ZOOM MEETING REMINDERS

Thank you for joining today's SOR 3.0 TAP SBIRT Kickoff Webinar!

To create a positive meeting environment, we ask that you:

- Remember that all participants are muted upon entry to the call. To unmute yourself follow the directions below:
  - If joining by phone, press *6 to unmute yourself.
  - If you are joining on your computer, hover over your name in the participant list and click unmute to unmute yourself.
- When you are not speaking, please put your phone on mute to avoid any background noise.
- Please join with the video option if you are able.
- Please use the chat feature to ask questions or provide feedback throughout the meeting.
- Please do not put the call on hold as it will play your hold music or a dial tone for all other attendees.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

STATE OPIOID RESPONSE GRANT 3.0 YEAR 2 TIER 3.A: *SCREENING, BRIEF INTERVENTION, REFERRAL TO TREATMENT (SBIRT) KICKOFF WEBINAR*

JANUARY 16, 2024

DSAMH SOR 3.0 Y2 SBIRT KICKOFF WEBINAR

WELCOME!

PLEASE TAKE A MOMENT TO UPDATE YOUR ZOOM NAME TO INCLUDE YOUR AGENCY NAME AND INTRODUCE YOURSELF IN THE CHAT.

AGENDA

- Welcome & Introductions

- Overview: SOR 3.0 Year 2 SBIRT Implementation

- Introduction to the Delaware Treatment and Referral Network

- The SBIRT Model: *Components of SBIRT, Evidence Base, and Common Workflows*

- Open Discussion and Q&A

- Next Steps and Wrap-Up

OVERVIEW: SOR 3.0 YEAR 2 SBIRT IMPLEMENTATION

BACKGROUND/CONTEXT

- DSAMH, as part of its State Opioid Response (SOR) 3.0 Grant, oversees the implementation of evidence-based strategies to address the opioid and stimulant use epidemics.

  - The Tier Award Program (TAP) is a DSAMH initiative to award SOR funding to expand the State's capacity to engage and serve populations with OUD/STUD.

OVERVIEW: SOR 3.0 TAP TIER 3.A

- **<u>TIER 3.A:</u> Projects to implement OUD/STUD screening, brief intervention, referral to treatment, (SBIRT) and follow-up.**

  - SBIRT is a comprehensive, integrated approach to the delivery of early intervention and referral into treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Outpatient medical practices (including primary care practices, Federally Qualified Health Centers, women's health practices, infectious disease practices, dental practices, physical therapy, ophthalmology practices, etc.), hospital-based health systems (including emergency departments), and other community settings provide opportunities for early intervention with individuals at risk for SUD before more severe consequences occur.

OVERVIEW: SOR 3.0 TAP TIER 3.A *(CONT'D)*

	TIER 3.A
Purpose	Projects to implement OUD/STUD screening, brief intervention, referral, and follow-up
Max Award	$75,000
Awarded	17

Tier 3.A Provider Types:

Chiropractic Practices

Maternal & Child Health Organizations

Non-Profits focused on Veterans' Health Needs

Non-Profits focused on SDOH and Trauma-Informed Care

Primary Care Practices

OVERVIEW OF SBIRT TECHNICAL ASSISTANCE ACTIVITIES

Activity	Description	Dates
SBIRT pre-implementation survey	This survey was administered to understand awardees' knowledge about the SBIRT model, and to use learnings to inform all TA sessions.	• December 2023 *(Thank you for completing!)*
Virtual peer learning cohort series	These virtual meetings will convene SBIRT awardees for TA and peer learning on SBIRT implementation. Register online at https://atrc.dhss.delaware.gov/training-technical-assistance#technical_assistance.	• 1/16/2024 at 12-1pm • 2/13/2024 at 12-1pm • 5/21/2024 at 12-1pm • 9/17/2024 at 12-1pm
1:1 Technical Assistance	Tailored TA will be available as needed throughout the project period	Ongoing

OVERVIEW OF SBIRT TA ACTIVITIES *(CONT'D)*

Activity	Description	Dates
Completion of online SBIRT modules. See: http://tinyurl.com/SBIRT3a	This is a free, 3-hour, self-paced course to help participants develop their knowledge, skills, and abilities in using SBIRT as an intervention with patients.	• Certificates of Completion due to your Program Integrity Specialist by February 2, 2024.
In-Person SBIRT Training	This training will give participants an opportunity to practice SBIRT skills, with emphasis on motivational interviewing skills through role playing.	• Spring 2024 (Date TBD)
Note: All event details for the SBIRT TA cohort will be emailed and made available on the ATRC Website calendar: **https://atrc.dhss.delaware.gov**.		

