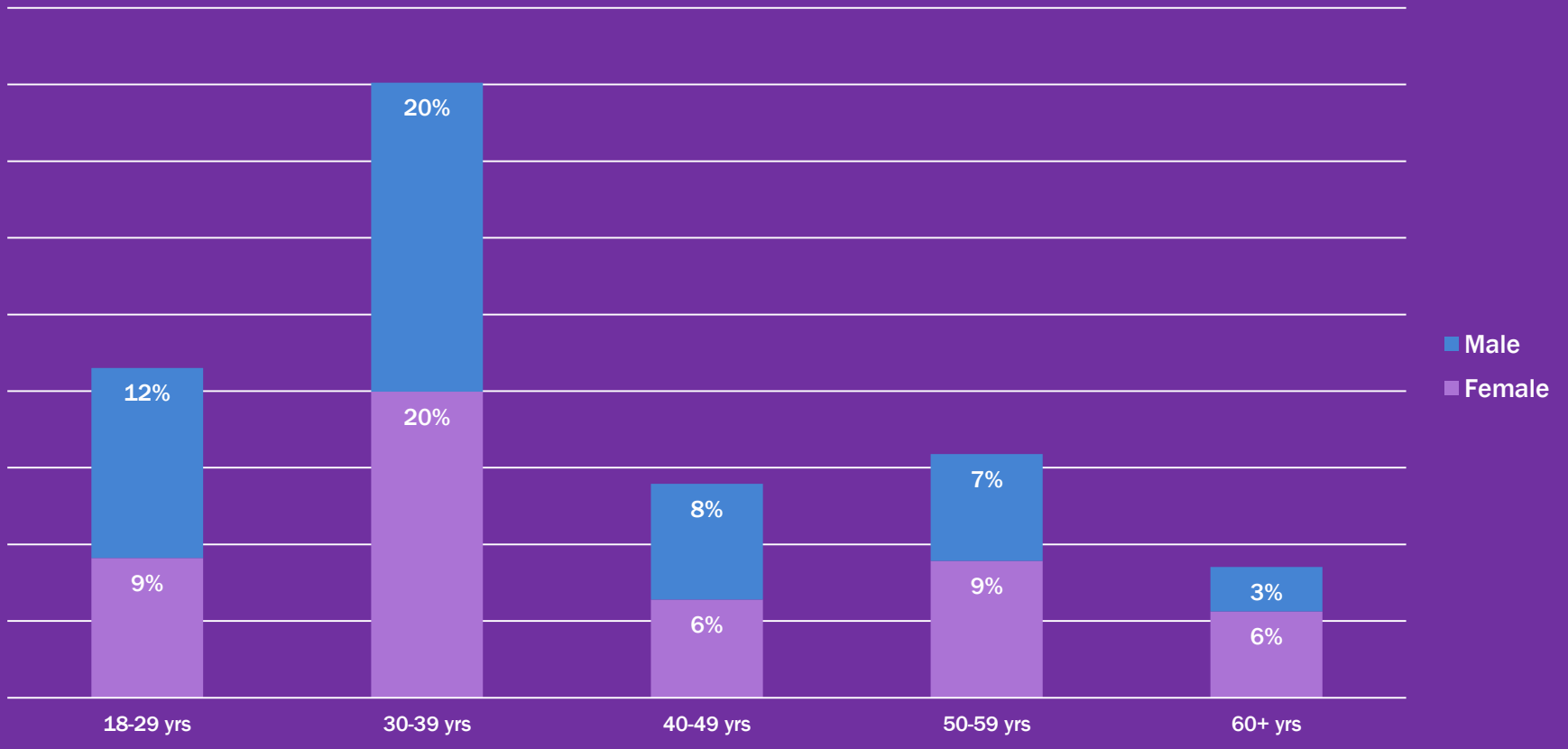
40+ Voicemails/day

* Active Patient Criteria:

