



Santa Cruz County Health Services Agency Clinic Division

Medication-Assisted Treatment Program

Procedures and Workflows



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The goal of a Medication-Assisted Treatment (MAT) program is to provide team-based care for people with substance use disorders (SUDs) through structured, integrated health care services in a primary care setting.

It is the policy of the County of Santa Cruz Health Services Agency (HSA) to provide access to medications that have been shown to demonstrate improved safety in the prevention or reduction of withdrawal symptoms and cravings for opioids and/or alcohol in a high-quality MAT services program.

The MAT program offered through HSA clinics subscribes to a harm-reduction model, which is supportive, compassionate, and “meets patients where they are” in their process of substance use disorder treatment. We employ non-judgmental terminology, such as substance use disorder instead of addiction, and treat all MAT patients with respect and dignity.

Referrals to a higher level of care than the MAT program [i.e., methadone clinic, intensive out-patient (IOP) program, residential, sober-living environment program, or brief in-patient stay for withdrawal management] will be made if the MAT team determines that the patient requires more supportive services than those offered at this clinic or in conjunction with clinic MAT services.

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I. MAT OVERVIEW: PROGRAM STAFFING AND PATIENT ELIGIBILITY REQUIREMENTS

Substance use disorders (SUDs) are a group of chronic medical conditions defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) of the American Psychological Association that require long-term treatment and support. The US Food and Drug Administration (FDA) has approved three medications for the treatment of opioid use disorder: (1) oral methadone (full opioid agonist); (2) oral transmucosal, injectable, and sub-dermal implant buprenorphine (nonselective partial opioid agonist), and (3) oral formulation and long-acting injectable naltrexone (opioid antagonist). The most effective treatment for opioid use disorder involves medication maintenance for an adequate duration of time. The effectiveness of opioid agonist maintenance for treatment of opioid use disorder has been extensively documented through randomized clinical trials, quasi-experimental designs and program evaluations. [Source: Substance Abuse and Mental Health Services Administration. Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63, Full Document. HHS Publication No. (SMA) 18-5063 FULLDOC. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018; American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSM-5®). American Psychiatric Pub; 2013; from the Boston Medical Center OBAT Clinical Guidelines.]

A. Program Entry

People with SUD become aware of and are evaluated for entry into the County's MAT program through several different avenues, including but not limited to:

1. Internal referral from an HSA clinic primary care or behavioral health provider
2. Referral from a provider outside the clinic
3. Referral from the county's syringe services program (SSP), jail, or local hospital
4. Self-referral at a MAT group or by telephone
5. Community health outreach by HSA staff

B. Patient Eligibility

The following are requirements for eligibility in the MAT program:

1. The patient must have a diagnosis of opioid, alcohol use disorder, meth use disorder.
2. The patient must agree with the goals of MAT program and express willingness to adhere to program requirements.
3. The patient must be capable of engaging in appropriate treatment to address any medical or psychiatric conditions; and willing to accept a referral to our IBH service for initial assessment within the first 30 days of treatment.

4. The patient must participate in an intake appointment with a SUDCM and attend at least one MAT group/one on one before being scheduled for an appointment with a MAT prescriber, exceptions based on MAT treatment team discretion.
5. The patient must complete blood tests and a urine drug screen (UDS) for the first prescriber appointment.
6. The patient must be able to be treated safely in an office-based setting without high risk of harm to self or others.

C. Staffing

1. Prescribers (MDs, NPs, and PAs) must be waived to prescribe buprenorphine for substance use disorder. All licensed prescribers, with or without the X waiver, may prescribe Naltrexone/ XR-NTX (Vivitrol)
2. Nurses
3. Substance Use Disorder Case Manager (SUDCM) with Substance Use Disorder Counselor Certification license or equivalent
4. Medical Assistants (MAs)
5. Health Services Manager (MAT Program Manager)

II. STAFF ROLES

A. Health Services Manager

1. Manages MAT program at all county clinics.
2. Supervises all the SUDCM's and other MAT staff.
3. Co-manages MAT nurses with Health Center Managers as it relates to MAT, facilitates, and organizes MAT advisory committee, case conferences, and other meetings on MAT.
4. Meets with leaders in key healthcare positions in the county (eg, safe Rx, MAT advisory group, emergency departments) to create and enhance channels of communication with the county MAT team.
5. Coordinates and organizes trainings regarding MAT.
6. Can have a small caseload of patients.

B. Substance Use Disorder Case Manager (SUDCM)

1. Performs all MAT intakes. (*Nurse can do this if trained)
2. Full time SUDCM can carry a caseload of at least 40 patients.
3. Assists patient in completion of ROIs and consents. *
4. Reviews treatment agreement with patient and clarifies information; gathers signature. *

5. Provides education to patients about program guidelines/expectations and treatment goals.
6. Makes appointment with MAT prescriber for medical and lab clearance. *
7. Performs outreach to potential patients in the field.
8. Works outreach shifts in Syringe Services Program.
9. Takes referrals from providers, outside agencies, and directly from patients. *
10. Helps identify insurance status, clinic assignment, and assists with establishing benefits and medical home.
11. Provides resources and coordinates referrals to community agencies, and tracks patient follow-through.
12. Provides curriculum for MAT group meetings, engaging other clinic professionals as needed.
13. Facilitates MAT SMA's and group meetings in various locations.
14. Updates the MAT FYI flag (tier promotion on recommendation of the Treatment team).
15. Updates the Care Team in Epic. (PCP, Prescriber, SUDCM, IBH)
16. Facilitates weekly case meetings with MAT staff, reviewing tier assignments, etc.
17. During weekly case meetings, presents MAT patients who require additional treatment considerations.
18. Coordinates warm handoffs to IBH provider and/or schedules IBH intake appointments within 30 days, as needed and possible. *
19. Provides SUD counseling and case management appointments.
20. Coordinates referrals to the hub (Janus).
21. Attends MAT related meetings as determined by Health Services Manager. *

C. Nurse (*indicates can be performed by Nurse or SUDCM)

1. Orders buprenorphine initial lab panel (see section VII, below).
2. Provides instructions and specimen cups for point-of-care urine drug screens (POC UDSs; Healgen-13). In Epic, orders, reads and records results of UDSs, per standing order (can be performed by MAs and SUDCMs; see Appendices R and S).
3. Monitors drug and alcohol screening results and reports to MAT team. *
4. In Epic, orders, performs, and results breathalyzer tests, per standing order (same as above). *
5. Performs medication reconciliation and accesses/prints CURES report, for review with the MAT prescriber.
6. Provides education to patients about MAT medications and opiate withdrawal signs and symptoms (see Appendix B and C).
7. Makes appointments with SUDCM for case management and additional support.
8. Provides pharmacy with prescriptions for Narcan nasal spray kits.
9. Checks insurance coverage, preferred medication formulary, and need for prior authorization before induction.
10. Supports all aspects of home induction, providing home induction instructions (see Appendices C).

11. Follows patient for first 7 days of induction.
12. Follows patients for medication management in consultation with the MAT prescriber.
13. Verifies medication through pill/film counting as needed. *
14. Helps manage all buprenorphine/naloxone refill requests and orders.
15. Schedules patients for MAT prescriber and PCP appointments. *

D. Prescriber

1. Prescriber: MD, Physician's Assistant (PA), Nurse Practitioner (NP) (see NP Practice Agreement and Standardized Procedures)
2. Orders buprenorphine initial lab panel if nurse not available (see section VI, below).
3. Confirms DSM-5 diagnosis of Opioid Use Disorder, Alcohol Use Disorder, Methamphetamine Use Disorder, and assesses appropriateness for medication-assisted treatment for addiction with either.
4. Reviews initial laboratory test results and determines appropriate follow up (see section VIII below).
5. Provides medical and lab clearance and completes OBOT flowsheet during initial or follow-up prescriber appointment.
6. Meets with patients at shared medical appointments for prescription refills or adjustments.
7. Meets with patients for individual appointments as needed.
8. Attends weekly case conference to discuss newly assessed patients, referrals for higher levels of care, and changes in MAT tiers.
9. Signs off on medication prescriptions pending by nurse, MA, SUDCM.

E. Medical Assistant

1. Rooms patients for initial and follow-up MAT prescriber appointments and SMA's.
2. Collect SMA check in sheet and report results to MAT team and documents in Epic.
3. Provides instructions and specimen cups for point-of-care urine drug screens (POC UDSs; Healgen-13). In Epic, orders, reads and records results of UDSs, per standing order.
4. Monitors drug and alcohol screening results and reports to MAT team.
5. In Epic, orders, performs, and results breathalyzer tests, per standing order.
6. Pends buprenorphine prescriptions for patients at SMAs.
7. Assists with pharmacy issues as needed.
8. Supports MAT and registration staff with logistics for MAT groups and SMAs.
9. Assists MAT team clinicians during patient visits and with scheduling of individual patient and shared medical appointments.
10. Completes referrals to outside medical providers, as necessary.

III. DOCUMENTATION

- A. All patient encounters shall be documented in EPIC the Electronic Medical Record (EMR) according to county policy. (enter revised policy)
- B. MAT smart phrases: (See appendix Q, R, S, T)
 - a. .SA11MATMA
 - b. .SA11MATSUDCM
 - c. .SA11MATNURSEVISIT
 - d. .SA11MATPRESCRIBER

IV. INTAKE APPOINTMENTS

A. Intake Appointments

Prescribers, Nurses, Medical assistants, and SUDCMs will all utilize Epic for scheduling of MAT patient appointments to enhance care coordination.

At the first appointments with the SUDCM and/or Nurse, the following will take place:

1. A MAT Welcome Packet will be given to the patient, including the following forms, which are to be filled out at this appointment and signed by the patient:
 - a) Consent for integrated electronic medical record (Appendix A.)
 - b) Buprenorphine consent and treatment agreement (Appendix B)
 - c) Naltrexone consent and treatment agreement (Appendix G)
 - d) Meth protocol consent and treatment agreement (Appendix J)
 - e) Group in public setting acknowledgment (Appendix U)
 - f) Release-of-information (ROI) form(s)
2. The patient's health insurance coverage will be ascertained. If Medicare it will be documented in the chart what part d. If the patient has no insurance, the SUDCM or Nurse will refer patient to the campus benefits office to apply for Medi-Cal and will ask the patient to return to the clinic afterwards. Sliding scale fees for uninsured patients will be offered as needed.
3. If the patient has a PCP at a location other than the county clinics, the SUDCM will refer the patient back to the PCP for treatment or will request that the patient obtain a referral to the MAT program prior to the initial appointment. If the patient prefers, MAT staff will help facilitate changing the PCP to a county PCP. (See section I. B. Patient Eligibility.)
4. The MAT intake panel of blood tests will be completed at the lab by the patient (including HIV, hepatitis panel, CMP, CBC; see section VIII below), as well as a urine 10-50 drug screen. For women of childbearing age, a urine pregnancy test will be added. These tests will be ordered and signed off by the Nurse or Prescriber and documented in Epic. All tests must be completed within two weeks of the initial prescriber visit.
5. The Nurse will provide information and education about buprenorphine and other treatment options, such as XR-NTX (Vivitrol) and methadone. The patient will be given the handout

- entitled “The Facts About Buprenorphine and Dangers of Mixing Buprenorphine with Benzodiazepines, Alcohol, and Other Depressants,” which will be reviewed for patient understanding. This information exchange will be noted in the patient’s chart.
6. The SUDCM or Nurse will provide naloxone injection kits or a prescription for Narcan nasal spray at the initial appointment; at this visit the patient will be trained in the use of Narcan in the case of an overdose. Narcan will be added to the patient’s medication list.
 7. The Nurse will complete Pre-Initial visit if possible before a prescriber visit.
 8. XR- NTX (Extended Release – Naltrexone, Vivitrol)
 - a) All patients to see SUDCM for intake before starting and restarting.
 - b) XR-NTX consent and treatment agreement form should be signed annually and documented in the FYI notes.
 - c) Patients will only receive 1 prescription with 2 refills for XR-NTX at a time to be delivered to the clinic.
 - d) First 6 months automatic POC UDS every visit for patients and send out if needed.
 - e) All patients on Naltrexone need to see their prescriber at least quarterly unless prescriber needs to see patient more regularly because of health concerns.
 - f) If patients are stable on XR-NTX only need to perform blood draw for CMP every 3 months unless there is clinical indication of acute liver disease (jaundice, etc.). Stable patient defined: no visits to ER, not incarcerated, living in a safe space, working on recovery, not positive for other substances.
 - g) Before starting or restarting XR-NTX, or less 30 days since last injection, patient has to have a POC UDS before given the next dose of XR-NTX. UDS should also be sent out for confirmation for clinical purposes.
 - h) If patient is lost to follow up between day 26-35 and patient comes back patient can still receive XR-NTX. POC UDS must be completed before injection. If it has been more than 35 days consult MAT prescriber, SUDCM, and team.
 - i) All XR-NTX patients offered IBH services.
 - j) All XR-NTX patients will follow the treatment tiers.
 9. Buprenorphine (Suboxone, Subutex)
 - a) All patients to see SUDCM for intake before starting and restarting.
 - b) Buprenorphine consent and treatment agreement form should be signed annually and documented in the FYI notes.
 - c) All patients will provide a POC UDS and will be sent out if needed.
 - d) All Buprenorphine patients offered IBH services.
 - e) All Buprenorphine patients will follow the treatment tiers.
 10. XR- BUP (Extended Release – Sublocade)
 - a) All patients to see SUDCM for intake before starting and restarting.
 - a) XR-BUP consent and treatment agreement should be signed annually and documented in the FYI notes.

- b) Patients will only receive 1 prescription with 1 refill for XR-BUP at a time to be delivered to clinic.
- c) Patient can be prescribed supplemental strips/tablets at the prescriber's discretion.
- d) All patients will provide a POC UDS and will be sent out if needed.
- e) Medication ordered through specialty pharmacy (Avella) via phone or e-prescribe.
- f) Administration may only be done by a trained nurse.
- g) All XR-BUP patients will follow the treatment tiers.

11. Methamphetamine Protocol

- b) All patients to see SUDCM for intake before starting and restarting.
- c) Meth protocol consent and treatment agreement should be signed annually and documented in the FYI notes.
- d) All patients will provide a POC UDS and will be sent out if needed.
- e) All patients on the meth protocol will follow the treatment tiers.

V. CASE CONFERENCES, TIER PROMOTIONS, AND FAST TRACK

A. Case Conferences

Weekly 1-hour meetings between the MAT prescribers, SUDCM's, and nurses will be utilized to discuss the enrollment and plan of care for newly assessed patients; treatment goals for enrolled patients; and recommendations for a higher level of care for enrolled patients.

B. Tier Promotions

1. Must be brought to weekly case conference.
2. Case will be reviewed to see if promoting is in the best interest of the patient's treatment.
3. Decision will be decided on as a team (SUDCM, Nurse, Prescriber, and MAT staff).
4. Patient will be given a tier promotion packet and will be asked to complete it.
5. Patient will be asked to share their tier promotion packet in their next group/one on one and will be presented with a certificate or coin depending on tier promotion.

C. Fast Track:

1. Must be brought to weekly case conference.
2. Case will be reviewed to see if promoting is in the best interest of the patient treatment.
3. Decision will be decided on as a team (SUDCM, Nurse, Prescriber, and other MAT staff).

