STATE OF RHODE ISLAND
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS
DIVISION OF BEHAVIORAL HEALTH CARE

UNIT **Center of Excellence**

POLICY/PROCEDURE NO.
COE - 002

SUBSECTION EFFECTIVE DATE

2/10/2017

POLICY/PROCEDURE

Initial Contact Checklist

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

The Initial Contact Checklist is used to provide staff with a standard procedure related to determining if the individual in question should become a patient of the Center of Excellence. There are also instructions needed to be provided to the patient before their initial appointment. Upon review by a physician, the interested party may then become a patient at the Center of Excellence.

PROCEDURE

Description

1. **Checklist to review with interested individual to assess potential eligibility.**
2. **Patient information to begin intake.**
3. **Confidentiality check to determine that patient's confidentiality has been reviewed with them.**
4. **Checklist related to instructions provided to the patient before their initial appointment that they must comply with to begin their medication assisted treatment.**

INITIAL PATIENT CONTACT ABOUT BUPRENORPHINE:
CHECKLIST
(for use by treatment program personnel who answer inquiries about buprenorphine/naloxone treatment)

REQUIREMENTS: ***(check if discussed with patient)***
The following are required of patients who are admitted to a buprenorphine/naloxone treatment slot:

__ Actively addicted to heroin or prescription opioids or currently taking methadone (methadone dose 30 mg daily or less)
__ Notified about initial long appointment, includes history and physical
__ Notified of long appointment for first day of induction
__ Frequent (daily to weekly) follow-up visits at first
__ At least every 2 weeks to monthly visits thereafter
__ Requirement for random urine and breath testing
__ Requirement for regular attendance in substance use disorder group therapy and/or 12-step recovery program
__ Agrees to release to speak with all other doctors and counselors

PATIENT INFORMATION:

NAME _____DOB_____
ADDRESS FOR MAIL:
_____

_____

TEL: _____home, _____work

OK to leave message?____

CONFIDENTIALITY: ***(check if discussed with patient)***
___Patient confidentiality discussed

INSTRUCTIONS FOR INITIAL APPOINTMENT:
(check when discussed with patient)

__Full bladder, will be urine drug tested
__Bring completed forms or come early
__Withdrawal, (if methadone, more than 24 hours since dose); heroin or short acting opioids at least 12 hours since last use; withdrawal symptoms must be observable by staff before induction can take place
__Bring ALL pill bottles
__Valid photo ID
__Will be breath tested for alcohol

Appointment date and time_____ Mailed packet, date_____

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UNIT **Center of Excellence**

POLICY/PROCEDURE NO.
COE - 003

SUBSECTION EFFECTIVE DATE

2/10/17

POLICY/PROCEDURE

Buprenorphine/Naloxone Maintenance Treatment Information for Patients

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

The Buprenorphine/Naloxone Maintenance Treatment Information for Patients provides patients with information related to the opioid medication they will be taking as part of their medication assisted treatment at the Center of Excellence. This packet also includes information on what could occur if the patient misuses the medication or uses it in a way other than prescribed.

PROCEDURE

Description

1. **This information is to be given to patients who have selected buprenorphine as their medication assisted treatment. Patients will be given the opportunity to have any questions answered by members of the treatment team.**

LIST OTHER SUPPORTING DOCUMENTS/RESOURCES

www.pcssmat.org

BUPRENORPHINE/NALOXONE (SUBOXONE) MAINTENANCE TREATMENT
INFORMATION for PATIENTS

Buprenorphine is an opioid medication which has been used for many years as a treatment for pain while patients are hospitalized, for example for surgical patients. It is a long acting medication, and binds for a long time to the "*mu*" opioid receptor.

Buprenorphine/naloxone or Suboxone is a combination medication that can be used to treat opioid use disorder (addiction). This is a once a day medicine. Buprenorphine is not absorbed very well orally (by swallowing) – so a sublingual (dissolve under the tongue) tablet has been developed for treatment of addiction. Buprenorphine/naloxone (Suboxone) tablets also contain a small amount of naloxone (Narcan) which is an opioid antagonist (blocks opioid effects and can produce withdrawal symptoms if injected by someone who has recently used opioids). Naloxone is poorly absorbed from under the tongue, but if Suboxone is injected, the naloxone will cause withdrawal symptoms. The reason that naloxone is combined with the buprenorphine in Suboxone is to help discourage abuse of this drug by injection.

Aside from being mixed with naloxone to discourage needle use, buprenorphine itself has a "ceiling" for narcotic effects (it is termed a "partial agonist") which makes it safer in case of overdose. This means that by itself, even in large doses, it doesn't suppress breathing to the point of death in the same way that heroin, methadone and other opioids could do in high doses. These are some of the unusual qualities of this medication which make it safer to use outside of the usual strict methadone regulations at an opioid treatment program and, after stabilization, most patients would be able to take home up to four weeks worth of buprenorphine/naloxone (Suboxone) at a time—although this depends on how people do in treatment and will be different for each person.

WILL BUPRENORPHINE/NALOXONE (SUBOXONE) BE USEFUL FOR PEOPLE ON METHADONE?

Methadone maintenance patients may be interested in whether this medication might help them. Unfortunately, because of the partial agonist nature of the medication, it is not equivalent in maintenance strength to methadone. In order to even try buprenorphine/naloxone (Suboxone) without going into major withdrawal, a methadone-maintained patient would have to taper down to 30 mg of methadone daily or lower. In some cases, buprenorphine may not be strong enough for patients used to high doses of methadone and may lead to increased cravings and the risk of a relapse to opiate use. If you are methadone-maintained and decide to try buprenorphine, please be aware of this risk, and keep the door open for resuming methadone immediately if necessary.

There are also some studies which show that detoxification from buprenorphine/naloxone (Suboxone) is effective. Some patients may decide to use buprenorphine/naloxone (Suboxone) to detoxify from heroin or prescription narcotics, instead of other detoxification treatments (methadone, clonidine, etc). Despite the effectiveness of buprenorphine detoxification, all narcotic addicts are at high risk for relapse and should consider the benefits of maintenance treatment. If detoxification is chosen as the treatment for a person, we strongly recommend taking injectable naltrexone afterward as this will block opioid effects in a relapse.

We also will offer a naloxone overdose kit to take home and be used should you or someone you know experience an opioid overdose.

So far, remember the following tips:

- If you are offered Suboxone by a "friend" and you are taking methadone or are addicted to prescription opioids, the buprenorphine in Suboxone will push the other opioids off the receptor site, and you may be in withdrawal and very uncomfortable.
- If you dissolve and inject the buprenorphine-naloxone (Suboxone) sublingual tablet it may induce severe withdrawal because of the naloxone, which is an opioid antagonist.
- If you are on methadone treatment and wish to transfer to buprenorphine/naloxone (Suboxone), your dose has to be at or below 30 mg daily.
- There have been deaths reported when buprenorphine is injected in combination with benzodiazepines. (This family of drugs includes Klonopin, Ativan, Halcion, Valium, Xanax, Librium, Serax etc.) There is a risk of overdose when any narcotic drug is taken in combination with alcohol and/or other sedative drugs. If you drink excessively, or take any of these drugs, either by prescription or on your own, buprenorphine may not be a good treatment for you.
- When you detox from opioids you lose tolerance or your ability to withstand the effects of opioids which puts you at risk for overdose. We will offer you a naloxone overdose antidote kit to provide emergency treatment should you experience an overdose.

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UNIT **Center of Excellence**

POLICY/PROCEDURE NO.

COE - 004

SUBSECTION EFFECTIVE DATE

2/10/17

POLICY/PROCEDURE

Injectable Naltrexone Maintenance Treatment Information for Patients

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

The Injectable Naltrexone Maintenance Treatment Information for Patients provides patients with information related to the medication they will be taking as part of their medication assisted treatment for their opioid use disorder at the Center of Excellence. This packet also includes information on what could occur if the patient uses it in a way other than prescribed and side effects of the medication.

This policy is also known as the Medication Guide for Vivitrol which is the trade name of the injectable medication.

PROCEDURE

Description

1. **Distribute to those selecting injectable naltrexone as their MAT.**
2. **Answer any questions/concerns raised after reviewing document.**

MEDICATION GUIDE

VIVITROL® (viv-i-trol)
(naltrexone for extended-release injectable suspension)

Read this Medication Guide before you start receiving VIVITROL injections and each time you receive an injection. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or your treatment.

What is the most important information I should know about VIVITROL?

VIVITROL can cause serious side effects, including:

1. **Risk of opioid overdose.**

You can accidentally overdose in two ways.

- VIVITROL blocks the effects of opioids, such as heroin or opioid pain medicines. **Do not** take large amounts of opioids, including opioid-containing medicines, such as heroin or prescription pain pills, to try to overcome the opioid-blocking effects of VIVITROL. This can lead to serious injury, coma, or death.
- After you receive a dose of VIVITROL, its blocking effect slowly decreases and completely goes away over time. If you have used opioid street drugs or opioid-containing medicines in the past, using opioids in amounts that you used before treatment with VIVITROL can lead to overdose and death. You may also be more sensitive to the effects of **lower** amounts of opioids:
    - after you have gone through detoxification
    - when your next VIVITROL dose is due
    - if you miss a dose of VIVITROL
    - after you stop VIVITROL treatment

It is important that you tell your family and the people closest to you of this increased sensitivity to opioids and the risk of overdose.

You or someone close to you should get emergency medical help right away if you:

- have trouble breathing
- become very drowsy with slowed breathing
- have slow, shallow breathing (little chest movement with breathing)
- feel faint, very dizzy, confused, or have unusual symptoms

2. **Severe reactions at the site of the injection (injection site reactions).** Some people on VIVITROL have had severe injection site reactions, including tissue death (necrosis). Some of these injection site reactions have required surgery. Call your healthcare provider right away if you notice any of the following at any of your injection sites:

- intense pain
- the area feels hard
- large area of swelling
- lumps
- blisters
- an open wound
- a dark scab

Tell your healthcare provider about any reaction at an injection site that concerns you, gets worse over time, or does not get better by two weeks after the injection.

3. **Sudden opioid withdrawal.**

   Anyone who receives a VIVITROL injection must not use any type of opioid (must be opioid-free) including street drugs, prescription pain medicines, cough,cold, or diarrhea medicines that contain opioids, or opioid dependence treatments, buprenorphine or methadone, **for at least 7 to 14 days** before starting VIVITROL. Using opioids in the 7 to 14 days before you start receiving VIVITROL may cause you to suddenly have symptoms of opioid withdrawal when you get the VIVITROL injection. **Sudden opioid withdrawal can be severe, and you may need to go to the hospital**.

   You must be opioid-free before receiving VIVITROL unless your healthcare provider decides that you don't need to go through detox first. Instead, your doctor may decide to give your VIVITROL injection in a medical facility that can treat you for sudden opioid withdrawal.

4. **Liver damage or hepatitis.** Naltrexone, the active ingredient in VIVITROL, can cause liver damage or hepatitis.

   Tell your healthcare provider if you have any of the following symptoms of liver problems during treatment with VIVITROL:
   - stomach area pain lasting more than a few days
   - dark urine
   - yellowing of the whites of your eyes
   - tiredness

   Your healthcare provider may need to stop treating you with VIVITROL if you get signs or symptoms of a serious liver problem.

What is VIVITROL?

VIVITROL is a prescription injectable medicine used to:

- treat alcohol dependence. You should stop drinking before starting VIVITROL.
- prevent relapse to opioid dependence, **after** opioid detoxification.

