

### ***What is a substance use navigator (SUN)?***

A SUN is a care coordinator and an integral team member working to improve access to treatment for substance use disorder (SUD) within the context of the California Bridge Program (CA Bridge) model. The SUN is embedded within either an emergency department or an inpatient setting to assist patients with SUDs, including patients who have been started on buprenorphine treatment for opioid use disorder (OUD).

SUNs conduct initial brief assessments, introduce patients to treatment programs, including programs that provide medications for addiction treatment (MAT), expedite appointments at MAT-capable clinics, serve as the primary coach for their clients, and maintain ongoing contact with their panel. They also assist with access to other services such as financial counseling, primary care, mental health services, social services, and residential treatment facilities.

SUNs are the link to the community. They outreach to treatment partners and facilitate transitions from the hospital to outpatient treatment. SUNs also provide a link to organizations and individuals seeking treatment.

A SUN is sometimes known as Treatment Navigator, Treatment Coordinator, Medication for Opioid Use Disorder Navigator, MAT Navigator, Patient Navigator, Linkage Coordinator, Care Coordinator, etc.

### ***What credentials should the SUN have?***

There is no specific degree, certification, or training requirement to be successful as a SUN within the CA Bridge model; intensive training and individualized technical assistance to SUNs are integrated throughout the course of the program. The SUN may have a designation such as certified drug and alcohol counselor or licensed clinical social worker, though the most important requirement is that they are nonjudgmental, energetic, and positive. A sample job description is available on the CA Bridge website (resources listed below).

### ***Who employs the SUN?***

The SUN can be employed by a hospital, health system, staffing group or clinic that provides MAT as a 1099 contract worker, full-time or part-time employee or per diem.

### ***Who supervises the SUN at my health care facility?***

The SUN can be supervised in a number of ways. Possible models include:

- A nurse manager acts as direct manager and manages activities such as hiring and administrative duties; ED or inpatient champion co-supervises day-to-day activities.
- A staffing group manages activities such as hiring and administrative duties; County Department of Public Health MAT program manager provides day to day supervision e.g. San Mateo Behavioral Health & Recovery Services Integrated Medication Assisted Treatment (IMAT).
- In the case that a clinical team already has embedded staff in the ED, grant funding is used to add staff & hours to provide full coverage embedded service.
- The SUN can be embedded into an existing team such as case management or social work.

### ***What training should the hospital provide to SUNs receiving support from the CA Bridge program?***

The SUN should participate in site-specific training to onboard with their health care facility, including orientation with the hospital, EMR, safety/infection control procedures (ie PPE), and other training as required for new personnel. In addition to site-specific training, education on the scientific model of addiction treatment, harm reduction, motivational interviewing, and trauma informed care are essential to providing the level of support necessary to patients with substance use disorders. (See resources listed at the end of this document).

All SUNs participate in an ongoing and intensive training program with the CA Bridge team. SUNs are offered a comprehensive set of trainings and materials that include in-person instruction throughout the course of the SUN Training Series and coaching calls with CA Bridge subject matter experts.

### ***What are some legal considerations for SUNs?***

SUNs offer an array of general treatments services and need to follow HIPAA and hospital specific compliance. Some hospitals have mistakenly interpreted 42 CFR as a barrier to providing MAT in the ED. ED programs are a part of general medical care and do not fall under 42 CFR Part 2 which guarantees confidentiality for people seeking treatment for substance use disorders from federally assisted programs. More information on 42 CFR Part 2 is available through the Substance Abuse and Mental Health Services (SAMHSA) [Disclosure of Substance Use Disorders](#) and [42 CFR Part 2 Revisions](#).

### ***What should a new SUN do first?***

SUNs will need to connect with their clinical champion and with other site resources such as case management and social services before beginning patient interaction activities. SUNs are expected to adapt and guide culture change at their site. SUNs should work with the CA Bridge program regional director assigned to their site for personalized guidance.

### ***Is the SUN considered a medical provider?***

The services a SUN provides is not legally considered to be medical care. Although funding to hire a SUN may come from a variety of places, any actions that are directly related to patient care, such as the SUN's cell phone, need to be provided by hospitals in accordance with individual site policies.

### ***What supplies will a SUN need to operate?***

The SUN will need a cell phone with service provided by the health care facility. They will also need access to their health system EMR.

### ***Is this person expected to travel within the community surrounding their site?***

Yes. The role of the SUN is to connect patients with community resources and to link them from the hospital. This will involve SUNs to travel to community partners in order to form ongoing relationships. SUNs may be eligible for travel cost reimbursement based on the policies of their site. SUNs will receive significant training to help them identify the most important stakeholders in their community to support their work.