UNIVERSAL MEASURES

Tier 3.A required universal measures to be reported monthly:

Due	Screened	Positive	Referred	Follow-up	Engaged
Number of unduplicated clients who were due for a screening in the last month.	Number of unduplicated clients who were due for a screening in the last month who were screened.	Of those screened in the last month, the unduplicated count of those who were positive.	Of those that screened positive in the last month, the unduplicated count of those who were referred to treatment.	Of those that were referred to treatment in the last month, the unduplicated count of those who received follow up to ensure a successful connection to treatment. • Follow up 1st attempt success rate between 1- 14 days • Follow up 2nd attempt success rate between 15 - 30 days • Referral refused	Of those that screened positive in the month before last, the unduplicated count of those who were connected/engaged in treatment in the last month.

DATA REPORTING DEFINITION RESOURCE

SOR 3.0 TAP Data Definition are available on the ATRC website

- Defines terms used throughout the universal measures
- Does NOT define terms used by sub-awardees to define unique proposed performance measures.

Questions? Use the TA request form: https://tinyurl.com/TAforSOR

TAP TIER 3.A PROGRAM MONITORING AND OVERSIGHT

Program Integrity Specialists

- Oversight and progress monitoring, and guidance to help awardees comply with funding requirements.
- Support focuses on:
  - Financial reporting
  - Performance measurement
  - Compliance with laws and regulations
- Approach: Check-in Calls and Site Visits

INTRODUCTION TO THE DELAWARE TREATMENT AND REFERRAL NETWORK

DELAWARE TREATMENT AND REFERRAL NETWORK

INTRODUCTION TO DTRN

Annalisa Johnson (DSAMH) DTRN eReferral Specialist

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Substance Abuse and Mental Health

DSAMHCARES360@Delaware.gov   302-553-1300

FEATURES OF DTRN EREFERRAL (OPENBEDS)
DELAWARE TREATMENT AND REFERRAL NETWORK

🛡️	**Decision support for providers and consumers**, including detailed inclusions and exclusions criteria for specific services to ensure quality referrals to treatment
📋	**An inventory of outpatient and inpatient services**, including available psychiatric, crisis, dual diagnosis, withdrawal management, and residential treatment beds and wait times
👥🏢	**A registry of social service resources** available for direct or indirect referrals
📧	**Secure 2-way provider communication** for the digital exchange of necessary patient information, such as medical records and consent forms
💻	**Comprehensive data aggregation and analytics capabilities**

With this real-time online inventory of services, we've seen a **statewide increase in referrals for treatment, as well as reduced referral times...** Moving to electronic referrals means our clinicians can complete prior authorizations quickly and ensure a smooth admission process for our most vulnerable populations.

Joanna Champney
Division Director
Delaware Division of Substance Abuse and Mental Health

THE SBIRT MODEL: *COMPONENTS OF SBIRT, EVIDENCE BASE, AND COMMON WORKFLOWS*

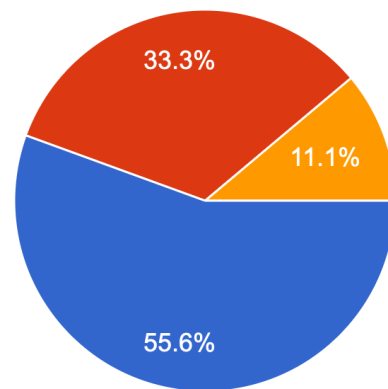AMY SHANAHAN, OPIOID RESPONSE NETWORK

What is your self-described level of expertise on the SBIRT Model?

9 responses

- Low (I am new to this concept)
- Medium (I know a little bit, but need more education and implementation coaching)
- High (I fully understand the concept and have had practice implementing SBIRT previously)

HIGHLIGHTS FROM SBIRT SURVEY RESPONSES

All the following are true of Screening, Brief Intervention, and Referral to Treatment (SBIRT) except:

9 responses
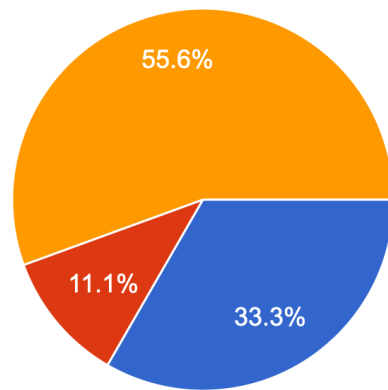
- 🔵 SBIRT provides an opportunity to reinforce positive health behaviors
- 🔴 SBIRT is intended to identify patients with mild to severe substance use problems
- 🟠 SBIRT requires that physicians provide specialized substance abuse treatme…
- 🟢 SBIRT is effective for patients using multiple substances
- 🟣 I do not know
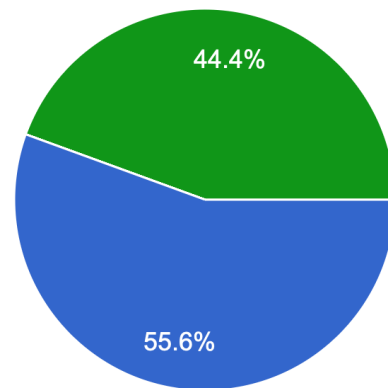
Pie chart values: 55.6%, 33.3%, 11.1%