  This means that if you take opioids or opioid-containing medicines, you must stop taking them before you start receiving VIVITROL. **See "What is the most important information I should know about VIVITROL?"**

To be effective, treatment with VIVITROL must be used with other alcohol or drug recovery programs such as counseling. VIVITROL may not work for everyone.

It is not known if VIVITROL is safe and effective in children.

Who should not receive VIVITROL?

Do not receive VIVITROL if you:

- are using or have a physical dependence on opioid-containing medicines or opioid street drugs. **See "What is the most important information I should know about VIVITROL?"**

  To see whether you have a physical dependence on opioid-containing medicines or opioid street drugs, your healthcare provider may give you a small injection of a medicine called naloxone. This is called a naloxone challenge test. **If you get symptoms of opioid withdrawal after the naloxone challenge test, do not start treatment with VIVITROL at that time.** Your healthcare provider may repeat the test after you have stopped using opioids to see whether it is safe to start VIVITROL.

- are having opioid withdrawal symptoms. Opioid withdrawal symptoms may happen when you have been taking opioid-containing medicines or opioid street drugs regularly and then stop.

  Symptoms of opioid withdrawal may include: anxiety, sleeplessness, yawning, fever, sweating, teary eyes, runny nose, goose bumps, shakiness, hot or cold flushes, muscle aches, muscle twitches, restlessness, nausea and vomiting, diarrhea, or stomach cramps. **See "What is the most important information I should know about VIVITROL?"** Tell your healthcare provider if you have any of these symptoms before taking VIVITROL.

- are allergic to naltrexone or any of the ingredients in VIVITROL or the liquid used to mix VIVITROL (diluent). See the end of this Medication Guide for a complete list of ingredients in VIVITROL and the diluent.

What should I tell my healthcare provider before receiving VIVITROL?

Before you receive VIVITROL, tell your healthcare provider if you:

- have liver problems
- use or abuse street (illegal) drugs
- have hemophilia or other bleeding problems
- have kidney problems
- have any other medical conditions
- are pregnant or plan to become pregnant. It is not known if VIVITROL will harm your unborn baby.
- are breastfeeding. It is not known if VIVITROL passes into your milk, and if it can harm your baby. Naltrexone, the active ingredient in VIVITROL, is the same active ingredient in tablets taken by mouth that contain naltrexone. Naltrexone from tablets passes into breast milk. Talk to your healthcare provider about whether you will breastfeed or take VIVITROL. You should not do both.

Tell your healthcare provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements.

Especially tell your healthcare provider if you take any opioid-containing medicines for pain, cough or colds, or diarrhea. **See "What is the most important information I should know about VIVITROL?"**

If you are being treated for alcohol dependence but also use or are addicted to opioid-containing medicines or opioid street drugs, it is important that you tell your healthcare provider before starting VIVITROL to avoid having sudden opioid withdrawal symptoms when you start VIVITROL treatment.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How will I receive VIVITROL?

- VIVITROL is injected by a healthcare provider, about 1 time each month.
- VIVITROL is given as an injection into a muscle in your buttocks using a special needle that comes with VIVITROL.
- After VIVITROL is injected, it lasts for a month and it cannot be removed from the body.
- If you miss your appointment for your VIVITROL injection, schedule another appointment as soon as possible. **See "What is the most important information I should know about VIVITROL?"**
- Whenever you need medical treatment, be sure to tell the treating healthcare provider that you are receiving VIVITROL injections and mention when you got your last dose. This is important because VIVITROL can also block the effects of opioid-containing medicines that might be prescribed for you for pain, cough or colds, or diarrhea.
- Carry written information with you at all times to alert healthcare providers that you are taking VIVITROL, so that they can treat you properly in an emergency. Ask your healthcare provider how you can get a wallet card to carry with you.

What should I avoid while receiving VIVITROL?

Do not drive a car, operate machinery, or do other dangerous activities until you know how VIVITROL affects you. VIVITROL may make you feel dizzy and sleepy. **See "What are the possible side effects of VIVITROL?"**

What are the possible side effects of VIVITROL?

VIVITROL can cause serious side effects, including:

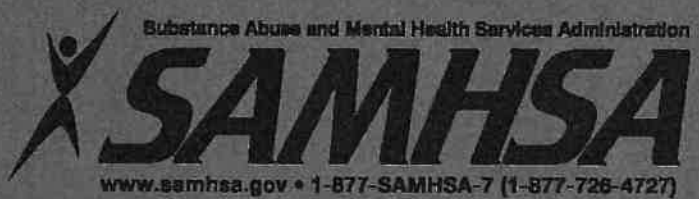
- **See "What is the most important information I should know about VIVITROL?"**

- **Depressed mood.** Sometimes this leads to suicide, or suicidal thoughts, and suicidal behavior. Tell your family members and people closest to you that you are taking VIVITROL.

  You, a family member, or the people closest to you should call your healthcare provider right away if you become depressed or have any of the following symptoms of depression, especially if they are new, worse, or worry you:
  - You feel sad or have crying spells.
  - You are no longer interested in seeing your friends or doing things you used to enjoy.
  - You are sleeping a lot more **or** a lot less than usual.
  - You feel hopeless or helpless.
  - You are more irritable, angry, or aggressive than usual.
  - You are more or less hungry than usual or notice a big change in your body weight.
  - You have trouble paying attention.
  - You feel tired or sleepy all the time.
  - You have thoughts about hurting yourself or ending your life.
- **Pneumonia.** Some people receiving VIVITROL treatment have had a certain type of pneumonia that is caused by an allergic reaction. If this happens to you, you may need to be treated in the hospital. Tell your healthcare provider right away if you have any of these symptoms during treatment with VIVITROL:
  - shortness of breath or wheezing
  - coughing that does not go away
- **Serious allergic reactions**. Serious allergic reactions can happen during or soon after an injection of VIVITROL. Tell your healthcare provider or get medical help right away if you have any of these symptoms of a serious allergic reaction.
  - skin rash
  - swelling of your face, eyes, mouth, or tongue
  - trouble breathing or wheezing
  - chest pain
  - feeling dizzy or faint

Common side effects of VIVITROL may include:

- nausea. Nausea may happen after your first VIVITROL injection and usually improves within a few days. Nausea is less likely with future injections of VIVITROL.
- sleepiness
- headache
- dizziness
- vomiting
- decreased appetite
- painful joints



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- muscle cramps
- cold symptoms
- trouble sleeping
- toothache

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all the side effects of VIVITROL. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about VIVITROL

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. This Medication Guide summarizes the most important information about VIVITROL. If you would like more information, talk with your healthcare provider. You can ask your healthcare provider or pharmacist for information about VIVITROL that is written for health professionals.

For more information about VIVITROL call 1-800-848-4876, Option #1 or go to www.vivitrol.com.

What are the ingredients in VIVITROL?

Active ingredient: naltrexone

Inactive ingredients: polylactide-co-glycolide (PLG)

Diluent ingredients: carboxymethylcellulose sodium salt, polysorbate 20, sodium chloride, and water for injection

This Medication Guide has been approved by the U.S. Food and Drug Administration.

Manufactured and marketed by:
Alkermes, Inc.
852 Winter Street
Waltham, MA 02451-1420

Revised: July 2013

STATE OF RHODE ISLAND
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS
DIVISION OF BEHAVIORAL HEALTH CARE

UNIT **Center of Excellence**

POLICY/PROCEDURE NO.

COE - 005

SUBSECTION EFFECTIVE DATE

2/10/17

POLICY/PROCEDURE

Intake History & Physical Examination

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

The Intake History is a medical and substance use history of the patient upon intake to the Center of Excellence. After this history is taken, there is a physical examination and laboratory tests are collected and results entered. There is also a section for the patient's Initial Treatment Plan at the Center of Excellence.

PROCEDURE

Description

1. **An oral history provided by the patient to staff related to their medical and substance history.**
2. **A medical staff member will complete a physical examination, collect laboratory tests and record results upon receiving them, and create an initial care plan for the patient.**

Center of Excellence

INTAKE HISTORY AND PHYSICAL EXAMINATION

NAME _____ DATE _____

Chief Complaint:

_____

***Opiate use history*:**

Yrs/mos of use_____ Route of Admin. _____Current length of continuous use _____
Amount of current use _____. Last use date/time _____
Present symptoms

_____

_____

History of drug abuse treatment:

_____

***Medical history*:**

Allergies _____Current meds _____
Medical/ psychiatric problems

_____

Hospitalizations/surgery

_____

Psychiatric treatment:

_____

Hepatitis_____ SBE _____ HIV _____ TB _____ STD _____
(women) LMP_____ G__ P __ TAB __ SAB ___ Contraception_____
ROS: _____

Other drug abuse history:

Cocaine/stimulant: _____ Current amount:_____ Mos/Yrs of Use:___ Last Use:___ Route:____
Medical/Psychiatric Complications of Use: _____
Alcohol: Current amount:_____ Mos/Yrs of Use:_____ Last Use:_____
Medical/Psychiatric Complications of Use:_____
Benzodiazepines: _____ Current amount:_____ Mos/Yrs of Use:___ Last Use:___ Route:____
Medical Complications of Use:_____
Marijuana: _____ Current amount:_____ Mos/Yrs of Use:___ Last Use:___ Medical/Psychiatric Complications of Use:_____
Caffeine: Current use:_____ Mos/Yrs of Use:_____
Nicotine/cigarettes _____ Pack years_____

***Nutrition history*:**_____

Routine screening history (pap, chol, TB, Hep Panel, HIV, ECG, Pregnancy test, etc.):

_____

PHYSICAL EXAMINATION:

T ___ P ___ BP ____ R ___ WT._____ HT _____Gen. Appearance: _____

HEENT:_____
Thyroid/neck _____
Heart _____
Lungs_____
Chest/breast _____

ABD_____
BACK _____
Neuro_____
Extrem_____
Skin _____
Tracks/scars

Patient Name:_____

Signs of Opioid Withdrawal:
Date/Time of Last Use: _____
Pupils _____
Rhinorrhea _____
Lacrimation _____
Perspiration _____
Pilorection _____
Increase temp. _____
Increase BP _____
Tachycardia _____
Vomiting _____
Diarrhea _____
Myalgia/Joint Pain ____
Anxiety_____
COWS score_____
Screening Laboratory Results:
Urine Drug Screen Results:_____
Liver function Test Results:_____
Other Labs (CBC, chemistries): _____
Office-based opioid dependence treatment assessment:

Opioid Dependence Yes___ No___
__withdrawal: degree: none minimal moderate severe
Other Diagnoses:

_____ _____
_____ _____

Initial Treatment Plan:
Screening for Appropriateness for Buprenorphine Treatment
__ Laboratory testing: CBC, Chem Panel (ALT, AST, GGTP, Tot Bili, Alk Phos, Glc, BUN, Creatinine, Chol/Trig), Urine Drug Screen (expanded panel for opioids)
other: _____ Hepatitis Panel, _____HIV antibody _____Pregnancy Test (Urine/Serum),___ECG___
___ Breathalyzer
__TB test; placed date_____ to be read date _____
Initial Orders
__admit to COE, MAT:_____ maintenance/medical withdrawal treatment
Induction dose orders: _____
__ urine drug screen schedule _____

Counseling plans: _____

Next visit: _____

Opioid Use Disorder Medication Dose (Maintenance):_____

Signed _____ Date _____

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UNIT **Center of Excellence**

POLICY/PROCEDURE NO.

COE – 005A

SUBSECTION EFFECTIVE DATE

3/20/17

POLICY/PROCEDURE

Assessment and Initial Treatment Plan

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

An assessment which considers all six ASAM domains and addresses substance use and mental disorders using a modified version of the MINI must be completed on every patient. Additionally, an initial treatment plan must be completed for every patient at admission.