D. Coming from another clinic:

Any patient that comes from another clinic can be fast tracked to appropriate tier after the following criteria has been met:

- a) Patient signs a release of Information to exchange confidential information and confirms patient progress in treatment with sending clinic or provider.
- b) Patient will be placed on Tier 2 and be monitored for 3 weeks and if consistent with ROI confirmation, then patient will be placed in appropriate tier of treatment at the 3rd week case conference sanctioned by MAT team. Patient will not be placed higher than Tier 4.

VI. INDIVIDUAL FOLLOW-UP AND SHARED MEDICAL APPOINTMENTS

A. Individual Follow-up Appointments in Clinic

1. For follow-up appointments with a MAT prescriber, the MA will room the patient following the written procedure for the clinic.
2. The clinic staff will schedule follow-up appointments with patients who have need for nursing care or support, or buprenorphine refills, based on information gathered by telephone or at a shared medical appointment (SMA; see section B below) as often as s/he and/or the MAT team deem necessary. The Nurse will perform a nursing assessment at each appointment, including vital signs, breathalyzer test if needed, POC UDS, and other nursing assessments per specific RN standing orders (e.g., wound care, Strep throat) for the general medical clinic. If time does not permit, the Nurse may schedule patients for same- or next-day appointments with another clinic nurse, who can assess and treat per specific standing orders, or for a stand-by appointment with a clinic medical provider.
3. For follow-up appointments with the MAT Nurse and SUDCM, MA support will be requested on a case-by-case basis.
4. At follow-up appointments with the Nurse and SUDCM, POC UDSs may be requested if there is suspicion of use of non-prescribed medications or substances. The Nurse may order and result these tests.
5. At follow-up appointments, the Nurse may request changes to the buprenorphine dosage, schedule, and sig, based on the current patient assessment and/or at the request of the patient, by pending the prescription with documentation sent to the prescriber.
6. The Nurse may send refill requests to the pharmacy for Narcan, as needed, per standing order.

B. Prescriptions for patients that miss their MAT prescriber appointment

1. A patient who missed their MAT prescriber appointment will be required to have a face to face visit with a MAT staff member prior to refill of medication.
2. A patient who comes as a walk in/stand by outside of their regularly scheduled appointment will only receive a prescription refill for the duration of time until their next regular scheduled prescriber visit. This ensures continuity of care with the designated prescriber and motivates the patient to attend their regular scheduled appointments.
3. Extenuating circumstances may be evaluated on a case by case basis with the MAT team. (MAT case manager, prescriber, and nurse.)

C. Shared Medical Appointments and MAT Groups

Shared medical appointments (SMAs) will be used as a model for efficient and safe care for patients stabilized on buprenorphine and able to follow the guidelines recommended for their assigned tier (see section VI below for tier descriptions). During SMAs, group members will report on their symptoms, cravings, and drug-use status, as well as participate in educational sessions. Some patients will have been pre-scheduled to see the MAT prescriber for an assessment and refill prescription. All patients that come to SMA late will be asked to complete the check in sheet in group and will have to be seen after group to complete their POC UDS and be seen by MAT staff. (See Appendix F)

1. The MAT team will determine which patients need to provide a urine specimen for lab tests other than a point-of-care drug screen (POC UDS (this clinic currently uses the Healgen-13 test, which does not test for ETOH), such as confirmatory drug tests. Per clinic standing orders, the MA may order, sign for, and result the POC UDS in Epic.
2. The MAT team will specify which patients need a breathalyzer test. Per clinic standing orders, the nurse or MA may order, sign for, and result the breathalyzer test. If the breathalyzer test is positive, or the patient is otherwise suspected of alcohol use, the prescriber or nurse may order a confirmatory UDS through the clinic lab. In this case, the MA will bring the urine sample in the same cup, labeled, to the lab once the patient is roomed.
3. Prior to each SMA, the MA will ask the patient to fill out the “Shared Medical Appointment Check-In” sheet. The MAT MA will collect it from the patient and record this information in the patient’s chart, completing the SmartPhrase with the same name. (See Appendix F.)
4. The MA will also complete the Chief Complaint area of the Rooming tab in Epic, using the drop-down selection “Medication Assisted Treatment (MAT).” In the comment section to the right, the MA will type in: SMA.
5. The MA will confirm or update the pharmacy.
6. The MA, with the support of registration staff, will direct patients who are late for SMAs to the group room. Late patients will be processed (VSS, POCTs) at the end of group.

7. The MA will process vitals, POCTs after group and reschedule patient for appropriate SMA appointment.

D. SMA Prescriptions for patients that miss their SMA

1. A patient who does not attend a regularly scheduled SMA will be required to have a face to face visit with a MAT staff member prior to refill of medication.
2. A patient who attends an appointment outside of their regularly scheduled appointment will only receive a prescription refill for the duration of time until the next scheduled SMA. This ensures continuity of care with the designated prescriber and motivates the patient to participate in their regularly scheduled SMA's.
3. Extenuating circumstances may be evaluated on a case by case basis with the MAT team (SUDCM, prescriber, and nurse.)

E. MAT Groups

Psychoeducational sobriety and wellness topics presented at MAT groups and SMA's will be facilitated by MAT SUDCM, nurse, IBH, peer mentor, and other clinical staff.

Groups meetings/SMA's will be 90 minutes long with the psycho educational group lasting only 60 minutes and are considered an essential part of treatment. Groups/SMA's will be held at all Santa Cruz county clinic locations and patients may attend groups at any of the locations. MAT groups that are not an SMA will only be 60 minutes. Patients will be encouraged to pick a home group or SMA. Non-participation in groups or a SMA's may result in a change in the patient's group attendance requirements, frequency of refill appointments (see description of treatment tiers, above), or possibly a referral to a higher level of care. Some patients are not appropriate for group and will substitute group/SMA with individual meetings with SUDCM and/or IBH as MAT treatment team determines.

Notes:

- For patients that have their significant other in MAT we strongly encourage them to come to separate groups and SMA's. If it becomes an issue to their individual treatment and group or SMA we will ask patients to be in a different group.
- Patients who are employed and can't attend any group meetings will need to schedule individual meetings with the MAT SUDCM and/or Nurse. The frequency of individual meetings is to be determined by their Tier and the MAT treatment team.
- A face-to-face encounter either with the MAT prescriber or a Nurse will be required to make changes in the dosage or frequency of buprenorphine/naloxone. UDSs will be

performed as needed if MAT clinicians are concerned about diversion of medication or other aberrant behaviors.

- Individual patient goals will be set at the start of the program, documented in the intake note, and continuously revised by the patient and SUDCM as needed.
- A referral to a higher level of care may be needed before the patient can resume or in conjunction with the MAT program.
- Patients are welcome to continue to attend MAT groups indefinitely.
- **Holidays, Furloughs, and Vacations:** patients will be given appropriate prescription after discussion with MAT team during holidays, furloughs, and vacations. Example: If patients SMA or appt is regularly on a Monday and the following Monday is a holiday, patient should be given a two-week prescription. If that Monday is not a holiday but the prescriber will be off, then to avoid confusion and keep consistency the patient would be placed on the SUDCM or MAT generic template to check in with SUDCM and given appropriate prescription. Example of this would be prescriber would give patient a 1-week prescription with one refill only to be released when patient shows up the next week with the SUDCM. Patient should not be placed on another Prescribers schedule without communication with that prescriber and SUDCM. If there are other complications MAT team will decide appropriate course of treatment. If prescriber will be out because of vacation, then prescriber should make proper arrangements in regard to patients' prescription.

F. Patients at Residential Treatment Programs

1. When patients enter residential programs, they will come to prescriber appointments on Tier one. Once patient is placed on Tier two, which means they are stable on medication and have been informed of their initial lab results they will be given a 1 week Rx with 2 to 3 refill based on patient stability and equal to the first 30 days in residential. Patient's case managers will check in with patients while in residential. Patients will resume SMA or appropriate check in's after 30 days of residential.
2. Encompass residential treatment agreement with county. (See Appendix N1)

VII. MAT TREATMENT TIERS

MAT tiers will be assigned and changed as needed by the consensus of the MAT team and patients progress in treatment. The patient's MAT tier will be documented in Epic by assigning an "FYI" flag, which can be seen across the header bar on any page of the patient's chart. Only one MAT flag should be active at a time; however, outdated flags should be deactivated and not deleted, as the flags provide important historical information, a method of communication between MAT team members, and help gather accurate data.

A. MAT Tiers

1. **Tier Medication Assisted Treatment (MAT): Inactive**

Once a MAT patient has been lost to follow up for 6 weeks, patient will be moved to inactive tier. If patient comes back, they will restart the MAT program over, including an updated intake. All MAT team members will be removed from patients care team once placed on inactive

- a) Goals:
 - To place MAT patients on inactive tier after 6 weeks of no shows to MAT.
- b) MAT staff will:
 - Call patient twice and document in Epic.
 - If no contact patient will be placed on MAT FYI inactive and use appropriate Smartphrase to document in FYI body.
 - Letter out to physical address or My chart if there is none

2. **Tier 1: 2-week induction phase**

During this phase, patients will meet with the Nurse and be provided with information and education about home induction and will receive a 7-day prescription of buprenorphine. The Nurse will contact patients within 24 hours of induction and will continue to check in on patient for the first few days to discuss any side effects, cravings, and medication dose adjustments. The goal of tier 1 is to stabilize the patient on the medication and dosage. During tier 1, patients will continue to attend weekly MAT meetings, 1x1's and/or SMAs. Once patient is on medication patient can be moved up to Tier 2 even if that is a day or two. Time spent in Induction phase counts towards Tier 2 twelve weeks.

- c) Goals:
 - Discontinuation of non-prescribed or long-term maintenance opioids and transition onto buprenorphine
 - Find minimum effective dosage of buprenorphine.
 - Getting patient ready to take their XR-NTX (Vivitrol) injection.
- d) Buprenorphine regimen:
 - Begin with lowest tolerated dose to reduce opiate withdrawal symptoms
- e) Treatment guidelines:
 - Buprenorphine should be initiated 12 to 24 hours after last short-acting opioid use and 24 to 72 hours after last long-acting opioid use (eg, methadone)
 - Begin with lowest tolerated dose to reduce opiate withdrawal symptoms
 - Weekly support groups
 - Regular check-ins with SUDCM weekly and as needed for more support.
 - Regular check-ins with IBH as recommended by treatment team.
 - 7-day Rx

3. **Tier 2: 12-week early treatment phase**

In this tier patients require weekly MAT team monitoring, 7-day prescriptions, weekly meeting attendance, and weekly ETOH breathalyzer and UDS. After twelve weeks of group and consistently negative UDSs (free of non-prescribed opioids and other unexpected substances), clients may be promoted to tier 3.

- a) Goal:
 - Find minimum effective dosage of buprenorphine.
 - Patient on XR-NTX (Vivitrol) will have had their 1st injection to be place on this tier.
- b) Buprenorphine regimen:
 - Dose shall be determined by prescriber as appropriate.
 - Increase or decrease approximately 4 mg until achieving lowest-tolerated dose to reduce opiate withdrawal symptoms and to increase comfort
 - Further daily increases to a maintenance dose of 12-16 mg/day, with a recommended maximum dose of 24 mg/day.
- c) Treatment guidelines:
 - Eligible for contingency management (optional)
 - Weekly support groups
 - Regular check-ins with SUDCM every week and as needed for more support.
 - Regular check-ins with IBH as recommended by treatment team.
 - Dosage adjustments may be necessary in the early stabilization phase
 - 7-day Rx

4. **Tier 3: 12-week treatment stabilization phase**

In this phase 14-day prescriptions and group attendance is minimally every other week. After six bi-weekly groups over 12 weeks and urine drug screens consistently free of opiates and other unexpected substances, patient may be promoted to tier 4.

- a) Goals:
 - Resolution of self-reported craving
 - Minor decreases in dosing without causing increased cravings or side effects
- b) Buprenorphine regimen:
 - Maintenance doses shall be determined by prescriber as appropriate.
- c) Treatment guidelines:
 - Biweekly support groups
 - Regular check-ins with SUDCM every other week and as needed.
 - Regular check-ins with IBH as recommended by treatment team.
 - 14-day Rx

5. **Tier 4: 6- to 12-month maintenance phase**

Tier 4 patients are eligible for 30-day prescriptions and monthly group meetings or SMAs for continued MAT prescriptions. These patients are also eligible to participate in peer-support roles with other MAT patients.

a) Goals:

- Specific goals should be agreed upon by both the patient and the MAT team

b) Buprenorphine regimen:

- Maintenance doses shall be determined by prescriber as appropriate.

c) Treatment guidelines:

- Eligible for contingency management (optional)
- Monthly support group
- Regular check-ins with SUDCM at least once a month and as needed for more support.
- Regular check-ins with IBH as recommended by treatment team.
- May need lifelong treatment
- Risks of relapse and overdose increase when maintenance therapy is discontinued
- 30-day Rx

6. **Tier 5: ongoing maintenance phase**

Following 12 months of stabilization, tier 5 patients continue maintenance and are eligible to participate in peer-support roles. Attendance at groups, IBH, and case management are individualized. Tier 5 patients that have been stable for over 1 year may be seen quarterly. In addition, patients that are tier 5 and are self-pay should be given a 30-day prescription and 2 refills. At the discretion of the MAT team, length of time between appointments may be changed based on patient treatment needs. Prescriptions and office visits are either monthly, every two months, and/or once a quarter. Patients that are Tier 5 are required at minimum to have a face to face visit with the MAT prescriber once a quarter.

a) Goals:

- Ongoing maintenance
- Eligible for peer support role

b) Buprenorphine regimen:

- Maintenance doses shall be determined by prescriber as appropriate.
- If consistent with patient goals, consider reducing dose as tolerated to maintain abstinence and minimize discomfort and relapse

- c) Treatment guidelines:
- Eligible for contingency management (optional)
 - Monthly/Quarterly prescriber office visit or SMA attendance
 - Support groups
 - Regular check-ins with SUDCM at least once a quarter and as needed for support.
 - Regular check-ins with IBH as recommended by treatment team.
 - Reduction of dose may be supported if it is within client's goals and appropriate
 - May need lifelong treatment
 - Risks of relapse and overdose increase when maintenance therapy is discontinued
 - 30-day Rx, with refills at discretion of MAT team

7. **Tier X**
Patient has been referred out to Janus Hub or is at Janus Methadone clinic. Will be stated in FYI if patient was referred out or is at Janus Methadone and receiving Primary Care at County.
8. **Tier Y**
Receiving MAT at another spoke for example Encompass, or another MAT prescriber.
9. **Tier Z**
Patient only getting SUD services: group and case management. Patient may have wanted to start MAT but decided not to and is getting case management services from the SUDCM and participating in groups.
10. **Tier MAT Chronic Pain**
Patients identified as chronic pain patients on Buprenorphine.

Relapses and Slips - are not unexpected in the process of becoming sober. A patient who's weekly or monthly UDS is not free of non-prescribed opioids and other unexpected substances, or at the discretion of the MAT team, will be required to return to tier 2. Clients with challenges in being promoted from tier 2 may be referred to a higher level of care in an intensive outpatient program (IOP), an in-patient rehabilitation at the MAT hub (Janus) for additional support services, or for daily methadone.