HIGHLIGHTS FROM SBIRT SURVEY RESPONSES

Brief interventions are most sufficient for:

9 responses

- 🔵 Everyone
- 🔴 Patients with mild substance use problems
- 🟠 Patients with severe substance use problems
- 🟢 No one—a brief intervention is the first step to having conversations with people about their substance use
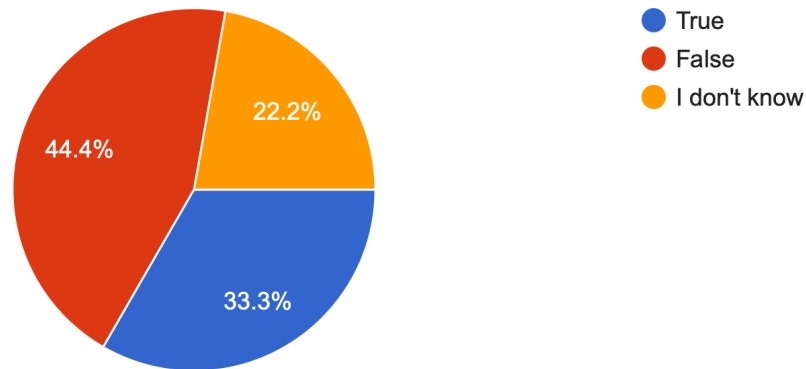- 🟣 I do not know

When performing a brief intervention, a patients' acceptance of their diagnosis is essential for change.

9 responses

Legend:
- True
- False
- I don't know

44.4%
22.2%
33.3%

Introduction to SBIRT
Screening, Brief Intervention, Referral to Treatment

Amy Shanahan, MS, CADC

Working with communities.

✧ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.

✧ Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

Working with communities.

- ✧ The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.

- ✧ *ORN* accepts requests for education and training.

- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.

Contact the Opioid Response Network

✧ To ask questions or submit a request for technical assistance:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900
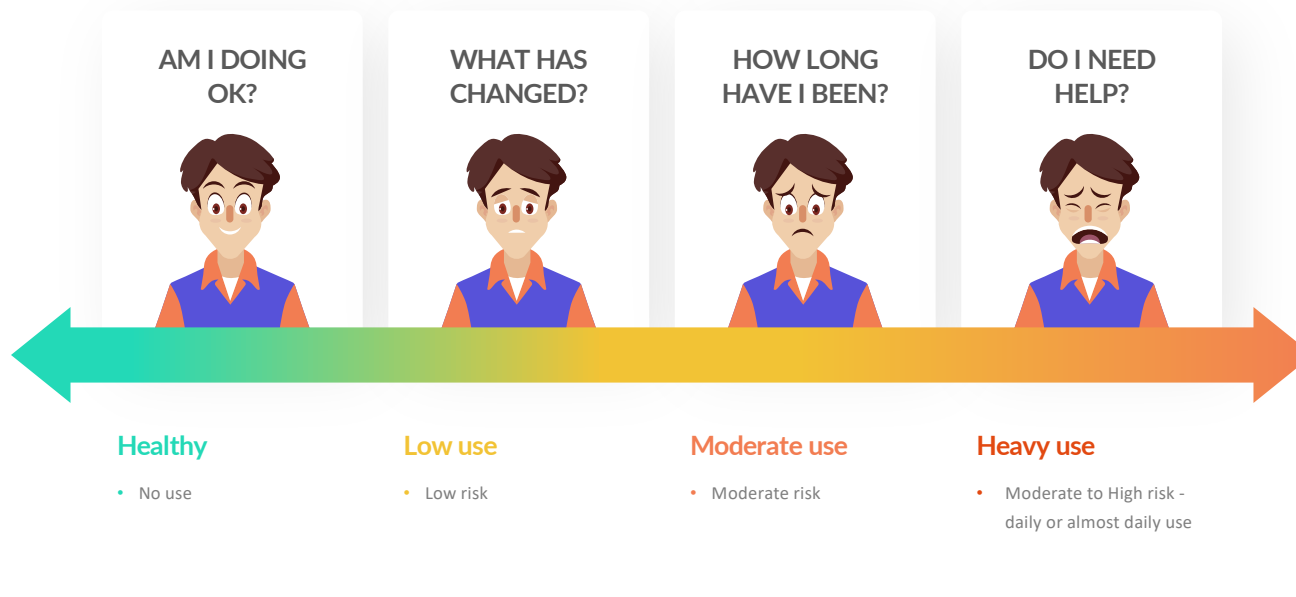
Objectives

