



Outpatient Medication Assisted Treatment for Opioid and Alcohol Use Disorders

Thank you for your interest in the outpatient medication assisted treatment program for opioid and alcohol use disorders at McLean Hospital.

Buprenorphine for opioid use disorder

Given the rising epidemic of opioid use disorders, the outpatient clinic is expanding the Buprenorphine Stabilization and Maintenance program. The program is open for both internal referrals from McLean Hospital as well as external community referrals. Individuals will be expected to attend the Buprenorphine Stabilization or Maintenance groups and/or other outpatient groups in the ADATP outpatient clinic. During the initial stabilization phase it may be recommended that individuals complete the ADATP partial hospital program, or a community-based intensive outpatient program, as designated by the treatment provider. The individual will be required to complete a medical work-up including physical examination and bloodwork prior to initiation of medication. The individual will also need to agree to routine supervised urine toxicology. The individual must have opioid dependence with physiologic dependence and be psychiatrically stable for outpatient treatment. Individuals with active alcohol use or sedative-hypnotic use disorders will be required to have detoxification prior to buprenorphine initiation.

Extended-release naltrexone (Vivitrol) for opioid use disorder and alcohol use disorder

The outpatient clinic will also offer extended-release naltrexone (Vivitrol) injections for patients with opioid use disorders and/or alcohol use disorders. During the initial stabilization stage, individuals may be required to attend the ADATP partial hospital program, or a community-based intensive outpatient program, after which they will maintain treatment in a weekly outpatient group designated by the treatment provider. The individual will be required to complete a medical work-up including physical examination and bloodwork prior to initiation of naltrexone in oral form, and follow-up bloodwork prior to receiving the first monthly intramuscular injection. The individual will also need to agree to routine supervised urine toxicology samples. The individual must have opioid or alcohol use disorder and be psychiatrically stable for outpatient treatment.

During the intake week the individual will need to present during 1 of the 2 designated times for a supervised urine toxicology sample. This is located in Proctor House building ground floor each Monday at 5:45 pm, and in the Outpatient Clinic in the Service Building each Thursday at 11:00 am.

Please contact Rachel Tester, APRN, at 617.855.2215 or Dr. Bogunovic at 617.855.2403 if you are interested in this program. After we review initial recommendations we will ask you to contact our intake department at 617.855.2368 to register for your scheduled intake. We will also ask you to register for the medical work-up that will be required prior to initiation of any medications. Please complete the referral form and bring it with you to the first appointment. If you are an outpatient provider, please complete the form and fax it to Rachel Tester at 617.855.2699.



**Outpatient Medication Assisted Treatment for Opioid and Alcohol Use Disorders
Community Referral Form**

Date of Referral: _____

Name: _____ DOB: _____ Requested Start Date: _____

Address: _____

Phone #: _____ Cell Phone #: _____ Email: _____

Occupation: _____

Referred by: _____ Phone #: _____

Primary Insurance: _____ ID#: _____ Phone #: _____

Subscriber: _____ Subscriber DOB: _____

Secondary Insurance: _____ ID#: _____ Phone #: _____

Subscriber: _____ Subscriber DOB: _____

Psychiatric Diagnoses: _____

Medical Diagnoses (include any needed accommodation): _____

Why are you/your client pursuing medication-assisted treatment at this time?: _____

Current Living Situation: _____

Able to commute to program by: ___ Car ___ Public Transportation ___ Other: _____

Number of Psychiatric hospitalizations in the past 2 years & facility: _____

Number of Detox hospitalizations in the past 2 years & facility: _____

History of Substance Abuse:

Drug (check)	Amount	Frequency	Date of last use
Alcohol			
Benzodiazepines			
Heroin			
Opiates			
Marijuana			
Stimulants			
Other			



Longest period of sobriety & when: _____

History of Eating Disorder: ___No ___Yes If yes, active symptoms: _____

Current Height: _____ Current Weight: _____

Current Medications & Dosages: Do you take them as prescribed? ___No ___Yes

Allergies: _____

Current Outpatient Team

Medication Prescriber: _____ Phone #: _____ Frequency: _____

Therapist: _____ Phone #: _____ Frequency: _____

Other: _____ Phone #: _____ Frequency: _____

History of Suicide Attempt(s) (specify dates & means): _____

History of Self-Injurious Behavior (specify frequency, means and last occurrence):

Access to Firearms or Weapons? ___No ___Yes (If yes, specify type and where they are located:

History of Trauma: _____

Legal Issues (Probation, court dates, etc): _____

Clinician Signature (if applicable)



Responsibilities for Participating in Outpatient Medication-Assisted Treatment

- You agree to abstain from use of opioid drugs (heroin, morphine, codeine, percocet, vicodin, oxycontin, etc.), or any illicit chemicals (methamphetamine, benzodiazepines, cocaine, marijuana, hallucinogens, etc.), unless the medication has been prescribed or authorized by an ADATP provider, and you continue to work hard towards this goal.
- You agree to be open and honest about your drug use and other history, to make your needs known, to participate in determining your treatment goals and treatment plan, and to participate fully in the designated outpatient group.
- You agree to arrive at group 30 minutes before its start to allow for the collection of a urine sample, and stay in the group for the full 50 minutes.
- You agree to destroy any prescription controlled substances that are no longer used or needed.
- You agree to fill your buprenorphine/naltrexone prescription only at your designated pharmacy, and you allow ADATP providers to communicate with your pharmacy.
- You agree to properly safeguard your medication. Proper safeguarding involves making sure that other people (especially children and adolescents) do not have access to the medication, and that it is not stolen. You agree to obtain a lockbox to secure your medications, and agree to provide documentation verifying this when requested.
- Your provider will not rewrite “lost” prescriptions. All lost prescriptions require police report in order to obtain subsequent prescriptions.
- You agree to maintain the confidentiality of all participating group members. “What gets talked about in the group stays in the group.” Trust, honesty and support provide a critical framework essential for a successful recovery path.
- You agree to notify the group leaders if you become pregnant during the course of treatment. We will help you to stay in relapse prevention treatment, while minimizing the risk of harm that medications may pose to your unborn child.
- You agree to participate in a self-help program (NA, AA, Smart Recovery, etc.).
- You are responsible for all co-payments and any missed appointment fees.

Early termination from the outpatient group

- **Note that discharge due to violence or threats, violations of law or of program policies may result in immediately stopping buprenorphine treatment.**
- Any verbal or physical threat or violence to staff, other patients, or hospital visitors.
- Diversion (selling) or misuse of buprenorphine or any prescribed medications.
- Illegal behavior on hospital grounds, such as theft, drug dealing, injecting drugs, bringing drugs or alcohol on hospital grounds.
- Being a fugitive from justice.
- Recurrent dishonesty about your drug use.

** Note that there are limits to confidentiality. We are required by law to notify authorities if we suspect that you have been involved in the sexual or physical abuse of a child or a vulnerable adult, or if there is concern that you are in imminent danger of harming yourself or others. In addition, the release of medical records may be ordered by a judge.