Substance Use Disorder Intake, Screening, & Assessment (SUDISA) Workgroup Meeting Minutes

April 24, 2024, 9:05AM-10:30AM PST

Meeting Recording: Substance Use Disorder Intake, Screening, & Assessment (SUDISA) Committee - YouTube

☒	Kelley Sandaker, HCA	☒	Bethany Barnard	☐	Amy Ruge
☒	Michelle Martinez, HCA	☒	Brandy Branch	☒	David Sapienza
☐	Theresa Adkison, HCA	☐	Elizabeth Bridges	☐	Bergen Starke
☒	Amy Sawyer, HCA	☐	Dallas Delagrange	☐	Wayne Swanson
☒	Meta Hogan, HCA	☐	Charnay DuCrest	☒	Angela Tonkovich
☐	Michael Langer, HCA	☒	Alicia Egan	☐	Lashonti Turner
☐	Ruth Leonard, HCA	☒	Dominique Fortson-Jordan	☐	Daniel White
☐	Gayle Martinsen, HCA	☐	Trina Gallacci		
☒	Sarah Melfi-Klein, HCA	☒	Sarah Gillard		
☐	Melanie Oliver, HCA	☒	Ana Hartu		
☒	Eliza Tharp, HCA	☐	Garrett Leonard		
☒	Tony Walton, HCA	☐	Molly Martin		
☒	Rachel Downs, HCA	☒	Beth Myers		
☒	Brianna Peterson, HCA	☒	Katie Ramos		
☒	Cathy Assata	☒	Cara Reidy		

Meeting Attachments

- Meeting Agenda
- ScalaNW Slide Deck

Announcements

After meeting attendance was conducted by **Kelley Sandaker,** SURSAC/SUDISA Administrator, **Michelle Martinez**, Senior Project Manager, shared that the SUDISA Project Charter has been signed and finalized, including an updated Scope of Work. The Project Charter has also been uploaded to the SUDISA SharePoint Site, to which everyone should have received access to. It can also be reached here: https://stateofwa.sharepoint.com/sites/HCA-sudintake/

ScalaNW/HCA ED Bridge Program Presentation

Liz Wolkin, Occupational Nurse Consultant with Health Care Authority, shared a presentation on ScalaNW/HCA ED Bridge Program, which included:

- OUD in Emergency Departments (ED)
- Patient Outcomes
- Statistics charting number of OUD deaths and number of days since ED discharge
- Treatment Gap
- ScalaNW Bridge Program
    - Will offer 24/7 clinical consultation hotline and practice guidelines
    - Patient-facing portal with after-discharge support
- Enrolling hospitals will receive:
    - technical assistance
    - support for staff education
    - 24/7 scheduling for follow-up appointments
    - Data reporting on patient outcomes
- Psychiatry Consultation Line
    - 24/7 for prescribers
    - 8AM-5PM for non-prescribers
    - Funded by State of Washington and free to all callers
    - Staffed by University of Washington (UW) faculty psychiatrists and addiction psychiatrists
    - Recent specialized training on MOUD in the emergency department setting
- ScalaNW website and multiple resources that are available on demand
- Technical assistance
- Scheduling Line
- Capacity Building
- Enrollment Information

<u>Questions and Comments for Liz Wolkin RE: ScalaNW/HCA ED Bridge Program Presentation</u>

Q: Can the ScalaNW slide deck be shared with meeting attendees?

A: Yes, it will be shared.

Discussion and Process Mapping Presentations

Emergency Department Referrals to Community-based Substance Use Disorder (SUD) Services

Angela Tonkovich, Emergency Department Social Worker at Harborview Medical Center, shared about the different types of situations and scenarios they typically encounter in this setting.

- Harborview is the only level one trauma center in Washington, but also services Montana, Idaho, and Alaska
- Someone comes in seeking detox or substance use services, this is best case scenario (takes several hours, minimum 4, can be upwards of 12):

Shared scenarios of past cases included:

Scenario 1:

- Checked in, provided hallway bed if possible/available (summer can get especially overcrowded), doctor meets with them for basic medical evaluation, receive lab work; receive full set of labs for detox
- Once medically cleared (nothing acute to address, e.g., broken bone, heart condition), proceed with referral
- Meet with social worker, including screening, brief intervention, and referral to treatment (to remain level 1 trauma hospital, must do SBERT)
- See what patient's insurance coverage is, begin calling treatment facilities for referral to detox
- Has been challenging post-COVID, as many facilities closed
- When a detox/withdrawal management service has been identified, transportation is arranged (e.g., bus ticket); sometimes patients need to self-refer once they arrive

Scenario 2: Beds not available

- Do an assessment, try to provide patient with other resources (as many as possible), arrange for next day appointments if possible
- Best case scenario is actually to release them and allow them to continue drinking b/c trying to stop without withdrawal management support can be more dangerous

Scenario 3: Family/friends are concerned, patient may not be interested in getting help