- ✧ Review continuum of substance use

- ✧ Define aspects of SBIRT

- ✧ Distinguish high risk and disorder

- ✧ Examine flow of SBIRT

- ✧ Identify aspects of effective brief interventions

- ✧ Provide additional resources

Continuum of Substance Use

AM I DOING OK?

WHAT HAS CHANGED?

HOW LONG HAVE I BEEN?

DO I NEED HELP?

Healthy
- No use

Low use
- Low risk

Moderate use
- Moderate risk

Heavy use
- Moderate to High risk - daily or almost daily use

Continuum of Substance Use

AM I DOING OK?

Healthy

- No use
- No risk

Continuum of Substance Use

WHAT HAS CHANGED?
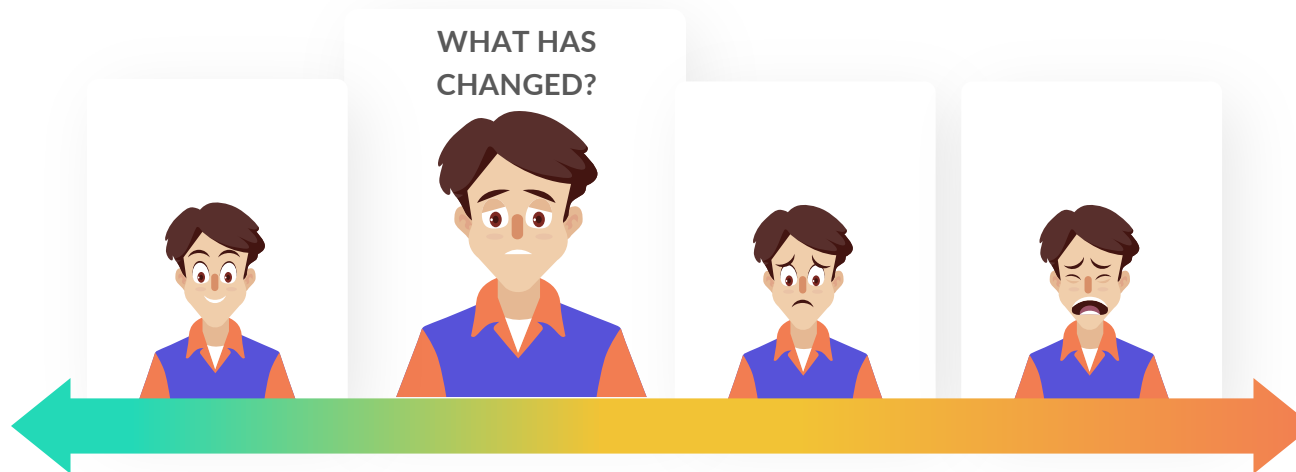