PROCEDURE

Description

Every patient admitted to the BHDDH Center of Excellence will have a standardized assessment completed which addresses all six ASAM domains and permits a determination of whether the COE represents an appropriate level of care for the patient. A modified version of the MINI which includes DSM 5 criteria for substance use disorders will also be completed for each patient. If the COE is determined to be the appropriate level of care, then the counselor/case manager will complete an Initial Treatment Plan based on the patient's history, determined clinical needs and discussion with the physician. See standardized forms for use with this requirement.

Intake Assessment

Patient Name: **Patient Code:** **Date:**

CHIEF COMPLAINT: _____

_____

HISTORY of PRESENT ILLNESS/PRESENTING ISSUE:

_____

_____

_____

_____

_____

PURPOSE & PROCESS:

1) **The purpose of this assessment is to collect an adequate amount of information to develop an appropriate plan of care for you as an individual and to subsequently provide appropriate and safe services.**

2) **Do you require assistive technology in the provision of services?** _____

3) **Would you like any information on Advance Directives?** ☐**Yes** ☐**No**

If this person has been at the BHDDH COE program before, are there any issues in the past admission(s) that would preclude the person from being admitted? ☐**Yes, please explain:**

_____

_____

_____

☐**None noted**
☐ **NA**

DIMENSION 1 (acute intoxication and/or withdrawal potential):

1. Obtain a complete Substance Use and Mental Health history using the modified MINI. Determine which diagnoses were identified using this tool. Include Modified MINI Summary Sheet with this assessment.
2. When evaluating for opioid use disorder, determine if the patient has experienced **opioid withdrawal**:
   Ask: When you don't get your usual opioid or are trying to cut back or stop use; do you experience any of the following symptoms:

Ever Now

____ ____ Dysphoric (low, bad, irritable, anxious, depressed) mood

Ever Now

____ ____ Upset stomach/nausea, vomiting

Ever Now

____ ____ Muscle/joint aches/pains

Ever Now

____ ____ Runny nose, teary eyes (observed/reported)

Ever Now

____ ____ Tremors (observed/reported)

Ever Now

____ ____ Yawning (observed/reported)

Ever Now

____ ____ Gooseflesh (observed/reported)

Ever Now

____ ____ Sweating (observed/reported)

Ever Now

____ ____ Restlessness (observed/reported)

Observe pupil size and note whether pupils appear larger than normal (i.e.: is iris smaller than it should be given room light) or are pupils smaller (e.g.: pinpoint): _____Larger than normal _____ smaller than normal

Resting Pulse: ____ BPM

PAST TREATMENT:

A. *Drug Treatment including past MAT services:*

1) **Provider:** _____ **Location:** **Date of Admission:** _____
Treatment Provided: _____ **Substances Treated:** _____
Length of Stay: _____ **Reason for Discharge:** _____
Can we contact provider? ☐**Yes, fill out Release of Information**
☐**No, why not** _____

2) **Provider:** _____ **Location:** _____ **Date of Admission:** _____
Treatment Provided: _____ **Substances Treated:** _____
Length of Stay: _____ **Reason for Discharge:** _____

☐**No, why not** _____

3) **Provider:** _____ **Location:** _____ **Date of Admission:** _____
Treatment Provided: _____ **Substances Treated:** _____
Length of Stay: _____ **Reason for Discharge:** _____
Can we contact provider? ☐**Yes, fill out Release of Information**
☐**No, why not** _____

DIMENSION 2 (Bio-medical conditions and complications):

1) **Do you have any current physical health issues?** _____
☐**Yes** ☐**No**
1) **If yes please list:** _____
A. **Current medications:** _____

B. Do you have a Primary Care Provider? ☐Yes, who is your provider? _____ ☐No

Would you like a referral for a PCP? ☐Yes, referral given: _____ ☐No

C. Does your provider know you have a substance use disorder? ☐Yes ☐No

Can BHDDH COE contact provider? ☐Yes, fill out Release of Information

☐No, why not (explain that not allowing BHDDH COE to coordinate care may be reason to deny admission) _____

2) Is the person currently under a doctor's care for chronic pain? ☐Yes ☐No

A. Will you sign a release allowing BHDDH COE to talk to the doctor that is treating you for pain?

☐Yes, continue with Section VI

☐No, explain to the person that a release is required by our doctor for treatment. If the person still refuses, have the Clinical Supervisor talk to him/her. If the person still refuses, discuss with the doctor to see if a referral is necessary. If a referral is made, document referral on the intake cover sheet and place a progress note in the chart.

B. Does person take illicit drugs to treat him/herself for chronic pain? ☐Yes ☐No

Comments: _____

DIMENSION 3 (emotional, behavioral or cognitive conditions and complications):

CURRENT MENTAL HEALTH

1) Co-Occurring Mental Disorders

A. Does the person have any co-occurring disorders, and if yes, what adjustments has the person made?

☐Yes Personal History: _____

☐No

B. Is the person currently being treated for a mental disorder?

☐Yes

☐No

2) Gather information

- Current diagnosis: _____
- MINI results: _____
- Current medications: _____
- If the person has been on any type of medication in the past, has it been helpful? _____
- Mental Health Provider (is this a psychiatrist or PCP?): _____
- Does provider know that person has a substance use disorder? ☐Yes ☐No
- Can we contact provider? ☐Yes, fill out Release of Information

☐No, why not (explain that not allowing us to coordinate care may be reason to deny admission) _____

Additional Comments: _____

PAST MENTAL HEALTH HISTORY

1) Has person ever been treated for a mental disorder? ☐Yes ☐No

Mental Health Treatment Information

Provider: _____ Location: _____ Date of Admission: _____
Treatment Provided: _____ Diagnosis: _____
Length of Stay: _____ Reason for Discharge: _____
Can we contact provider? ☐Yes, fill out Release of Information
☐No, why not _____

Provider: _____ Location: _____ Date of Admission: _____
Treatment Provided: _____ Diagnosis: _____
Length of Stay: _____ Reason for Discharge: _____
Can we contact provider? ☐Yes, fill out Release of Information
☐No, why not _____

Additional Comments: _____

Does the person need a referral to the COE psychiatrist/nurse practitioner?
☐Yes
☐No
☐ The person refused referral at this time

2) *Orientation:* the person is oriented to: ☐Person ☐Place ☐Time ☐Situation

3) Mental Status:
1) Mood: depressed anxious irritable full range/appropriate other:
2) Sleeping Problems: initial middle terminal frequent awakenings how long
3) Appetite: normal poor increased estimated weight loss/gain (past mo.)
4) Hallucinations: hears voices others can't hear sees things others don't see paranoia
5) Suicidal/homicidal thoughts/plans:

Has the person ever attempted suicide? ☐Yes ☐ Past 30 days ☐No

4) Social Development:
A. Does the person have any developmental issues (developmental disability, trauma (PTSD), learning disabilities, and other childhood issues)?
☐No
☐Yes, comments: _____

B. What was the person's longest extended period of stability since onset of disorder(s) and what helped manage this stability?
_____
_____
_____
_____

5) Emotional Trauma:
A. Was the person ever a victim of physical/sexual/emotional abuse?

☐No
☐Yes, _____

B. Was the person ever the perpetrator of physical/sexual/emotional abuse?

☐No
☐Yes, _____

C. Would the person like referrals for help with this issue?

☐Yes, referrals given: _____
☐No
☐ The person refused any referrals at this time

Additional Comments: _____

6) Sexual History:

A. Are you sexually active? ☐Yes ☐No
B. If yes, do you use condoms? ☐ Yes ☐No
C. Have you had a sexually transmitted disease?
___Gonorrhea ___syphilis ___HIV ____Herpes ___ chlamydia
D. Are you comfortable with your sexuality? ☐ Yes ☐ No, explain: _____
E. Is there a connection between sexual activity and drug dependence?
☐No ☐Yes, Explain:_____
F. Are you interested in HIV/viral hepatitis testing? ☐Yes ☐No
G. Are you currently pregnant? ☐Yes ☐No ☐NA
H. Are you planning on becoming pregnant during the next year? ☐Yes ☐No
If so would you like referrals/information for MAT and pregnancy? ☐Yes ☐No
If you are not planning on becoming pregnant during the next year would you like referral/ information on OBGYN providers and information on birth control? ☐Yes ☐No
Referrals offered: _____

DIMENSION 4 (readiness to change):

1) **Does the person feel coerced into treatment or actively object to receiving treatment?**
☐Yes ☐No

STAGES OF CHANGE:

Precontemplation – Not yet acknowledging that there is a problem behavior that needs to be changed
Contemplation – Acknowledging that there is a problem but not yet ready or sure of wanting to make a change
Preparation – Getting ready to change
Action – Changing behavior
Maintenance – Maintaining the behavior changed
Relapse – Returning to older behaviors and abandoning the new changes

2) **What stage of change is the person currently at? Circle above**

3) **If person is willing to accept treatment** ☐Yes ☐No
4) **How strongly does the person disagree with others' perception that she/he has a substance use disorder? 1-10 scale**
5) **Is the person compliant to avoid a negative consequence?** ☐Yes ☐No
6) **The person's attributes/circumstances that would assist him/her in recovery process:**
_____
7) **The person's attributes/circumstances that could be detrimental in the recovery process:**
_____

8) The person's abilities that could assist in the recovery process:

9) The person's preferences: _____

DIMENSION 5 (Relapse, continued use or continued problem potential):

How has the patient remained abstinent in the past?

What is the person's pattern for relapse occurrence?

Does the person attend any self – help meetings? ☐Yes, how often: _____ ☐No
Is the person open to attending self-help meetings or Peer Support Services? ☐Yes ☐No
What does the person currently use as his/her relapse prevention tools?

What does the person state as their triggers to their substance use disorder?

Tobacco Use History: ____PPD ____Years
Interested in help with quitting:

DIMENSION 6 (recovery/living environment):

1) *Close Relationships:*
   - A. Parents
     - Is there a history of substance abuse? _____
     - If yes, what substance? _____
     - Quality of relationship? _____
     - Status of your parent's relationship? _____
   - B. Siblings
     - Is there a history of substance abuse?
       - ☐No
       - ☐Yes, explain: _____
     - Quality of relationship? _____
   - C. Significant Other/Spouse
     - Name: _____
     - Are you currently going through a divorce? ☐Yes ☐No
   - D. Do you currently live together? ☐Yes ☐No
   - E. Quality of relationship? _____
   - F. Is there a history of substance abuse? _____
   - G. Is there a history of domestic violence? ☐Yes ☐No
   - H. Are you currently experiencing any domestic violence concerns that you would like referral for help getting out of the situation? ☐Yes, referrals given: _____ ☐No ☐NA
   - I. Children
     - Do you have any? ☐No ☐Yes, how many: _____
     - If yes, list names, gender and ages: _____
     - Quality of relationship? _____

     Do they live with you?
     - ☐No

☐Yes, comments: _____

Are there current child custody issues?

☐No

☐Yes, comment: _____

Are you involved with DCYF? ☐Yes ☐No ☐NA

2) Friends:

A. Do you have non-substance users as friends? ☐Yes ☐No

B. Do they know about your substance problem(s)? ☐Yes ☐No

C. Do you frequently hang around with friends that use/abuse drugs and/or alcohol?

☐Yes ☐No

D. Would you like your counselor to meet with you and one or more of your close relationships to clarify any questions regarding your treatment or substance abuse?

☐Yes ☐No

E. Would you like you counselor to meet with you and one or more of your close relationships to show them how to use Naloxone, and how one can get a Naloxone kit? ☐Yes ☐No

F. What will relationships with significant others look like a year from now? _____

_____

3) *Cultural and Spiritual:*

A. Does the person feel that involvement in a self-help program, self-improvement program or activities, or other spiritual and/or religious activities would enhance her/his recovery?