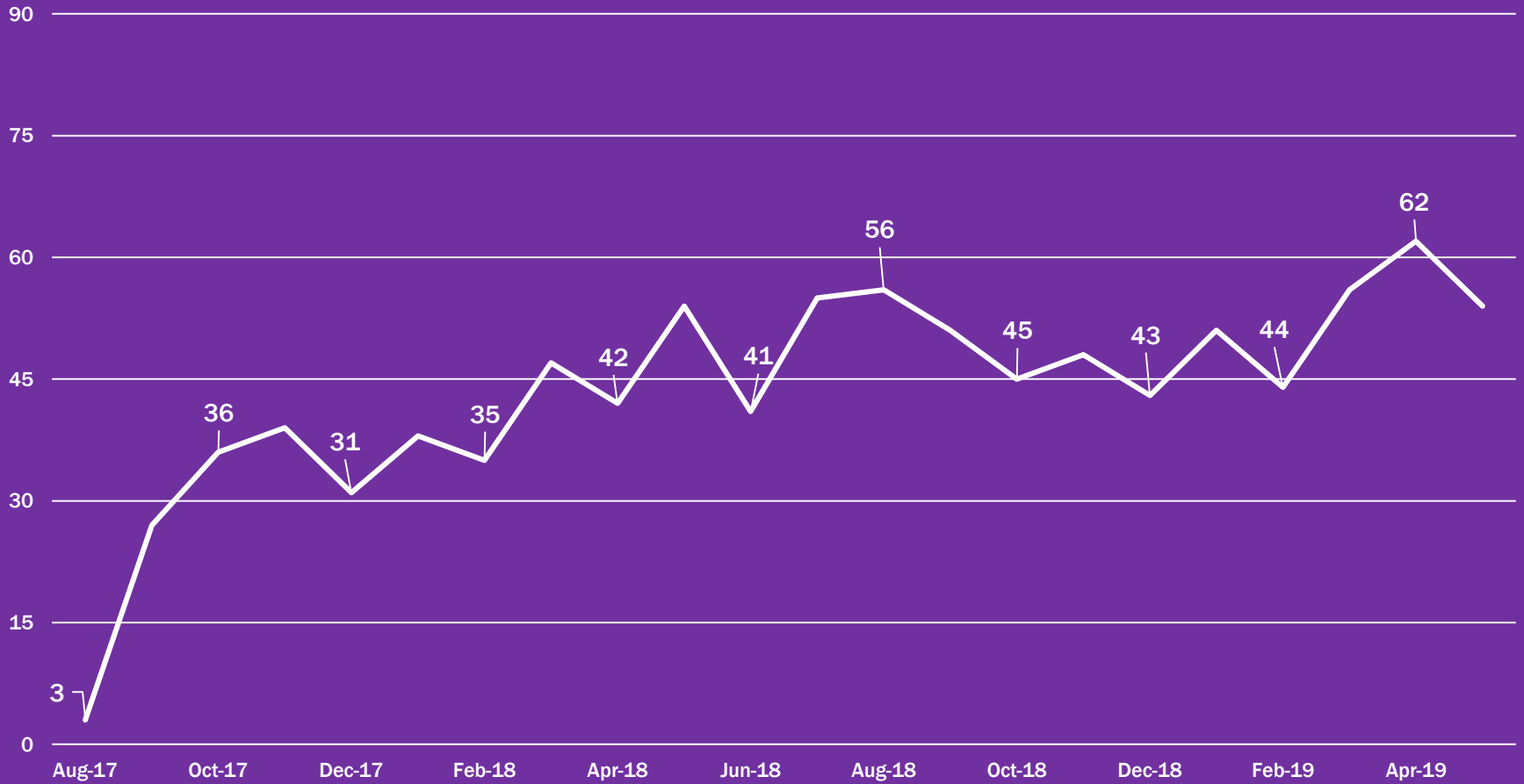
- A) Appointment with Choosing Change in last 3 months OR
- B) Choosing Change Encounter Type of Refill/Order AND Telephone Encounter in last 3 months