- May or may not get a medical evaluation, might get psych evaluation instead (separate ED for psych patients – would be triaged to psych ER and receive a psych evaluation; friends and family would provide information for assessment)
- If patient is not at all interested in treatment but family insists and provider feels that they are at risk for themselves, provider can have designated crisis responder to facilitate involuntary treatment (Ricky's Law). If facilities are full and patient cannot get a bed, must be discharged even if they have been deemed danger to themselves

ED does not refer to inpatient treatment, although that may be the next step after detox (no pathways to refer to inpatient treatment from ED); someone may want to go straight to inpatient care but that's not possible through ED (beds need to be reserved for emergency needs/connection to detox and inpatient referrals take too long to justify holding an ED bed during that time)

Many EDs do not have 24/7 social work coverage, which is another barrier as ED nurses/providers rarely have time to coordinate this kind of care. (Harborview is unique in the level of social worker coverage available)

Questions and Comments for Angela Tonkovich RE: Emergency Department Referrals to Community-based Substance Use Disorder (SUD) Services

Q: If an individual comes to an emergency department seeking inpatient care, is it true that there no way for that referral to happen directly, even if they are not in need of withdrawal or detox in that moment?

A: That is correct.

Q: Is this a statewide experience or does this happen more to do with a region?

A: This is dependent on the hospital/facility and whether it is rural or urban.

Comments:

- A meeting attendee cited that many emergency departments do not have 24/7 social work coverage, which is another barrier as ED nurses/providers rarely have time to coordinate this kind of care.

Inpatient Hospital Referrals to Community-based Substance Use Disorder (SUD) Services

Beth Meyers shared her experiences with inpatient hospital referrals:

- Sometimes people in an inpatient hospital setting are not physically able to move to inpatient treatment (due to other health conditions or injury), but they can be prepared to go
- Assessments are often not available for a week or more
- State Plan Amendment to allow SUDP to provide services to include non-BHA settings (starting July 1, 2024), such as hospitals, FQHCs, primary care
- Services providers at treatment centers need to know that services can be initiated with a diagnosis and do not require level-of-care assessment
- Very little to no housing available to refer people to
- Can refer to recovery coaches (Real Team, Cares team)
- Outpatient treatment centers need an in-person intake (need to come to facility), have insurance approved, then schedule an assessment
    - Treatment centers may not be aware that they can conduct Brief Intervention prior to the full assessment process
- One issue w/assessments is that treatment centers can sometimes not accept the assessments already conducted by another agency/organization (incentive to do it themselves because assessments are billable)
- Very difficult to find treatment centers that accept Medicare (Fairfax in Monroe will begin taking Medicare)

Questions and Comments for Beth Meyers RE: Inpatient Hospital Referrals to Community-based Substance Use Disorder (SUD) Services

Comments:

- A meeting attendee cited that assessments are a part of the issue, but there is also a piece where an individual will have an assessment not being accepted at one agency due to it being given by another licensed agency, which also causes a timely issue for clients. I believe what should be addressed is removing the barrier regarding money. Agencies want assessments conducted by them so they can bill for it. Helping clients out at no cost is looked at as not being good business for these agencies.
- A meeting attendee cited that the upcoming changes from ASAM with its 4th Edition will greatly alleviate level of care assessment issues and help with the initial admission into residential facilities.

Primary Care Referrals to Community-based Substance Use Disorder (SUD) Services

David Sapienza shared his experiences with primary care referrals:

- An SUD can come up during evaluation of another condition
    - Positive screening requires follow up by a provider, and who that provider is will depend on the clinic
    - If there is not time to address it during the current visit, there can be problems/challenges with follow-up
    - Most will not be able to get immediate lab results
    - Provider conducts exam, which may result in an SUD diagnosis
        - MOUD offered in most FQHCs, and many providers will provide referral during same visit
        - Many will refer to withdrawal management; fewer will be comfortable referring to inpatient or outpatient treatment
        - Most primary care clinics will not have clear relationship with behavioral health agency (BHA)
        - Some clinics, especially FQHC, will have social workers trained to take on management of behavioral health referrals but not able to conduct ASAM assessment (general referral manager may not be as familiar with referrals to behavioral health services / BHAs)
        - Difficult to follow up on referrals once they are made
        - The assessment information is often there (known by staff, due to repeated care/interaction with patient) but not organized via formal assessment

Questions and Comments for David Sapienza RE: Primary Care Referrals to Community-based Substance Use Disorder (SUD) Services

Comments:

- A meeting attendee cited that although they have extensive experience in working in the mental health/substance use disorder field, they were unaware of the exhaustive list of barriers that primary care providers face in attempting to assist individuals get into treatment centers.
- A meeting attendee shared that they have heard Fairfax will start taking Medicare yet is left wondering if they will soon take all forms of Medicare plans. They have worked with other agencies, such as Cascade in the past and they didn't accept all Medicare plans.

Next Steps

1. Michelle and Kelley will continue to work on the table RE: breaking down current requirements for different services and will hopefully be able to share this by the next SUDISA workgroup meeting.
2. Michelle shared they will be moving into recommendation building soon.

Next Meeting

May 13, 2024 – 1:05PM-2:35PM PST

Addendum Items

Link to the public SUDISA webpage: SUD Intake, Screening, and Assessments (SUDISA) work group | Washington State Health Care Authority