MAT FYI's:	BUP RX length	Status/ INFO	Group/1:1 SUDCM/IBH
Medication Assisted Treatment	No Rx	Inactive after 6 weeks	No activity
Tier 1	Days to 7 days	Induction – Days to 2 weeks counts towards Tier 2 time	Weekly group and 1:1
Tier 2	7 days	Early Treatment - 12 weeks (3 months)	Weekly group and 1:1
Tier 3	14 days	Stabilization - 12 weeks (3 months)	Every other week group and 1:1
Tier 4	30 days	Maintenance - 6 months – 1 year	Once a month group and 1:1
Tier 5	30 days , or 30 days w/ 1 or 2 refills	Continual Maintenance -1 year or more	Individualized must come in at least once a quarter in person.
Tier X	No Rx	Referred to Janus HUB or at Janus HUB	
Tier Y	No Rx	Receiving MAT services at another Agency	
Tier Z	No Rx	Only getting SUD services no meds	

VIII. LAB TESTS, WITHDRAWAL MEDICATIONS, AND SUBUTEX

A. Lab tests

1. For patients interested in taking Suboxone the Prescriber, Nurse, MA will order and sign for the lab panel “SA11 BUPRENORPHINE INITIAL” [042403], which includes the following:
 - a) DRUG SCREEN PANEL 10 50 + ETHANOL RFLX/CONF, URINE [LT419]
 - b) HIV 1/2 AG & AB W/RFLX (4TH GEN) [LV2837]
 - c) HEPATITIS PROFILE 5 [LP358]
 - d) CBC WITH AUTO DIFF [85025]
 - e) COMPRE METAB PANEL [80053]
 - f) For women of child-bearing age: URINE PREGNANCY TEST [LT683]
2. For patients interested in taking naltrexone orally or as a monthly injection, the above lab tests b, c, and e will be completed within the first 30 days of entering the MAT program. These patients will also be urine tested with the POCT (back office), as they may be given a naltrexone injection the same day (and there must be no opioids in the urine in order to avoid putting the patient into precipitated withdrawal). At the discretion of the prescriber first injection maybe given without preliminary labs.
3. For follow-up visits the Nurse or MA, per standing order, will order and sign for a back-office point-of-care URINE DRUG SCREEN, ONE STEP (POCT) [LV5598]. This test may also be performed when the treatment team suspects a patient is using non-prescribed drugs to address those concerns immediately in the clinical setting. The results of this POCT must be result and documented in Epic.
4. For confirmation of the POCT, the MAT prescriber, Nurse, MA may also order the PAIN MANAGEMENT PROFILE 8 [92489].
5. Labs to be completed:
 - Initially.

- Upon Relapse.
- As clinically indicated.
- Once annually.

B. Medications for Withdrawal

The MAT prescriber will prescribe opiate withdrawal (comfort or “kick pack”) medications prior to patient induction, which may include the following (see Appendix H):

- Gabapentin 300 mg one tablet three times a day as needed for pain; disp 30; 0 refills
- Ibuprofen 400 mg one tablet three times a day as needed for pain with food; disp 30; 0 refills
- Trazodone 50 mg one to two tablets at bedtime as needed for sleep; disp 20; 0 refills
- Hydroxyzine 25 mg one tablet at bedtime as needed for sleep; disp 20; 0 refills
- Ondansetron 4 mg tablets; one tablet three times a day as needed for nausea or vomiting; disp 20; 0 refills
- Loperamide 2 mg tablets; one tablet four times a day as needed for diarrhea; disp 30; 0 refills
- Clonidine 0.1 mg tablets; one tablet three times a day as needed for muscle cramping; disp 30; 0 refills
- Tizanidine 2 mg; one tablet every 6 to 8 hours as needed for muscle cramps; disp 30; 0 refills
- Naloxone 0.4mg/ml injection syringe; 0.4-2mg IM every 1-3 minutes upon signs of opioid overdose Call 911; disp 2 syringes; 0 refills
- Naloxone nasal 4 mg per actuation spray; spray 4 mg (0.1 mL) into 1 nostril upon signs of opioid overdose. Call 911. Repeat x 1 in other nostril in 1-3 minutes if no response; disp 2 spray; 0 refills.

C. Subutex

1. Every patient going forward suboxone only.
2. Legacy or heritage patients any concerns? Is it valid for patient to be on this medication? Has the patient been successful on Subutex? No suspicion of diverting or misusing medications?

If satisfactory answers to all questions under 2, OK leave on Subutex until established with new PCP; new PCP and in collaboration with MAT team will decide going forward.

All patients on Subutex should have their Urine Drug Screen sent out to the lab for confirmation to detect levels.

IX. TREATMENT ADHERENCE EXPECTATIONS AND POLICIES

A. Clinic Appointment Policies

Patients who participate in the MAT program are required to attend MAT (or in special circumstances, support) groups and keep all scheduled appointments with their PCP, MAT prescriber, SUDCM, and Nurse. These appointments are necessary for the continuation of care.

The following guidelines will be given to MAT patients in writing upon admission to the MAT program (Appendix Q):

1. If an appointment cannot be kept, it is the patient's responsibility to reschedule the appointment with at least 24 hours' notice or it will be considered a missed appointment.
2. Patients are expected to arrive on time for all scheduled appointments. Appointments with MAT clinicians may need to be rescheduled if patients arrive more than 10 minutes late.
3. Missed appointments may result in treatment plan revision. If patients continually miss MAT Nurse or prescriber appointments, refill prescriptions may be held until the patient is seen for an office visit by a MAT Nurse or prescriber.
4. Patients struggling with these program requirements may be referred to a higher level of care.

B. Urine Drug Screening Policies

1. During POC urine sample collection, patients must leave all belongings (coats, bags, etc.) in the exam room or outside the bathroom.
2. A questionable urine result (eg, adulterated) requires a same day repeat if needed. Positive tests may be sent to the lab for specific gravity testing and confirmation, at the discretion of the prescriber.
3. Clinicians must be trained before collecting and resulting a POC UDS.
4. Patients with repeated positive UDSs will be counseled about the importance of UDS monitoring and honesty in treatment to ensure that the team can provide appropriate treatment. MAT team members will reinforce that they are here to support patients struggling with continued substance use.
5. At the discretion of the MAT team, the patient with repeated positive UDSs may be referred to a higher level of care.
6. POC UDS will be sent out to labs once a quarter, as needed, or when patient disputes results.
7. Breathalyzer: at prescriber's discretion.

8. Patients on Naltrexone (XR-NTX, and oral Naltrexone) UDS should be sent out for confirmation since the POCT UDS does not screen for Alcohol.

C. Medication Prescription Policies

1. Buprenorphine prescription refills will be pended by the Nurse or with the support of the MA at SMAs. The Nurse will consult with the prescriber, contact the pharmacy, and print/review CURES reports, as needed.
2. Prior authorization for frequent refills may be needed; these may be handled by the MA or Nurse. For Medicare patients, the Part D prescription service prior authorization form must include a diagnosis of “Opioid Dependency ICD 10 F11.20.”
3. Only MAT prescribers may sign prescriptions for the controlled substances utilized in the MAT program.
4. Per standing order, RNs are authorized in HSA clinics to prescribe and sign for Narcan, and to hand out Narcan kits from the clinic dispensary (see Appendix P).
5. For patients who have missed appointments and/or groups, a face-to-face appointment must be scheduled with either the MAT prescriber or Nurse/SUDCM to discuss the appointment policy with the patient. A bridge refill prescription of buprenorphine/naloxone, enough to last until the next scheduled follow-up visit with the MAT prescriber or Nurse, will be provided.
6. At the discretion of the MAT team, prescription refills will be canceled through a phone call to the pharmacy if patients do not return for scheduled appointments or required MAT groups.
7. Prescriptions will be managed in one of the following ways:
 - a) Paper prescription given to patients
 - b) Paper prescriptions faxed to the pharmacy, with a confirmation call
 - c) ePrescribed directly to the pharmacy
8. The following details must be included on all buprenorphine/naloxone prescriptions:
 - a) X waiver NADEAN number, typed into the “pharmacy notes” section of the prescription: “NADEAN: X_____.”
 - b) For CCAH patients: “Bill State Medi-Cal” must be typed onto the prescription
9. For XR-NTX (Vivitrol) prescribing, please see the attached workflow (Appendix J).
10. Lost or stolen medication
 - a) Prescriptions are generally not replaced; patients are informed of this at the time of their program intake appointment. This notification is done both verbally as well as in writing in the MAT treatment agreement.
 - b) Cases of lost or stolen medication will be reviewed on an individual basis by the MAT team. If a decision is made to replace the medication, it will be a one-time event and a lost/stolen prescription will not be replaced in the future should this recur.
 - c) If a patient loses her/his medication and the most recent prescription was for 14 days’ or more of medication, refills will resume at the 7-day interval. At the discretion of the

MAT team, once it is determined that the patient has a plan for keeping the medication safe, larger quantities of medication may again be prescribed.

- d) For stolen medication, patients must file a police report, which can be done in person or online.
- e) The affected patient will meet with the nurse at the next available appointment. At that visit, the patient will submit a urine sample for a UDS and will receive a bridge refill to last until the next scheduled appointment with the nurse, MAT prescriber, or during a SMA.

11. Destroyed or damaged medication

- a) If medication is reported as being destroyed or damaged, the patient will be instructed to bring the medication for review at an appointment with the Nurse. A decision regarding next steps will be discussed and resolved by the MAT team on a case-by-case basis.
- b) The patient will return to receiving weekly prescriptions until a plan is in place to keep the medication safe.

12. Destroyed/damaged or lost-stolen MAT medications must be documented in Epic.

If the patient continues to experience lost, stolen, damaged, or destroyed medication, the MAT team will meet to determine the need to refer the patient to a more structured treatment setting.

D. BRIDGING AND ACCELERATED PRESCRIPTION FOR NEW MAT PATIENTS

Bridging for current MAT patients (Bridge is defined as a temporary short duration prescription until next prescriber visit)

- Current MAT patients may be given a “bridge” to ensure no lapse in prescription medication coverage.
- Reasons why a patient would need a bridge by another prescriber is a missed appointment, lost prescription, prescriber illness, crisis, etc.
- Nurse should coordinate an interim or office refill visit and consult with a prescriber for a bridge.
- Prescription is dependent on the discretion of the prescriber who would be providing the bridge.

Accelerated prescription or induction for new MAT patient:

1. New MAT patients may be given a “bridge” to last until their first official prescriber visit. (must be within 5 days)
2. Nurses must complete 24-hour MAT waiver training prior to bridging new MAT patients.
3. Nurses will coordinate with MAT SUDCM to ensure all necessary steps are completed prior to prescription: Insurance and eligibility verification, MAT intake, labs ordered,

CURES completed, UDS, breathalyzer, pre-initial visit, pos-initial visit, consent signed, and all education given.

4. Bridge for new MAT patient will be at the discretion of the MAT prescriber.
5. If bridge is provided, Nurse will schedule prescriber appt for first MAT visit and review of labs.
6. A New MAT patient, who receives a bridge, will be expected to attend the initial scheduled MAT prescriber appointment.
7. If the patient is a “no-show” they may not be eligible for a second bridge in a row and may have to wait until next available new MAT appointment.
8. For extenuating circumstances, a second bridge may be given at the prescriber’s and MAT team’s discretion.

X. MEDICATIONS FOR MAT

<https://www.samhsa.gov/medication-assisted-treatment>

1. Buprenorphine:
<https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>
2. Naltrexone:
<https://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone>
3. Methadone:
<https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone>

(We do not prescribe Methadone for MAT, patients will need to go to an opioid treatment program (OTP) the Janus HUB)

XI. APPENDICES

A. Consent form for Integrated SUD, PCP, IBH EMR

Patient Name: _____ MRN#: _____

CONSENT FOR THE EXCHANGE OF CONFIDENTIAL MEDICAL, MENTAL HEALTH & SUBSTANCE USE DISORDER TREATMENT INFORMATION

I authorize the use/disclosure/exchange of the following information from date of treatment initiation.

The purpose of the authorization is to permit the below checked agency service providers to have information they need to coordinate my/my child's treatment through a secure electronic medical record.

All Mental Health Treatment Records : (Name & Personal Identifying Information, Assessment, Treatment Plan, Progress Notes, Lab results and Medications)

Substance Use Disorder Treatment Records: Name & other personal identifying information

Assessment Treatment Plan Progress Notes Lab Results Medications

Drug Testing Results

To/From/with the following agency service providers:

County Mental Health Service providers

County Clinic Service Providers

Any box not checked will result in a referral to an outside Behavioral Health and/or Substance Abuse treatment agency.

MY RIGHTS: *I may refuse to sign this Authorization. My refusal will not affect my ability to obtain treatment or eligibility for benefits. I understand that my alcohol*

and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand if I authorize disclosure of my protected health information to someone who is not covered by confidentiality laws, for example, a family member, it is possible that my information may be re-disclosed by that person to someone else.

I may revoke this authorization at any time. The revocation should be in writing and submitted to the following address: Quality Management Division, 1080 Emeline Ave., Santa Cruz, CA 95060. The revocation will take effect upon receipt of your request, except to the extent that others have acted in reliance upon this Authorization. I have a right to receive a copy of this authorization.

By signing this form you are confirming that you understand that your medical provider will have access to your behavioral health and substance use disorder information and that behavioral health and substance use disorder providers will have access to your medical records as they are all kept in the same secure electronic medical record.

This consent expires automatically as follows: At expiration of treatment or _____ (date)

Patient Signature _____ Date _____

Patient Verbally Consented to this form Per:

Witness/ County Staff (*PRINT*): _____

B. Buprenorphine Consent and Treatment Agreement

SA11 E-Sign BUP consent and Treatment Agreement

Buprenorphine Consent and Treatment Agreement

Patient Name:

DOB:

MRN#:

I understand that:

Buprenorphine is a medication approved by the Food and Drug Administration (FDA) for treatment of people with opioid dependence. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary.

Buprenorphine itself is an opioid, but it is not as strong an opioid as heroin or morphine. Buprenorphine treatment can result in physical dependence of the opiate type. Buprenorphine withdrawal is generally less intense than with heroin or methadone. If buprenorphine is suddenly discontinued, some patients have no withdrawal symptoms; others have symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days. To minimize the possibility of opiate withdrawal, buprenorphine should be discontinued gradually, usually over several weeks or more and preferably under the guidance of a clinician.

I understand that I am dependent on opiates (heroin or prescription opioids such as Lortab or Lorcet, Percodan or Percocet, Oxycontin, Dilaudid, methadone, morphine, MS Contin), and I should be in as much withdrawal as possible when I take the first dose of buprenorphine. If I am not in withdrawal, buprenorphine may cause significant opioid withdrawal and physical discomfort.

Some patients find that it takes several days to get used to the transition from the opioid they had been using to buprenorphine. During that time, any use of other opioids may cause an increase in symptoms. After I am stabilized on buprenorphine, I understand that other opioids will have less effect. Attempts to override the buprenorphine by taking more opioids could result in an opioid overdose. I agree not take any other medication without discussing it with my doctor first.