☐No

☐Yes, comments: _____

B. Does the person have any cultural or ethnic beliefs/values that could be included in her/his treatment plan to enhance her/his recovery?

☐No

☐Yes, comments: _____

What will the person's spiritual life look like a year from now?

_____

4) *Education:*

A. Has your drug/alcohol use interfered with your education? ☐Yes ☐No

If yes, please explain how: _____

B. Do you feel your recovery would be enhanced if you went back to school, furthered your education, and participated in vocational training? ☐Yes ☐No

C. Do you currently have trouble reading or writing? ☐Yes ☐No

D. Needs voc/education peer involvement ☐Yes ☐No

Comments: _____

5) *Military History:*

Military background: _____

Length of Duty: _____ Type of Discharge: _____

Reserves: ☐Yes ☐No Combat Duty? ☐No ☐Yes,

Where: _____

Job Description: _____

A. Did drug or alcohol use interfere with your military career? ☐Yes ☐No

6) Employment:

Present or Last Job: _____ Length of time at that job: _____ Longest Employment: _____

A. Do you want to stay in this field? ☐Yes ☐No

If no, does the person want a referral for voc/ed services?

☐Yes ☐No

B. Has your substance use disorder affected your employment?

☐No

☐Yes: how: _____

Comments: _____

7) Legal:

A Does the person have present legal involvement? Obtain releases to speak with those identified below:

☐No

☐Yes, comment: _____

Probation, Parole Officer: _____ Phone: _____

Attorney: _____ Phone: _____

How long are you on parole/Probation for? _____

B. Prior incarcerations: _____

C. Has your substance use disorder resulted in arrests, charges, convictions of any kind?

☐No

☐Yes

What were the charges? _____

D. Does the person feel that assistance is needed in the legal area? ☐No ☐Yes

Comments: _____

8) Financial:

A. Does the person currently have any financial problems?

☐No

☐Yes, comment: _____

B. Is drug use a contributing factor to financial problems? ☐No ☐Yes

Comments: _____

9) Housing:

A. Do you have a safe place to stay? ☐Yes ☐No

Would you like referrals for shelters? ☐Yes ☐No

B. Does the person currently have any housing problems?

☐No

☐Yes, comment: _____

C. Does the person need a referral for help with housing? ☐No ☐Yes

Comments: _____

10) What do you do for fun?

_____

What physical shape does the person see themselves in a year from now?

_____

_____

☐ **Explain to person that even though an appointment to meet with the program medical staff is made the person is not officially admitted to the program until the staff confer and make the decision**

DSM 5 Diagnoses

(Information received is either from records received from outside, provider assessment or patient's self-report.)

	Code:	Disorder, condition, or problem:

Assessment:

☒ **Based on the presented information, this person appears to be appropriate for the COE outpatient level of care. Pertinent clinical information includes:**

- _____
- _____
- _____
- _____
- _____
- _____
- **Concerns:** _____

☐ **Based on the presented information, this person may not be eligible for this level of care for the following reason(s):**

- _____
- _____

☐ **Based on the presented information, this person does not meet admission criteria for the following reason(s):**

- **Referrals offered?** ☐ **Yes, if so please list.** _____

☐ **No**

Diagnostic Summary: _____

_____

_____

_____

Counselor's Signature: _____ **Date:** _____

Counseling Supervisor: _____ **Date:** _____

Initial Treatment Plan

Name: ***Admission Date:***

Problem: Physical Dependence on Opioids/Opioid Use Disorder:

___ *Treatment Agreement signed;copy given to patient*
___ *Medical workup to determine current health status/appropriateness for MAT*
___ *Check PDMP Results:*
___ *Urine toxicology screen Result:*
___ *Breath alcohol test Result:*
___ *Releases of Information signed to obtain information about past treatment, family/SO communication, legal issues*
___ *Educate about Opioid Use Disorder and MAT options; Shared Decision Making re:MAT*
MAT selected:
____*Educational materials given to patient; Induction scheduled*
___ *Naloxone education and kit dispensed*

Problem: Risk for HIV/viral hepatitis

___ *Informed Consent obtained/sample collected*

Problem: Develop sober living skills; improve stress management, relaxation abilities, self-control; focus on means of improving social supports

___ *Weekly meeting with case manager/counselor*
___ *Psychoeducation group weekly*
___ *Relapse prevention/cognitive behavioral therapy oriented to sober living skills weekly*
___ *Anger management group*
___ *Participation in 12 Step fellowship*

Problem: Lack of employment/financial issues

___ *Referral to Voc/Education Peer Specialist*

Problem: Family/Marital Discord

___ *Referral to Master's Level Therapist*
___ *Involvement of family/S.O. in therapy*
___ *Monthly Family/Patient group*

Problem: Other Medical Issues

Problem: Co-occurring mental disorder(s)

Problem: Tobacco Use

___*Tobacco Cessation Interventions offered (group therapy)*
___ *MAT*

Problem: Discharge Planning:

Describe:

Other Problems Identified:

Counselor Signature:
Date:

Patient Signature:
Date:

STATE OF RHODE ISLAND
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS
DIVISION OF BEHAVIORAL HEALTH CARE

UNIT **Center of Excellence**

POLICY/PROCEDURE NO.

COE - 006

SUBSECTION EFFECTIVE DATE

2/10/17

POLICY/PROCEDURE

Psychiatric Evaluation Form

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

The Psychiatric Evaluation Form will be completed by a mental health professional certified in their healthcare profession upon oral interview with the patient along with psychological testing.

PROCEDURE

Description

1. **An oral history provided by the patient to staff related to their psychiatric and personal history, substance use, and medications and allergies.**
2. **Staff will complete a mental status exam of the patient.**
3. **Staff will complete testing to include the MINI, AUDIT, and DAST.**

LIST OTHER SUPPORTING DOCUMENTS/RESOURCES

1. Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG: AUDIT: Alcohol use disorders identification test for use in primary care populations, second edition, World Health Organization, Department of Mental Health and Substance Dependence; http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf accessed online April 5, 2008
2. *Addiction Research Foundation Detailed Review of the Drug Abuse Screening Test (DAST). In: Addiction Research Foundation (1993). Directory of client outcome measures for addiction treatment programs. (Ontario. Addiction Research Foundation).*
3. Sheehan DV, Lecrubier Y, Sheehan HK, Amorim P, Janavs J, Weiller E, Hergueta T, Baker R, Dunbar GC: The mini-international neuropsychiatric interview (M.I.N.I): The development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. J Clin Psychiatry 59 Suppl 20: 22-33, 1998.

Dept. of Behavioral Healthcare, Developmental Disabilities and Hospitals

PSYCHIATRIC EVALUATION

Name: Date:

CC:

HPI:

PMH:

Psychiatric HX:

Substances: Tobacco:

Alcohol:

Stimulants:

Opioids:

Current/Past/Last Use/Highest Use/Adverse Events related to use: trauma, family/social problems/employment issues/legal issues/DUI/withdrawal syndromes/blackouts/memory loss/seizures/LOC

Medications:

Allergies

FH:

SH:

MSE:

Results of MINI/DAST/AUDIT:

Formulation:

Diagnosis(es):

Treatment Recommendations:

STATE OF RHODE ISLAND
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS
DIVISION OF BEHAVIORAL HEALTH CARE

UNIT **Center of Excellence**

POLICY/PROCEDURE NO.
COE - 007

SUBSECTION EFFECTIVE DATE

2/10/17

POLICY/PROCEDURE

Worksheet for DSM 5 Opioid Use Disorder Diagnosis

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

Every person evaluated for opioid dependence will have a Worksheet for DSM 5 Opioid Use Disorder completed.

PROCEDURE

Description

This 11 point checklist is to be completed by a mental health professional in whose scope of practice diagnosis of a substance use disorder falls. The Checklist pertains to a person's behavior related to their use of opioids and assists in making a diagnosis of Opioid Use Disorder. This packet also provides criteria to further specify the diagnosis and the coding associated with it.

LIST OTHER SUPPORTING DOCUMENTS/RESOURCES

Worksheet from the American Psychiatric Association, reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

www.pcssmat.org

DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES, AND HOSPITALS

CENTER OF EXCELLENCE

OPIOID USE DISORDER DIAGNOSTIC CRITERIA CHECKLIST

☐ 1. Opioids are often taken in larger amounts or over a longer period than was intended.

☐ 2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.

☐ 3. A great deal of time is spent in activities necessary to obtain the opioid, use of the opioid, or recover from its effects.

☐ 4. Craving, or a strong desire or urge to use opioids.

☐ 5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.

☐ 6. Continued opioid use despite having persistent and recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.

☐ 7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.

☐ 8. Recurrent opioid use in situations in which is it physically hazardous.

☐ 9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

☐ 10. Tolerance, as defined by either of the following:

a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect.

b. A markedly diminished effect with continued use of the same amount of the opioid.

NOTE: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.

☐ 11. Withdrawal, as manifested by either of the following:

a. The characteristic opioid withdrawal syndrome (refer to Criterion A and B of the criteria set for opioid withdrawal).

b. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

NOTE: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.

Total Number of Symptoms: _____

Please specify individual's current severity:

☐ Mild: Presence of 2-3 symptoms.

☐ Moderate: Presence of 4-5 symptoms.

☐ Severe: Presence of 6 or more symptoms.

Diagnosis: _____

Diagnostic Criteria taken from the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (Copyright 2013).*

Opioid Use Disorder
Diagnostic Criteria

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

1. Opioids are often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
4. Craving, or a strong desire or urge to use opioids.
5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
8. Recurrent opioid use in situations in which it is physically hazardous.
9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
    b. A markedly diminished effect with continued use of the same amount of an opioid.

    Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.
11. Withdrawal, as manifested by either of the following:
    a. The characteristic opioid withdrawal syndrome (refer to Criteria A and B of the criteria set for opioid withdrawal).
    b. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

Note: This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision.

Specify if:

- **In early remission:** After full criteria for opioid use disorder were previously met, none of the criteria for opioid use disorder have been met for at least 3 months but for less than 12 months (with the exception that Criterion A4, "Craving, or a strong desire or urge to use opioids," may be met).
- **In sustained remission:** After full criteria for opioid use disorder were previously met, none of the criteria for opioid use disorder have been met at any time during a period of 12 months or longer (with the exception that Criterion A4, "Craving, or a strong desire or urge to use opioids," may be met).

Specify if:

- **On maintenance therapy:** This additional specifier is used if the individual is taking a prescribed agonist medication such as methadone or buprenorphine and none of the criteria for opioid use disorder have been met for that class of medication (except tolerance to, or withdrawal from, the agonist). This category also applies to those individuals being maintained on a partial agonist, an agonist/antagonist, or a full antagonist such as oral naltrexone or depot naltrexone.
- **In a controlled environment:** This additional specifier is used if the individual is in an environment where access to opioids is restricted.

Coding based on current severity: Note for ICD-10-CM codes: If an opioid intoxication, opioid withdrawal, or another opioid-induced mental disorder is also present, do not use the codes below for opioid use disorder. Instead, the comorbid opioid use disorder is indicated in the 4th character of the opioid-induced disorder code (see the coding note for opioid intoxication, opioid withdrawal, or a specific opioid-induced mental disorder). For example, if there is comorbid opioid-induced depressive disorder and opioid use disorder, only the opioid-induced depressive disorder code is given, with the 4th character indicating whether the comorbid opioid use disorder is mild, moderate, or severe: F11.14 for mild opioid use disorder with opioid-induced depressive disorder or F11.24 for a moderate or severe opioid use disorder with opioid-induced depressive disorder.