Low use

- Light use
- Low risk for problems

Continuum of Substance Use

Moderate use

- Moderate risk
- Increased risk for health problems and other consequences

Continuum of Substance Use

DO I NEED HELP?
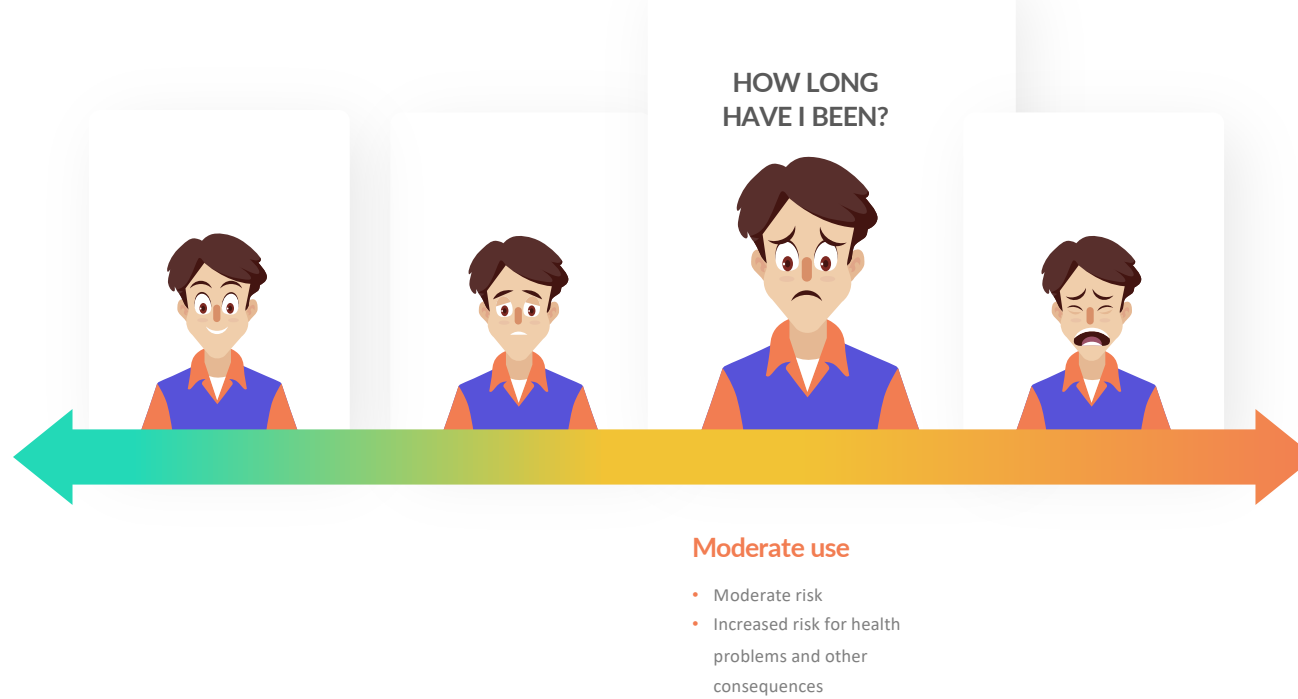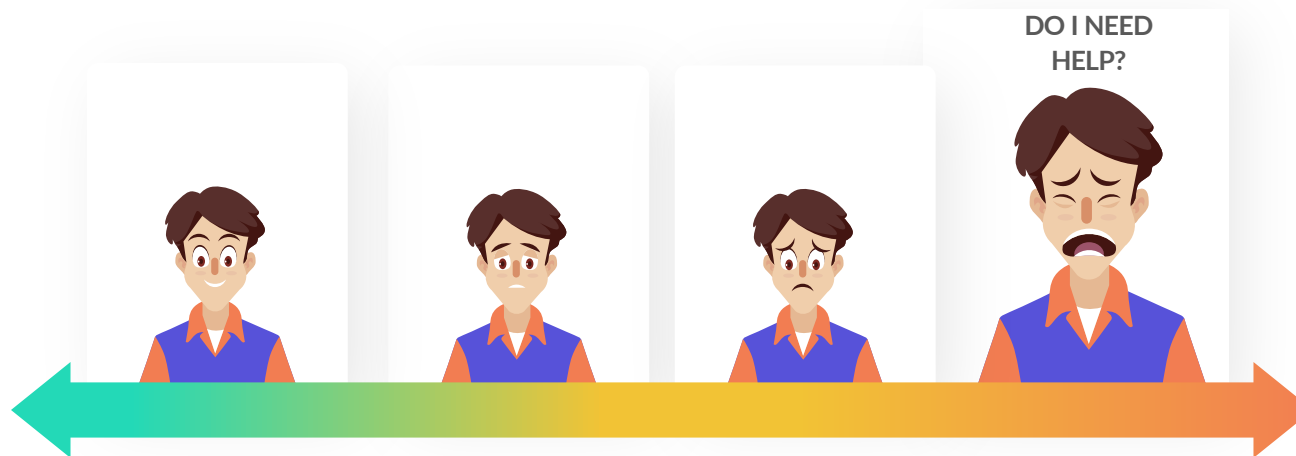
Heavy Use

- Daily or almost daily use
- Moderate to High risk - Health and other consequences present
- Potential loss of control

High-Risk Use

12 ounces
5% ABV beer

8 ounces
7% ABV malt liquor

5 ounces
12% ABV wine

1.5 ounces
40% (80 proof) ABV distilled spirits   (examples: gin, rum, vodka, whiskey)