The form of buprenorphine I will be taking is a combination of buprenorphine with a short-acting opiate blocker (naloxone). If the tablet or strip were dissolved and injected by someone taking heroin or another strong opioid, it could cause severe opiate withdrawal.

Buprenorphine tablets or the buprenorphine strip must be held under the tongue or inside of the cheek until it dissolves completely. Buprenorphine is then absorbed over the next 15 - 20 minutes from the tissue under the tongue or of the cheek. Buprenorphine will not be absorbed from the stomach if it is swallowed.

I understand that:

Buprenorphine (Suboxone) by itself is not sufficient treatment for my substance use disorder, and I agree to participate in the Medication Assisted Treatment (MAT) program as discussed and agreed upon with my prescriber and treatment team.

The medication I receive is my responsibility and I agree to keep it in a safe in a secure place. I agree that lost medication will not be replaced.

As a participant in the MAT program I agree:

- **To identify and commit to my recovery goals.** I agree to engage in my recovery process with my treatment support team which include groups, one on one counseling, and case management.
- **Provide blood work and Urine drug screens** at each office visit and random to assure abstinence from opioids and other substances when requested by treatment team.

- **Keep my treatment team informed about my recovery status, will let them know about any return of symptoms or behaviors**, such as: any increase in cravings, worsening of urges, other physical or emotional symptoms.
- **Keep my scheduled appointments** and will promptly reschedule if I miss an appointment.
- **When I feel that I am ready to end treatment**, I will discuss those plans with my treatment team and prescriber.
- **Only get my medication refills from Santa Cruz County Clinics** during a regular scheduled office visit or nurse refill visit and from just one pharmacy. I understand that my doctor will monitor secured prescriptions I receive from any clinician through the state database CURES. A missed visit may result in my not being able to get my medication/prescription until the next scheduled visit.
- **Take my medication** we have agreed during a visit, and not to alter the way I take my medication without first consulting my prescriber.
- **Allow my prescriber** to talk with other prescribers about my health problems.
- **Bring all medicine** that I have not taken yet to every office visit if my prescriber asks me to.
- **Keep my medicine in a safe place** and away from children.
- **Make a police report if** my medication is stolen.

I agree to NOT:

- Use someone else’s medicine, share, sell, or trade my medicine with anyone.
- Deal or buy drugs at or near this facility or the pharmacy where I receive my medication.
- Use illegal drugs (such as crystal meth, heroin, cocaine, etc.) and medications not prescribed.
- Combine buprenorphine with alcohol or other medications that may be hazardous. The combination of buprenorphine with medication such as Xanax, Valium, Librium, Ativan or other sedatives or tranquilizers has resulted in deaths. **I agree to not take such medications with buprenorphine, unless under the supervision of a prescriber’s care.**
- Ask for extra refills if I use my supply or lose my medicine before my next visit with my prescriber.
- Try to obtain buprenorphine, other opiates, or benzodiazepines from any other healthcare providers, pharmacies, or other sources without telling my treating prescriber.

I understand that if I do not follow these rules with my prescriber and treatment team:

- It may result in my treatment being terminated without any recourse for appeal. I may be referred to a higher level of care.

Patient signature

Date

Patient Verbally Consented to this form Per:

Witness/ County Staff (*PRINT*): _____

B. Buprenorphine (Suboxone) Medication Guide



1. To understand the importance of the...
 2. To understand the importance of the...
 3. To understand the importance of the...

4. To understand the importance of the...
 5. To understand the importance of the...
 6. To understand the importance of the...
 7. To understand the importance of the...
 8. To understand the importance of the...
 9. To understand the importance of the...
 10. To understand the importance of the...

11. To understand the importance of the...
 12. To understand the importance of the...



Figure 1: A photograph showing a person's hands holding a small object, possibly a component or tool, in a laboratory or workshop setting.



Figure 2: A photograph showing a person's hands holding a larger object, possibly a component or tool, in a laboratory or workshop setting.

13. To understand the importance of the...
 14. To understand the importance of the...

15. To understand the importance of the...
 16. To understand the importance of the...
 17. To understand the importance of the...
 18. To understand the importance of the...
 19. To understand the importance of the...
 20. To understand the importance of the...



Figure 3: A circular diagram or image showing a cross-section or a specific part of a machine or component.

21. To understand the importance of the...
 22. To understand the importance of the...
 23. To understand the importance of the...
 24. To understand the importance of the...
 25. To understand the importance of the...
 26. To understand the importance of the...



Figure 4: Two photographs showing hands working with tools or components, likely demonstrating a specific technique or process.

27. To understand the importance of the...
 28. To understand the importance of the...
 29. To understand the importance of the...
 30. To understand the importance of the...
 31. To understand the importance of the...
 32. To understand the importance of the...

33. To understand the importance of the...
 34. To understand the importance of the...
 35. To understand the importance of the...
 36. To understand the importance of the...
 37. To understand the importance of the...
 38. To understand the importance of the...

39. To understand the importance of the...
 40. To understand the importance of the...
 41. To understand the importance of the...
 42. To understand the importance of the...
 43. To understand the importance of the...
 44. To understand the importance of the...

45. To understand the importance of the...
 46. To understand the importance of the...
 47. To understand the importance of the...
 48. To understand the importance of the...
 49. To understand the importance of the...
 50. To understand the importance of the...

101. The normal function of the liver

is to produce:

- albumin
- cholesterol
- glucose
- insulin
- urea

102. The normal function of the liver

is to produce:

- albumin
- cholesterol
- glucose
- insulin
- urea

103. The normal function of the liver

is to produce:

- albumin
- cholesterol
- glucose
- insulin
- urea

104. The normal function of the liver is to produce:

albumin, cholesterol, glucose, insulin, urea

105. The normal function of the liver

- albumin
- cholesterol
- glucose
- insulin
- urea

106. The normal function of the liver

is to produce:

- albumin
- cholesterol
- glucose
- insulin
- urea

107. The normal function of the liver

is to produce:

- albumin
- cholesterol
- glucose
- insulin
- urea

108. The normal function of the liver

is to produce:

- albumin
- cholesterol
- glucose
- insulin
- urea

109. The normal function of the liver

is to produce:

- albumin
- cholesterol
- glucose
- insulin
- urea

C. Buprenorphine (Suboxone) Induction Instructions and “Kick Pack” Medication List

Epic SmartPhrase: SUBOXONEINDUCTION

@NAME@

@DOB@

@TD@

Starting your treatment with SUBOXONE: "Induction"

- You must be in a moderate state of withdrawal before induction is started.
- Consider the use of an opioid withdrawal scale for patient assessment -eg, Clinical Opiate Withdrawal Scale [COWS].
- Note: The goal is to induce treatment smoothly and suppress withdrawal as completely and rapidly as possible. Failure to do so may cause the patient to use opioids, alcohol, benzodiazepines, or other medications to alleviate opioid withdrawal symptoms or may lead to early treatment dropout.
- The usual first day dose is 12 mg (total)

Administer first dose ({NUMBERS 1-12:10} mg) of Suboxone® (buprenorphine HCl/naloxone HCl dihydrate) after moderate opioid withdrawal symptoms have developed. Opioid withdrawal symptoms are usually alleviated in 20-40 minutes following the first dose of buprenorphine

If after 1-2 hours you are still having withdrawal symptoms, Use a second dose of {NUMBERS 1-12:10} mg

- If no precipitated withdrawal symptoms, you can remain at that dose
- Sometimes, a third dose (2-4 mg) may need to be taken later in the evening if needed for withdrawal symptoms
- MAXIMUM 12 mg total recommended on Day 1
- Goal is lowest dose needed to prevent opiate withdrawal side effects

DAY 2

- Assess response to first day's dosing. If opioid withdrawal symptoms were fully suppressed and patient is feeling no withdrawal between doses, then keep dose at first day's total dose
- If after 1-2 hours, you are still having withdrawal symptoms, increase the dose by 2 or 4 mg.
- Sometimes, a third dose (2-4 mg) may need to be taken later in the evening if needed for withdrawal symptoms

Maximum 20 mg total recommended dose on Day 2

Target Dose for Suboxone® Maintenance is usually between 12-16 mg/ Day

DAY 3

- Assess response to second day's dosing. If opioid withdrawal symptoms are fully suppressed and patient is feeling no withdrawal between doses, then keep the dose at second day's dose
- If after 1-2 hours, you are still having withdrawal symptoms, increase the dose by 2 or 4 mg.
- Maximum 24 mg total recommended dose on Day 3 (usual 12-16 mg)
- After 3 days, once the patient is stable, or after a target dose of 16 mg Suboxone® or greater is achieved, continue at that dose for 3-7 days until steady-state levels are achieved before increasing the dose further.

Doses should be decreased by 2 mg at a time if the patient experiences intoxication

Medications for Withdrawal

The MAT provider will prescribe opiate withdrawal (comfort or "kick pack") medications prior to patient induction, which may include the following:

- Gabapentin 300 mg one tablet three times a day as needed for pain; disp 30; 0 refills
- Ibuprofen 400 mg one tablet three times a day as needed for pain, take with food; disp 30; 0 refills
- Trazodone 50 mg one to two tablets at bedtime as needed for sleep; disp 20; 0 refills
- Hydroxyzine 25 mg one tablet at bedtime as needed for sleep; disp 20; 0 refills
- Ondansetron 4 mg tablets; one tablet three times a day as needed for nausea or vomiting; disp 20; 0 refills
- Loperamide, 2 mg tablets; one tablet four times a day as needed for diarrhea; disp 30; 0 refills
- Clonidine 0.1 mg tablets; one tablet three times a day as needed for muscle cramping; disp 30; 0 refills
- Tizanidine 2 mg; one tablet every 6 to 8 hours as needed for muscle cramps; disp 30; 0 refills
- Naloxone 0.4mg/ml injection syringe; 0.4-2mg IM every 1-3 minutes upon signs of opioid overdose
Call 911; disp 2 syringes; 0 refills
- Naloxone nasal 4 mg per actuation spray; spray 4 mg (0.1 mL) into 1 nostril upon signs of opioid overdose. Call 911. Repeat x 1 in other nostril in 1-3 minutes if no response; disp 2 spray; 0 refills.

STARTING BUPRENORPHINE (“Bupe” or “Suboxone”)

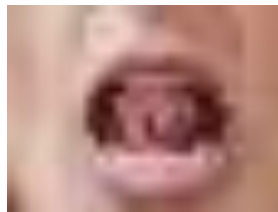
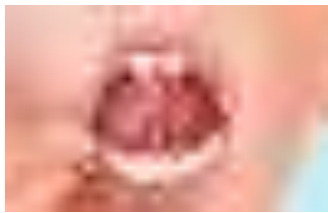
WHEN AM I READY TO START BUPE?

- ✓ Before taking a buprenorphine strip/pill you want to feel lousy from your withdrawal symptoms. Very lousy. It should be at least 12 hours since you used heroin or pain pills and at least 36 hours since your last use of methadone. Wait it out as long as you can. The worse you feel when you begin the medication, the better it will make you feel and the more satisfied you will be with the whole experience. If you take the medication too early, it will put you into precipitated withdrawals which is worse than natural withdrawals.

THINGS NOT TO DO WITH BUPE

- ✗ DON'T use Bupe when you are high—it will make you dope sick!
- ✗ DON'T use Bupe with alcohol –this combination is not safe.
- ✗ DON'T use Bupe with benzos (like Xanax (“sticks”), Klonopin, Valium, Ativan) unless prescribed by a doctor who knows you are taking Bupe.
- ✗ DON'T use Bupe if you are taking pain killers until you talk to your doctor.
- ✗ DON'T use Bupe if you are taking more than 30 mg of methadone.
- ✗ DON'T swallow Bupe – it gets into your body by melting under your tongue.
- ✗ DON'T lose your Bupe – it can't be refilled early.

HOW TO TAKE BUPE



- ✓ Before taking Bupe, drink some water.
- ✓ Put Bupe under your tongue.
- ✓ Don't eat or drink anything until the Bupe has dissolved **completely**.

PLAN

- Use your last heroin / methadone / pain pill: _____
- When you feel the worse and it is after 12, 24, 36 hours then you can begin.
- Start with _____ pill or film under your tongue.
- Wait 60 – 180 minutes.
- If you feel the same or just a little better, then take another _____ pill or film
- Wait 2 hours – if you still feel sick or uncomfortable, take another _____ pill or film.

PROBLEMS? QUESTIONS?

- Call _____ at _____.
- Call _____ if you still feel sick after taking a total of _____ pills or film (_____ mg).
- After Hours: **Emeline, HPHP, and Watsonville Health Center** 831-763-8227

NEXT STEPS

- **Appt with MAT Nurse:** _____ at _____
- **Appt with MAT Prescriber.** _____ at _____
- **Appt with SUDCM:** _____ at _____

WHAT I TOOK:

	Time	Amount of pills/strips
Day 1 *No more than 24 mg on day one	am / pm	_____
	am / pm	_____
	am / pm	_____
	am / pm	_____
Day 2 Respond to breakthrough withdrawal. *Start with total Taken on day one	am / pm	_____
	am / pm	_____
	am / pm	_____
	am / pm	_____
Day 3 *Never take more than 32mg in a day	am / pm	_____
	am / pm	_____
	am / pm	_____
	am / pm	_____

D. SMA Template and Workflow

Template:

1:00 pm	New MAT patient slot
1:30 pm	MAT patient slot

1:30 pm	Patients start arriving filling out SMA check in sheet and providing UDS. MA, Nurse, and SUDCM all collecting Check in sheets and UDS
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1: 50 pm	We have a huddle and we go through every patients SMA check in sheet & UDS, anybody that needs more support, attention, or intervention will be seen before group in slots or after group slots.
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2 – 2:30 pm	Provider comes to group and sees everyone in group
2:15 pm	Nurse/ SUDCM comes in for Contingency Management Fish Bowl draw
2:30 pm	Provider sending all appropriate refills

1 -2 pm	<p>All patients go to MAT group facilitated by SUDCM</p> <ul style="list-style-type: none"> • Anybody comes late they go to group and in group we have the check in sheets that they fill out during group and they automatically get thrown in one of the provider slots after group. If that is not possible, they will do a nurse visit for refill with SUDCM checking in with them and providing UDS/ breathalyzer. • Nobody is pulled out during group so as not to interfere with their recovery support group where they are learning and practicing new skills to help deal with their addiction.
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1:30 – 4 pm	MA entering all SMA data from check in sheet in to EPIC, as available if not already completed before group.
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3:10 pm	MAT patient slot
3:20 pm	MAT patient slot
3:30 pm	MAT patient slot
3:40 pm	MAT patient slot
3:50 pm	MAT patient slot
4:00 pm	MAT patient slot
4:10 pm	MAT patient slot
4:20 pm	MAT patient slot

Workflow:



E. SMA Check-In Sheet

Epic SmartPhrase: SA11MATSMACHECKIN

Medication Assisted Treatment Check In: 0 = Low 10 = High

Cravings: {0 - 10:13937}

Pain: {0 - 10:13937}

Constipation: {0 - 10:13937}

Depression: {0 - 10:13937}

Anxiety: {0 - 10:13937}

Sleep: {POOR FAIR GOOD VERY GOOD:23847}

Have you been drinking any alcohol? {Yes Comment/No Default:21071}

Do you have Narcan? {YES NO:18689}

Is dose working for you? {YES/NO:63::"Yes"}

How many pills/strips do you have left? ***

What is your schedule of taking your medications? ***

What triggers did you encountered this week? ***

What did you do for your recovery this week? ***

Time constraints for appt/group or other concerns (ie: side effects): ***

Breathalyzer (LV5772):

Last UDS MAT (POCT-LV5598):

Sent out for confirmation? {YES NO:18689}

HCG (LV4971/LV5997/LV5987):

Name: _____ MRN: _____ Date: _____ Tier: _____

Medication Assisted Treatment Check In: (circle) 0 = Low 10 = High

Cravings	0	1	2	3	4	5	6	7	8	9	10
Pain	0	1	2	3	4	5	6	7	8	9	10
Constipation	0	1	2	3	4	5	6	7	8	9	10
Depression	0	1	2	3	4	5	6	7	8	9	10
Anxiety	0	1	2	3	4	5	6	7	8	9	10

Sleep: Poor Fair Good Very Good
 Have you been drinking any alcohol? Yes No
 Do you have Narcan? Yes No
 Is your dose working for you? Yes No
 How many strips do you have left? _____

What is your schedule of taking your Medication? _____

Triggers I encountered this week? _____

What I did for my recovery this week? _____

Time Constraints for Appt/Group, other concerns, and side effects? _____

UDS: THC BUPG TCA BAR BZO MTD AMP MOP OXY MDMA COC PCP MET

TEMP: _____ COLLECTION TIME: _____ HCG WOMEN ONLY: _____ BREATHALYZER: _____

.SA11MATSMACHECKIN

Nombre: _____ MRN: _____ Fecha: _____ Tier: _____

Registración de Medicamento Asistido con tratamiento: (Circulo) 0 = Bajo 10 = Alto

Antojos	0	1	2	3	4	5	6	7	8	9	10
Dolor	0	1	2	3	4	5	6	7	8	9	10
Estrenimiento	0	1	2	3	4	5	6	7	8	9	10
Depresión	0	1	2	3	4	5	6	7	8	9	10
Ansiedad	0	1	2	3	4	5	6	7	8	9	10

Duermes: Nada Poco Bien Muy Bien
 Has tomado Alcohol? Si No
 Tienes Narcan? Si No
 Su dosis funcionado para usted? Si No
 Cuantas tiras te quedan? _____

Cual es su horario de tomar su medicamento? _____

Has tenido tentaciones para usar esta semana? _____

Lo que hice para mi recuperacion esta semana? _____

Tuviste algun contra tiempo para asistir a tus cita (o) grupos? Tuviste algun efecto secundario? _____

UDS: THC BUPG TCA BAR BZO MTD AMP MOP OXY MDMA COC PCP MET

TEMP: _____ COLLECTION TIME: _____ HCG WOMEN ONLY: _____ BREATHALYZER: _____

.SA11MATSMACHECKIN

F. Rapid Taper for Patient Discharged from MAT Program

(Source: Adapted from Medication-Assisted Treatment: Providing Best-Practice Care in a Primary Care Clinic, Grace Katie Bell, MSN, RN-BC CARN, PHN, Telewell Indian Health MAT Project)

Please note provider can determine whether to give discharge tapering dose in one or more prescriptions.

Option 1: prescribe a 14-day supply of patient's usual dose and instruct patient to taper according to their comfort level.

Option 2:

- Prescription one: 8/2 mg-strips, #6
 - Day 1: 16 mg
 - Day 2: 12 mg
 - Day 3: 8 mg
 - Day 4: 8 mg
- Prescription two: 2/0.5-mg strips, #10
 - Day 5: 6 mg
 - Day 6: 4 mg
 - Days 7-9: 2 mg
 - Day 10: 1 mg (1/2 strip)
 - Day 11: no strips
 - Day 12: 1 mg
 - Day 13: no strips
 - Day 14: 1 mg

Patients do not always adhere to their individualized taper schedule; however, it is important that we provide the schedule information and document having done so.

G. Naltrexone Consent and Treatment Agreement (XR-NTX/Vivitrol and PO-NTX)
SA11 E-Sign NTX consent and Treatment Agreement
Naltrexone Consent & Treatment Agreement
Santa Cruz County Health Services Agency

Patient Name:

DOB:

EPIC MRN#

Naltrexone comes in two forms: Oral Naltrexone (Revia/PO-NTX) and injectable Extended-Release Injectable Naltrexone (XR-NTX/Vivitrol)

Naltrexone is a non-narcotic prescription medication that is used to:

To block opioid receptors and the effects of opioids and to relieve cravings for alcohol.

1. **I understand that I must abstain from opioids for 7 to 10 days. And I must abstain from buprenorphine (Subutex or Suboxone) or methadone for 14 days.** I understand that if opioids are still in my system, I could experience sudden opioid withdrawal which may require hospitalization.
2. **I understand that I may be prescribed oral naltrexone prior to initiation of injectable.**
3. **I agree** to submit any required blood and urine lab tests as determined by my prescriber and treatment team.
4. **Naltrexone injectable (Vivitrol) may cause severe injection site reactions**, including tissue death which will require immediate medical treatment. I will call my healthcare provider right away if I notice any of the following at the injection site:
 - Intense pain, swelling, lumps, blisters, an open wound, a dark scab.
5. **Common side effects of Naltrexone injectable (VIVITROL)** include nausea, tiredness, headache, vomiting, decreased appetite, painful joints, and muscle cramps, trouble sleeping, and toothache. Most side effects are *mild and subside* within a few days post-injection. Dizziness may occur with Naltrexone treatment, and I should avoid driving or operating heavy machinery until I have determined how Naltrexone affects me.
6. **I understand that Naltrexone (Vivitrol) can cause other serious side effects**, such as:
 - **Depressed mood:** I will call my healthcare provider right away if I become depressed or have any new or worsening depression symptoms. Depression and suicidal behavior have been reported in the post-marketing experience with Naltrexone used in the treatment of opioid dependence. No causal relationship has been demonstrated.
 - **Allergic pneumonia:** I will seek medical help if I have shortness of breath, wheezing, or a cough that does not go away.
 - **Serious allergic reactions:** I will get medical help immediately if I have a skin rash; swelling of the face, eyes, mouth, or tongue; trouble breathing or wheezing; chest pain; or if I feel dizzy or I pass out.
7. **I understand** if I have a history of misuse and dependence on opioids prior to naltrexone treatment, I will be more sensitive to lower doses of opioids if I choose to resume opioid use. This will put me at higher risk for opioid overdose. I understand the danger of resuming

use of same quantity of opioids I used before starting naltrexone as my tolerance for opioids will have changed.

8. **I agree that it is recommended to inform** my family, friends, or close contacts that I am receiving Naltrexone treatment. I will also discuss with family and friends the increased risks of overdose if I resume opioid use due to the change in my tolerance for opioids.
9. **For all women of childbearing age:** a pregnancy test will be required before treatment has begun and then before each subsequent Naltrexone injection. If I learn that I am pregnant at any time, I will alert my medical provider.

I understand that:

Naltrexone by itself is not sufficient treatment for my substance use disorder and:

- I agree to participate in the Medication Assisted Treatment (MAT) program as discussed and agreed upon with my provider and treatment team.
- I do not wish to participate in the MAT program, but still want to receive Naltrexone for my Alcohol Use Disorder and/or opiate use disorder.

As a participant in the MAT program I agree:

- **To identify and commit to my recovery goals.** I agree to engage in my recovery process with my treatment support team which include groups, one on one counseling, and case management.
- **To keep my treatment team informed about my recovery status, will let them know about any return of symptoms or behaviors, such as:** any increase in cravings, new stressors, or triggers, other physical or emotional symptoms.
- **As part of my recovery plan,** I will not drink alcohol-containing beverages while I am taking naltrexone.
- **To carry alert information,** so others know you are on naltrexone in a medical emergency: medical alert necklace, bracelet, and/or emergency card.
- **To keep my scheduled appointments** and will promptly reschedule if I miss an appointment.
- **When I feel that I am ready to end treatment,** I will discuss those plans with my treatment team and prescriber.

In an emergency, if I require pain management with opioid medications, it is important that my medical team know that I am on naltrexone. I would require medical management by providers trained in the use of anesthetic drugs and management of potential respiratory effects. I will always carry emergency contact information with me and have my team contacted if needed to assist in my care.

Should I fail to return for the next dose or drop out of the MAT program, I will have 2 months to restart VIVITROL; after that time, I will need to complete an intake again and re-enroll in the MAT program.

_____ If I drop out of the program, any unused Naltrexone (XR-NTX/Vivitrol) will not be returned to me. The clinic will cancel any refills remaining for me with the pharmacy. (Please initial on the blank line.)

Patient signature

Date

Patient Verbally Consented to this form Per:

Witness/ County Staff (*PRINT*): _____

Section 1: Introduction

The purpose of this document is to provide a comprehensive overview of the project's objectives, scope, and timeline. This document is intended for the project team and stakeholders.

Section 2: Project Objectives

The primary objectives of this project are to:

- Develop a robust software solution that meets the needs of the client.
- Ensure the project is completed within the specified budget and timeline.
- Establish a strong working relationship with the client and stakeholders.

Section 3: Project Scope

The project scope includes the development, testing, and deployment of the software solution. It also includes the provision of training and support to the client's users.

Section 4: Project Timeline

The project is scheduled to begin on [start date] and is expected to be completed by [end date]. The project will be divided into several phases, including:

- Phase 1: Requirements Gathering (Weeks 1-2)
- Phase 2: Design and Development (Weeks 3-8)
- Phase 3: Testing and Deployment (Weeks 9-10)
- Phase 4: Training and Support (Weeks 11-12)

Section 5: Project Risks

There are several risks associated with this project, including:

- Scope creep: Changes to the project requirements that could lead to delays and cost overruns.
- Resource availability: Limited availability of project team members could impact the project's progress.
- Communication: Poor communication between the project team and the client could lead to misunderstandings and conflicts.

Section 6: Conclusion

This document provides a clear and concise overview of the project's goals and objectives. It is intended to serve as a guide for the project team and stakeholders throughout the project's lifecycle.

Section 7: Appendix A

This section contains additional information related to the project, including:

- Appendix A.1: Project Charter
- Appendix A.2: Project Plan
- Appendix A.3: Risk Register

Section 8: Appendix B

This section contains additional information related to the project, including:

- Appendix B.1: Project Budget
- Appendix B.2: Project Schedule
- Appendix B.3: Project Status Report

Section 9: Appendix C

This section contains additional information related to the project, including:

- Appendix C.1: Project Meeting Minutes
- Appendix C.2: Project Change Log
- Appendix C.3: Project Communication Plan

Section 10: Appendix D

This section contains additional information related to the project, including:

- Appendix D.1: Project Stakeholder Register
- Appendix D.2: Project Risk Assessment
- Appendix D.3: Project Quality Assurance Plan

Section 11: Appendix E

This section contains additional information related to the project, including:

- Appendix E.1: Project Deliverables
- Appendix E.2: Project Acceptance Criteria
- Appendix E.3: Project Closure Checklist

Section 12: Appendix F

This section contains additional information related to the project, including:

- Appendix F.1: Project Glossary
- Appendix F.2: Project Acronyms
- Appendix F.3: Project References

Section 13: Appendix G

This section contains additional information related to the project, including:

- Appendix G.1: Project Contact Information
- Appendix G.2: Project Document List
- Appendix G.3: Project Approval Signatures

I. XR-NTX (Extended Release Naltrexone, Vivitrol) and XR-BUP (Extended Release Buprenorphine, Sublocade) Workflows

XR-NTX (Extended Release Naltrexone, Vivitrol):

1. Ordering XR-NTX (Extended Release Naltrexone, Vivitrol)
 - a. The Rx can be e-prescribed or can be printed out, signed, and dated by the prescriber on county watermark paper and be signed and dated. It must contain the following elements, in addition to the usual information on an Rx, in order for the specialty pharmacy (through Safeway/Albertson's in Seattle) to do the TAR and dispense the medication kits to our clinic:
 - i. Naltrexone ER 380 mg intramuscular suspension; inject 380 mg into muscle every 30 days
 - ii. Quantity: 1; refill 2
 - iii. Diagnosis code: F10.10 for ETOH abuse; F11.2 for opioid abuse
 - b. The nurse will fax the Rx to the specialty pharmacy using the prepared fax cover sheet.
 - c. After the faxed Rx is received, the Vivitrol kit will be mailed to the clinic within the week. (NOTE: The specialty pharmacy will do the TAR.) Vivitrol must be refrigerated immediately.
 - d. Refills must be requested; it is best to do so as soon as the follow-up appointment is made by the nurse who sees the patient.
 - e. Nurse will document according to MAT nurse protocol and smart phrase.
2. Patient preparation
 - a. Before the 1st injection, the patient may get the following lab tests done:
 - i. Complete metabolic profile (CMP; order code 80053)
 - ii. Hepatitis profile 5 (order code LP358)
 - iii. HIV ½ AG & AB w/reflex (order code LV2837)
 - iv. POC UDS (LV5598) and Pain 8 Send out (LV4969)
 - b. Once per quarter, patient gets a complete metabolic profile (CMP; order code 80053) and any abnormal results must be reviewed with the prescriber before the next injection of XR-NTX.
 - c. Prescriber should see patient at least once a quarter.
3. Preparing to give the injection
 - a. Collect a POC UDS, send out for confirmation if needed.
 - b. At the beginning of the 1st visit, the patient must read and sign the consent form, if this has not already been done with SUDCM or Prescriber. The NTX Consent and Treatment agreement is under registration section (SA11 E-SIG NTX Consent and Treatment Agreement) with availability to get E-signed. The nurse must review the consent and Treatment agreement form with the patient to determine understanding, to answer any questions, and to review potential side effects. The patient must understand what constitutes a serious adverse reaction and be given the after-hours call line number 831-763-8227 and instructions to go to the emergency department when clinic is closed if a serious adverse reaction is experienced.
 - c. The kit must be removed from the refrigerator 45 minutes before the injection is to take place, to warm up the medication and diluent.
 - d. The XR-NTX kit consists of a single-dose vial of the medication in powder form, a vial of the viscous diluent, and needles of varying sizes for draw-up and administration of the medication. The package insert shows detailed pictorial instructions for mixing the medication; the injection should be given as soon as possible after it is reconstituted.
4. Administering XR-NTX

- a. Review all medication instructions included in XR-NTX package.
 - b. The latest recommendation for the administration to medications into the gluteal muscle region states that the ventro-gluteal muscle area is the deepest and safest.
 - c. The patient must remain in the clinic area (exam room or just outside the room) for 15-20 minutes of observation after each injection of XR-NTX.
 - d. The patient must be called within 2 to 3 days after the first injection to be interviewed about any possible side effects.
 - e. Nurse will document according to MAT nurse protocol and smart phrase.
5. Scheduling follow-up appointments
- a. XR-NTX is supposed to be given every 28-30 days.
 - b. Medical prescribers may want to see XR-NTX patients every 3 months or more often. IBH prescribers may see the patient more often to get them stabilized on psychiatric medications. The nurse will need to coordinate follow-up appointments with that prescriber and MAT team.
6. Other circumstances
- a. If a XR-NTX patient appears in clinic for her/his injection but has not yet completed the required lab(s), the nurse is to check in with prescriber on how to proceed.
 - b. If a XR-NTX patient has not had an injection for 45 days or more, the patient must see their SUDCM to check in before continuing MAT program.
 - c. Before starting or restarting XR-NTX, or less 30 days since last injection, patient has to have a POC UDS before given the next dose of Vivitrol. UDS should also be sent out for confirmation for clinical purposes.
 - d. If patient is lost to follow up between day 26-35 and patient comes back patient can still receive XR-NTX. POC UDS must be completed before injection. If it has been more than 35 days consult MAT prescriber and team.
 - e. If a XR-NTX patient has not used one of his or her prescribed medication kits within the 2 months after it was released—whether or not the medication has expired--and the patient has dropped out of the program (by verbally informing his or her provider or by default as a no-show for multiple injection appointments), the medication will be set aside for quarterly in-house destruction.
7. Unused medication disposal
- a. Per HSA risk management and the county pharmacist, medication prescribed for a specific patient and received at the clinic may neither be dispensed to any other patient nor added to the stock of designated free samples of XR-NTX (Vivitrol).
 - b. The local and out-of-town specialty pharmacies that deliver XR-NTX to the clinic for refrigeration and administration to patients cannot reuse/re-dispense this medication, and therefore require that we destroy the unused medication. Returning unused medication to the pharmacy for them to destroy it is an option; however, the packaging and shipping requirements make this an unwieldy process.

