Single County Authority Overview

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What is an SCA?

- SCA stands for Single County Authority
- SCAs are commonly referred to as the local County Drug & Alcohol Agency
- It is the responsibility of the SCA in each Pennsylvania county to plan and evaluate their community’s drug and alcohol prevention, intervention, and treatment services
- This includes the delivery and oversight of prevention; intervention/treatment; and treatment-related services pertaining to substance use and problem gambling disorders.
What is an SCA?

- While there are 67 counties in Pennsylvania, there are only 47 SCAs.

- Some counties have opted to share administrative costs by creating multi-county drug and alcohol agency referred to as “joinders.”
  
  Example: Armstrong/Indiana/Clarion Drug and Alcohol Commission, Inc

- To find your local SCA, visit the Department of Drug and Alcohol Program website
  
  https://www.ddap.pa.gov
What exactly does an SCA do?

They raise public awareness about the dangers of alcohol misuse, drug misuse and problem gambling, and offer resources related to addiction.

• Those resources include:
  
  • **Prevention programs**
    - Student support groups covering a variety of topics
    - Community programs on alcohol and other drug related topics
    - Student Assistance Program (SAP) consultation and liaison services
    - Specialized classroom programs and trainings for students, teachers, and other professionals
    - Public education, awareness and training regarding compulsive and problem gambling
  
  • **Intervention programs**
    - Alcohol and other drug awareness seminars
    - Providing specific outreach activities in locations where substance abusing individuals are likely to be
    - Group or individual sessions with youth or adults with problematic/risky substance use behaviors
    - Tobacco Cessation Programs
    - Narcan educational sessions
What exactly does an SCA do?

- **Case Management Services**
  - Confidential screening and level of care assessment for treatment
  - Link clients to the appropriate treatment services
  - Identifying community support services
  - Assist with funding for treatment services

- **Treatment services**
  - Four SCAs provide treatment services at the SCA
  - Most SCAs contract with providers for treatment services
  - Offer access to an array of treatment and treatment-related services:
    - Withdrawal Management (detox)
    - Inpatient Rehabilitation
    - Outpatient Services
    - Partial Hospitalization
    - Halfway House
    - Early Intervention
    - Recovery Support Services

* Prior to accessing treatment services, the individual must be screened and a level of care assessment must be done to determine the most appropriate level of care
DDAP defines screening as the determination of the need for emergent care services. Screening is setting the stage for subsequent interventions. This is the first activity that is provided to an individual that is attempting to access services.

- Screening can be done by the SCA or the SCAs contracted screening and level of care assessment provider.

- All individuals must be screened. If a screening is not completed, the SCA or contracted provider must document the reason in the file.

- Screening is provided 24 hours a day, seven days a week by a trained professional. Screening can be conducted by telephone or in person. Whenever possible, screening must be done by speaking with the individual who may be in need of services.
Screening for Drug and Alcohol

• Referrals may come from a number of different entities including: intake units, emergency rooms, the criminal justice system, juvenile justice system, primary health care providers, individual practitioners, mental health agencies, child welfare system, family, employers, self-referrals, schools, treatment facilities, clergy, and other social service agencies.

• Payment entities such as MCO’s have a procedure for accessing treatment that typically involves some type of screening & assessment. You will need to check with the payer for specific procedures on how to access D & A treatment services.
Screening for Drug and Alcohol cont.

Purposes of screening include:

1. To obtain information to ascertain if emergent care is needed in the following areas:
   a. Psychiatric Care
   b. Prenatal Care
   c. Withdrawal Management (detox)

2. To motivate and refer, if necessary, for a Level of Care (LOC) assessment or other services. After-hours screening does not require the ability to schedule a LOC assessment.

3. To identify individuals being referred by an emergency room or urgent care facility following an overdose.
DDAP screening tool contains:

1. Date of initial contact;
2. Demographic information;
3. Appointment date for LOC assessment (if appropriate);
4. Questions to determine the need for emergent care in the identified areas on the previous slide
5. Identification of individuals who have been referred by an emergency room or urgent care facility following an overdose.
Any SCA staff or provider staff conducting screening and/or assessment must have training on the tools.

DDAP offers training on Screening and Assessment several times a year which can be arranged through our Training Division.

Other screening tools are available on SAMHSA website
https://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs
Warm Handoff

DDAP defines an overdose as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol.

SCA are required to have polices/procedures in place that outline how they will coordinate with local hospital to address the needs of individuals who have experienced an overdose.

Screening is the primary function that happens in the ED and other parts of the hospital that starts the warm handoff process to evaluate a clients emergent care needs.

If a client is screened and it is determined they need withdrawal management (WM/detox), a referral is made immediately to the withdrawal management provider.

