

# Welcome!



## Mute

### Minimize Interruptions

Please make sure to mute yourself when you aren't speaking.



## Chat

### Go Ahead, Speak Up!

Use the Zoom chat to ask questions and participate in activities.



## Naming

### Add Your Organization

Represent your team and add your organization's name to your name.



## Tech Issues

### Here to Help

Chat Host privately if are having issues and need tech assistance.

While we wait, please rename yourself.



# Addiction Treatment Starts Here SUD Counselor Forum Session #2

## “Intake, Workflow, and Assessments”

December 1, 2021 | 11am–12pm (PT)



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# I Poll

1. On a scale of 1-5, please select the number that best represents your experience with today's session.



- 5 - Excellent
- 4 - Very Good
- 3 - Good
- 2 - Fair
- 1 - Poor

2. Please select the number that best represents your response to the statement:  
Today's session was a valuable use of my time.



- 5 - Strongly Agree
- 4 - Agree
- 3 - Neutral
- 2 - Disagree
- 1 - Strongly Disagree

3. I can apply learnings from today's webinar to my MAT work.



- 5 - Strongly Agree
- 4 - Agree
- 3 - Neutral
- 2 - Disagree
- 1 - Strongly Disagree



**Tell us what does your Intake look like?  
How long is it?**





**What does your workflow look like to get someone into your MAT program? How long does it take to get them the certain MAT medications?**

**Do you do any assessments? Which ones?**



## SUDCM PACKET

### .SA11MATSUDCM

Click on any of the following:

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

Chief Complaints/Reason for Call:	Comments:	Reason:
MAT Intake (2077)	GPRa Intake	Completing Intake with patient in person or phone. Put what number intake 1,2, etc.
Medication Assisted Treatment (MAT) (1587)	GPRa FU, GPRa Discharge	This Comment can be added to any visit depending on what you did a GPRa Intake, GPRa Follow Up, GPRa Discharge.
Medication Assisted Treatment (MAT) (1587)	1:1 or Check In	SUDCM meeting with patient in person or phone for 1:1 SUD counseling/case management services.
Medication Assisted Treatment (MAT) (1587)	BUP Bridge	Pt getting a Bridge until first initial Provider appt.
Medication Assisted Treatment (MAT) (1587)	BUP Refill	SUDCM completing a Refill request to Prescriber if no Nurse available
Medication Assisted Treatment (MAT) (1587)	Warm handoff	Quick step in during a provider visit (MD, Psych, LCSW, Nurse, et) Can add this to comment section if warm hand off turned into a 1x1
Medication Assisted Treatment (MAT) (1587)	SMA or Group	SMA for SMA group. Group for non SMA groups.
Medication Assisted Treatment (MAT) (1587)	Brief ASAM or Tx Referral	Brief ASAM assessment or refer to Tx if no Brief done.
Medication Assisted Treatment (MAT) (1587)	CC	Contingency Management, Office visit to collect and Result UDS and give Award if Negative.
Medication Assisted Treatment (MAT) (1587)	CC	Care Coordination for all non-face to face encounter, going to pharmacy, dropping paperwork off, speaking to another agency on pt behalf, social security, Janus, etc.
Medication Assisted Treatment (MAT) (1587)	CCN	Multi-disciplinary team Case Conference Note and plan of Action
Medication Assisted Treatment (MAT) (1587)	No Answer	No answer to phone call just put <b>no answer</b> in the comment & put details in your note
Medication Assisted Treatment (MAT) (1587)	Referral to Janus HUB	Patients that are being referred to Janus through the HUB and SPOKE.
Medication Assisted Treatment (MAT) (1587)	Hub referral back	Patients that are being referred to us from the HUB.
Medication Assisted Treatment (MAT) (1587)	Spoke referral	Another SPOKE refers patient to us.
Medication Assisted Treatment (MAT) (1587)	ER referral	Patients coming over from ER who have been administered Suboxone/ or referred.
Medication Assisted Treatment (MAT) (1587)	Jail Referral	Patient coming from County Jail Well Path.
SSP (Syringe Service Program) (1874)	Referral to MAT	SSP patient coming from Syringe Service Program to MAT.
Program Discharge (1583)	Inactive	When a pt has not been involved in the MAT program for 6 weeks. Update FYI & Care Team.
MAT Outreach (2076)	Use appropriate comment above	Doing Outreach with/without Mobile clinic just document site at Quick Questions Program Area in comment section what site your at.