Specify current severity:

- **305.50 (F11.10) Mild:** Presence of 2–3 symptoms.
- **304.00 (F11.20) Moderate:** Presence of 4–5 symptoms.

- **304.00 (F11.20) Severe:** Presence of 6 or more symptoms.

Specifiers

The "on maintenance therapy" specifier applies as a further specifier of remission if the individual is both in remission and receiving maintenance therapy. "In a controlled environment" applies as a further specifier of remission if the individual is both in remission and in a controlled environment (i.e., in early remission in a controlled environment or in sustained remission in a controlled environment). Examples of these environments are closely supervised and substance-free jails, therapeutic communities, and locked hospital units.

Changing severity across time in an individual is also reflected by reductions in the frequency (e.g., days of use per month) and/or dose (e.g., injections or number of pills) of an opioid, as assessed by the individual's self-report, report of knowledgeable others, clinician's observations, and biological testing.

Diagnostic Features

Opioid use disorder includes signs and symptoms that reflect compulsive, prolonged self-administration of opioid substances that are used for no legitimate medical purpose or, if another medical condition is present that requires opioid treatment, that are used in doses greatly in excess of the amount needed for that medical condition. (For example, an individual prescribed analgesic opioids for pain relief at adequate dosing will use significantly more than prescribed and not only because of persistent pain.) Individuals with opioid use disorder tend to develop such regular patterns of compulsive drug use that daily activities are planned around obtaining and administering opioids. Opioids are usually purchased on the illegal market but may also be obtained from physicians by falsifying or exaggerating general medical problems or by receiving simultaneous prescriptions from several physicians. Health care professionals with opioid use disorder will often obtain opioids by writing prescriptions for themselves or by diverting opioids that have been prescribed for patients or from pharmacy supplies. Most individuals with opioid use disorder have significant levels of tolerance and will experience withdrawal on abrupt discontinuation of opioid substances. Individuals with opioid use disorder often develop conditioned responses to drug-related stimuli (e.g., craving on seeing any heroin powder–like substance)—a phenomenon that occurs with most drugs that cause intense psychological changes. These responses probably contribute to relapse, are difficult to extinguish, and typically persist long after detoxification is completed (Fatseas et al. 2011b).

Associated Features Supporting Diagnosis

Opioid use disorder can be associated with a history of drug-related crimes (e.g., possession or distribution of drugs, forgery, burglary, robbery, larceny, receiving stolen goods). Among health care professionals and individuals who have ready access to controlled substances, there is often a different pattern of illegal activities involving problems with state licensing boards, professional staffs of hospitals, or other

administrative agencies. Marital difficulties (including divorce), unemployment, and irregular employment are often associated with opioid use disorder at all socioeconomic levels.

Prevalence

The 12-month prevalence of opioid use disorder is approximately 0.37% among adults age 18 years and older in the community population (Compton et al. 2007). This may be an underestimate because of the large number of incarcerated individuals with opioid use disorders (Compton et al. 2010). Rates are higher in males than in females (0.49% vs. 0.26%), with the male-to-female ratio typically being 1.5:1 for opioids other than heroin (i.e., available by prescription) and 3:1 for heroin. Female adolescents may have a higher likelihood of developing opioid use disorders (Wu et al. 2009). The prevalence decreases with age, with the prevalence highest (0.82%) among adults age 29 years or younger, and decreasing to 0.09% among adults age 65 years and older. Among adults, the prevalence of opioid use disorder is lower among African Americans at 0.18% and overrepresented among Native Americans at 1.25%. It is close to average among whites (0.38%), Asian or Pacific Islanders (0.35%), and Hispanics (0.39%) (Wu et al. 2009).

Among individuals in the United States ages 12–17 years, the overall 12-month prevalence of opioid use disorder in the community population is approximately 1.0%, but the prevalence of heroin use disorder is less than 0.1%. By contrast, analgesic use disorder is prevalent in about 1.0% of those ages 12–17 years, speaking to the importance of opioid analgesics as a group of substances with significant health consequences (Substance Abuse and Mental Health Services Administration 2011).

The 12-month prevalence of problem opioid use in European countries in the community population ages 15–64 years is between 0.1% and 0.8%. The average prevalence of problem opioid use in the European Union and Norway is between 0.36% and 0.44% (European Monitoring Centre for Drugs and Drug Addiction 2010).

Development and Course

Opioid use disorder can begin at any age, but problems associated with opioid use are most commonly first observed in the late teens or early 20s. Once opioid use disorder develops, it usually continues over a period of many years, even though brief periods of abstinence are frequent. In treated populations, relapse following abstinence is common. Even though relapses do occur, and while some long-term mortality rates may be as high as 2% per year, about 20%–30% of individuals with opioid use disorder achieve long-term abstinence. An exception concerns that of military service personnel who became dependent on opioids in Vietnam; over 90% of this population who had been dependent on opioids during deployment in Vietnam achieved abstinence after they returned, but they experienced increased rates of alcohol or amphetamine use disorder as well as increased suicidality (Price et al. 2001).

Increasing age is associated with a decrease in prevalence as a result of early mortality and the remission of symptoms after age 40 years (i.e., "maturing out"). However, many individuals continue have presentations that meet opioid use disorder criteria for decades (Hser et al. 2007).

Risk and Prognostic Factors

Genetic and physiological

The risk for opiate use disorder can be related to individual, family, peer, and social environmental factors (Kendler et al. 2003; Tsuang et al. 1998), but within these domains, genetic factors play a particularly important role both directly and indirectly. For instance, impulsivity and novelty seeking are individual temperaments that relate to the propensity to develop a substance use disorder but may themselves be genetically determined. Peer factors may relate to genetic predisposition in terms of how an individual selects his or her environment.

Culture-Related Diagnostic Issues

Despite small variations regarding individual criterion items, opioid use disorder diagnostic criteria perform equally well across most race/ethnicity groups. Individuals from ethnic minority populations living in economically deprived areas have been overrepresented among individuals with opioid use disorder. However, over time, opioid use disorder is seen more often among white middle-class individuals, especially females, suggesting that differences in use reflect the availability of opioid drugs and that other social factors may impact prevalence. Medical personnel who have ready access to opioids may be at increased risk for opioid use disorder.

Diagnostic Markers

Routine urine toxicology test results are often positive for opioid drugs in individuals with opioid use disorder. Urine test results remain positive for most opioids (e.g., heroin, morphine, codeine, oxycodone, propoxyphene) for 12–36 hours after administration. Fentanyl is not detected by standard urine tests but can be identified by more specialized procedures for several days. Methadone, buprenorphine (or buprenorphine/naloxone combination), and LAAM (L-alpha-acetylmethadol) have to be specifically tested for and will not cause a positive result on routine tests for opiates. They can be detected for several days up to more than 1 week. Laboratory evidence of the presence of other substances (e.g., cocaine, marijuana, alcohol, amphetamines, benzodiazepines) is common. Screening test results for hepatitis A, B, and C virus are positive in as many as 80%–90% of injection opioid users, either for hepatitis antigen (signifying active infection) or for hepatitis antibody (signifying past infection). HIV is prevalent in injection opioid users as well. Mildly elevated liver function test results are common, either as a result of resolving hepatitis or from toxic injury to the liver due to contaminants that have been mixed with the injected opioid. Subtle changes

in cortisol secretion patterns and body temperature regulation have been observed for up to 6 months following opioid detoxification.

Suicide Risk

Similar to the risk generally observed for all substance use disorders, opioid use disorder is associated with a heightened risk for suicide attempts and completed suicides. Particularly notable are both accidental and deliberate opioid overdoses. Some suicide risk factors overlap with risk factors for an opioid use disorder. In addition, repeated opioid intoxication or withdrawal may be associated with severe depressions that, although temporary, can be intense enough to lead to suicide attempts and completed suicides. Available data suggest that nonfatal accidental opioid overdose (which is common) and attempted suicide are distinct clinically significant problems that should not be mistaken for each other.

Functional Consequences of Opioid Use Disorder

Opioid use is associated with a lack of mucous membrane secretions, causing dry mouth and nose. Slowing of gastrointestinal activity and a decrease in gut motility can produce severe constipation. Visual acuity may be impaired as a result of pupillary constriction with acute administration. In individuals who inject opioids, sclerosed veins ("tracks") and puncture marks on the lower portions of the upper extremities are common. Veins sometimes become so severely sclerosed that peripheral edema develops, and individuals switch to injecting in veins in the legs, neck, or groin. When these veins become unusable, individuals often inject directly into their subcutaneous tissue ("skin-popping"), resulting in cellulitis, abscesses, and circular-appearing scars from healed skin lesions. Tetanus and *Clostridium botulinum* infections are relatively rare but extremely serious consequences of injecting opioids, especially with contaminated needles. Infections may also occur in other organs and include bacterial endocarditis, hepatitis, and HIV infection. Hepatitis C infections, for example, may occur in up to 90% of persons who inject opioids. In addition, the prevalence of HIV infection can be high among individuals who inject drugs, a large proportion of whom are individuals with opioid use disorder. HIV infection rates have been reported to be as high as 60% among heroin users with opioid use disorder in some areas of the United States or the Russian Federation. However, the incidence may also be 10% or less in other areas, especially those where access to clean injection material and paraphernalia is facilitated (Fatseas et al. 2011a).

Tuberculosis is a particularly serious problem among individuals who use drugs intravenously, especially those who are dependent on heroin; infection is usually asymptomatic and evident only by the presence of a positive tuberculin skin test. However, many cases of active tuberculosis have been found, especially among those who are infected with HIV. These individuals often have a newly acquired infection but also are likely to experience reactivation of a prior infection because of impaired immune function.

Individuals who sniff heroin or other opioids into the nose ("snorting") often develop irritation of the nasal mucosa, sometimes accompanied by perforation of the nasal septum. Difficulties in sexual functioning are

common. Males often experience erectile dysfunction during intoxication or chronic use. Females commonly have disturbances of reproductive function and irregular menses.

In relation to infections such as cellulitis, hepatitis, HIV infection, tuberculosis, and endocarditis, opioid use disorder is associated with a mortality rate as high as 1.5%–2% per year. Death most often results from overdose, accidents, injuries, AIDS, or other general medical complications. Accidents and injuries due to violence that is associated with buying or selling drugs are common. In some areas, violence accounts for more opioid-related deaths than overdose or HIV infection. Physiological dependence on opioids may occur in about half of the infants born to females with opioid use disorder; this can produce a severe withdrawal syndrome requiring medical treatment. Although low birth weight is also seen in children of mothers with opioid use disorder, it is usually not marked and is generally not associated with serious adverse consequences.

Differential Diagnosis

Opioid-induced mental disorders

Opioid-induced disorders occur frequently in individuals with opioid use disorder. Opioid-induced disorders may be characterized by symptoms (e.g., depressed mood) that resemble primary mental disorders (e.g., persistent depressive disorder [dysthymia] vs. opioid-induced depressive disorder, with depressive features, with onset during intoxication). Opioids are less likely to produce symptoms of mental disturbance than are most other drugs of abuse. Opioid intoxication and opioid withdrawal are distinguished from the other opioid-induced disorders (e.g., opioid-induced depressive disorder, with onset during intoxication) because the symptoms in these latter disorders predominate the clinical presentation and are severe enough to warrant independent clinical attention.