SCAs already have contracts and procedures in place with WM/detox providers to expedite a seamless process for a clients entry into treatment.
Warm handoff models across the state:

**SCA Agency Model:** The SCA staff provides screening and level of care assessment services for local healthcare facilities and Emergency Departments (ED).

**Contracted Provider Model:** The SCA contracts with a provider(s) to perform screening, level of care assessment or referral to services within hospital EDs.

**Certified Recovery Specialist (CRS) Model:** CRSs provide screening and referral to a provider qualified to conduct the level of care assessments (LOCA) and referral to treatment. The CRS can be employed by the SCA or a contracted provider. The CRS cannot complete a LOCA.

**Treatment Provider Model:** The SCA contracts with a local treatment provider and monitors to ensure staff are performing screening LOCA and referrals to services within hospital Eds. In some instances, the treatment provider may be hospital owned/affiliated.
Warm handoff models across the state continued:

**Direct Referral to Treatment by Hospital Staff Model:** The hospital Social Worker, withdrawal management personnel, or other hospital staff assists a patient with referral directly to treatment. This may occur through a special arrangement that the SCA has with the hospital or by the hospital staff, independent of the SCA. It is the expectation that the SCA would be engaged in some level of relationship/arrangement with the hospital or receiving treatment provider as it relates to warm handoff reporting and authorization of funding, when necessary.

**DDAP Approved Model:** The SCA can present another alternative not otherwise mentioned in this Section or a combination of any of the above for DDAP approval.
Level of Care Assessment

- Following a screening, typically a Level of Care assessment (LOCA) is completed.

- LOCA is a face-to-face interview to ascertain treatment and treatment-related needs of an individual based on the degree and severity of substance use through an interview that evaluates an individual's personal history, medical, emotional, social, occupational, educational, and family information.

- For SCAs and providers, DDAP requirements state a level of care assessment must be completed within seven calendar days from the date of initial contact with the individual.

- The assessment must be completed in its entirety in one session prior to referring the individual to the appropriate level of care, except when the individual is in need of detox or if other emergent care needs are identified.

- In order for the individual to go to the next level of care or switch levels of care, the individual must meet the ASAM clinical criteria for that level.
Components of the level of care assessment are as follows:

- Date of initial contact and date of assessment
- Demographics, Education, Employment
- Physical Health
- Behavioral and Emotional Health
- Drug & Alcohol usage
- Abstinence and recovery periods
- Family/Social/Sexual
- Social service agency program involvement, child welfare involvement, and residential treatment
- Abuse
- Legal Issues
- Gambling
- Potential barriers to treatment

**Assessment summary:** clinical impressions, level of care determination/ASAM and other special needs considerations, referral to LOC and provider, and interim services (if applicable).
In order to determine the appropriate LOCA, the individual conducting the LOCA assessment must apply ASAM criteria.

The components of the LOCA assessment help with gathering the background information needed for completing the 6 different dimensions used in ASAM.

Clinicians use the level of care assessment to determine the most appropriate level of care (Withdrawal Management, Rehab, Partial, Outpatient, Early Intervention) for the individual.

Level of care assessment must be completed accurately to reflect the recommendation of the assessor based on ASAM criteria.

The placement determination should be based on what the client actually needs and not what the client or the referral source is requesting.
Level of Care Assessment & ASAM

Adolescent Placement Summary Sheet uses the following dimensions to make treatment recommendations:

- D1. Acute Intoxication and/or withdrawal potential
- D2. Biomedical conditions and complications
- D3. Emotional/Behavioral or cognitive conditions or complications
- D4. Readiness to change
- D5. Relapse, continued use or continued problem potential
- D6. Recovery environment

Staff completing the Placement Summary Sheet must complete at least two days of ASAM training to understand the criteria necessary to make well-informed treatment decisions.

For information on training for Screening/Assessment, D & A Confidentiality or ASAM, please go to the DDAP website.
Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidenced based program designed to prevent and address substance use disorders.

SBIRT screens for many different types of substances and is designed to be brief, provide tailored feedback and make direct referrals for treatment.

The Screening, Intervention and Referral must all be done in order to be considered SBIRT.

SBIRT can be performed in a variety of settings. It does not have to be performed by only primary and acute healthcare professionals.

Three of the most widely used screening tools are the Alcohol Use Disorders Identification Test (AUDIT), the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) and the Drug Abuse Screening Test (DAST).
DDAP contracts with a private provider for administrative oversight and training of SBIRT program.

Not all SCA have an SBIRT program

Special training is required to use the SBIRT model

More information about SBIRT and grantees can be found:

https://www.samhsa.gov/sbirt

Additional tools can be found on SAMHSA’s website:

https://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs
Thank you!

We will answer any questions you may have.

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Please share your tools and resources!

Email  mkenyon@haponline.org
Future Opioid LAN Events

Regional Meeting (Virtual)

Northeast Regional Organizations ONLY
June 18, 2020 at 11 a.m.—12:30 p.m.