CHOOSING CHANGE PATIENT PROFILE

Currently Active Patients by Age and Sex



CHOOSING CHANGE REFERRALS OVER TIME



REFERRAL RESPONSE TIME

- 48% of patients contacted on the same day as their referral
- 70% contacted within 72 hours
- Average interval between referral creation and Choosing Change outreach is 4 days
 - Outreach to Detention referrals delayed until patient's release

PATIENT CONFIDENTIALITY AND FEEDBACK

- Enrolled patients can help improve the Choosing Change Program through our Patient Advisory Committee. The committee meets every other month and is open to all
- The program follows both HIPAA and 42 CFR, Part 2 privacy laws

FORMS OF MEDICATION

- **SUBOXONE** (also available in generic buprenorphine-naloxone) is the most popular brand. Suboxone comes as a dissolving sublingual film. When taken under the tongue, the naloxone in Suboxone is inactive, but should one dissolve and inject the film they will experience sudden withdrawal.
- **ZUBSOLV** is another brand of buprenorphine-naloxone and comes in tablets that you dissolve under your tongue.
- **SUBUTEX** is buprenorphine *without* the naloxone and comes as tablets to be dissolved under the tongue. While Suboxone is preferred due to its lower risk of misuse, Subutex is often used during pregnancy.
- **SUBLOCADE** is a once-a-month injection of buprenorphine-naloxone. Patients have to be started on Suboxone, Zubsolv or Subutex before taking Sublocade, then be transitioned to Sublocade. A big advantage of Sublocade is convenience. No films or tablets need to be taken daily.
- Our program at times also prescribes oral or injectable Naltrexone, and helps selected patients with benzodiazepine tapers.

SUBOXONE MYTHS

- **MYTH:** *You aren't really in recovery if you're on Suboxone.*
- **REALITY:** The abstinence-based models that have dominated addiction care are giving way to a more modern concept of recovery that encompasses the use of medications such as Suboxone that regulate brain chemistry. As addiction is increasingly viewed as a medical condition, Suboxone is viewed as a medication for a chronic condition, such as a person with diabetes needing to take insulin. To say that you aren't really in recovery if you are on Suboxone is stigmatizing to people who take Suboxone, and it's not the medical reality of effective addiction treatment. Data show that taking Suboxone is associated with a 50%-90% reduction in overdose mortality.

SUBOXONE MYTHS CONT.

- **MYTH:** Suboxone should only be taken for a short period of time.
- **REALITY:** There is no evidence to support the claim that Suboxone should be taken for a short period of time as opposed to being maintained on it for the long term or life. Patients may take Suboxone for days, months or years depending on their individual needs. After the goal of achieving clinical stability is met, our program staff advises and supports patient to meet their goals on whether or not to continue on Suboxone.

SUBOXONE MYTHS CONT.

- **MYTH:** Suboxone makes you high.
- **REALITY:** This myth stems from Suboxone's medication-assisted treatment precursor, methadone. Methadone can create a slight euphoric effect, along with drowsiness. But, Suboxone is a partial opioid agonist, with less side effects than heroin or methadone. Most patients say that Suboxone helps them feel "normal" - with neither a feeling of intoxication nor cravings.

SUBOXONE MYTHS CONT.

- **MYTH:** Suboxone is a drug and is no better than heroin.
- **REALITY:** Since Suboxone is a drug and a form of opioid, many people believe that patients on Suboxone are merely replacing one drug with another. However, all drugs do not have the same level of risk attached to them. Some drugs are significantly more dangerous and cause death in small amounts, such as fentanyl or heroin. Because it is almost impossible for patients to overdose on Suboxone, it is considered safer than other opiates. Suboxone is a drug that keeps people away from these deadly outcomes.

NARCAN (NALOXONE)

- Narcan (naloxone) is an opioid antagonist that is used to temporarily reverse the effects of an opioid overdose, primarily decreased respiration (slowed or stopped breathing). Narcan (naloxone) is a safe antidote to a suspected overdose and, when given in time, can save a life. Research shows that when Narcan (naloxone) and overdose education are available to community members, overdose deaths decrease in those communities.
- On September 10, 2018, Governor Brown signed Assembly Bill 2760. The bill was effective January 1, 2019 and requires high-risk patients be prescribed the overdose reversal drug Narcan (naloxone) when receiving prescriptions for opioids. The bill has an educational element that mandates a discussion of substance abuse with those receiving the prescriptions.
- At CHOOSING CHANGE we prescribe and give out Narcan at every clinic.

