

**Substance Use Disorder
Intake, Screening, and
Assessment (SUDISA)
Work Group**

Monday, Apr 8, 2024

Agenda

TEAMS Meeting

1:00-2:30 PM

Attendees:

<input checked="" type="checkbox"/> Michelle Martinez, HCA	<input type="checkbox"/> Bethany Barnard	<input type="checkbox"/> Phillip Maes
<input checked="" type="checkbox"/> Theresa Adkison, HCA	<input type="checkbox"/> Brandy Branch	<input checked="" type="checkbox"/> Molly Martin
<input checked="" type="checkbox"/> Arthur Andrews, HCA	<input type="checkbox"/> Elizabeth Bridges	<input checked="" type="checkbox"/> Beth Myers
<input type="checkbox"/> Meta Hogan, HCA	<input type="checkbox"/> Tiffanie Colombini	<input checked="" type="checkbox"/> Katie Ramos
<input type="checkbox"/> Michael Langer, HCA	<input checked="" type="checkbox"/> Dallas Delagrange	<input checked="" type="checkbox"/> Cara Reidy
<input checked="" type="checkbox"/> Ruth Leonard, HCA	<input type="checkbox"/> Charnay DuCrest	<input type="checkbox"/> Carrie Reinhart
<input type="checkbox"/> Gayle Martinsen, HCA	<input checked="" type="checkbox"/> Alicia Egan	<input checked="" type="checkbox"/> Amy Ruge
<input type="checkbox"/> Sarah Melfi-Klein, HCA	<input type="checkbox"/> Dominique Fortson-Jordan	<input checked="" type="checkbox"/> David Sapienza
<input type="checkbox"/> Melanie Oliver, HCA	<input checked="" type="checkbox"/> Trina Gallacci	<input type="checkbox"/> Bergen Starke
<input checked="" type="checkbox"/> Eliza Tharp, HCA	<input checked="" type="checkbox"/> Sarah Gillard	<input checked="" type="checkbox"/> Wayne Swanson
<input checked="" type="checkbox"/> Tony Walton, HCA	<input type="checkbox"/> Ana Hartu	<input checked="" type="checkbox"/> Adrienne Tillery
<input checked="" type="checkbox"/> Rachel Downs, HCA	<input checked="" type="checkbox"/> Jackielyn Jones	<input type="checkbox"/> Angela Tonkovich
<input checked="" type="checkbox"/> Brianna Peterson, HCA	<input type="checkbox"/> Qudsia Khan	<input type="checkbox"/> Lashonti Turner
<input checked="" type="checkbox"/> Cathy Assata	<input type="checkbox"/> Garrett Leonard	<input type="checkbox"/> Daniel White

Main Outcome:

Attachments:

#	Agenda Items	Time	Lead	Notes
1.	Welcome – 5 mins	1:05	Kelley Sandaker	Recording meeting Public participation (attendance & observation)
2.	Group Announcements – 5 mins	1:10	Michelle Martinez	Charter approved (?)
3.	Organizing feedback into outcomes and high priority recommendations -40 min	1:15	Kelley Sandaker and Michelle Martinez	<ul style="list-style-type: none"> Michelle Martine will facilitate. Kelley Sandaker to take notes.
4.	Next Steps / Next Meeting	2:10	Michelle Martinez	

Action Items/Decisions					
#	Action Item	Assigned To:	Date Assigned:	Date Due:	Status
1.	Finalize charter, Norms & Expectations	Michelle Martinez	Jan 29	March 11	As of 3/26, has not received final review from HCA leadership. Teresa will check in on Thursday 4/4/24. waiting for final signature
2.					

Group Announcements:

Michelle Martinez announced that there will be a following meeting focusing on a conversation around the referral process from medical settings into community-based care and how it will be divided up into specific types of medical setting. We want to have folks who are representative of those areas, for example, emergency departments, primary care, addiction, medicine and such to facilitate the conversations in the work group. Those representatives were not available for this meeting so we will be postponing that conversation to Wednesday, April 24th.

Today’s meeting will be repurposed to look over the Desired Outcomes / Results document that has been tracking all the different feedback, ideas, and concerns and how to organize that information.

No further updates on the Charter.

Organizing feedback into outcomes and high priority recommendations

We were looking at making a table with the quadrants labeled as high recurrence, low recurrence, high complexity, and low complexity to better frame the conversation.

	high complexity	low complexity
high recurrence		
low recurrence		

An example for this table could be a patient needing transition from a level of care in an emergency department that has MOUD to a lower level of care. We provide more training for doctor’s on suboxone and transition of care.

The X Wavier which could be a barrier to this training, has been removed as a requirement.

We also need to have a more streamlined way of distributing information to people, keeping in mind that getting people information and implementing it are two different things. There are some providers that are not comfortable administrating the level of care a person needs at any given moment. Some doctors think that they can transfer a patient from the hospital to an inpatient treatment center because of their understanding of what an inpatient treatment center is. It is very different from a hospital inpatient treatment centers to a substance use disorder inpatient treatment center environment.

We are transitioning the definitions of inpatient care from medical to residential.

Some broader barrier category examples: Stigma, Training, Documentation, inpatient availability, resource knowledge of least restrictive options i.e. community MOUD, outpatient etc.

The goal of today's meeting is to take what we've heard so far and start translating it into clear problems that we can start forming solutions to and recommendations to fix. Currently, looking at the ideas and considerations tracking document, it's not organized yet.

Bullet 1. Screenings and assessments are used differently within a medical care setting versus BHA setting. Is this a barrier or just something that we need to consider?

-It's more of a consideration for some methadone clinics. But for a medical setting it can be a problem. In a medical setting, an assessment is needed to determine the placement for the level of care.

The difference in referral from these two different settings comes down to not having the level of care assessment from medical settings that you would get from a BHA.

Assessments are different across the board and there seems to be a disconnect between the different fields. We are trying to make the assessments more unified to better benefit the patients and their transition into care.

Michelle, for the next few meetings, we may need to reformat the table of the various services and see where policy currently stands to those services. Such as the minimum required pieces of intake screening assessment that are necessary for someone to enter into a certain kind of service and what those barriers are.

HCA will bring in some of our policy experts to help best communicate this new table and what are some policies that are true statewide. We will focus on minimum requirements on a state level for these services.

April 24th will focus on the medical setting to community-based services discussion.

It could be helpful if we had the ability to do a pretreatment for billable services prior to a full assessment. If someone needs services, we can screen them and get them right into a group rather than having to go through the process of doing a full assessment, which can be booked out weeks depending on how many people are scheduling assessments, so we can get people into services as fast as possible.

- There is a brief intervention is a modality in the Serie Guide with a code. You can have a provisional diagnosis and there is a lot of flexibilities not meant to be long term, though it really is supposed to be that kind of early interim kind of intervention. It's like a bridge to getting them somewhere, so that is something that can absolutely be leveraged now. It would be encouraged for you to take a look, if you're, if you're a licensed behavioral agency.

Be aware that the Serie Guide doesn't always align with Tribal billing guidelines.

HCA will work on restructuring how we develop recommendations. Specifically for following conversations, how will we disseminate the information and how we are offering implementation support. Michelle will need support to create this landscape document for these conversations. Hoping to have this document ready to review by early May.