Other substance intoxication

Alcohol intoxication and sedative, hypnotic, or anxiolytic intoxication can cause a clinical picture that resembles that for opioid intoxication. A diagnosis of alcohol or sedative, hypnotic, or anxiolytic intoxication can usually be made based on the absence of pupillary constriction or the lack of a response to naloxone challenge. In some cases, intoxication may be due both to opioids and to alcohol or other sedatives. In these cases, the naloxone challenge will not reverse all of the sedative effects.

Other withdrawal disorders

The anxiety and restlessness associated with opioid withdrawal resemble symptoms seen in sedative-hypnotic withdrawal. However, opioid withdrawal is also accompanied by rhinorrhea, lacrimation, and pupillary dilation, which are not seen in sedative-type withdrawal. Dilated pupils are also seen in hallucinogen intoxication and stimulant intoxication. However, other signs or symptoms of opioid withdrawal, such as nausea, vomiting, diarrhea, abdominal cramps, rhinorrhea, or lacrimation, are not present.

Comorbidity

The most common medical conditions associated with opioid use disorder are viral (e.g., HIV, hepatitis C virus) and bacterial infections, particularly among users of opioids by injection. These infections are less common in opioid use disorder with prescription opioids. Opioid use disorder is often associated with other substance use disorders, especially those involving tobacco, alcohol, cannabis, stimulants, and benzodiazepines, which are often taken to reduce symptoms of opioid withdrawal or craving for opioids, or to enhance the effects of administered opioids. Individuals with opioid use disorder are at risk for the development of mild to moderate depression that meets symptomatic and duration criteria for persistent depressive disorder (dysthymia) or, in some cases, for major depressive disorder (Compton et al. 2005). These symptoms may represent an opioid-induced depressive disorder or an exacerbation of a preexisting primary depressive disorder. Periods of depression are especially common during chronic intoxication or in association with physical or psychosocial stressors that are related to the opioid use disorder. Insomnia is common, especially during withdrawal. Antisocial personality disorder is much more common in individuals with opioid use disorder than in the general population (Compton et al. 2005). Posttraumatic stress disorder is also seen with increased frequency (Price et al. 2004). A history of conduct disorder in childhood or adolescence has been identified as a significant risk factor for substance-related disorders, especially opioid use disorder.

References: Opioid Use Disorder

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Wu LT, Pan JJ, Blazer DG, et al: The construct and measurement equivalence of cocaine and opioid dependences: a National Drug Abuse Treatment Clinical Trials Network (CTN) study. Drug Alcohol Depend 103(3):114–123, 2009

[PubMed]

STATE OF RHODE ISLAND
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS
DIVISION OF BEHAVIORAL HEALTH CARE

UNIT **Center of Excellence**

POLICY/PROCEDURE NO.

COE - 008

SUBSECTION EFFECTIVE DATE

2/10/17

POLICY/PROCEDURE

Intake Questionnaire for Treatment Planning for those Interested in Buprenorphine/Naloxone MAT

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

This Intake Questionnaire for Patient[s] is to be filled out by the patient to determine their treatment planning needs. This form helps to determine if there may be obstacles to the patient's success in treatment and if so, what those will be so that a person-centered care plan can be developed.

PROCEDURE

Description

1. **Staff will ask the patient to complete this questionnaire at the time of intake, will briefly review it with the individual and will review and consider responses in development of the individualized treatment plan.**

LIST OTHER SUPPORTING DOCUMENTS/RESOURCES

www.pcssmat.org

BUPRENORPHINE MAINTENANCE TREATMENT

INTAKE QUESTIONNAIRE FOR PATIENT
TREATMENT-PLANNING QUESTIONS

NAME: _____ **DATE:** _____

PLEASE ANSWER THE FOLLOWING QUESTIONS WHICH WILL HELP US WORK BEST TO HELP YOU WITH YOUR PLAN OF TREATMENT:

WHAT IS THE BEST TIME OF DAY AND DAY OF THE WEEK FOR YOU FOR CLINIC VISITS?

_____

WHAT IS THE BEST WAY TO CONTACT YOU?

_____

ARE THERE ANY MONTHS OUT OF THE YEAR WHEN YOU MAY HAVE DIFFICULTY MAKING IT IN FOR YOUR APPOINTMENTS?

_____

IS THERE ANY PROBLEM THAT MAKES IT HARD FOR YOU TO GIVE ROUTINE URINE SPECIMENS?

_____

DO YOU HAVE ANY DISABILITIES THAT MAKE IT HARD FOR YOU TO READ LABELS OR COUNT PILLS?

_____

WHAT ARE YOUR REASONS FOR BEING INTERESTED IN BUPRENORPHINE TREATMENT?

_____

_____

_____

WHEN WAS THE LAST TIME YOU RELAPSED TO DRUG ABUSE? _____

_____

WHAT 'TRIGGERS DO YOU KNOW WHICH HAVE PUT YOU IN DANGER OF RELAPSE IN THE PAST, OR WHICH MIGHT IN THE FUTURE?

_____

_____

_____

WHAT COPING METHODS HAVE YOU DEVELOPED TO DEAL WITH THESE TRIGGERS TO RELAPSE?

_____

_____

_____

WHAT PLANS DO YOU HAVE FOR THE COMING YEAR?

WORK? _____

HOME? _____

OTHER? _____

WHAT KINDS OF HELP WOULD YOU LIKE FROM YOUR CLINIC COUNSELOR?

_____

_____

_____

WHAT ARE YOUR STRENGTHS AND SKILLS TO HANDLE TAKE-HOME BUPRENORPHINE?

_____

_____

_____

WHAT WORRIES DO YOU HAVE ABOUT EXTENDED TAKE-HOMES?

_____

IS ANYONE IN YOUR HOME ACTIVELY ADDICTED TO DRUGS OR ALCOHOL?

_____

WHAT ARE THE MAJOR SOURCES OF STRESS IN YOUR LIFE?

_____

_____

_____

STATE OF RHODE ISLAND
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITAL
DIVISION OF BEHAVIORAL HEALTH CARE

UNIT **ESH, Center of Excellence**

POLICY/PROCEDURE NO.

COE - 009

SUBSECTION EFFECTIVE DATE

08/08/2016

POLICY/PROCEDURE

Patient Information:
Buprenorphine/Naloxone Induction
(Treatment Days 1-2)

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

Any patient to receive buprenorphine/naloxone MAT will be given information on the induction process.

PROCEDURE

Description

This document provides information to the patient regarding the first two days of medication assisted treatment with buprenorphine/naloxone and the guidelines for those visits.

Information is given to the patient in the context of fully informing the person of the procedure of buprenorphine induction for the treatment of opioid use disorder.

Patient Information

BUPRENORPHINE/NALOXONE INDUCTION (Treatment Days 1-2):

Starting buprenorphine/naloxone (buprenorphine) is a process that will occur over several days. During this time, you will report to the clinic each morning to begin taking buprenorphine. Please read the information and guidelines below before your appointment for buprenorphine induction:

Guidelines for buprenorphine induction:

- You must not use any heroin or prescription pain medicine after 5:00 pm on the day before you are scheduled to start buprenorphine induction. You will be evaluated by clinic staff for signs and symptoms of opiate withdrawal on the morning of your appointment and you will not be given any medication if withdrawal symptoms are not seen.
- You must report to the Eleanor Slater Substance Recovery Clinic at your scheduled appointment time on your first day of buprenorphine induction. The clinic is located on the first floor of the Regan Building in the Outpatient Clinic area at 111 Howard Ave, Cranston, RI 02920.
- You should plan to stay at the clinic for up to 2-3 hours on the first day of buprenorphine induction. The second visit will last approximately 30 minutes – 1 hour.
- You should arrange for transportation to and from the clinic so that you will not need to drive yourself (ie. arrange to have a friend or family member give you a ride or plan to take public transportation).

If you have any questions, please call the clinic at 401 462-3456 for clarification and/or additional information.

STATE OF RHODE ISLAND
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS
DIVISION OF BEHAVIORAL HEALTH CARE

UNIT **Center of Excellence**

POLICY/PROCEDURE NO.

COE - 010

SUBSECTION EFFECTIVE DATE

2/10/17

POLICY/PROCEDURE

Treatment Agreement

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

Every individual receiving treatment in the COE will be asked to sign a treatment agreement which outlines the requirements for medication assisted treatment through the Center of Excellence.

PROCEDURE

Description

The agreement for either buprenorphine/naloxone or injectable naltrexone will be completed by staff with the patient prior to initiation of medication assisted treatment at the COE. Patients should be given a copy of their completed agreement to keep with them.

LIST OTHER SUPPORTING DOCUMENTS/RESOURCES

www.pcssmat.org

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals Center of Excellence for the Treatment of Opioid Use Disorder
INJECTABLE NALTREXONE TREATMENT AGREEMENT

Name:

I am requesting that my doctor provide injectable naltrexone (Vivitrol) treatment for opioid _____ addiction. I freely and voluntarily agree to accept this treatment
list drug(s)
agreement, as follows:

(1) I agree to keep, and be on time to, all my scheduled appointments with the doctor and his/her staff.

(2) I agree to conduct myself in a courteous manner in the physician's or clinic's office.

(3) I agree not to arrive at the office intoxicated or under the influence of drugs. If I do, the staff will not be able to see me and I will not be given medication until my next scheduled appointment.

(4) I agree not to deal, steal, or conduct any other illegal or disruptive activities in or in the vicinity of the clinic.

(5) I agree that my medication (or prescriptions) can only be given to me at my regular office visits.

(6) I agree not to obtain medications from any physicians, pharmacists, or other sources without informing my treating physician. I understand that mixing injectable naltrexone (Vivitrol) with other medications, especially other pain medications (opioids) can be dangerous and can result in possible withdrawal symptoms.

(7) I understand that misuse of benzodiazepines, such as Valium (diazepam), Xanax (alprazolam), Librium (chlordiazepoxide), Ativan (lorazepam), Clonopin (clonazepam) and/or other drugs of abuse including alcohol can endanger my recovery.

(8) I understand that injectable naltrexone works by blocking the effects of any opioid I might take. I understand that taking opioids with naltrexone can be medically dangerous and that if I were to take too much opioid, I could have an opioid overdose which could be life-threatening.

(9) I understand that medication alone is not sufficient treatment for my addictive disease and I agree to participate in the recommended patient education and relapse prevention program, to assist me in my recovery.

(10) I understand that there are alternatives to injectable naltrexone (Vivitrol) treatment for opioid addiction including:

a. medical withdrawal and drug-free treatment

b. buprenorphine/naloxone treatment
c. methadone treatment

My doctor will discuss these with me if I request this and will give me a referral to another program if needed.

Patient's Signature	Date
Witness Signature	Date

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals Center of Excellence for the Treatment of Opioid Use Disorder
BUPRENORPHINE/NALOXONE TREATMENT AGREEMENT

Name:

I am requesting that my doctor provide buprenorphine/naloxone (Suboxone) treatment for opioid _____ addiction. I freely and voluntarily agree to accept this treatment
list drug(s)
agreement, as follows:

(1) I agree to keep, and be on time to, all my scheduled appointments with the doctor and his/her staff.

(2) I agree to conduct myself in a courteous manner in the physician's or clinic's office.

(3) I agree not to arrive at the office intoxicated or under the influence of drugs. If I do, the staff will not be able to see me and I will not be given any medication until my next scheduled appointment.

(4) I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and could result in my treatment being stopped and referral to another treatment program.

(5) I understand that the use of buprenorphine/naloxone (Suboxone) by someone who is addicted to opioids could cause them to experience severe withdrawal.

(6) I agree not to deal, steal, or conduct any other illegal or disruptive activities in or in the vicinity of the clinic.

(7) I agree that my medication (or prescriptions) can only be given to me at my regular office visits. Any missed office visits will result in my not being able to get medication until the next scheduled visit.