PROGRAM GUIDELINES

- When initially starting the program, patients must attend sessions once a week and prescriptions are written one week at a time. Once stabilized, patients can start coming every 2-4 weeks, some every 6-8 weeks. Clients have the freedom to come when they want but most choose to come every 1-2 weeks.
- Patients are asked to give a urine toxicology specimen each time they attend a group session. Buprenorphine levels are checked at least quarterly.
- A higher level of care is recommended or assigned if the patient is unable to adhere to program expectations. Non-adherence includes diversion, disruptive behavior, and continued non-participation and engagement in the program.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p><u>8:45am-10:30am</u></p> <p>Antioch Health Center 2335 Country Hills Drive Antioch, CA 94509</p>	<p><u>8:45am-10:30am</u></p> <p>Concord Health Center 2 3024 Willow Pass Rd. Concord, CA 94520</p>	<p><u>1:45pm-3:30pm</u></p> <p>Pittsburg Health Center 2311 Loveridge Road Pittsburg, CA 94565 <i>(starting August 7, 2019)</i></p>	<p><u>8:45am-10:30am</u></p> <p>George and Cynthia Miller Wellness Center 25 Allen Street Martinez, CA 94553</p>	<p><u>8:45am-10:30am</u></p> <p>George and Cynthia Miller Wellness Center 25 Allen Street Martinez, CA 94553</p>
<p><u>1:45pm-3:30pm</u></p> <p>Pittsburg Health Center 2311 Loveridge Road Pittsburg, CA 94565</p>	<p><u>1:45pm-3:30pm</u></p> <p>West County Health Center 13601 San Pablo Ave. San Pablo, CA 94806</p>	<p><u>1:45pm-3:30pm</u></p> <p>Brentwood Health Center 171 Sand Creek Rd. Suite A Brentwood, CA 94513 <i>(Starting September 4, 2019)</i></p>	<p><u>1:45pm-3:30pm</u></p> <p>Concord Health Center 2 3024 Willow Pass Rd. Concord, CA 94520</p>	<p><u>1:45pm-3:30pm</u></p> <p>George and Cynthia Miller Wellness Center 25 Allen Street Martinez, CA 94553</p>
	<p><u>5:45pm-7:30pm</u></p> <p>Concord Health Center 2 3024 Willow Pass Rd. Concord, CA 94520</p>	<p><u>5:45pm-7:30pm</u></p> <p>Concord Health Center 2 3024 Willow Pass Rd. Concord, CA 94520</p>		<p><u>1:45pm-3:30pm</u></p> <p>Pittsburg Health Center 2311 Loveridge Road Pittsburg, CA 94565</p>

CHOOSING CHANGE SCHEDULE

There are currently thirteen clinics held during the week at six different health centers.

A DAY IN THE LIFE... COMMUNITY HEALTH WORKERS...

Community Health Workers:

- Verify insurance
- Check voicemails
- Make appointments
- Assist with groups (collecting utox and making appointments)
- Manage the flow of patients
- Assist the other providers



A DAY IN THE LIFE... REGISTERED NURSES...

Registered Nurses:

- Manage referral work queue
- Complete over the phone intakes
- Return voicemails
- Pend refills to providers
- Call the pharmacies to troubleshoot prescription issues
- Encourage health maintenance
- Complete Prior Authorizations
- Primary contact with patients
- Attend groups
- Complete inductions
- Make appointments
- Meet with patients before and after group



A DAY IN THE LIFE...

