

# Blair County, Pennsylvania Creates a National Model for Integrating SUD Recovery Support into the Emergency Department

Blair County is getting creative in its approach to helping people affected by substance use disorder (SUD). The Blair County Drug and Alcohol Program (BCDAP) is taking the hub-and-spoke model to the next level by embedding Certified Recovery Specialists (CRS) in the emergency department of University of Pittsburgh Medical Center (UPMC) Altoona. This partnership allows for referrals to be made for patients in need of SUD treatment without a distinct, signed consent to disclose protected health information to BCDAP. Providers at UPMC Altoona can thus utilize this model to coordinate SUD care with on-site CRS.

## How It Works

BCDAP, Blair County's Single County Authority, utilizes a hub-and-spoke model to provide prevention, intervention, pre-engagement, outreach, treatment, and coordinated care with providers within the community. This coordinated care is individualized for each patient and addresses the entire spectrum of available treatment and prevention options.

Prior to January 2019, UPMC Altoona's emergency department only provided warm handoff referrals for individuals who agreed to participate in, and signed a privacy release form for, SUD treatment services.

On January 2, 2019, UPMC Altoona and BCDAP entered into an agreement that allowed CRS to be embedded in the hospital staff.

This partnership allows patients to be referred to consultation and treatment without a separate signed consent; the CRS is instead included as a part of the consent to treat when the patient first seeks medical services.

Consequently, Blair County can by-pass duplicative consent procedures to help patients in need to receive more complete and coordinated care.

In an effort to engage patients who may resist seeking treatment, any patient seen in the emergency department or admitted to the hospital that a medical professional has identified as in need of recovery services for SUD is referred for a consultation, regardless of whether the patient has requested such consultation.

This practice has increased patient engagement, which in turn has increased patients' likelihood of starting down the path to recovery through treatment, case management, care coordination, and community-based peer support.

## Preliminary Outcomes

In the first year of the program, BCDAP facilitated 116 warm handoffs, 27 of which were for overdose survivors. Over the following six months, 98 warm handoff contacts were made, 30 of which were overdose survivors.

In the four months following the onset of the CRS Program, the number of warm handoff contacts has increased by more than 230% compared to the prior six months.

- The first month of the program alone saw a 600% increase in patient contacts compared to the previous 30-day period.
- Engagement in treatment also increased by more than 300% in the first month.
- The program was able to save more than \$16,000 in unnecessary inpatient psychiatric stays in its first month alone through the practice of peer support engagement.

For more information, visit [warmhandoff.org](http://warmhandoff.org) and the [Pennsylvania Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) Project](#).