### ***How do SUNs track the patients they see?***

SUNs should track patient encounters as this data is important to illustrate trends and quality improvement insights. Each site can tailor how they keep track of their patients. We recommend a referral system for the SUN to follow up with patients seen in the hospital after hours and on weekends. Some options include a secure message line, a shared patient list in the EHR, or secured physical list in the ED.

### ***How do I recruit a SUN for my site?***

There are many organizations that can help identify an exceptional candidate for this role. Your regional coordinator also may be able to advise on resources for your organization. Some resources to consider include:

- [Harm Reduction Coalition](#)
- [California Opioid Safety Network](#)
- [Mentoring In Medicine and Science](#)
- Local MAT clinic, FQHCs, Departments of Public Health etc.
- Patient Care Navigators, Scribes, Case Managers, Community Outreach Workers, Health Coaches, etc can be trained into the role
- Local CADC/CDAC/CATC (Certified Alcohol and Drug Counselor/Certified Drug and Alcohol Counselor/Certified Addiction Treatment Counselor) training programs (as long as training is based on the medical model, evidence based, & supportive of MAT as opposed to training and approach based on the social model or abstinence-based model)

### ***What options are there for paying for a SUN?***

Generally if a SUN is not a licensed mental health provider or a certified drug and alcohol counselor, their services are not reimbursable under Medi-Cal. Several funding opportunities have been opening up to support activities in California related to increasing access to treatment including [Sierra Health Foundation](#), and Department of Health Care Services (DHCS) [California MAT Expansion Project](#), among others. While hospital-based navigators or counselors can support hospital-based buprenorphine starts, they are not required in order to begin prescribing buprenorphine for OUD.

### ***Will a SUN save my health system money?***

Most likely. Research has proven the [cost-effectiveness of screening, brief intervention and referral to treatment](#)<sup>2</sup> with some variability based on patient and SUN characteristics. More analysis on this topic is under way.<sup>3</sup>

## **RESOURCES**

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California Bridge Program [www.bridgetotreatment.org](http://www.bridgetotreatment.org)

Sierra Health Foundation MAT Access Points [www.mataccesspoints.org](http://www.mataccesspoints.org)

California Department of Health Care Services (DHCS) MAT Expansion Project [www.californiamat.org/](http://www.californiamat.org/)

Mentoring In Medicine and Science [www.mimscience.org](http://www.mimscience.org)

Harm Reduction Coalition [harmreduction.org](http://harmreduction.org)

California Opioid Safety Network [californiaopioidsafetynetwork.org](http://californiaopioidsafetynetwork.org)

Mentoring In Medicine and Science [www.mimscience.org](http://www.mimscience.org)

## REFERENCES

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2. Clemans-Cope, L., Benatar, S., Epstein, M., & Holla, N. (2018). *Potential Cost Savings Associated with Providing Screening, Brief Intervention, and Referral to Treatment for Substance Use Disorder in Emergency Departments*. Retrieved from [https://www.urban.org/sites/default/files/publication/98535/2001854-\\_potential\\_cost\\_savings\\_associated\\_with\\_sbirt\\_in\\_emergency\\_departments\\_rapid\\_review\\_finalized\\_1.pdf](https://www.urban.org/sites/default/files/publication/98535/2001854-_potential_cost_savings_associated_with_sbirt_in_emergency_departments_rapid_review_finalized_1.pdf)
3. Alla J., Collins D., Englander H., Gregg J., Gullickson D.J., Nicolaidis C., Patten A. (2019). "If It Wasn't for Him, I Wouldn't Have Talked to Them": Qualitative Study of Addiction Peer Mentorship in the Hospital. *J Gen Intern Med*. doi: doi: 10.1007/s11606-019-05311-0. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/31512181>

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California Bridge disseminates resources developed by an interdisciplinary team based on published evidence and medical expertise. These resources are not a substitute for clinical judgment or medical advice. Adherence to the guidance in these resources will not ensure successful patient treatments. Current best practices may change. Providers are responsible for assessing the care and needs of individual patients.

Documents are periodically updated to reflect the most recent evidence-based research. Materials provided through the California Bridge may be utilized for the sole purpose of providing information for the treatment of substance use disorders. Such materials may be distributed with proper attribution from the California Department of Health Care Services, Public Health Institute, California Bridge Program. Questions may be submitted via email to [info@BridgeToTreatment.org](mailto:info@BridgeToTreatment.org).

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