

**Illinois Department of Healthcare & Family Services
Detox Subcommittee – May 31, 2019
Minutes**

Detox Committee Members Present:

Sherie Arriazola – Safer Foundation
Kathy Chan – CCH
Tom Britton – Gateway Foundation
Jeffrey Collord – Haymarket Center
Thomas Huggett, Lawndale Christian Health Center
Ronald Vlasaty – Family Guidance Centers, Inc.

Detox Committee Members Absent:

Eric Foster – Illinois Assoc. for Behavioral Health

HFS Staff Present:

Maria Bruni
Cheryl Easton
Doug Elwell
Arvind K. Goyal

Interested Parties:

Lamont Boswell – Illinicare Health
Paula Campbell - IPHCA
Blanca Campos – CBHA
Lia Daniels – IHA
Bret Deyo – Illinicare
Greg Lee – Meridian
Janelle Gray – IlliniCare
Jamesa Humphrey – Saint Bernard
Hospital
Lorrie Jones – NextLevel Health
Dani Kirby – IDHS/SUPR
Amber Kirchhoff – Thresholds
Nicole Lee – Access
Marvin Lindsey – CBHA
Juleigh Nowinski Konchak - CCH
Don Pinkstad – Amita Health
Dan Rabbitt – Heartland Alliance
Systems
S. Snyder – Access
Wanda Thom
Mike Welton – Molina Healthcare

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- I. **Call to Order:** The first meeting of the Detox Subcommittee was called to order on May 31, 2019, at 10:06 a.m., by Chair Kathy Chan who gave opening remarks. A quorum was established.

- II. **Introduction of Detox Subcommittee members:** HFS staff and stakeholders were introduced in Chicago and Springfield. Each new committee member self-introduced and gave a brief summary of their background as follows:

Sherie Arriazola – Safer Foundation

Thomas P. Britton – Gateway Foundation

Jeffrey Collord – Haymarket Center

Thomas Huggett – Lawndale Christian Health Center

Ronald Vlasaty, Jr. – Family Guidance Center

Background - Best Practices: At the last Medicaid Advisory Committee this new subcommittee was announced. The goal of this subcommittee is to answer some questions and to offer some recommendations to the full MAC and then to the Department on how to ensure that individuals who are in the Medicaid programs and who have Opioid Use Disorder (OUD) receive the help that is needed.

The work of this subcommittee should be wrapped up by the end of the year. Much of this work is coming from the assumption that providers who are at these detox facilities want to get those patients connected with the right resources, if and when they are ready to do so; and making sure that we are identifying and addressing those barriers, but also thinking about ways to improve the systems of care.

- Getting connected with evidenced based treatment
- Providing treatment that is right for them and that they want to be engaged in
- Providing the best opportunity for improved health outcomes and quality of life.
- Identifying what barriers exist and what efforts are necessary in order to help address these barriers and to help get to that end point, including:
 - Education barriers
 - Connection to care barriers

- Some of these recommendations, depending on what those turn out to be, could potentially be incorporated into the Integrated Health Homes, and the State Plan Amendments.

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Some practices and issues that we may want to consider:

- Warm Hand Offs
- Provide guidance to providers who are hesitant about sharing information due to privacy issues.
- What models that work at other facilities?
- More appropriate level of care – are they easily accessible?
- Connections to Care
- Individualized Care
- Coordination of Post Release
- Data Sharing
- Definition of Withdrawal (the physical process of the drug leaving the body)
- Linkage to care
- Individualized Care
- Incentives for providers
- Bundled Payments – to treat a patient in the correct environment with the right intervention.
- Re-admission Policy
- Increase public awareness and education on opioid use disorder

What happens to patients when they leave detox?

- Most are discharged without medication assisted treatment and are not given a follow up appointment or just told to call a certain number for follow-up with no assurance the patient will get to see a practitioner after discharge.
- Discharging patients before it is medically appropriate to discharge them.
- 90 percent of patients on the west side of Chicago may not receive follow-up care Discussion
- Homelessness – Inpatient Care
- Safe withdrawal when person is intoxicated
- Patient prep with follow up treatment plan
- Traditional in-patient detox programs - not working
 - Higher patient tolerance
 - Amount of opioid in patient system
 - Provide a more structured environment
- Methadone
- Value Based Payments – SB 1321 passed – It includes HFS convening stakeholders, to develop value-based payment for both mental health and substance abuse
- Supporting the criminal Justice population

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- Medication Assisted Treatment - MAT
- Abstinence – Difficult goal for most patients
- Active Engagement
- Designing the right packages of care so that Medicaid can work with the payors.

III. Proposed HEDIS 2002: Follow Up After High Intensity Care for Substance Use

IV. Next Steps

- Come up with hard recommendations and design policy around it
- Pilots – determining what works
- We encourage members of this committee, our stakeholders and members of the audience to contribute ideas.
 - We want to hear about best practices. We want folks to think creatively about what is working especially for those situations where there are some things that are working here in Chicago, Cook County and throughout the state as well as from other areas in the nation.

V. Adjournment – Kathy Chan motioned for adjournment and it was seconded by Thomas Huggett; meeting adjourned at 11:34 am.

Next Detox Subcommittee – To be determined.