ABV = Alcohol by Volume

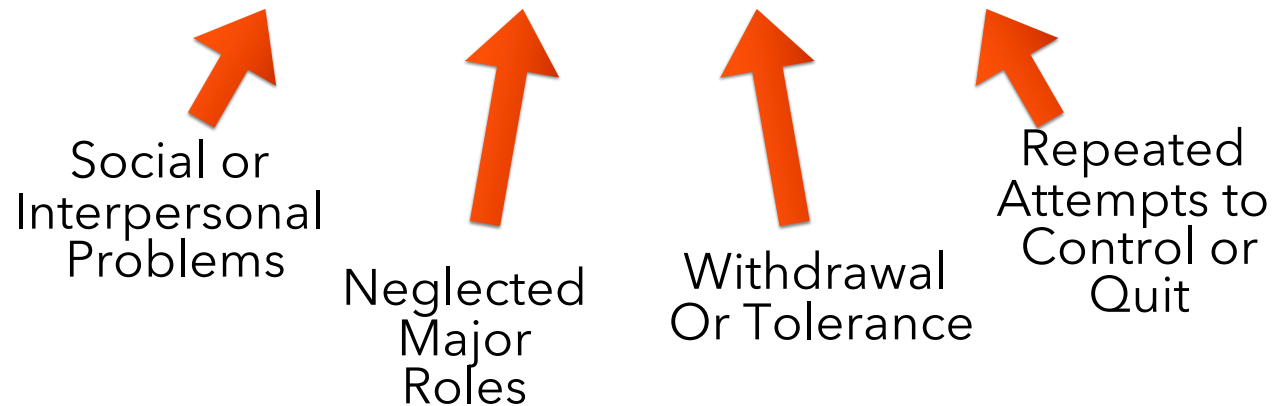**Binge drinking:** >5 drinks for men, >4 drinks for women (single occasion)
Heavy drinking: >15 drinks for men, >8 drinks for women (per week)

https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm

Substance Use Disorder

Loss of Control over Substance Use

Social or Interpersonal Problems

Neglected Major Roles

Withdrawal Or Tolerance

Repeated Attempts to Control or Quit

S

Screening

Quick assessment of severity

B

Brief

Short conversation to increase awareness

I

Intervention

Collaborative conversation to enhance motivation

R

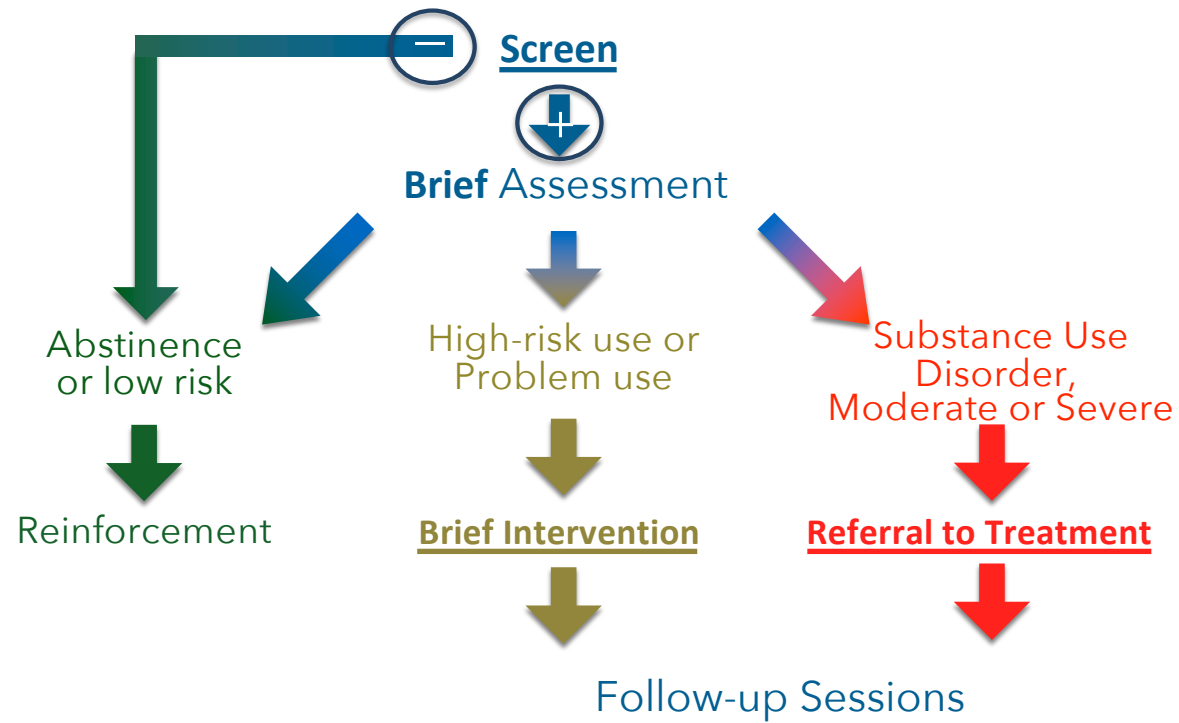**Referral**

Connecting a person to someone who can assist

T

Treatment

Specialty care
Outpatient
Withdrawal
Management
Residential
Community
Support Group