MENTAL HEALTH CLINICIANS

■ Mental Health Clinicians:

- Facilitate the groups and prepare curriculum and topics for discussion
- Assist with the creation of a care plan for patients
- Meet with patients individually before and after group to address Behavioral Health needs
- One-on-ones in person and telephone check-ins with patients to provide support around Behavioral Health needs
- Follow-up calls with patients who “no-show” to groups
- Referrals and linkage to behavioral health services
- Two half days dedicated inside the 2 county detention facilities, visiting with patients started on Suboxone



A DAY IN THE LIFE...MD/NP...

■ MD/NP:

- Attend groups and work with the team to manage refills and direct the care plan for patients
- 1:1 Visits with patients before and after group
- On-call hours to answer questions related to Choosing Change
- Complete pended orders by the RNs
- Order and facilitate health care maintenance(vaccinations, HIV/Hep C testing, Pap smears, etc)

EXAMPLE RN DOCUMENTATION

S:

RN receives message from CHW Daniels

Pt called and left vm (7/23/19 0940) stating that he cxd his appt and needs to r/s--would pref this Thurs.

Called pt's px. Last p/u was 6/27/19 for 15d supply. Pt should have been out of medication >1wk ago if taking as prescribed. Before that rx, rx written 5/6/19 and p/u 6/10/19 for #30, another 15d supply. Reviewed chart. Pt has hx is cxing appt, changing groups and off schedule med p/u.

Called pt. Pt stated he has been having a hard time making it to his appts due to work. Asked pt how he has been managing w/o medication. Pt stated he has been out x2d. Stated that he "stretches" his medication in between appts. **Asking for a 2d bridge RF until 7/25/19 appt.** Told pt request would be reviewed and I would f/u once a response is recvd.

B:

Pt with inconsistent appt attendance due to work schedule

A:

RN phones and speaks with pt

Maintained abstinence from opiates, challenges attending group with work schedule

Pt advised that est of care in a home group for consistency and rapport with provider/ CC staff is expected in moving forward

Pt verbalizes understanding

RN acknowledges that pt has a 10 month old at home and a Mon-Fri job, CC want to support pt with his overall health and wellness

RN states CC has many options for appts and pt can choose what will work best in moving forward

Will attend MWC CC on 7/25/19

Pt agrees that he would like to return to his original home group of WCHC CC in the future

RN pends RF bup/nal 8-2 mg sL film #6 (3 day supply) sig: 2 films under the tongue daily to on call MD Tzviell for fill at Lucky Pinole

R:

RTC MW CC on 7/25/19

Future visits in WCHC, which will be pt's home group

BEST PRACTICES – GROUP HUDDLE

Pre-Clinic Team Huddle may include the following:

- Review the care plan
- Identify who would need a Bupe screen
- Discuss new patients
- Discuss any urgent patient concerns
- Review U-Tox History
- Review of behavior patterns
- Determine frequency of patient visit (when the patient should return)
- Establish home group for patient
- Division of tasks for the team
- Discuss preliminary plan for the patient
- Discuss logistics of the group in terms of the schedule/agenda

