



SUD Treatment Community of Practice

March 29, 2019

Treatment Planning for Substance Use Disorder Treatment

Questions and Answers

Treatment Planning:

Q1. Is a discovery treatment plan used when an individual is not ready to change their use of substances whereas a recovery treatment plan is used to help change use of substances?

A1. Yes – this is the difference between a discovery treatment plan and a recovery treatment plan.

Q2. What is the recommended timeframe of accomplishing treatment objectives and goals?

A2. Providers can give a rough estimate to clients based on the need being addressed in the treatment plan, taking into consideration a patient's specific issues and their history. ASAM literature can provide additional information on relative time frames for varying types of treatment.

Q3. Does Concord Hospital always address one goal at a time? What if there is more than one critical problem?

A3. Treatment plans at Concord Hospital will always address immediate issue(s) first. If there are three critical needs that need to be addressed simultaneously or immediately, more problem statements would be added to the treatment plan. Goals related to stabilization are the priority before turning focus to the longer term goals such as employment/relationships/school/support groups.

Q4. How do medication assisted treatment (MAT) services and providers fit into a treatment plan at Concord Hospital?

A4. Once the patient is established in the MAT program, the MAT staff will monitor compliance through completion of toxicology screens (2/month) and meetings with MAT provider weekly (at first). MAT care is documented separately and progress notes are attached/updated monthly on the treatment plan. Although not shown on the slide screen capture, the 42 CFR language is included in the EMR.

Q5. Do patients consent to their record being shared with all providers at Concord Hospital?

A5. Yes, consent is required. Confidentiality policy states that information is shared/released appropriately in the hospital setting and compliant with 42CFR

Q6. Are the EMR templates shared by Concord Hospital custom within Cerner?

A6. Yes, Cerner develops the shell of the template and Concord Hospital has modified the template and then added it to each provider's computer.

Q7. Is Concord Hospital able to compare data, to see progress by patient or across patients?

A7. Patients will complete a survey upon intake, upon discharge and 60 days after discharge. Concord Hospital does not currently have the capacity to review these data over the long term.

Q8. How are patients evaluated if presenting with other mental health disorders at Concord Hospital?

A8. The program director is a psychiatric nurse who is waived. Anyone that presents with mental health symptoms will receive an assessment and receive referrals to mental health services, primary care providers, and prescriptions as needed. The presence of a psychiatric nurse on staff is a huge benefit to the team.

The Doorways:

Q9. There have been 1,000 clients served by the Doorways; does this include people who are showing up face to face and phone calls that the Doorways receive?

A9. Yes, this includes both face-to-face interactions and phone calls.

Q10. When people are going to Safe Stations, are they being sent to/referred to the doorway?

A10. When someone presents at Safe Station it will depend on the individual's situation if they will be referred to a Doorway. The priority is to have individuals access services through the Doorway first.

Q11. When someone has no place to go, for example, was in protective custody for excessive alcohol use, and is now being released - could they be referred to the Doorway?

A11. The Doorway can accept a warm hand off or referral for this type of situation; however, it needs to be clear what services the Doorway will provide. For example, the Doorway cannot provide a place for people to stay for a night. They will provide assessment and referral services.

Q12. How will the additional 11.9M funding be used?

A12. The additional funding will align with current State Opioid Response (SOR) funds and will be client centered.