Goal Council 3: Treatment | Assess & Refer

Treatment Subgroup Recommendations	Legislative	Policy	Programmatic	Resource	8.23.17 Votes	Notes	Conference Attendee Questions/Comments 8.23.17
1. Legislation to allow syringe access programs to engage with the most vulnerable individuals to refer to care.					20		- Refined language for rec
2. Fund and establish a call-in line and website for a 24/7 emergency information resource center for individuals seeking treatment, community members, and health care professionals to provide consultation, referrals, and general information about opioids and opioid use disorder.			X		15	Keep this idea, but expand globally. Identify specific high-hit venues where we can do education on referrals.	- Refined language for rec - Utilize/expand Arizona 2-1-1 to serve as 24/7 resource & referral single point of contact - Build resource and referral website
3. Expand on existing diversion programs (i.e., Angel, Law Enforcement Assisted Diversion, etc.) and ensure tools are available to First Responders to divert individuals with opioid use disorder to substance abuse treatment instead of jail		X	X	X	12		- Refined language for rec - Look at Chandler PD program "Dump Your Drug" to expand Angel Program -
4. Develop and standardize recommendations and guidelines for medical screening, treatment and management of opioid use disorder in Arizona.			X		1	Develop a consistent set of standardized and validated tools around screening that accounts for different populations, ASAM levels and MAT appropriateness.	- Identify adequate treatment timeframe (is 30days enough?) – incentivize adoption – -
5. Develop and disseminate education, information, and treatment recommendations targeted to both ~~MAT~~ patients, providers, and communities.			X		0	Assure stigma reduction. Need to work as a group to come up with language on this.	- Refined language for rec - Develop guidelines for MAT w/ dementia patients (often falls on disabled & caregivers) - More focus on 25-30yo group
6. Develop a system for DCS (Department of Child Safety) to accept, refer, and have MAT facilities as "approved" resources within their referral or contractor resources as a service for parents.		X			7		- DCS train specific foster of children w/NAS - More pregnancy centers to guide treatment in rural communities w/ opioid addiction
7. Establish a system to ensure and facilitate a timely warm hand off to a substance abuse facility is available to hospitals. -OR- for inpatients and outpatients.		X	X	X	8	Consider impact on the system – would need more dedicated staff and resources.	- Refined language for rec - Ensure an adequate network of treatment providers prior to req handoff - Add payers - Transportation for transfer (peer support

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							specialist)
8. Require Value-based agreements **focusing on** best, evidence-based practices and **outcomes** are needed to shift away from the current **volume-driven** system 9. **RECOMMEND: Establish a task force to develop and implement value-based incentives to incentivize/reward physicians/practices who implement pain management strategies that improve outcomes. Require implementation of Value based purchasing across all payers.		X	X		1	Incentives might include: waiving need for prior auth (no cost/high value) for "gold card" providers, "preferred provider" status, value-based arrangements, etc. Measure: MEDDs, ED visits and hospital admissions for pain, procedures, radiology, specialist visits, procedures, UDS, CSPMP look-ups, etc.	
10. Include in Governor's letter to the federal government a request to "Untie" compensation linked to patient satisfaction services.			X		1	Patients are not customers and, as such, are not always right.	- Great!
11. Require all insurance companies to use standard criteria (as approved by Arizona Medicaid Program) to determine the level of care.		X	X	X	0		
12. Require nurseries caring for NAS newborns to develop policies, procedures and protocols to screen for maternal substance abuse, screen and treat newborns for NAS, encourage maternal-infant bonding, and provide referrals to home visiting programs.		X	X		1		- Maternal sub abuse underlined on chart - Neonates known exposure observed 4-7 days: o Req. stating #days may be unrealistic for Level I CAH o Includes considerations to id & transfer as appropriate
13. Develop and enact a program to include peer supports (trained & resourced) as part of the first responder non-fatal overdose ~~scene~~ response (higher likelihood of navigation to treatment pathway), but on the scene and in the hospital.			X	X	8	Consider a program like AnchorED in Rhode Island and the corresponding community based center (Anchor Recovery Community Center).	- Refined language for rec
14. Implement a "Street-based" reach-in program by peers in hotspot areas to provide ancillary			X		3	Seattle is doing this. It's been very effective.	- Have avenue to hold programs accountable

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needs (water, blankets, etc.) and navigation to medical and substance abuse treatment.							-
15. Require licensed residential treatment facilities to utilize standardized assessment (ASAM) criteria.		X	X	X	1	29 states required state-funded providers to use the American Society of Addiction Medicine (ASAM) comprehensive treatment criteria to create personalized plans of care for individuals. Several states have created SAMSHA-grant funded initiatives to create SBIRT programs.	- Screening tools must be realistic in terms of time efficiency for ED/primary care setting o Concern related to ED throughput metric o More in-depth screening tools utilized in treatment center setting or by BH providers

Other Comments/Questions:

What is being done to ensure treatment at specific facilities is effective?

Majority of AHCCCS providers for residential do not allow for direct intake from hospital detox into treatment ... needs to be changed.

ED peer support program to include family peer support also to increase dissemination of resources & statistics show that healthy family support increases treatment admissions.