GROUP AGREEMENT

Choosing Change Group Agreement

- *Choosing Change is a group setting that offers support to patients struggling with Opiate Use Disorder. These group agreements help keep the integrity of the group structure and offer all participants the opportunity to feel safe and be heard.*
- Patients will be allowed in group up until 15 minutes after the start time.
- Groups will be limited in size to no more than 20 patients. This may limit the availability of rescheduling appointments, if those groups have more than 20 patients already registered. This also means that if you do not show up for group, it limits the ability for other patients to be seen.
- The Choosing Change Voicemail line is checked Monday through Friday throughout the day. Please leave detailed messages as to your needs, not simply “please call me back”. **Voicemails will not be checked after 12 pm on Fridays!**
- Refills by phone (with no group attendance), may be limited to one time only. To receive a subsequent refill, you may need to provide a urine sample and be seen in clinic (group or one-on-one).
- Choosing Change is a group structured format. If you cannot attend groups, this will need to be discussed with the provider managing your prescription, to see if this is the right setting to manage the Suboxone.
- Walk-ins to a clinic where you are not scheduled may not be able to be accommodated. It's possible you may have to wait up to 2 hours to be seen, if at all. If you need a refill, please to call the voicemail line at 925-608-5222 to be scheduled into an available group.
- You will be asked to provide a urine sample at each group visit. You may be asked to provide a sample that can be tested immediately in the clinic. We may also ask you for additional information on other substances and/or medications you are currently taking if we feel like we cannot prescribe you Suboxone without this additional information. You may also be asked to provide urine samples in between group visits, if you are requesting a refill without having attended a group.
- Narcan is available to every patient of Choosing Change and is sent to the pharmacy with your Suboxone prescription. If you feel you want it at any time, please talk to one of the Choosing Change staff members.
- For the safety of every patient and staff with Choosing Change, we ask that you do not bring any weapons into the clinics. We understand that patients bring their backpacks and belongings with them often, but everything needs to stay concealed in the bags.
- Please do not to place your tobacco related products on the tables or have these exposed during group.
- If you are interested in being part of the patient advocacy group for Choosing Change, please let a staff member know.
- Medications that are lost or stolen will only be re-filled once, after a police report is completed. A urine sample will be required and group attendance may return to once a week.
- For friend and family member referrals, please give them the Access line number at 1-800-846-1652.
- For emergent needs, please go to the Emergency Room (where they can give Suboxone) or call 911.

GROUP AGENDA

GROUP AGENDA:

- ❖ Introductions
 - ❖ Group Agreements
 - ❖ Housekeeping
 - ❖ Announcements/Check-ins
 - ❖ Meditation
 - ❖ Major Discussion/Activity
 - ❖ S.M.A.R.T. Goals
- ❖ *Note: Snacks are provided at every group and patients express their appreciation for those offerings*

GROUP AGREEMENTS

- Confidentiality
- Use “I” statements
- Don’t “should” on anyone
- Cell phone off
- Be present
- Listen generously with respect
- Assume goodwill
- No cross talk
- You can pass
- 15 minute grace period

REFERRALS

- Providers can refer those diagnosed with opioid-use disorder (OUD) through CCLink (our EMR).
- Patients can also self-enroll by calling the Behavioral Health Services Access Line at 800-846-1652.
- We work closely with detention services and get automatic referrals when a patient receiving buprenorphine containing medication is discharged.
- New navigators help patients connect to Choosing Change from the ED/PES.

(Insurance plans accepted are Medi-CAL, CCHP, and Medicare) - patients with other insurance, including no insurance, are referred to other local programs such as BAART, Kaiser, and Bright Heart and others

CHOOSING CHANGE REFERRAL

Choosing Change Group Clinic INT REF 🔍 Accept Cancel Remove

P

Priority:

Class:

Provider Specialty:

Department:

Process Inst:

Choosing Change Group Clinic is an outpatient treatment for patients with history of problems with opioid use. For patients who want to be on outpatient medication assisted treatment with Buprenorphine or Buprenorphine with Naloxone Nurse Care Manager will review the referral and reach out directly to the patient and will notify you if patient is eligible for the program and will make an appointment for the patient. Choosing Change Group Clinic is by appointment only.

Please make sure patient contact information is current.
If you are the primary care physician:
1. Order the following tests if known risk factors (UTOX with THC, HEPATITIS PANEL, LFT, CBC, HIV, QUANTIFERON, HCG-FEMALE PATIENTS ONLY)
2. Provide medical clearance with documented physical exam, and if patient has cardiac risk factors or over the age of 60, consider EKG or stress test.
3. If you have a buprenorphine waiver, we will alert you when the patient is on a stable dose to decide if you are comfortable continuing or starting to prescribe for the patient.
4. This referral is for patients with a diagnosis of opiate use disorder. This is not a referral to Med Pain or appropriate for patients with chronic pain without a diagnosis of opiate use disorder.