(8) I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of the reasons for such loss.

(9) I agree not to obtain medications from any physicians, pharmacists, or other sources without informing my treating physician. I understand that mixing buprenorphine/naloxone (Suboxone) with other medications, especially benzodiazepines, such as Valium (diazepam), Xanax (alprazolam), Librium (chlordiazepoxide), Ativan (lorazepam), Clonopin (clonazepam) and/or other drugs of abuse including alcohol, can be dangerous. I also understand that a number of deaths have been reported in persons mixing buprenorphine with benzodiazepines. I also understand that I should not drink alcohol while taking this medication as the

combination could produce excessive sedation or impaired thinking or other medically dangerous events.

(10) I agree to take my medication as the doctor, and his/her staff has instructed, and not to alter the way I take my medication without first consulting the doctor.

(11) I understand that medication alone is not sufficient treatment for my addictive disease and I agree to participate in the recommended patient education and relapse prevention program, to assist me in my treatment.

(12) I understand that my buprenorphine/naloxone (Suboxone) treatment may be discontinued and I may be discharged from the clinic if I violate this agreement.

(13) I understand that there are alternatives to buprenorphine/naloxone (Suboxone) treatment for opioid addiction including:

a. medical withdrawal and drug-free treatment
b. naltrexone treatment
c. methadone treatment

My doctor will discuss these with me and provide a referral if I request this.

_____ _____

Patient's Signature Date

_____ _____

Witness Signature Date

STATE OF RHODE ISLAND
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS
DIVISION OF BEHAVIORAL HEALTH CARE

UNIT **Center of Excellence**

POLICY/PROCEDURE NO.

COE - 011

SUBSECTION EFFECTIVE DATE

2/10/17

POLICY/PROCEDURE

Patient Consent for the Release of Confidential Information

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

A 42 CFR compliant release of information form will be obtained prior to any release of information about an individual receiving treatment in the Center of Excellence unless the communication falls under an exception listed in 42 CFR.

PROCEDURE

Description

1. Staff will work with the patient to complete 42 CFR compliant releases of information for any service provider or other person/agency needing information about the individual's progress in treatment at the Center of Excellence.

PATIENT CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, (NAME OF PATIENT) authorize

_____(NAME OR GENERAL DESIGNATION OF PROGRAM

MAKING DISCLOSURE) to disclose to: _____(NAME OF

PERSON OR ORGANIZATION TO WHICH DISCLOSURE IS TO BE MADE) the following

information:

(NATURE OF THE INFORMATION, AS LIMITED AS POSSIBLE):

e.g.: my attendance and compliance in substance abuse treatment

The purpose of the disclosure authorized herein is to:

_____

_____

_____(PURPOSE OF DISCLOSURE, AS SPECIFIC AS POSSIBLE)

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

_____ or upon program discharge (SPECIFICATION OF THE DATE, EVENT, OR CONDITION UPON WHICH THIS CONSENT EXPIRES)

_____

(Print Name) (Signature of Participant) (Date)
DOB:

_____

(Print Name) (Signature of Parent, Guardian or Authorized Rep. when required) (Date)

STATE OF RHODE ISLAND
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS
DIVISION OF BEHAVIORAL HEALTH CARE

UNIT **Center of Excellence**

POLICY/PROCEDURE NO.

COE - 012

SUBSECTION EFFECTIVE DATE

2/10/17

POLICY/PROCEDURE

Mini International Neuropsychiatric Interview, Version 5.0.0 (MINI)

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

The MINI is a diagnostic tool that is clinician administered and screens for mental disorders. It is to be completed by a member of the COE clinical staff as part of an assessment of the patient's current status in terms of mental disorders.

PROCEDURE

Description

1. This instrument is a clinician administered rating that should take no more than 20 minutes to complete. Instructions are included with the document and should be followed by clinicians administering the MINI.

LIST OTHER SUPPORTING DOCUMENTS/RESOURCES

This instrument was created by faculty at the University of South Florida- Tampa and its validity and reliability has been validated in numerous published studies.

1. Sheehan DV, Lecrubier Y, Sheehan HK, Amorim P, Janavs J, Weiller E, Hergueta T, Baker R, Dunbar GC: The mini-international neuropsychiatric interview (M.I.N.I): The development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. J Clin Psychiatry 59 Suppl 20: 22-33, 1998.

M.I.N.I.

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW

English Version 5.0.0

DSM-IV

USA: **D. Sheehan, J. Janavs, R. Baker, K. Harnett-Sheehan, E. Knapp, M. Sheehan**
University of South Florida - Tampa

FRANCE: **Y. Lecrubier, E. Weiller, T. Hergueta, P. Amorim, L. I. Bonora, J. P. Lépine**
Hôpital de la Salpétrière - Paris

M.I.N.I. 5.0.0 (January 1, 2005)

Patient Name:		*Patient Number:*	
Date of Birth:		*Time Interview Began:*	
Interviewer's Name:		*Time Interview Ended:*	
Date of Interview:		*Total Time:*	

	MODULES	TIME FRAME	MEETS CRITERIA	DSM-IV	ICD-10
A	MAJOR DEPRESSIVE EPISODE	Current (2 weeks) Recurrent	☐ ☐	296.20-296.26 Single 296.30-296.36 Recurrent	F32.x F33.x
	MDE WITH MELANCHOLIC FEATURES Optional	Current (2 weeks)	☐	296.20-296.26 Single 296.30-296.36 Recurrent	F32.x F33.x
B	DYSTHYMIA	Current (Past 2 years)	☐	300.4	F34.1
C	SUICIDALITY	Current (Past Month) Risk: ☐ Low ☐ Medium ☐ High	☐		
D	MANIC EPISODE	Current Past	☐ ☐	296.00-296.06	F30.x-F31.9
	HYPOMANIC EPISODE	Current Past	☐ ☐	296.80-296.89	F31.8-F31.9/F34.0
E	PANIC DISORDER	Current (Past Month) Lifetime	☐ ☐	300.01/300.21	F40.01-F41.0
F	AGORAPHOBIA	Current	☐	300.22	F40.00
G	SOCIAL PHOBIA (Social Anxiety Disorder)	Current (Past Month)	☐	300.23	F40.1
H	OBSESSIVE-COMPULSIVE DISORDER	Current (Past Month)	☐	300.3	F42.8
I	POSTTRAUMATIC STRESS DISORDER Optional	Current (Past Month)	☐	309.81	F43.1
J	~~ALCOHOL DEPENDENCE~~ ~~ALCOHOL ABUSE~~ Substance Use Disorder	Past 12 Months Past 12 Months	☐ ☐	303.9 305.00	F10.2x F10.1
K	~~SUBSTANCE DEPENDENCE~~ (Non-alcohol) ~~SUBSTANCE ABUSE~~ (Non-alcohol) Opioid Use Disorder	Past 12 Months Past 12 Months	☐ ☐	304.00-.90/305.20-.90 304.00-.90/305.20-.90	F11.1-F19.1 F11.1-F19.1
L	PSYCHOTIC DISORDERS	Lifetime Current	☐ ☐	295.10-295.90/297.1/ 297.3/293.81/293.82/ 293.89/298.8/298.9	F20.xx-F29
	MOOD DISORDER WITH PSYCHOTIC FEATURES	Lifetime Current	☐ ☐	296.24/296.34/296.44 296.24/296.34/296.44	F32.3/F33.3/ F30.2/F31.2/F31.5/ F31.8/F31.9/F39
M	ANOREXIA NERVOSA	Current (Past 3 Months)	☐	307.1	F50.0
N	BULIMIA NERVOSA	Current (Past 3 Months)	☐	307.51	F50.2
	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Current	☐	307.1	F50.0
O	GENERALIZED ANXIETY DISORDER	Current (Past 6 Months)	☐	300.02	F41.1
P	ANTISOCIAL PERSONALITY DISORDER Optional	Lifetime	☐	301.7	F60.2

DISCLAIMER

Our aim is to assist in the assessment and tracking of patients with greater efficiency and accuracy. Before action is taken on any data collected and processed by this program, it should be reviewed and interpreted by a licensed clinician. This program is not designed or intended to be used in the place of a full medical and psychiatric evaluation by a qualified licensed physician – psychiatrist. It is intended only as a tool to facilitate accurate data collection and processing of symptoms elicited by trained personnel.

GENERAL INSTRUCTIONS

The M.I.N.I. was designed as a brief structured interview for the major Axis I psychiatric disorders in DSM-IV and ICD-10. Validation and reliability studies have been done comparing the M.I.N.I. to the SCID-P for DSM-III-R and the CIDI (a structured interview developed by the World Health Organization for lay interviewers for ICD-10). The results of these studies show that the M.I.N.I. has acceptably high validation and reliability scores, but can be administered in a much shorter period of time (mean 18.7 ± 11.6 minutes, median 15 minutes) than the above referenced instruments. It can be used by clinicians, after a brief training session. Lay interviewers require more extensive training.

INTERVIEW:

In order to keep the interview as brief as possible, inform the patient that you will conduct a clinical interview that is more structured than usual, with very precise questions about psychological problems which require a yes or no answer.

GENERAL FORMAT:

The M.I.N.I. is divided into **modules** identified by letters, each corresponding to a diagnostic category.
•At the beginning of each diagnostic module (except for psychotic disorders module), screening question(s) corresponding to the main criteria of the disorder are presented in a **gray box**.
•At the end of each module, diagnostic box(es) permit the clinician to indicate whether diagnostic criteria are met.

CONVENTIONS:

Sentences written in « normal font » should be read exactly as written to the patient in order to standardize the assessment of diagnostic criteria.

Sentences written in « CAPITALS » should not be read to the patient. They are instructions for the interviewer to assist in the scoring of the diagnostic algorithms.

Sentences written in « **bold** » indicate the time frame being investigated. The interviewer should read them as often as necessary. Only symptoms occurring during the time frame indicated should be considered in scoring the responses.

Answers with an arrow above them (➡) indicate that one of the criteria necessary for the diagnosis(es) is not met. In this case, the interviewer should go to the end of the module, circle « **NO** » in all the diagnostic boxes and move to the next module.

When terms are separated by a *slash (/)* the interviewer should read only those symptoms known to be present in the patient (for example, question H6).

Phrases in (parentheses) are clinical examples of the symptom. These may be read to the patient to clarify the question.

RATING INSTRUCTIONS:

All questions must be rated. The rating is done at the right of each question by circling either Yes or No. Clinical judgment by the rater should be used in coding the responses. The rater should ask for examples when necessary, to ensure accurate coding. The patient should be encouraged to ask for clarification on any question that is not absolutely clear.

The clinician should be sure that each dimension of the question is taken into account by the patient (for example, time frame, frequency, severity, and/or alternatives).
Symptoms better accounted for by an organic cause or by the use of alcohol or drugs should not be coded positive in the M.I.N.I. The M.I.N.I. Plus has questions that investigate these issues.

For any questions, suggestions, need for a training session, or information about updates of the M.I.N.I., please contact :

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A. MAJOR DEPRESSIVE EPISODE

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

A1	Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks?	NO	YES
A2	In the past two weeks, have you been much less interested in most things or much less able to enjoy the things you used to enjoy most of the time?	NO	YES
	IS **A1** OR **A2** CODED YES?	➡ NO	YES

A3 **Over the past two weeks, when you felt depressed or uninterested:**

a	Was your appetite decreased or increased nearly every day? Did your weight decrease or increase without trying intentionally (i.e., by ±5% of body weight or ±8 lbs. or ±3.5 kgs., for a 160 lb./70 kg. person in a month)? IF YES TO EITHER, CODE YES.	NO	YES *
b	Did you have trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning wakening or sleeping excessively)?	NO	YES
c	Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day?	NO	YES *
d	Did you feel tired or without energy almost every day?	NO	YES
e	Did you feel worthless or guilty almost every day?	NO	YES
f	Did you have difficulty concentrating or making decisions almost every day?	NO	YES
g	Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead?	NO	YES

ARE 5 OR MORE ANSWERS (**A1-A3**) CODED YES?