SBIRT Flow

Screen

Brief Assessment

Abstinence or low risk

High-risk use or Problem use

Substance Use Disorder, Moderate or Severe

Reinforcement

Brief Intervention

Referral to Treatment

Follow-up Sessions

Alcohol Use Prevalence

33.7% - no use   45.7% low   15.5% moderate   5.1% heavy use

https://www.cdc.gov/nchs/products/databriefs/db374.htm
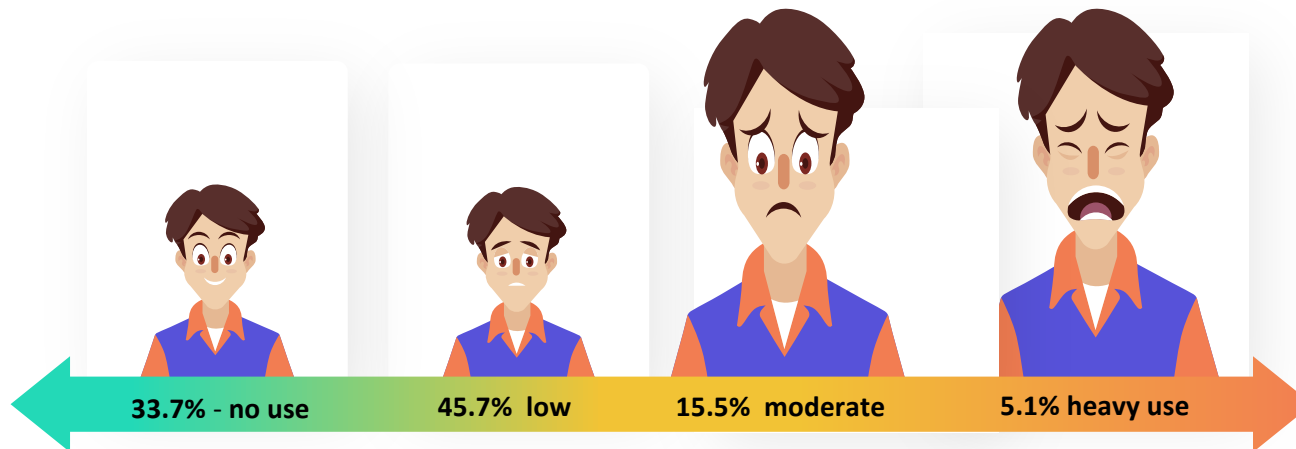
Brief Intervention

Offer affirmation and Information	Highlight strengths
Provide suggestions	Avoid judgment
Support efforts	Ask permission
Discuss options	Follow-up

% Reductions After Brief Interventions

20% 20% 33% 37% 48% 50%

100%

80%

60%

40%

20%

0%

Drinking ED Visits Injuries Hospitalizations Arrests Crashes
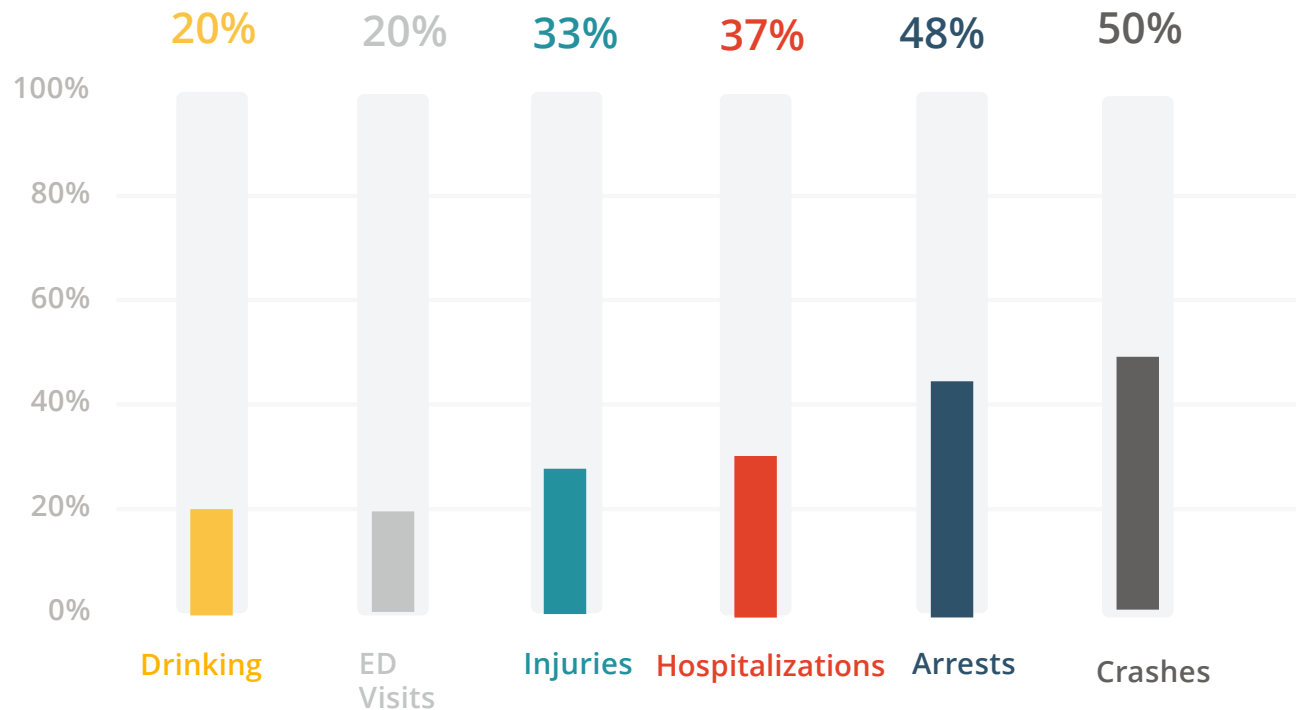
Fleming, Medical Care, 2000; Gelberg et al, Addiction 2015: 110; 1777-1790