For urgent access or prescription needs please contact the choosing change on call provider (calendar accessible in www.amion.com password 'ccrmc' scroll down to 'choosing change')

1. Is patient incarcerated at this time?

Anticipated release date:

2. Where is the referral originating?

3. Diagnosis of Opiate Use Disorder?

4. Signs of lack of CONTROL to cut down or control Opioid use?

5. Signs of COMPULSION by taking Opioids in larger amounts or over a longer period than was intended?

6. CRAVING to use Opioids?

7. Negative CONSEQUENCES such as failure to fulfill major role obligations such as work, school or home?

8. Opiates used:

9. Benzodiazepine use?

CHOOSING CHANGE REFERRAL, CON'T.

10. Does the patient have a good contact number?

Best contact Number:

11. Can a message be left at that number?

12. Is the patient currently taking Suboxone?


13. Has the patient previously taken Suboxone?

When did they start taking Suboxone?

14. Preferred pharmacy (cannot use CVS)

15. Living environment:

Other:

 Comments:



Clinical Information: ***

Reference Links:

[1. Referral turn around time report](#)

Status:

Expected Date:

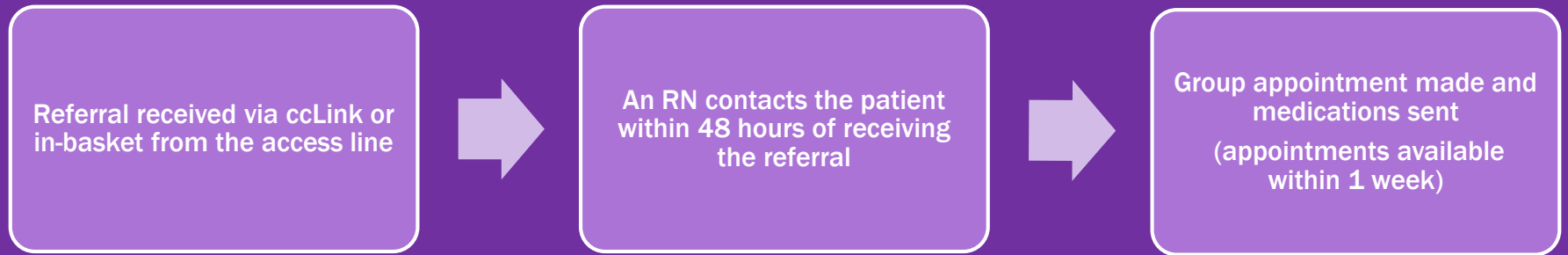
Approx.

Expires:

Sched Inst.:

1. You will be contacted by the Nurse Care Manager within 1 week of referral. 2. If you have not received a call back after 1 week or if you made changes with your address or phone number, p...

REFERRAL FLOW



COMMUNITY PARTNERSHIPS

Health Care for the Homeless – we work closely with HCH to provide low-barrier buprenorphine through shelter and street outreach

Ambulatory Care – Stable patients are transferred back to a waived primary care provider when available.

QUOTES

■ From Patients

“Gives people hope”

“I’ve never seen it ***not*** work for someone”

“I have a second chance for a first class life.”

“Nothing has worked like Suboxone has for me”

“I don’t have cravings”

QUOTES

■ From Staff (MDs, RNs, MHCSs)

I am honored on a daily basis to work with the Choosing Change program. We are team of people who are advocating endlessly for recovery and the safety of our patients. I have witnessed so many lives transform."

- Tanzania Whyte, RN
BSN

I usually encourage SUD patients by reminding them that they have strength, courage, and resourcefulness- you are awesome, so live accordingly.

-Shirley Cheney, MHCS

"Choosing Change allows you to RECLAIM your life"

- Dr. Ken Saffier

"It is refreshing to see how motivated patients are to make a change in improving their lives. Being able to guide this process has been rewarding and has contributed to the prevention of burnout for medical staff"

- Dr. Chelsea Rhoades

CONTACT INFORMATION

- Behavioral Health Services Access Line at 1-800-846-1652 (for self referrals)
- Choosing Change Program Manager: Marissa Elliott at 925-608-5106, marissa.elliott@cchealth.org
- Choosing Change Medical Director:
Ori Tzvieli at 925-270-5895, ori.tzvieli@cchealth.org
- Choosing Change website:
cchealth.org/choosing-change/