XR-BUP (Extended Release Buprenorphine/ Sublocade):

Sublocade Consent and Treatment Agreement and workflows work in progress and are in draft form

1. Ordering XR-BUP (extended release buprenorphine, Sublocade)
 - a. The Rx can be e-prescribed or called in by clinic staff. Prescription must be submitted to Optum specialty pharmacy:
 - i. Sublocade 300 mg subcutaneous every 30 days
 - ii. Quantity: 1; refill 1
 - iii. Diagnosis code: F11.2 for opioid abuse
 - iv. After two injections, order 100 mg subcutaneous, unless patient will remain on 300 mg based off prescriber discretion.
 - b. Pharmacy will call clinic to schedule medication delivery date.
 - c. Medication must be refrigerated immediately.
 - d. Nurse will document according to MAT nurse protocol and smart phrase.
2. Patient preparation:
 - a. Before the 1st injection, the patient may get the following lab tests done:
 - i. Complete metabolic profile (CMP; order code 80053)
 - ii. Hepatitis profile 5 (order code LP358)
 - iii. HIV ½ AG & AB w/reflex (order code LV2837)
 - iv. HCG only women of childbearing age
 - v. POC UDS (LV5598) and Pain 8 Send out (LV4969)
 - b. Once when starting and then every 6 months, patient gets a complete metabolic profile (CMP; order code 80053) and any abnormal results must be reviewed with the prescriber before the next injection of XR-BUP.
 - c. If a XR-BUP patient who is continuously prescribed the 300 mg dose, appears in clinic for injection but has not yet completed the required lab(s), the nurse is to check in with prescriber on how to proceed.
 - d. Patient must be on oral buprenorphine for 7 days prior to first injection.
 - e. Patient may be given topical lidocaine to apply two hours prior to injection appointment.
 - f. If topical lidocaine is given to patient, nurse will explain and give body diagram handout demonstrating how to properly apply the cream.
 - g. Patient may also be given ethyl chloride spray.
3. Preparing to give the injection
 - a. If patient has not applied topical lidocaine, patient can be offered ethyl chloride spray and/or ice pack to apply to injection site prior.
 - b. Medication must be taken out of refrigerator 30 minutes before injection administration.
 - c. Patient should be placed in a supine position.
 - d. Collect a POC UDS, send out for confirmation if needed.
 - e. At the beginning of the 1st visit, the patient must read and sign the consent form, if this has not already been done with SUDCM or Prescriber. The NTX Consent and Treatment agreement is under registration section (SA11 E-SIG XR-BUP Consent and Treatment Agreement) with availability to get E-signed. The nurse must review the consent and Treatment agreement form with the patient to determine understanding, to answer any questions, and to review potential side effects. The patient must understand what constitutes a serious adverse reaction and be given the after-hours call line number 831-

763-8227 and instructions to go to the emergency department when clinic is closed if a serious adverse reaction is experienced.

4. Administering XR-BUP
 - a. Review all medication instructions included in Sublocade package.
 - b. Give patient medication guide form.
 - c. If lidocaine creme was previously applied remove with gauze.
 - d. Abdominal site should be cleansed with chlorhexidine swab and let dry.
 - e. Injection sites should be rotated clockwise.
 - f. Injection should be given in subcutaneous abdominal tissue and should be observed 10 minutes after injection.

8. Scheduling follow-up appointments
 - a. XR-BUP is supposed to be given every 28-30 days.
 - b. Medical prescribers may want to see XR-BUP patients every month or more often if needed. IBH prescribers may see the patient more often to get them stabilized on psychiatric medications. The nurse will need to coordinate follow-up appointments with that prescriber.

9. Other circumstances
 - a. If a XR-BUP patient has not had an injection for 45 days or more, the patient must see their SUDCM to check in before continuing MAT program.
 - b. Before starting or restarting XR-BUP, or less 30 days since last injection, patient must have a POC UDS before given the next dose of XR-BU. UDS may be sent out for confirmation for clinical purposes or at prescribers' discretion.
 - c. If a XR-BUP patient has not showed for 2 months or no longer wishes to continue their prescribed medication, the medication will be discarded per clinic policy.

10. Unused medication disposal
 - a. Per HSA risk management and the county pharmacist, medication prescribed for a specific patient and received at the clinic may not be dispensed to any other patient.
 - b. The local and out-of-town specialty pharmacies that deliver XR-BUP to the clinic for refrigeration and administration to patients cannot reuse/re-dispense this medication, and therefore require that we destroy the unused medication. Returning unused medication to the pharmacy for them to destroy it is an option; however, the packaging and shipping requirements make this an unwieldy process.

J. XR-BUP (Sublocade) Consent and Treatment Agreement

XR-BUP (Extended Release Buprenorphine) Consent & Treatment Agreement

Santa Cruz County Health Services Agency

Patient Name:

DOB:

EPIC MRN#

Buprenorphine is a medicine that is used to treat opioid use disorder. Buprenorphine is an opioid which can help support recovery because it reduces craving and withdrawal symptoms and blocks the effects of stronger and more dangerous opioids. This consent form is about the monthly injectable of Buprenorphine (SUBLOCADE®) that goes under the skin in the abdominal area.

Buprenorphine can be used for detoxification or maintenance therapy. Maintenance therapy can continue as long as medically necessary. SUBLOCADE is a long-acting form of buprenorphine that is given every 28 days in the abdomen. The usual starting dose is 300 mg. Generally, after two (2) months the dose is decreased to 100 mg monthly.

I understand that:

Buprenorphine (Sublocade) by itself is not sufficient treatment for my substance use disorder, and I agree to participate in the Medication Assisted Treatment (MAT) program as discussed and agreed upon with my prescriber and treatment team.

As a participant in the MAT program I agree:

- **To identify and commit to my recovery goals.** I agree to engage in my recovery process with my treatment support team which include groups, one on one counseling, and case management.
- **To keep my treatment team informed about my recovery status, will let them know about any return of symptoms or behaviors, such as:** any increase in cravings, new stressors, triggers, other physical or emotional symptoms, and use of other substances.
- **Provide blood work and Urine drug screens** at each office visit and random to assure abstinence from opioids and other substances when requested by treatment team.
- **To keep my scheduled appointments** and will promptly reschedule if I miss an appointment.
- **When I feel that I am ready to end treatment,** I will discuss those plans with my treatment team and prescriber.

In an emergency, if I require pain management with opioid medications, it is important that my medical team know that I am on long acting injectable buprenorphine. I would require medical management by providers trained in the use of anesthetic drugs and management of potential respiratory effects.

Should I fail to return for the next dose. I will have 2 months to restart XR-BUP; after that time, I will need to complete an intake again and re-enroll in the MAT program.

_____ If I drop out of the program, any unused XR-BUP (Sublocade) will not be returned to me. The clinic will cancel any refills remaining for me with the pharmacy. (Please initial on the blank line.)

By signing this form, I authorize my MAT clinical team (physician, nurse practitioner, nurse), to perform subcutaneous injections of Sublocade into my abdomen as medically appropriate.

Patient signature

Date

Patient Verbally Consented to this form Per:

Witness/ County Staff (*PRINT*): _____

QUESTION: How can the cell know when to stop growing? How do all cells know when to stop dividing and when to die?

- Growth control pathways: Ras, p53
- Cell cycle control: Cyclins
- Control of the cell cycle
- Apoptosis
- A cell's growth rate is the sum of cell cycle and apoptosis
- The cell cycle

• Regulation of the cell cycle

1. **CELL CYCLE REGULATORS**

• **CELL CYCLE CHECKPOINTS**

• **CELL CYCLE CHECKPOINTS**

• **CELL CYCLE CHECKPOINTS**

• **CELL CYCLE CHECKPOINTS** are a series of checkpoints that control the cell cycle

• **CELL CYCLE CHECKPOINTS** are a series of checkpoints that control the cell cycle

• **CELL CYCLE CHECKPOINTS** are a series of checkpoints that control the cell cycle

QUESTION: How can the cell know when to stop growing? How do all cells know when to stop dividing and when to die?

• **CELL CYCLE CHECKPOINTS** are a series of checkpoints that control the cell cycle

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• **CELL CYCLE CHECKPOINTS** are a series of checkpoints that control the cell cycle

QUESTION: How can the cell know when to stop growing? How do all cells know when to stop dividing and when to die?

• **CELL CYCLE CHECKPOINTS**

• **CELL CYCLE CHECKPOINTS** are a series of checkpoints that control the cell cycle

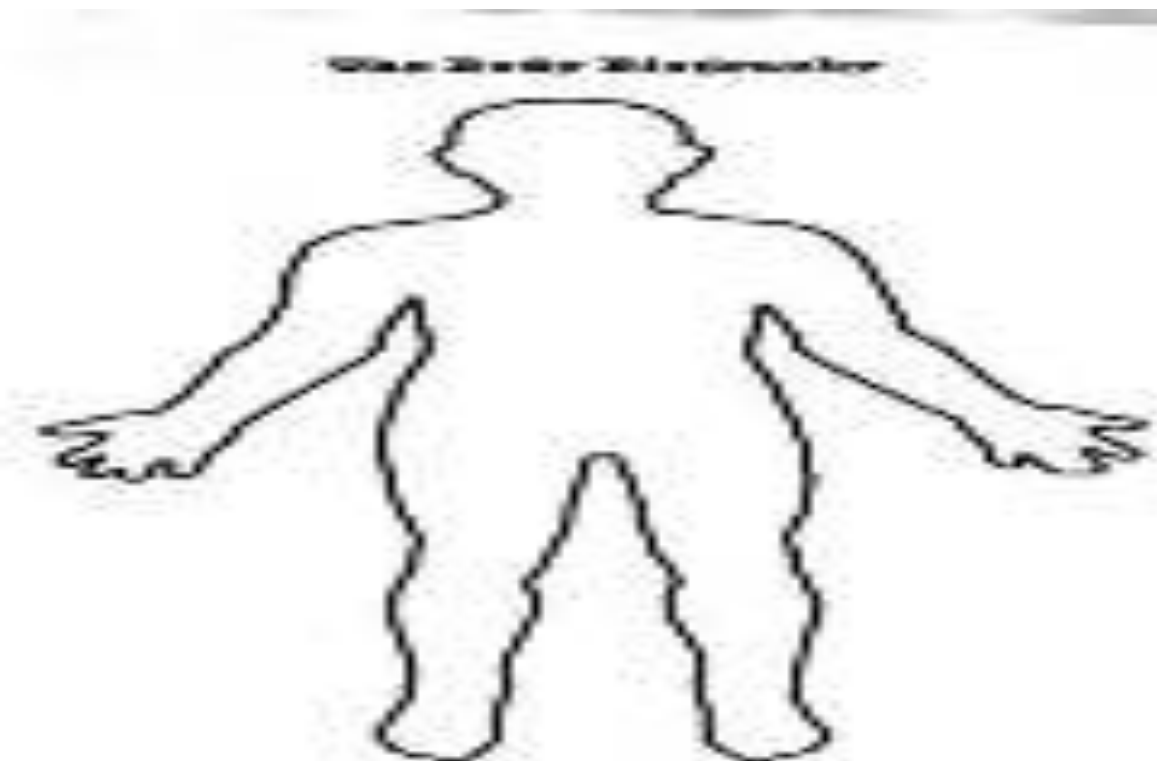
• **CELL CYCLE CHECKPOINTS** are a series of checkpoints that control the cell cycle

• **CELL CYCLE CHECKPOINTS**

• **CELL CYCLE CHECKPOINTS**

• **CELL CYCLE CHECKPOINTS** are a series of checkpoints that control the cell cycle

• **CELL CYCLE CHECKPOINTS** are a series of checkpoints that control the cell cycle



L. Meth Protocol Consent and Treatment Agreement
Methamphetamine Protocol Consent & Treatment Agreement

Santa Cruz County Health Services Agency

Patient Name:

DOB:

EPIC MRN#

Mirtazapine and bupropion are antidepressant medications that work by changing the levels of neurotransmitters in the brain. By altering dopamine, serotonin and adrenaline in the brain, antidepressants can boost low mood and other symptoms of depression when taken regularly.

These medications have also been shown in studies to help people with methamphetamine use disorder (“MUD”). Specifically, by taking one of these antidepressants every day, a person with MUD may experience improvement in the area of methamphetamine addiction.

Studies in people with MUD treated with bupropion or mirtazapine have shown

- decreased frequency of methamphetamine use
- decreased amount of methamphetamine used
- decreased drug craving
- decreased risky behaviors

People with bipolar disorder who take antidepressants may be at risk for developing mania. Symptoms of mania include "high" or irritable mood, very high self-esteem, decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, involvement in activities with a large risk for bad consequences (for example, excessive buying sprees). If these symptoms occur while taking an antidepressant, a person should stop taking the antidepressant and immediately seek guidance from their healthcare provider

Sometimes people who take antidepressants develop suicidal thoughts and behaviors. If these types of thoughts and behaviors arise, stop taking the antidepressant and immediately report these symptoms to your healthcare provider.

I understand that: Taking these medications by themselves is not sufficient treatment for my substance use disorder and I agree to participate in the Medication Assisted Treatment (MAT) program as discussed and agreed upon with my provider and treatment team.

As a participant in the MAT program I agree:

- **To identify and commit to my recovery goals.** I agree to engage in my recovery process with my treatment support team which include groups, one on one counseling, and case management.
- **To keep my treatment team informed about my recovery status, will let them know about any return of symptoms or behaviors, such as:** any increase in cravings, new stressors, triggers, other physical or emotional symptoms, and other use of substances.
- **Provide blood work and Urine drug screens** at each office visit and random to assure abstinence from methamphetamine and other substances when requested by treatment team.
- **To keep my scheduled appointments** and will promptly reschedule if I miss an appointment.
- **When I feel that I am ready to end treatment,** I will discuss those plans with my treatment team and prescriber.