NO **YES ***

MAJOR DEPRESSIVE EPISODE, CURRENT

IF PATIENT HAS CURRENT MAJOR DEPRESSIVE EPISODE CONTINUE TO A4, OTHERWISE MOVE TO MODULE B:

A4	a	During your lifetime, did you have other periods of two weeks or more when you felt depressed or uninterested in most things, and had most of the problems we just talked about?	➡ NO	YES
	b	Did you ever have an interval of at least 2 months without any depression and any loss of interest between 2 episodes of depression?		

NO **YES**

MAJOR DEPRESSIVE EPISODE, RECURRENT

* If patient has Major Depressive Episode, Current, code **YES** in corresponding questions on page 5

MAJOR DEPRESSIVE EPISODE WITH MELANCHOLIC FEATURES (optional)

(➡ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE)

IF THE PATIENT CODES POSITIVE FOR A CURRENT MAJOR DEPRESSIVE EPISODE (A3 = YES), EXPLORE THE FOLLOWING:

A5	a	During the most severe period of the current depressive episode, did you lose almost completely your ability to enjoy nearly everything?	NO	YES
	b	During the most severe period of the current depressive episode, did you lose your ability to respond to things that previously gave you pleasure, or cheered you up? IF NO: When something good happens does it fail to make you feel better, even temporarily?	NO	YES
		IS EITHER A5a OR A5b CODED YES?	➡ NO	YES

A6 **Over the past two week period, when you felt depressed and uninterested:**

	a	Did you feel depressed in a way that is different from the kind of feeling you experience when someone close to you dies?	NO	YES
	b	Did you feel regularly worse in the morning, almost every day?	NO	YES
	c	Did you wake up at least 2 hours before the usual time of awakening and have difficulty getting back to sleep, almost every day?	NO	YES
	d	IS A3c CODED YES (PSYCHOMOTOR RETARDATION OR AGITATION)?	NO	YES
	e	IS A3a CODED YES FOR ANOREXIA OR WEIGHT LOSS?	NO	YES
	f	Did you feel excessive guilt or guilt out of proportion to the reality of the situation?	NO	YES

ARE 3 OR MORE A6 ANSWERS CODED YES?

NO	YES

Major Depressive Episode
with
Melancholic Features
Current

B. DYSTHYMIA

(➡ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE)

IF PATIENT'S SYMPTOMS CURRENTLY MEET CRITERIA FOR MAJOR DEPRESSIVE EPISODE, DO NOT EXPLORE THIS MODULE.

B1	Have you felt sad, low or depressed most of the time for the last two years?	➡ NO	YES
B2	Was this period interrupted by your feeling OK for two months or more?	NO	➡ YES
B3	**During this period of feeling depressed most of the time:**		
a	Did your appetite change significantly?	NO	YES
b	Did you have trouble sleeping or sleep excessively?	NO	YES
c	Did you feel tired or without energy?	NO	YES
d	Did you lose your self-confidence?	NO	YES
e	Did you have trouble concentrating or making decisions?	NO	YES
f	Did you feel hopeless?	NO	YES
	ARE 2 OR MORE **B3** ANSWERS CODED **YES**?	➡ NO	YES

B4 Did the symptoms of depression cause you significant distress or impair your ability to function at work, socially, or in some other important way?

NO	YES
DYSTHYMIA **CURRENT**	

C. SUICIDALITY

In the past month did you:

				Points
C1	Think that you would be better off dead or wish you were dead?	NO	YES	1
C2	Want to harm yourself?	NO	YES	2
C3	Think about suicide?	NO	YES	6
C4	Have a suicide plan?	NO	YES	10
C5	Attempt suicide?	NO	YES	10

In your lifetime:

C6	Did you ever make a suicide attempt?	NO	YES	4

IS AT LEAST 1 OF THE ABOVE CODED YES?

IF YES, ADD THE TOTAL NUMBER OF POINTS FOR THE ANSWERS (C1-C6) CHECKED 'YES' AND SPECIFY THE LEVEL OF SUICIDE RISK AS FOLLOWS:

NO **YES**

SUICIDE RISK CURRENT

1-5 points	Low	☐
6-9 points	Moderate	☐
≥ 10 points	High	☐

D. (HYPO) MANIC EPISODE

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

D1 a Have you ever had a period of time when you were feeling 'up' or 'high' or 'hyper' or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.) — NO YES

IF PATIENT IS PUZZLED OR UNCLEAR ABOUT WHAT YOU MEAN BY 'UP' OR 'HIGH' OR 'HYPER', CLARIFY AS FOLLOWS: By 'up' or 'high' or 'hyper' I mean: having elated mood; increased energy; needing less sleep; having rapid thoughts; being full of ideas; having an increase in productivity, motivation, creativity, or impulsive behavior.

IF NO, CODE NO TO **D1b**: IF YES ASK:

b Are you currently feeling 'up' or 'high' or 'hyper' or full of energy? — NO YES

D2 a Have you ever been persistently irritable, for several days, so that you had arguments or verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or over reacted, compared to other people, even in situations that you felt were justified? — NO YES

IF NO, CODE NO TO **D2b**: IF YES ASK:

b Are you currently feeling persistently irritable? — NO YES

IS **D1a** OR **D2a** CODED YES? — ➡ NO YES

D3 IF **D1b** OR **D2b** = YES: EXPLORE ONLY **CURRENT** EPISODE, OTHERWISE
IF **D1b** AND **D2b** = NO: EXPLORE THE MOST SYMPTOMATIC **PAST** EPISODE

During the times when you felt high, full of energy, or irritable did you:

a Feel that you could do things others couldn't do, or that you were an especially important person? — NO YES

b Need less sleep (for example, feel rested after only a few hours sleep)? — NO YES

c Talk too much without stopping, or so fast that people had difficulty understanding? — NO YES

d Have racing thoughts? — NO YES

e Become easily distracted so that any little interruption could distract you? — NO YES

f Become so active or physically restless that others were worried about you? — NO YES

g Want so much to engage in pleasurable activities that you ignored the risks or consequences (for example, spending sprees, reckless driving, or sexual indiscretions)? — NO YES

ARE 3 OR MORE **D3** ANSWERS CODED YES
(OR 4 OR MORE IF **D1a** IS NO (IN RATING PAST EPISODE)
OR IF **D1b** IS NO (IN RATING CURRENT EPISODE)) ? — ➡ NO YES

D4 Did these symptoms last at least a week **and** cause significant problems at home, at work, socially, or at school, **or** were you hospitalized for these problems?

NO ↓ YES ↓

THE EPISODE EXPLORED WAS A: ☐ *HYPOMANIC EPISODE* ☐ *MANIC EPISODE*

IS **D4** CODED NO?

SPECIFY IF THE EPISODE IS CURRENT OR PAST.

NO	**YES**
HYPOMANIC EPISODE	
CURRENT	☐
PAST	☐

IS **D4** CODED YES?

SPECIFY IF THE EPISODE IS CURRENT OR PAST.

NO	**YES**
MANIC EPISODE	
CURRENT	☐
PAST	☐

E. PANIC DISORDER

(➡ MEANS : CIRCLE NO IN E5, E6 AND E7 AND SKIP TO F1)

E1	a	Have you, on more than one occasion, had spells or attacks when you **suddenly** felt anxious, frightened, uncomfortable or uneasy, even in situations where most people would not feel that way?	➡ NO	YES
	b	Did the spells surge to a peak within 10 minutes of starting?	➡ NO	YES
E2		At any time in the past, did any of those spells or attacks come on unexpectedly or occur in an unpredictable or unprovoked manner?	➡ NO	YES
E3		Have you ever had one such attack followed by a month or more of persistent concern about having another attack, or worries about the consequences of the attack?	NO	YES
E4		**During the worst spell that you can remember:**		
	a	Did you have skipping, racing or pounding of your heart?	NO	YES
	b	Did you have sweating or clammy hands?	NO	YES
	c	Were you trembling or shaking?	NO	YES
	d	Did you have shortness of breath or difficulty breathing?	NO	YES
	e	Did you have a choking sensation or a lump in your throat?	NO	YES
	f	Did you have chest pain, pressure or discomfort?	NO	YES
	g	Did you have nausea, stomach problems or sudden diarrhea?	NO	YES
	h	Did you feel dizzy, unsteady, lightheaded or faint?	NO	YES
	i	Did things around you feel strange, unreal, detached or unfamiliar, or did you feel outside of or detached from part or all of your body?	NO	YES
	j	Did you fear that you were losing control or going crazy?	NO	YES
	k	Did you fear that you were dying?	NO	YES
	l	Did you have tingling or numbness in parts of your body?	NO	YES
	m	Did you have hot flushes or chills?	NO	YES
E5		ARE BOTH **E3**, AND **4** OR MORE **E4** ANSWERS, CODED **YES**?	NO	YES *PANIC DISORDER LIFETIME*
		IF YES TO E5, SKIP TO E7.		
E6		IF **E5 = NO**, ARE ANY E4 ANSWERS CODED **YES**?	NO	YES *LIMITED SYMPTOM ATTACKS LIFETIME*
		THEN SKIP TO **F1.**		
E7		In the past month, did you have such attacks repeatedly (2 or more) followed by persistent concern about having another attack?	NO	YES *PANIC DISORDER CURRENT*

F. AGORAPHOBIA

F1	Do you feel anxious or uneasy in places or situations where you might have a panic attack or the panic-like symptoms we just spoke about, or where help might not be available or escape might be difficult: like being in a crowd, standing in a line (queue), when you are alone away from home or alone at home, or when crossing a bridge, traveling in a bus, train or car?	NO YES

IF **F1 = NO**, CIRCLE **NO** IN **F2**.

F2	Do you fear these situations so much that you avoid them, or suffer through them, or need a companion to face them?	NO YES *AGORAPHOBIA CURRENT*

IS **F2** (CURRENT AGORAPHOBIA) CODED **NO**

and

IS **E7** (CURRENT PANIC DISORDER) CODED **YES**?

NO **YES**

PANIC DISORDER without Agoraphobia CURRENT

IS **F2** (CURRENT AGORAPHOBIA) CODED **YES**

and

IS **E7** (CURRENT PANIC DISORDER) CODED **YES**?

NO **YES**

PANIC DISORDER with Agoraphobia CURRENT

IS **F2** (CURRENT AGORAPHOBIA) CODED **YES**

and

IS **E5** (PANIC DISORDER LIFETIME) CODED **NO**?

NO **YES**

AGORAPHOBIA, CURRENT without history of Panic Disorder

G. SOCIAL PHOBIA (Social Anxiety Disorder)

(➡ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE NO AND MOVE TO THE NEXT MODULE)

G1	In the past month, were you fearful or embarrassed being watched, being the focus of attention, or fearful of being humiliated? This includes things like speaking in public, eating in public or with others, writing while someone watches, or being in social situations.	➡ NO	YES
G2	Is this fear excessive or unreasonable?	➡ NO	YES
G3	Do you fear these situations so much that you avoid them or suffer through them?	➡ NO	YES
G4	Does this fear disrupt your normal work or social functioning or cause you significant distress?		

NO	YES
SOCIAL PHOBIA *(Social Anxiety Disorder)* ***CURRENT***	