Non-MAT Patients:		
Case Management (158)	Brief ASAM or Tx Referral	Brief ASAM assessment to help facilitate patient into other SUD Services or Tx Referral if no Brief done.
Case Management (158)	CC	Care Coordination, not a MAT patient but coordinating care.
Case Management (158)	1:1 or Check In	1x1 with non-MAT patient for SUD services, or other case management services. Check In brief 15 min or less
Group Counseling (415)	Group	Non-MAT patients but are coming to group. This is so there is no documentation that they are specifically in MAT.
Case Management (158)	CCN	Multi-disciplinary team Case Conference Note for plan of Action

## SUDCM Check List for every visit:

Check List:	✓
1. Check & Update FYI	
2. Check & Update Care Team	
3. Check & Update Social Determinants of Health (needs to be updated every 6 months)	
4. Look at UDS's	
5. Check if CURES has been done Quarterly	
6. Update Demographics: phone #, email, address	
7. Review & update Tx Plan Goals.	
8. Check Medication: Does patient have enough medication to get to next prescriber visit?	
9. When <u>is</u> next Prescriber visit or SMA?	
10. Is patient ready for Tier Promotion? ✓ Did you explain & give patient packet?	
11. Do I need to get any ROI's Signed? (Probation, Jail, Parole, SLE, Residential, Family member, another clinic, etc)	
12. Are any referrals needed?	
13. Did I document properly according to SUDCM Packet, Chief Complaint & Comments?	

# MAT Intake

## Demographics:

Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Medi-Cal? Yes  No  Medi-Care? Yes  No  What part? \_\_\_\_\_  
 If not, what Insurance do you have? \_\_\_\_\_  
 Switched PCP to SC County - Confirmation # \_\_\_\_\_  
**Alliance #** 1-831-430-5505 or 1-800-700-3874

**Home Address:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

**Dominican ED-** 1. NASH Social Worker 831-212-4255 **2. ED Social Worker** 831-462-7306 **3. Charge Nurse** 831-462-7730  
**Watsonville Community Hospital ED-** Ashlye

## What Medication are they requesting, and requested dose?

**Buprenorphine** – Suboxone, Subutex, Sublocade XR-BUP, Etc. - \_\_\_\_\_mg

**Last Use Day & Time:** \_\_\_\_\_

**How is pt using Opiate:**  IV  Oral  Muscular  Snort  inhaled  Other: \_\_\_\_\_

**Hx of/or using alcohol:**  Yes  No \_\_\_\_\_

**Hx of/or using Benzodiazepines:**  Yes  No \_\_\_\_\_

**Does patient understand Induction:**  Yes  No

**Naltrexone** – Pills, Vivitrol XR-NTX

**Meth Protocol** – Wellbutrin, Mirtazapine

**What is your current Pharmacy?** \_\_\_\_\_

## History: Social Documentation (.SA11MATSOCDOC)

What is the longest amount of time you have been sober, what did you do to maintain sobriety at that time?

\_\_\_\_\_

## Your Goals for Treatment & three things that motivate you to stay sober? (Plan)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Drug Use History:

When and how did you start misusing drugs? \_\_\_\_\_

\_\_\_\_\_

Have you ever overdosed? \_\_\_\_\_

What are you currently using at this time (Drug - Dose - Frequency - Method)?

Name of Drug	Route of Administration	Amount Used	Age of first use	Day & Time of Last Use	Signs of Withdrawal

Do you have a history of any other addictive behaviors?

Gambling  Sex  Shopping  eating disorders  Other: \_\_\_\_\_

1st	2nd	3rd	Diagnostic Criteria: Check all criteria that patient currently meets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A problematic pattern of use leading to clinically significant impairment or distress, manifested by at least two of the following symptoms within a 12-month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Substance is often taken in larger amounts or over longer period than was intended.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. A great deal of time is spent in activities necessary to obtain substance, use disorder, or a recover from its efforts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Craving, or strong desire or urge to use substance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance use.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Important social, occupational, recreational activities are given up/reduced because of substance use.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Recurrent substance use in situations in which it is physically hazardous.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance use.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Tolerance, as defined by either of the following: <b>a)</b> A need for markedly increased amounts of substance to achieve intoxication or desired effect... <b>b)</b> A markedly diminished effect of continued use of the same amount of substance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Withdrawal as manifested by either of the following: <b>a)</b> Experiencing the characteristic withdrawal of the specific substance. (Assess the specific substances withdrawal symptoms in the DSM 5) <b>b)</b> The substance is taken to relieve or avoid withdrawal symptoms.
			= <b>Total</b> (Mild = 2-3 symptoms <b>Moderate</b> = 4-5 symptoms <b>Severe</b> = 6 or more symptoms) (AUD/OD/s/Tud)

## MAT (Medication Assisted Treatment) History: None

Please document source, dosage, effectiveness, timeframe, who prescribed Dr or Agency.

**Methadone:** \_\_\_\_\_

**Buprenorphine:** \_\_\_\_\_

**Naltrexone:** \_\_\_\_\_

Prior Tx episodes: \_\_\_\_\_

\_\_\_\_\_

## Mental Health History:

Ever diagnosed with a mental health condition or do you struggle with mental health?  Yes  No

If yes, check all that apply. Give brief explanation or meds on/use to be on if applicable.

**Depression:** \_\_\_\_\_

**Obsessive Compulsive Disorder: (OCD)** \_\_\_\_\_

**Anxiety:** \_\_\_\_\_

**Post-Traumatic Stress Disorder: (PTSD)** \_\_\_\_\_

**Bipolar** \_\_\_\_\_

**Attention Deficit Disorder: (ADD, ADHD)** \_\_\_\_\_

**Schizophrenia:** \_\_\_\_\_

**Panic Attacks:** \_\_\_\_\_

**Other:** \_\_\_\_\_

Are you currently seeing a psychiatrist, psychologist, or counselor?  No  Yes

Provider's name and contact info \_\_\_\_\_

How many times have you seen them in the last 6 months? \_\_\_\_\_

Have you ever been hospitalized for mental health issues?  No  Yes: \_\_\_\_\_

Have you ever attempted to end your life or hurt yourself?  No  Yes: \_\_\_\_\_

Do you currently have thoughts of ending your life or hurting yourself?  No  Yes

If yes, do you currently have a plan to end your life or hurt yourself?  No  Yes

\_\_\_\_\_

Do you have the means to carry out your plan?  No  Yes \_\_\_\_\_

**MERT #: 1-800-952-2335 Office #: 831-454-4552 Access # 1-800-952-2335**

**Would you like to see IBH Therapist and/or Psychiatry?**  Yes  No

**Living Situation:**  Homeless  Housed  SLE  Other \_\_\_\_\_

Are you currently employed?...  Yes  No Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How do you get Money?...  SSI  SSDI  GA  Food stamps  Other: \_\_\_\_\_

Marital status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Number of children: \_\_\_\_\_ Years of education: \_\_\_\_\_

**Transportation:**

Vehicle  Bus  Walking  Other \_\_\_\_\_

**Criminal History:** Have you been arrested in the last 30 days?  Yes  No

Have you ever been incarcerated?  No  If yes, what is the longest amount of time incarcerated? \_\_\_\_\_

Are you on Probation or Parole?...  No  Yes, who is your PO? \_\_\_\_\_

**Sexual Activity:**  Yes  Not currently  Never

**Birth-Control/Protection:**  Abstinent  Other: \_\_\_\_\_

**Partners:**  Female  Male  Chose not to disclose  Other: \_\_\_\_\_

Do you have any current medical conditions? \_\_\_\_\_

Please list any surgeries you have had in the past: \_\_\_\_\_

**Current Medications:** Do you take any **prescription medications**, including **psychiatric medications**?  Yes  No

Medication	Amount Used	How long and who is prescribing?

**Who are 3 people in your life that are supportive of your Recovery?**

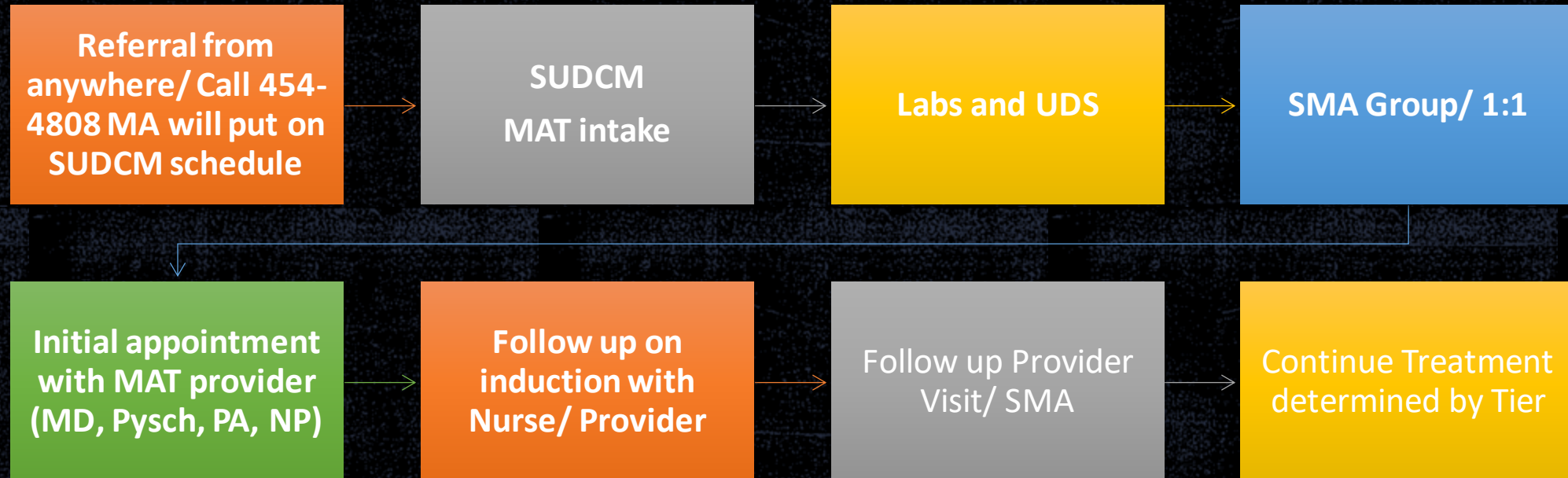
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Plan: (For Staff to Complete)**

- Explained MAT program to patient and expectations, gave MAT brochure.
- Explained 454-4808 MAT line, after hours line 763-8227 and ED Bridge.
- Patient Signed MAT Tx agreements  PCP, IBH & SUD Integrated Chart  Consent to Treat  BUP
  - NTX  Meth Protocol  Outside Group/SMA
  - Get all the appropriate ROI consents **signed:**  Probation/Parole  SLE  Jail/Well Path
    - Sending Clinic/Agency: \_\_\_\_\_  Other: \_\_\_\_\_
- Reviewed medication buprenorphine/naloxone (Suboxone), potential side effects, potential lethal interaction with benzodiazepines and alcohol, safe administration and storage. Written information also provided to patient. Patient verbalizes understanding of information provided: {Yes/No/Comment:17802} Is patient pregnant?
  - Updated FYI  Updated Care Team  Assisted patient setting up My Chart...
  - GPRA Intake Submitted in Shared File and Consent or  No Consent for GPRA
  - Urine Drug Screen (POCT-LV5598): Sent out for confirmation Pain 8  Yes  No
  - Breathalyzer (POCT-LV5772)  non-Applicable
  - Narcan Given
  - Initial MAT Labs ordered will complete them on: \_\_\_\_\_
  - Next Appt with SUDCM: \_\_\_\_\_ SDOH Appt: \_\_\_\_\_
  - Appt w/Initial MAT Prescriber: \_\_\_\_\_ Appt for SMA: \_\_\_\_\_
  - Appt to establish PCP: \_\_\_\_\_ Appt IBH/Psych: \_\_\_\_\_



# MAT Workflow



## Josette's Case Management Workflow Marin City Clinics

- a. Follow-ups
  - Wednesdays and Thursdays
  - Call all patients who are scheduled to speak with Colin that week
    - a. Script for follow-up calls, voicemails, and texts
    - b. If people don't answer on Wednesday F/U, call and text pts on Thursday to let them know about appt
- b. Schedule
  - MAT Physicals
  - BH Intakes
  - UDS appts
  - Weekly appts
    - a. Send provider schedule of the day via
    - b. Debrief any patient updates/announcements in the email
    - c. Appointment reminders – 30-60 min in advance of appt
- c. Cures Reports
  - Upload before appointment day for provider
- d. MAT Assessments
  - Sign documents for patient if phone visit
  - Input patient virtual visit
  - Complete patient hub info when new patient
  - Input patient's pharmacy
  - Figure out patient's eligibility if not PCP with us or PCP patient to our clinic
  - Send Colin summary TE about patient's history and assessment (I could write down a format of how I did this TE's)
  - Make sure all is schedule
    - a. MAT Physical
    - b. Weekly appt
    - c. BH Intake (is patient eligible for BH?)
      - i. Josette would confirm BH eligibility for all MAT patient and would coordinate with Jamia if needed

- e. ECW
  - Scheduling
  - Patient follow-ups
  - Answer TEs
  - Fax for medical records
- f. Eligibility
  - RAFs
  - PHP
  - Calling private insurance
  - Setting up own insurance accounts (I still need help with these)
- g. Excel Sheets
  - MAT Attendance
  - MAT Patient Schedule
  - Eligibility List
  - MAT Community Partners List
  - MAT Labs & Quest Lab information
  - MAT Active Sheet – Golda's
    - a. Usually when doing assessment Josette will fill out the "pending" pt info
- h. Dr. Francis patients
  - Weekly follow-up
  - Schedule weekly Tuesday appts
  - Weekly UAs (some patients)
  - Pull up Cures before appts for each patient

## I Contingency Management Question:

**Mona says she really wants to get off heroin but she is unsure about the suboxone that is working for all her friends. Mona said she tried using some 2mg suboxone on the street a couple times and she got really sick, sicker than she ever has before every single time. She never wants to feel that way again. She is really discouraged and feeling hopeless .**

**What do you do?**



What do you use?

When was the last time you used any opiate?

How many hours did you wait after last use of heroin before you started taking the Suboxone?

Did anyone give you instructions on how to take it?

Have you ever tried under the care of a doctor?

# I Coming Up – Session #3

Wednesday, December 15, 11am-12pm PT  
**Topic: Case Management and SUD Counseling**

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For registration information, go here:

<https://www.careinnovations.org/events/atsh-peer-forums-registration/#sudcounselornavigator>

Any questions? Email [juancarlos@careinnovations.org](mailto:juancarlos@careinnovations.org)



THE

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