Patient signature

Date

Patient Verbally Consented to this form Per:

Witness/ County Staff (*PRINT*): _____

M. Methamphetamine Protocol

Methamphetamine Protocol by Dimitri Bacos, MD

- Screening by either Primary care or IBH for any methamphetamine use
- Then, using DSM 5 criteria, diagnose mild, moderate or severe methamphetamine use disorder (or no use disorder) [see **Appendix A** for criteria]
- Enroll into MAT with assistance of MAT case worker
 - MAT CW does step-in during provider visit (PCP visit, Psychiatry visit, therapy visit)
 - Schedule intake with SUD CW according to designated slots/times
 - SSP referral to MAT CW
- Use the self-assessment Mood Disorder Questionnaire/MDQ [see **Appendix B**] to rule out history of manic episode and use modified MDQ [see **Appendix C**] to continuously screen for mania at subsequent visits
- Use PHQ-2 & PHQ-9 to assess initial and ongoing depressive symptoms [see **Appendix D**]
 - First do PHQ-2 and if screens positive (score of 3 or higher), proceed to PHQ-9
- If they screen negative for mania, and if they show up for their first shared medical visit or one-to-one visit with provider, then the first prescription is given (7 day supply for Tier 2, just as is done with buprenorphine patients)
 - ...Dose escalations can only happen when the patient attends the group (or, for those clients not appropriate for group, when they meet individually with CM) plus visits with prescriber (either together, as in the case of Shared Medical Visit, or during a separate visit with the prescriber)
- Initial Provider intake: 40 minutes
 - MDQ beforehand
 - PHQ-2 beforehand → if positive, proceed to PHQ-9 during visit
 - Review previous psychiatric medication history (i.e. previous AD's, mood stabilizers, antipsychotics prescribed)
- F/u provider visits
 - Modified MDQ completed by patient at each visit
 - PHQ-2 with reflex to PHQ-9 (if PHQ is +) at each visit
 - 7 day (or, to avoid complications, dispense extra day of medication, i.e. 8 tabs) script submitted to pharmacy by prescriber throughout Tier 2, then 14 day script at Tier 3, etc.
 - If modified MDQ is positive (score of 7 or higher), the antidepressant medication will be discontinued and the patient should be referred to psychiatry

- SEE **APPENDIX E** of Meth Protocol FOR TITRATION SCHEDULE & GUIDELINES FOR MEDICATION CHOICE

APPENDIX A: DSM-5 Criteria for Methamphetamine Use D/o

Epic Smartphrase: .SA11DSM5MUDDX

A problematic pattern of methamphetamine use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

Check all that apply

<input type="checkbox"/>	1. Methamphetamine is often taken in larger amounts or over a longer period than was intended.
<input type="checkbox"/>	2. There's a persistent desire or unsuccessful efforts to cut down/control methamphetamine use.
<input type="checkbox"/>	3. A great deal of time is spent in activities to obtain the methamphetamine, use the methamphetamine, or recover from its effects.
<input type="checkbox"/>	4. Craving, or a strong desire or urge to use methamphetamines.
<input type="checkbox"/>	5. Recurrent methamphetamine use resulting in a failure to fulfill major role obligations at work, school, or home.
<input type="checkbox"/>	6. Continued methamphetamine use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of methamphetamines.
<input type="checkbox"/>	7. Important social, occupational, or recreational activities are given up or reduced because of methamphetamine use.
<input type="checkbox"/>	8. Recurrent methamphetamine use in situations in which it is physically hazardous.
<input type="checkbox"/>	9. Continued methamphetamine use despite knowledge of having a persistent or recurrent physical or psychological problem that's likely to have been caused or exacerbated by the substance.
<input type="checkbox"/>	10. Tolerance, as defined by either of the following: <ol style="list-style-type: none"> a. A need for markedly increased amounts of methamphetamines to achieve intoxication or desired effect b. A markedly diminished effect with continued use of the same amount of methamphetamine.
<input type="checkbox"/>	11. Withdrawal, as manifested by either of the following: <ol style="list-style-type: none"> a. The characteristic methamphetamine withdrawal syndrome a. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
Total number of symptoms: _____	
<input type="checkbox"/> Mild = 2–3 symptoms <input type="checkbox"/> Moderate = 4–5 symptoms <input type="checkbox"/> Severe = 6 or more symptoms	

*Criteria from American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Washington, DC, American Psychiatric Association page 541.

The Mood Disorder Questionnaire (MDQ)

The Mood Disorder Questionnaire

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I like to know how I am doing. I like to know how others are doing too.

- I am like people who have had a manic episode or a depressive episode within the last 12 months (or lifetime if you are over 60).
- I have had a manic episode or a depressive episode within the last 12 months.
- I am like people who have had a manic episode or a depressive episode within the last 12 months.
- I am like people who have had a manic episode or a depressive episode within the last 12 months.
- I am like people who have had a manic episode or a depressive episode within the last 12 months.

I am like people who have had a manic episode or a depressive episode within the last 12 months.

- I am like people who have had a manic episode or a depressive episode within the last 12 months.
- I am like people who have had a manic episode or a depressive episode within the last 12 months.
- I am like people who have had a manic episode or a depressive episode within the last 12 months.

I am like people who have had a manic episode or a depressive episode within the last 12 months.

- I am like people who have had a manic episode or a depressive episode within the last 12 months.
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I am like people who have had a manic episode or a depressive episode within the last 12 months.

I am like people who have had a manic episode or a depressive episode within the last 12 months.

- I am like people who have had a manic episode or a depressive episode within the last 12 months.
- I am like people who have had a manic episode or a depressive episode within the last 12 months.

I am like people who have had a manic episode or a depressive episode within the last 12 months.

I am like people who have had a manic episode or a depressive episode within the last 12 months.

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I am like people who have had a manic episode or a depressive episode within the last 12 months.

I am like people who have had a manic episode or a depressive episode within the last 12 months.

I am like people who have had a manic episode or a depressive episode within the last 12 months.

10.10 The Statement of Financial Position – 2018 Overview

The 2018 Statement of Financial Position is set out in summary in the table below. The overall total of the Statement of Financial Position is £1,000,000.

- The Statement of Financial Position is split into **Equity** and **Liabilities**.

Equity and Liabilities are split into **Current** and **Non-current** items.

- **Equity** items are split into **Share Capital** and **Reserves**. Share Capital is the amount of money raised by the company from the sale of shares.

Equity split by

Share Capital is the amount of money raised from the sale of shares. Reserves are the profits of the company which have not been distributed to shareholders.

Liabilities split by

Share Capital is the amount of money raised from the sale of shares. Reserves are the profits of the company which have not been distributed to shareholders. Liabilities are the amount of money owed to creditors. Current liabilities are those which are due within 12 months. Non-current liabilities are those which are due after 12 months.

10.11 Statement of Financial Position – 2018 – Summary

2018 items	2018 split by			
	Share Capital	Reserves	Current Liabilities	Non-current Liabilities
Share Capital: £1,000,000 (100% of total)	1,000,000	0	0	0
Reserves: £0 (0% of total)	0	0	0	0
Current Liabilities: £0 (0% of total)	0	0	0	0
Non-current Liabilities: £0 (0% of total)	0	0	0	0
Total: £1,000,000 (100% of total)	1,000,000	0	0	0

APPENDIX 2: 2019/2020 Feedback: Patient Health Questionnaire (PHQ-9)

Reference: _____ (PHQ) _____

1. How often do you experience any of the following symptoms/problems?

	Never (0)	Several days/week (1)	Most days/week (2)	Nearly every day (3)
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling tired or exhausted	0	1	2	3
3. Trouble concentrating when trying to do things	0	1	2	3
4. Trouble sleeping (too much or too little)	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling down, depressed, or hopeless	0	1	2	3
7. Trouble getting going in the morning	0	1	2	3
8. Thoughts of hurting yourself or others (Do not include suicidal thoughts or ideas)	0	1	2	3
9. Trouble staying interested in sex (Do not include sexual thoughts or ideas)	0	1	2	3
10. Trouble staying interested in usual activities (Do not include sexual thoughts or ideas)	0	1	2	3

2. How often do you experience any of the following problems? (Do not include suicidal thoughts or ideas)

- Not at all
 Several days/week
 Most days/week
 Nearly every day

Total score: _____

PHQ-9 copyright © 2002 by the University of Pittsburgh Medical Center. All rights reserved. Reproduction of this questionnaire is permitted.

QUESTION 1 **10 MARKS** **10 MINUTES** **10 MINUTES** **10 MINUTES** **10 MINUTES**
Write down the characteristic of each of the following:

QUESTION 1(a)

1. 100%	100%
2. 100%	100%
3. 100%	100%

QUESTION 1(b)

1. 100%	100%
2. 100%	100%
3. 100%	100%

- **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%**
- **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%**

QUESTION 2 **10 MARKS** **10 MINUTES** **10 MINUTES** **10 MINUTES** **10 MINUTES**

QUESTION 2(a)

- **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%**
- **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%**
- **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%**

QUESTION 2(b)

- **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%**
- **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%**
- **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%**
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- **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%**

QUESTION 2(c)

- **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%**

QUESTION 2(d)

- **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%**
- **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%**
- **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%** **100%**

N. Clinic Appointment Policies handout

Patients who participate in the MAT program are required to attend and keep all their scheduled appointments for groups, SMA's and one on ones with their PCP, MAT provider, and SUDCM. These appointments are necessary for the continuation of care.

The following guidelines will be given to MAT patients in writing upon admission to the MAT program (Appendix Q):

1. If an appointment cannot be kept, it is the patient's responsibility to reschedule the appointment with at least 24 hours' notice or it will be considered a missed appointment.
2. Patients are expected to arrive on time for all scheduled appointments. Appointments with MAT clinicians may need to be rescheduled if patients arrive more than 10 minutes late.
3. Missed appointments may result in treatment plan revision. If patients continually miss provider appointments, refill prescriptions may be held until the patient is seen for an office visit by a Nurse or provider.
4. Patients struggling with these program requirements may be referred to a higher level of care.

O. Patients in Residential Programs

Patients in residential treatment programs will follow the same procedure as patients not in residential treatment programs regarding participating in the MAT program, except for the agreement with Encompass which is in appendices O section 1. There might be some slight deviation depending on patients care at different facilities. In that case the MAT SUDCM assigned to patient will coordinate care and keep the MAT team aware of the current treatment plan.

1. Encompass and Santa Cruz County Agreement

SC County MAT and Encompass Residential: North and South County Clinics

December 17, 2019

- A. Once clients are admitted to the Encompass residential programs, SSP and SCRR, they do not leave the site unattended for at least 30 days.

In the Residential program, client is followed by a team (clinician, counselor, medical staff). Clients have a minimum of 20 hours per week of individual and/or group counselling sessions and/or structured therapeutic activities. Of those 20 hours, there is a minimum requirement of 5 hours of clinical services per week, which includes face-to-face counselling and group. Client is seen at minimum once per week for individual therapy by clinicians, who are LPHA waived or trainees under clinical supervision.

For those participating in either North or South County MAT programs, for the first 30 days:

1. Vivitrol: monthly physician visits, monthly prescriptions
 2. Suboxone: 1 week plus 3 one-week refill prescriptions.
 - a. If medication dose is still needing adjustment (Tier1), clients will need weekly (SMA) appointments at the County until dose is stable.
 - b. When medication is stable, client can be prescribed 1 week plus 3 refills. They will need to attend a medical visit to get a refill after 30days. Prescriptions will be in 1 week increments so that the residential program will have no more than 1 week on hand and will simplify discharge procedure if a patient is discharged.
 3. Encompass prescribers can write for bridge prescriptions if there is confusion and a client will run out of their suboxone. This typically does not exceed 3-5days.
 4. County case managers (SUDCM) and/or County nurses may check in with clients at Residential programs weekly while clients are in the first 30 days of treatment and then as needed.
 5. Residential LVNs and Encompass MAT nurses will report any changes or side effects from medication to County case managers. They will also report these changes to one of Encompass's medical providers as per Encompass policy.
- B. After 30 days, when the client is cleared to leave the residential program unattended for County MAT appointments only, the client will resume follow up with a weekly County MAT SMA group that results in prescription.
- a. These appointments will be at times that do not interfere with the core curriculum of the residential program:

- i. Si Se Puede: Will continue County MAT SMA on Tuesday 9-11 at WHC
 - ii. Santa Cruz Residential Recovery: Best times are Tuesdays or Thursdays from 2-4 at Emeline or HPHP.

- C. If clients leave the residential program, either voluntarily (client decides residential setting is not working for them) or involuntarily (due to behavior problems/drug use that persist even with relapse prevention plans and other warnings), the County MAT program will be informed immediately.
 - 1. Suboxone prescriptions are held by the staff.
 - 2. For unplanned/voluntary discharges, 3 business days of Suboxone will be released. The client is encouraged to get a note from their provider/program so that they may pick up the rest of the prescription before the end of 7 days. If they do not return for pickup with appropriate documentation, the rest of the Suboxone will be destroyed per our Residential Medication Policy.
 - 3. For planned discharges: County clients will get what is left of their prescription and will need to follow up with the County for their refills.

- D. All non-SUD psychiatry and IBH are not addressed in this proposal. We provide transportation based on capacity and necessity triaged by the medical team.

P. Narcan Dispensing Standing Order



County of Santa Cruz

HEALTH SERVICES AGENCY - HOMELESS PERSONS HEALTH PROJECT
115-A Coral Street, Santa Cruz, CA 95060 PH: 831.454.2080 FAX: 831.454.3424

Date Written: 11/29/2017

Standing Order: Naloxone is indicated for treatment of opioid overdose. It may be delivered intranasally or intramuscularly. This standing order is current as of 11/29/2017 and issued in accordance with Section 1714.22 of the California Civil Code.

Staff trained to distribute naloxone (Narcan) kits shall train other individuals and agencies and distribute naloxone kits to reverse opioid overdose.

Assessment: Health Services Agency staff, along with patients who are at-risk for opioid overdose, or patients and agencies who work with individuals who are at-risk for opioid overdose, should be trained in the administering of naloxone and be provided naloxone kits to reverse opioid overdose, given per standing physician's order.

Objective Findings: *Initial visits to assess patients for opioid overdose risk or who associate with individuals at-risk of opioid overdose.*

1. Implementation: A trained staff member of the Health Services Agency will train other staff, individuals, and agencies in the administration of naloxone for the reversal of opioid overdose. The trained staff member will distribute naloxone kits to all staff, individuals, and agencies that complete the training. A printed label on the naloxone kit will include the following: patient name, date, naloxone 0.4mg/ml, and ordering physician. Another printed label will include instructions in the event of an overdose, including calling 911, initiating rescue breathing, and administering naloxone.

Program participants must meet all of the following criteria:

- Current opioid users, individuals with a history of opioid use, or someone with frequent contact with opioid users;
- Risk for overdose or likelihood of contact with someone at risk, by report or history;
- Able to understand and willing to learn the essential components of Overdose Prevention and Response and naloxone administration.