Substance Use Disorder Treatment

Specialized Treatment

Community Support Groups

Medication	Alcohol Use Disorder	Opioid Use Disorder
Acamprosate	✓	
Disulfiram	✓	
Naltrexone	✓	✓
Buprenorphine		✓
Methadone		✓

S Screening — Minimal education and training

B Brief — Variety of healthcare providers

I Intervention — Can be applied anywhere

R Referral — Connect with specialist

T Treatment — Smaller percentage needing intense care

Summary

- ✧ SBIRT addresses a major public health problem

- ✧ Evidence supporting effectiveness and cost savings

- ✧ Various members on the team support SBIRT process

- ✧ Reimbursements available

- ✧ SBIRT can address other behaviors:

Smoking	Diet	Exercise
Depression	Anxiety	Medication adherence

Questions?

Resources

SAMHSA

ATTC Network

Opioid Response Network

References

- Brown RL et al. A team approach to systematic behavioral screening and intervention. American Journal of Managed Care 2014; 20:e113-e119.

- Estee S et al. Evaluation of the Washington State Screening, Brief Intervention, and Referral to Treatment project; cost outcomes for Medicaid patients screened in hospital emergency departments. Medical Care 2010; 48:18-24.

- Fleming MF et al. Brief physician advice for problem alcohol drinkers; a randomized controlled trial in community-based primary care practices. JAMA 1997; 277:1039-1045.

- Fleming MF et al. Brief physician advice for problem drinkers: long-term efficacy and benefit-cost analysis. Alcoholism Clinical and Experimental Research 2002; 26:36-43.

- Gelberg L et al. Project QUIT (Quit Using Drugs Intervention Trial): a randomized controlled trial of a primary care-based multi-component brief intervention to reduce risky drug use. Addiction 2015; 110:1777-1790.

- Paltzer J et al. Substance use screening, brief intervention, and referral to treatment among Medicaid patients in Wisconsin: Impacts on healthcare utilization and costs. Journal of Behavioral Health Services & Research 2017; 44:102-112.

- Paltzer J et al. Health care utilization after paraprofessional-administered substance use screening, brief intervention, and referral to treatment: a multi-level cost-offset analysis. Medical Care 2019; 57:673-679.

OPEN DISCUSSION AND Q&A

PLEASE COME OFF MUTE TO ASK YOUR QUESTIONS, OR TYPE QUESTIONS IN THE CHAT BOX.

ALSO, FEEL FREE TO SEND QUESTIONS TO: DSAMH.ORT@DELAWARE.GOV

WRAP-UP & NEXT STEPS

- Attend your Program Integrity Specialist Check-ins (Monthly)

- Visit the **Addiction Treatment Resource Center (ATRC)** website to track upcoming events and access to resources (https://atrc.dhss.delaware.gov)

  - Register for the February 13th SBIRT virtual cohort session via the ATRC website:

    - https://us06web.zoom.us/meeting/register/tZwtdO-rpzguGdzBArg4M1OaeRziOQagnVrh

- Complete the self-paced, online SBIRT modules and send your Certificates of Completion to your Program Integrity Specialist (refer to forthcoming email)

  - See: http://tinyurl.com/SBIRT3a

- Contact DSAMHCares360@delaware.gov to onboard to the DTRN Platform

EVALUATION SURVEY

- Your feedback is important to us! Please be sure to complete this survey (using the link below or the QR Code) to provide feedback on today's session.

bit.ly/48sOd4a

THANK YOU

THANK YOU!