

# Detox Provider Symposium Notes

## 2-20-09

*In attendance:* S. Haskell, T. Henderson, W. Leach, J. Henderson, B. Haimovitz, C. Bell, P. Dewsbury, G. Acevedo, M. Minzey, E. Charyn, S. Seikel, L. Lindsay, R. Page, D. Washington, L. Huser, R. Rademacher, D. Reimer, D. Panting, E. Cherry, C. Thornton, J. Patton, D. Kane, R. West, C. Maddix, B. Thrasher, R. Brown, D. Jacobs, K. Lewis, P. Ryan, R. Anderson, B. Washington, J. Balicki, J. Harden, Dr. Myers, M. Guerra, L. Allen, A. Slickers, M. Hooper, T. Tadam

Meeting called to order at 9:40 am

Representative from each provider in attendance shared a program description.

The group was divided by Management focus and Medical focus for detailed discussions.

### **MANAGEMENT GROUP**

#### **1. BED MANAGEMENT**

Judges interpretation of law varies by circuit / judge on receiving facilities.

Wet shelters discussed – funding issues: potential resources are HUD \$ and reinvestment act dollars.

Involuntary assessments/ Marchman Act clients

#### **2. DISCHARGE MANAGEMENT**

#### **3. LICENSED CAPACITY**

#### **4. UTILIZATION OF NON-FUNDED BEDS**

Want to make use of empty beds. Discussion on potential of allowing other physicians admitting privileges

#### **5. RELATED PARTIES IN DETOX**

Ex-parte' issues

#### **6. REPEAT CUSTOMERS**

“A reality of what we do”

Two approaches discussed: #1) 3 strikes your in – three trips to detox and you will be placed into treatment. (used at CFDFL) #2 Motivational interviewing “we will meet you where you are (used at Charlotte Behavioral)

#### **7. MEDICAL CLEARANCE**

“acute care task force” is one way to deal with issues.

#### **8. CO-OCCURRING MANAGEMENT**

Discussion on medications for co-occurring clients: Sometimes takes long time to get psychiatric medications for clients.

#### **9. SECURITY / SAFETY**

Contraband on the unit

Smoking policies discussed. Stewart Marchman described their non-smoking facility; they provide patches and gum for clients and staff.

#### **10. INFECTION CONTROL**

MRSA infection discussed

CDC.gov has MRSA training on power point in public domain.

TB discussed

#### **11. COMMUNITY INTERACTION/ EXPECTATIONS**

Trying to be everything to everybody with limited resources

**12. INNOVATIONS**

Electronic records – Charlotte Behavioral uses *Australasia* system  
*Watchdog* is used at ACTS – the COO can login and see the facility from a remote location.

Transitioning within detox - Universal consent form that Marcia Monroe developed will be shared

**13. ADOLESCENT UTILIZATION**

**MEDICAL GROUP**

**1. SUBOXONE: DETOX / MAINTENANCE**

***ACTS:***

4 day detox protocol  
Patent paid meds  
Self-pay only suboxone detox  
Link with providers for maintenance  
Up to 21 day “take home” w/ verified follow-up appointment

***SWFAS:***

Cows protocol  
Agency provides medications  
8-10 days withdrawal

***CFDFL:***

Methadone or suboxone  
People do better on maintenance

***Stewart Marchman:***

Stock it on unit  
Not an outpatient prescription  
5,8,10 day protocols  
Weekly doctor visits- medication management  
Group therapy – weekly  
\$1,200 / 2 ½ months outpatient

UF ⇒ 3 months of suboxone maintenance then taper 50-60% off after 6 months.

**2. OUTPATIENT MEDICAL DETOX: FUNDING /PROTOCOLS**

Fund cost it out  
Do it /protocols  
OP program w/ medication on an outpatient basis  
Opiates w/ taper  
Suboxone ⇒ induction daily x 3, weekly – 2 group session and 1 individual session

**3. ASSESSMENT TOOLS BEING USED**

History  
Bio-psychosocial  
Nursing assessment  
Physical  
Beck Inventory

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MDQ

Doctor's history and physical

**4. PAIN MANAGEMENT**

Stewart Marchman: Private pay / insurance

ACTS: Move folks to Suboxone

**5. NURSE RECRUITMENT /RETENTION / PAY**

Adequate pay

\$23-25 / \$22-26 – RN

\$16-20 – LPN

7 times re-hired

Opportunity to certify

In-house training (CARN)

**6. BENZODIAZEPINES**

10 Tri-County

7-10 days

**7. SEIZURE MANAGEMENT – AVOIDANCE**

MONITOR

ID high risk folks

**8. ADMIT PROCESS / SEARCHES**

Lunch discussion was held on the new State initiative to increase the rate of transfers from detox to next appropriate level of care. Southwest Florida Addiction Services and the Center for Drug-free Living are both participating in this initiative and encourage other detox providers to commit to the process. The access to Crystal Reports is one benefit of participation. Contact Sheila Barbee at DCF or Polly Ryan at FADAA if interested.

**NEXT STEPS:**

- ✓ Hold the next Detox Symposium at FADAA Annual Conference in August.
- ✓ FADAA to continue a web page dedicated to detox providers. The site will have contact information and will be a place to post articles of interest, share forms, etc. A blog will be created to facilitate open and fast communication among providers. Notices will be set periodically to providers to “check the web site for recently posted information” rather than list serve communications which tend to bog down emails.
- ✓ Create a workgroup to examine the potential of open admitting privileges for other physicians.
- ✓ Hold other symposiums for other like-provider groups.
- ✓ Discuss further:
  - Data collection issues
  - What should the outcomes of detox be?
  - How do we measure outcomes?
  - What is the purpose of detox?
  - Standardization
  - CQI