An staff from the County of Santa Cruz Health Services Agency who is trained in overdose prevention will engage the participant in a brief (5-10 minutes) educational program about overdose prevention and response.

- The educational program components will include:
- Overdose prevention techniques
- Recognizing signs and symptoms of overdose
- Calling 911
- Rescue breathing and/or chest compressions
- Naloxone storage, carrying, and administration
- Post-overdose follow-up and care

Upon completion of the educational component, naloxone will be dispensed to trained program participants who will carry and use naloxone to treat individuals experiencing an opioid overdose.

Order to dispense:

Upon completion of an Overdose Prevention Training, dispense at minimum:

Two naloxone hydrochloride .4mg/ml vials and two 3ml syringes with 25g 1" needles. OR

Two Evzio® (naloxone HCl) .4mg/1ml auto-injectors

OR

Two NARCAN® (naloxone HCl) 4mg/.4ml Nasal Spray

Refills: To be provided to previously trained participants as needed. When individuals return for a refill, a short report will be taken and training refresher will be offered.

2. Staff Actions: *Trained staff will inform client about any possible side-effects to naloxone and to contact 911 in all cases of overdose.*

3. Criteria for Calling the Physician: If there is any question about whether to carry out any treatment, lab or other provisions of the standing order, contact the medical provider.

4. Follow up Requirements: Additional doses of naloxone may need to be administered in the event of fentanyl overdose to reverse overdose until emergency medical staff arrive. Follow up with patient or associated parties in the event of overdose.

Approved by: _____ Date: _____
 Medical Director

Approved by: _____ Date: _____
 Public Health Officer

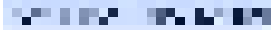
Q. MAT/IBH Medical Assistant Packet

MAT/IBH MA Packet

.SA11MATMA

Click on any of the following:

- Contingency Management
- SMA Check in Sheet
- BUP Bridge
- Refill
- Care Coordination (CC)
- Phone (Call/VM/Text)
- ER Referral
- Jail Referral



R. SUDCM Packet

EPIC SmartPhrase: .SA11MATSUDCM

SUDCM Check List, Smart Phrases, & Handouts

.SA11MATSUDCM

Click on any of the following:

- ***Intake***
- ***1x1***
- ***BUP Refill***
- ***BUP Bridge***
- ***MAT Group***
- ***Case Management (Non – MAT patient)***
- ***CCN (Case Conference Note)***
- ***CC (Care Coordination for all non-face to face encounters)***
- ***Phone***
- ***ER Referral***
- ***Jail Referral***



S. MAT Nurse Packet

Epic SmartPhrase: .SA11MATNURSEVISIT

NURSE Check List, Smart Phrases, & Handouts

.SA11MATNURSEVISIT

Click on any of the following:

- **Pre-Initial**
- **Post-Initial** (Induction instructions)
- **Office Based Induction**
- **Follow up on Induction** (telephone or encounter)
- **BUP Refill**
- **BUP Bridge**
- **PO-NTX Refill**
- **XR-NTX ordered** (vivitrol)
- **XR-NTX Received**
- **XR-NTX Administered** (1st injection & every injection)
- **XR-NTX F/u** (telephone or encounter)
- **XR-BUP ordered** (Sublocade)
- **XR-BUP Received**
- **XR-BUP Administered** (1st injection & every injection)
- **XR-BUP F/u** (telephone or encounter)
- **Phone** (Call/VM/Text)
- **SSP** (Syringe Service Program Referral)
- **Referral from ER to MAT**



T. MAT Prescriber Packet

Epic SmartPhrase: .SA11MATPRESCRIBER

Prescriber Check List, Smart Phrases, & Handouts

.SA11MATPRESCRIBER

- SMA
- *BUP Initial*
- *BUP Follow up*
- *XR-BUP initial (Sublocade)*
- *XR-BUP Follow up*
- *XR- NTX Initial (Vivitrol)*
- *XR- NTX Follow up*
- Meth Protocol
- BUP Bridge

Sublocade (BUP) Prescriber Packet

<input type="checkbox"/>	Sublocade (BUP) Initial (Sublocade)
<input type="checkbox"/>	Sublocade (BUP) Follow up
<input type="checkbox"/>	XR-BUP Initial (Sublocade)
<input type="checkbox"/>	XR-BUP Follow up
<input type="checkbox"/>	XR-NTX Initial (Vivitrol)
<input type="checkbox"/>	XR-NTX Follow up
<input type="checkbox"/>	Meth Protocol
<input type="checkbox"/>	BUP Bridge

U. Healgen POC UDS Results Template

Epic order code: LV5598



V. Alcohol Breathalyzer Test Result Template

Smartphrase: .SA11LASTBREATHALYZER



W. Contingency Management Procedure and Patient Agreement

Contingency Management for Medication Assisted Treatment Program (MAT) – County of Santa Cruz Health Services Agency

Background: Contingency Management (CM) is the application of tangible positive reinforcers to change behavior, and specifically substance-using behavior. This evidenced-based practice is effective in medication assisted treatment programs that target stimulant use disorder for patients being treated for opioid use disorder. At the Health Services Agency (HSA) Clinic Services, the contingency management program includes all MAT patients who have positive/unfavorable or negative/favorable urine drug screens (UDS), except for buprenorphine and THC, and are in treatment tiers two, three, four, five, and Z. Treatment tier two and z patients come in every week twice a week, patients on tier three come in every other week. The CM program at HSA Clinics is led by the Medical Assistants with eligible patients participating for a duration of 12 continuous weeks. A new session of contingency management will restart every 12 weeks. Patients can start at any time in the process.

Goal: To support our patients with an evidence-based practice that has been proven to work in decreasing patients' stimulant and other drug use. Patients attendance and negative/favorable UDS % will increase during the continuous 12-week CM program.

Materials needed:

- Fishbowl
- Gift cards \$5-\$15
- Paper for gift cards/positive affirmation draws
- Database to keep track of all data
- Locked cabinet for gift cards
- Follow all county procedures regarding gift card policy
- Coins and certificates for tier promotion

Patient Selection: MAT patients in tiers two, three, and Z who test positive/unfavorable on urine drug screen (UDS) for substances other than buprenorphine and THC. MAT patients on Tier 4 and 5 can participate according to their treatment tier requirement. Ideal candidates will test positive/unfavorable for three out of four weeks or more prior to starting contingency management. We gather a pre-CM base line of the previous UDS six-12 weeks prior to enrollment. Patients participate in contingency management program on a voluntary basis.

Procedure:

All patients that enroll in the contingency management program will sign a contingency management patient agreement/consent form. The agreement explains the expectations of coming in according to treatment tier.

1. Clinic staff will work together to identify patients for CM program who have a Stimulant Use Disorder.
2. Inform appropriate patients about CM program when patient is eligible.
3. Use Point of Care UDS and immediately result in electronic health record.
4. If a positive result is contested, send out for lab confirmation.
5. Continue to monitor UDS for duration of 12 continuous weeks for patients in tier two and tier three. MAT Medical Assistants and Nurse for HPHP track all data from electronic health record in Contingency Management database.
6. CM will initiate new sessions every 12 weeks.

7. Prizes are awarded the same day for negative/favorable UDS results. Any patients who arrive late will receive earned prizes after group or in a one-on-one session with SUDCM/IBH/MAT prescriber visit.
8. Regardless of what treatment tier a patient is in, once the individual receives the maximum allowed total gift cards of \$75 for the fiscal year they can no longer participate in CM until next fiscal year.
9. Patients must graduate to a new tier when they meet all the criteria. They do not have the choice to remain in a tier that gives them more opportunities to draw a prize.

MAT Medical Assistants or Nurse will track attendance, UDS results, prize entries earned, and positive affirmations awarded in MAT contingency management database. The database we will utilize to generate reports to track data by tier status. In addition, UDS results (Stimulant use vs Opiate Use) are tracked for grant reporting purposes. With this data we can measure the percentage of decreased substance use and attendance throughout the 12 weeks of the program. The reports from the database will be utilized to show the number of patients receiving contingency management as well as the number of individuals that test positive/unfavorably for stimulants and other substances.

Clinic staff compare the UDS from the previous period (% positive) to the % positive during the 12-week CM/incentives period. This data is pulled in aggregate or individually.

Eligible Treatment Tiers:

- a. Tier 2: Must come in twice a week to test. (Monday, Thursday/ Tuesday, Friday)
- b. Tier 3: Must come in once every 2 weeks to test.
- c. Tier 4: Must come in once a month to test.
- d. Tier 5: Must come in once every 3 months to test.
- e. Tier Z: Must come in twice a week to test. (Monday, Thursday/ Tuesday, Friday)

Tier two and Z (weekly requirement)

1. **Submit Urine Drug Screens two times per week on Tuesdays & Fridays/ Mondays & Thursdays (See Table 2).**
 - a. Earn one prize draw from the fishbowl for the first negative/favorable UDS of the week. Can only be positive for buprenorphine and THC (at prescribers' discretion).
 - b. For second negative/favorable UDS of the week earn one draw plus a bonus draw for having two negative UDS's for the week. Positive UDS at the beginning of the week and negative for second UDS of the week patient is only eligible for one draw.
 - c. Total possible draws for the week, equals three if all UDS negative/favorable.
 - d. Contingency management does not have to be offered in group. CM can be done in one-on-one with SUDCM, IBH, or MAT prescriber, if patient is not appropriate for group or other factors such as work schedule.
2. **Each week there is a total possibility of three prize drawings depending on the negative/favorable or positive/unfavorable UDS.** (see table on page 4 for more detail)
 - a. If patient does not show up, they are not eligible for the drawing that day.
 - b. If patient has a positive UDS, they are not eligible for the drawing that day.

Tier three (bi-weekly requirement)

- 1. Submit Urine Drug Screen one time, every other week as required (MAT group/ visit)**
 - a. Earn one prize drawing from the fishbowl for the negative/favorable UDS, except for THC and buprenorphine.
 - b. Patient who is on tier three is only required to come bi-weekly. Patient will only have one chance to test and draw at their required group/MAT visit. Tier three, time frame is 12 weeks which allows for six group attendances/MAT visits. If patients on tier three come outside their group requirement, they are only eligible to participate according to their bi-weekly requirement.

Tier four (once a month requirement)

- 1. Submit Urine Drug Screen one time every month as required (MAT group/visit)**
 - a. Earn one prize drawing from the fishbowl for the negative/favorable UDS, except for THC and buprenorphine.
 - b. Patient who is on tier four is only required to come once a month. Patient will only have one chance to test and draw at their required group/MAT visit. Tier four, time frame is 6 months which allows for six group attendances/MAT visits. If patients on tier four come outside their group requirement, they are only eligible to participate according to their monthly requirement.

Tier five (once a quarter requirement)

- 1. Submit Urine Drug Screen one time every quarter as required (MAT visit)**
 - a. Earn one prize drawing from the fishbowl for the negative/favorable UDS, except for THC and buprenorphine.
 - b. Patient who is on tier five is only required to come once a quarter. Patient will only have one chance to test and draw at their required group/MAT visit. Tier five, time frame is patient is only required to come four times per year. Once every quarter, which allows for four group attendances/MAT visits. If patients on tier five come outside their group requirement, they are only eligible to participate according to their quarterly requirement.

Prize drawings will be in the form of gift cards ranging from \$5-\$15 and positive affirmations. The fishbowl will consistently be filled with 40 % gift cards and 60 % positive affirmations.

Tier two and Z drawing scenarios:

Patient X arrives for their Tuesday appointment but has a positive/unfavorable UDS. No prize drawing is awarded this day. On Friday, patient X has a negative/favorable UDS earns one prize drawing which is immediately awarded.

Patient X arrives for their Tuesday appointment and has a negative/favorable UDS. One prize drawing is awarded this day. On Friday, patient X has a negative/favorable UDS they earn two prize drawings which is immediately awarded.

Example A.

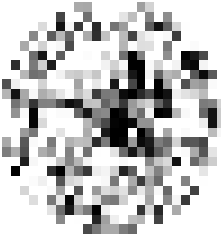
Table 1. Example all negative/favorable UDS for all 12 weeks on Tier 2 or Z:

UDS Testing			
Weeks	Monday, Tuesday	Thursday, Friday Eligible for a bonus draw if the first UDS in the week was favorable.	Total draws
1	- one draw	- one draw plus bonus	3
2	- one draw	- one draw plus bonus	3
3	- one draw	- one draw plus bonus	3
4	- one draw	- one draw plus bonus	3
5	- one draw	- one draw plus bonus	3
6	- one draw	- one draw plus bonus	3
7	- one draw	- one draw plus bonus	3
8	- one draw	- one draw plus bonus	3
9	- one draw	- one draw plus bonus	3
10	- one draw	- one draw plus bonus	3
11	- one draw	- one draw plus bonus	3
12	- one draw	- one draw plus bonus	3
Total Possible Draws			36

Table 2. Example positive/unfavorable and negative/favorable UDS draws:

UDS Testing		
Monday, Tuesday	Thursday, Friday	Total Draws
- one draw	- two draws	3
+ no draw	- one draw	1
- one draw	+ no draws	1
+ no draw	+ no draw	0

X. Group Acknowledgment of Public Setting



County of Santa Cruz

Board of Supervisors

County Administration Center
100 West San Carlos Avenue
San Jose, California 95128-1000

Phone: (408) 298-2000

Group

Acknowledgment of Public Setting

The undersigned hereby acknowledge that the public setting of the [redacted] project is in the public interest and that the project is consistent with the public setting of the County of Santa Cruz. The undersigned further acknowledge that the project is consistent with the public setting of the County of Santa Cruz and that the project is in the public interest.

Name of the [redacted]

[redacted]

Name of the [redacted]

[redacted]

Witnessed and attested to before me on this [redacted] day of [redacted] 20[redacted]

Notary Public for the State of California

Y. MAT LABS STANDING ORDER



DEPARTMENT OF CHEMISTRY, UNIVERSITY OF THE PHILIPPINES
 DIVISION OFFICE - DAVAO

STANDING ORDER NO. 100, DATED 2018, FOR THE PURCHASE OF MAT LABS

The Department of Chemistry, University of the Philippines - Davao, is pleased to announce the purchase of the following items for the MAT LABS:

1. 1000g analytical balance	1. 1000g analytical balance
2. 1000g analytical balance	2. 1000g analytical balance

The Department of Chemistry, University of the Philippines - Davao, is pleased to announce the purchase of the following items for the MAT LABS:

1. 1000g analytical balance
2. 1000g analytical balance
3. 1000g analytical balance
4. 1000g analytical balance
5. 1000g analytical balance
6. 1000g analytical balance
7. 1000g analytical balance
8. 1000g analytical balance
9. 1000g analytical balance
10. 1000g analytical balance
11. 1000g analytical balance
12. 1000g analytical balance
13. 1000g analytical balance
14. 1000g analytical balance
15. 1000g analytical balance
16. 1000g analytical balance
17. 1000g analytical balance
18. 1000g analytical balance
19. 1000g analytical balance
20. 1000g analytical balance

The Department of Chemistry, University of the Philippines - Davao, is pleased to announce the purchase of the following items for the MAT LABS: