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 you have 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)
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 some one into your MAT program? How long does it take to get them the certain MAT medications?

Do you do any assessments? Which ones?
Click on any of the following:
- Intake
- 1x1
- BUP Bridge
- BUP Refill
- MAT Group
- Case Management (Non – MAT patient)
- CCR (Case Conference Note)
- CC (Care Coordination for all non-face to face encounters)
- Contingency Management
- Phone
- ER Referral
- Jail Referral
- Program Discharge

**Check List for every visit:**

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 is next Prescriber visit or SMA?

10. Is patient ready for Tier Promotion?

11. Did you explain & give patient packet?

12. Do I need to get any ROI’s Signed?
   - (Probation, Jail, Parole, SLE, Residential, Family member, another clinic, etc)

13. Did I document properly according to SUDCM Packet, Chief Complaint & Comments?
MAT Intake

Demographics:
Name: ____________________________
Phone #: ____________________________
Email: ____________________________
Social Security #: ____________________________
Birthdate: ____________________________
Medicare Card. Yes □ No □
Medicaid. 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:

Watsonville Community Hospital ED: Asbylo

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: ____________________________

Drug Use History:

Hx of using alcohol: □ Yes □ No ____________________________
Hx of using Benzodiazepines: □ Yes □ No ____________________________
Does patient understand induction: □ Yes □ No ____________________________
□ Natalizone – Pils, Vivitril XR-NTX ____________________________
□ Meth Protocol – Wellbutrin, Mirtracaine ____________________________
What is your current Parvenue? ____________________________

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)?

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Route of Administration</th>
<th>Amount Used</th>
<th>Age of first use</th>
<th>Day &amp; Time of Last Use</th>
<th>Signs of Withdrawal</th>
</tr>
</thead>
</table>

Do you have a history of any other addictive behaviors?
□ Gambling □ Sex □ Shopping □ eating disorders □ Other: ____________________________

MAT (Medication Assisted Treatment) History:
□ None

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

□ Methadone:
□ Buprenorphine:
□ Natalizone:

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 IRH Therapist and/or Psychiatrist? □ Yes □ No
### 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-LV5998): 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: __________________________

### Living Situation:
- □ Homeless □ Housed □ SLE □ Other

Are you currently employed? □ Yes □ No
- Occupation: __________________________

Employer: __________________________

How do you get Money? □ SSI □ SSDI □ GA □ Food stamps □ Other: __________________________

Marital status: □ Single □ Married □ Divorced □ Widowed □ Other: __________________________

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 so, 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

<table>
<thead>
<tr>
<th>Medication</th>
<th>Amount Used</th>
<th>How long and who is prescribing?</th>
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Who are 3 people in your life that are supportive of your Recovery?

1. __________________________
2. __________________________
3. __________________________
MAT Workflow

- Referral from anywhere/ Call 454-4808 MA will put on SUDCM schedule
- SUDCM MAT intake
- Labs and UDS
- SMA Group/ 1:1
- Initial appointment with MAT provider (MD, PsyCh, PA, NP)
- Follow up on induction with Nurse/ Provider
- Follow up Provider Visit/ SMA
- Continue Treatment determined by Tier
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
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 then 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?
Coming Up – Session #3

Wednesday, December 15, 11am-12pm PT

**Topic:** Case Management and SUD Counseling

For registration information, go here:
https://www.careinnovations.org/events/atsh-peer-forums-registration/#sudcounselornavigator

Any questions? Email juancarlos@careinnovations.org