Implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) at a Federally Qualified Health Center (FQHC) for Substance Use Prevention

Kansas Prevention Conference

Fatima Rahman, MPH
Dulcinea Rakestraw, MPH

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Kansas Opioid Overdose Crisis Response Cooperative Agreement

Purpose

- Support projects that address the opioid overdose crisis in Kansas

- Reduce the incidence of opioid misuse and abuse, opioid use disorder, and opioid involved morbidity and mortality by implementing community-based prevention and response strategies

- Must be data-driven
Sedgwick County Activities

- **Domain 1:** Conduct a needs assessment to identify training needs.
- **Domain 2:** Provide SBIRT, MAT, K-TRACS, trauma-informed care, and other opioid use-related training for health professionals in Sedgwick County.
- **Domain 3:** Assist with implementation of SBIRT at HealthCore Clinic.
- **Domain 4:** Collect local misuse data from local partners, develop data sharing and data use agreements.
- **Referral Process:** Increase agencies, particularly mental health agencies, in participating in the Integrated Referral and Intake System (IRIS).

- Work in collaboration with University of Kansas School of Medicine – Wichita, Department of Family and Community Medicine
Presentation Objectives

- Understand the SBIRT process and how it can help individual patients and impact population health.

- Learn how continuous quality improvement strategies can be utilized for program/process implementation.

- Understand how workflow analysis data can inform recommendations to improve clinic processes.

- Discuss how these lessons learned can be used to address similar needs in your community.
Presentation Outline

- Opioid Use Disorder
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- SBIRT Implementation Study
- Other Considerations Related to Implementation
- Next Steps
- Information for Community Coalitions
- Engaging Other Health Clinics
Opioid Use Disorder (OUD)
Opioid Misuse

- What is an opioid?
  - Opioids are prescribed for pain. Examples are hydrocodone, oxycodone, and fentanyl
  - At high doses or when combined with other medications or alcohol, opioids can cause people to stop breathing.

- Opioid misuse: “[opioids] taken in a different way or in a larger quantity than prescribed, or taken without a doctor’s prescription.”

- In 2017, on average, 130 Americans died every day from an opioid overdose. 68% of drug overdose deaths in the USA involved an opioid. 6

- During 2013 and 2014, more than 100,000 Kansans misused prescription pain relievers. The number of deaths due to opioid analgesics in Kansas increased threefold from 1999-2013. 8
Opioid Misuse and Alcohol

- In 2010, alcohol was involved in 22% of deaths caused by prescription opioids and 18% of emergency department visits related to the misuse of prescription opioids\(^\text{10}\)

- The risk of harm increases with the amount of alcohol consumed, but there is no safe level of alcohol use for people using opioids

- Successful studies using brief intervention for drug use incorporated peer support, emergency department intervention and motivational interviewing
Kansas Hospital Inpatient Discharge Data
Neonatal Abstinence Syndrome
Newborns identified with Admit Type 4
Diagnosis code 7795 through FY15
Diagnosis codes P961 or P962 FY16-FY18

Neonatal Abstinence Syndrome Related Discharges

Source: https://www.kha-net.org/CriticalIssues/BehavioralHealthandSubstanceAbuse/OpioidCrisis/
Misuse (and use for certain substances) of several substances concurrently complicates the effect of drugs on the body.

We need to...

EDUCATE.
You are a 16-year-old who recently was injured in a car crash and you’ve come to see your pediatrician...

https://www.youtube.com/watch?v=hwlgrc8S8l8
How do you feel?

How do you think she feels?
Introduction to SBIRT
Screening, Brief Intervention, and Referral to Treatment

- Standardized tools
- Universal pre-screen
- Full screen
- 5 – 15 minutes
- Motivational Interviewing
- Negotiate plan
- Specialty care for high-risk users
- Remove barriers to treatment
SBIRT in Action

https://www.youtube.com/watch?v=2c_uddHJbwg&t=19s
Now how do you feel?

How do you think she feels?
Why SBIRT?

- Clinical preventive service
- Reduces risky health behaviors
- Education on risk limits, safe practices, and health effects to the population as a whole
- Secondary prevention through screening
- In 2010, alcohol was involved in 22% of deaths caused by prescription opioids and 18% of emergency department visits related to the misuse of prescription opioids.
Presented by Christina Boyd at “Motivationally enhanced Skills in providing Brief Interventions” training
Why SBIRT?

- Reduces short- and long-term health care costs

- Late-stage intervention and substance abuse treatment is *expensive*, and the patient has often developed *comorbid health conditions*.

- Primary care and other settings are convenient points of contact for substance issues.
  - SBIRT supports an overall emphasis on *health and wellness*.
  - SBIRT can decreases the incidence and severity of alcohol and drug use.
  - It helps to change how substance use is viewed.

“The US Surgeon General, NIAAA, Centers for Disease Control and Prevention, and ASAM recommend *routinely screening adult patients* for unhealthy alcohol use and providing them with *appropriate interventions*, if needed.”
The SBIRT Process
Screening

Pre-Screen
We’re asking these questions because drug and alcohol use can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

Are you currently in recovery for alcohol or substance use? □ Yes □ No

Alcohol: One drink =

- 12 oz. beer
- 5 oz. wine
- 1.5 oz. liquor (one shot)

MEN: How many times in the past year have you had 5 or more drinks in a day?

<table>
<thead>
<tr>
<th>None</th>
<th>1 or more</th>
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<tbody>
<tr>
<td>○</td>
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</table>

WOMEN: How many times in the past year have you had 4 or more drinks in a day?

<table>
<thead>
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<th>None</th>
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</table>

Drugs: Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?

<table>
<thead>
<tr>
<th>None</th>
<th>1 or more</th>
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</tbody>
</table>
Screening

DAST-10 has 98% sensitivity and specificity of 91% (optimal cut-off score of 4).

The AUDIT has 92% sensitivity and specificity of 94% (optimal cut-off score of ≥8).

Other approved screening tools: https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/chart-evidence-based-screening-tools
## Brief Intervention

**Positive health message**

Talk about health behaviors, risk limits, and negotiate a plan

Talk about health behaviors, risk limits, negotiate a plan, and schedule a follow-up appointment

Talk about health behaviors, build up confidence to receive specialty treatment, and provide referral

<table>
<thead>
<tr>
<th>RISK ZONE</th>
<th>I—LOW RISK</th>
<th>II—RISKY</th>
<th>III—HARMFUL</th>
<th>IV—SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUDIT Score</td>
<td>0-3</td>
<td>4-9</td>
<td>10-13</td>
<td>14+</td>
</tr>
<tr>
<td>DAST Score</td>
<td>0</td>
<td>1-2</td>
<td>3-5</td>
<td>6+</td>
</tr>
<tr>
<td>Description of Zone</td>
<td>“At low risk for health or social complications.”</td>
<td>“May develop health problems or existing problems may worsen.”</td>
<td>“Has experienced negative effects from substance use.”</td>
<td>“Could benefit from more assessment and assistance.”</td>
</tr>
</tbody>
</table>

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**Sedgwick County... working for you**

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[www.sedgwickcounty.org](http://www.sedgwickcounty.org)
**Brief Intervention**

**What are opioids?**
- **Opioids** come in different forms, but have similar effects and can harm you.
- At high doses or when combined with other medications or alcohol, opioids can cause people to stop breathing.
- Opioids are prescribed for pain. Examples are hydrocodone, oxycodone, and fentanyl. Some prescription cough syrups also contain opioids.
- Heroin is an illegal opioid made from the opium poppy plant. Heroin is a white or brown powder or a black or dark brown sticky substance.
- Opioids are swallowed, injected, smoked, or snorted.

**Using opioids with other substances**
- Opioids should not be mixed with other drugs, especially depressants like alcohol, benzodiazepines, and decongesting medications. This greatly increases the risk of overdose and deaths.
- Mixing cocaine with heroin, called speedballing, also increases the risk of overdose.
- Heroin is sometimes mixed with fentanyl or carfentanil, very powerful opioids that cause overdose and death.

**Tips for quitting**

**Getting started.**
- Do not stop taking your opioid medicine suddenly. Lowering your dose too quickly can be dangerous.
- Be aware that withdrawal can occur. Physicians and addiction treatment programs can help with withdrawal.

**Know your options.**
- Treatment can include medications, counseling, or a combination. Medications can be provided by a treatment center (residential or outpatient) or provider office.
- Medications: Medications include methadone, buprenorphine (Subutex), and naltrexone. They help manage cravings and withdrawal symptoms, and are used for long-term recovery.
- Counseling: Counseling options include cognitive behavioral therapy and motivational interviewing.
- Peer support groups and recovery supports are important to help people stay in recovery.

**Have naloxone in case of overdose.**
- Naloxone is a life-saving tool for people who use opioids. Naloxone reverses opioid overdose and keeps people from dying from an overdose. It may be available through your healthcare provider, pharmacy, or needle exchange program.

**Prescription Opioids and Heroin**

**Risks of opioid use**

**Short Term**
- Overdose means taking more of an opioid than your body can handle. Signs of an overdose are small pupils, slowed breathing, cold clammy skin, and unconsciousness. You can stop breathing and die.
- Use can impair learning and ability to drive.

**Long Term**
- Tolerance means needing more opioids to get the same feeling, which can cause negative effects (see side effects).
- Opioids are addictive. Not everyone becomes addicted, but some do. If you have bipolar disorder, anxiety, or problems with alcohol or drugs, talk to your healthcare provider.
- Withdrawal: Symptoms are aches, sweating, nausea, pain, vomiting, chili, and trouble sleeping.
- Pain long term can lead to an increase in pain.

**Opioids and pregnancy**
- Using during pregnancy can lead to serious complications.
- But if you are pregnant, do not stop taking opioids without help from a qualified professional.

**Do not borrow or share opioids.**
- Taking opioids that are not prescribed to you is dangerous, and can cause or worsen health problems.
- Refill may look the same but could be different medicines, or have different amounts in each pill. Keep opioids locked up, out of reach of children and teenagers. Most misuse and overdose was taken from someone with a prescription.
- Do not keep extra opioids; destroy them or return them to a pharmacy or law enforcement.

**Important steps to take if using opioids**
- If you know how the medication affects you, do not use heavy machinery or operate a car, work in unattended heights, or be responsible for a person who is unable to care for themselves.
- Tell someone you are taking opioids. They should call 911 if you have slowed breathing, cold clammy skin, or become unconscious.
- Ask your provider if naloxone is something you should have.
- If you need help with pain management, or have health concerns, talk with your healthcare provider. There are other ways to treat pain.

**Helpful links**
- Information on preventing drug overdoses and reducing drug-related harms for opioid users can be found at: [http://iatemred.com](http://iatemred.com)
- Resources page for links to more resources.

**Sources:**
- Indiana University (IITM) for Research, Education & Teaching (http://atx.uiuc.edu/npud/whatis�e/2012/06/04/opioid-by-lawsuit.pdf)
SBIRT is not a diagnosis.
Referral to Treatment
SBIRT in Kansas
Who can administer SBIRT?  

1. A health care professional shall be currently licensed in good standing as a physician, physician’s assistant, nurse practitioner, psychiatrist, nurse, dentist, or certified health educator in the state of Kansas or currently licensed in good standing by the Kansas Behavioral Sciences regulatory board as a psychologist, social worker, professional counselor, marriage and family therapist or addiction counselor.

2. Practitioners must complete an online SBIRT training course approved by KDADS.

KDADS Policy BHS/MCO 503
Reimbursements
Reimbursements (Medicaid only)

- **Pre-Screen** – Not Billable

- **Full Screening** – one full screen per year *(H0049)* – $24.00

- **Brief Intervention** – per 15 minute units *(H0050)* – $24.00
  - Can be either combined with a full screening or stand alone follow-up appointments,
  - 16 billable units per year, and
  - No more than four units (one hour) per day

- **Full screen + one brief intervention** – one per year, 15 to 30 minutes *(99408)* – $24.00

- **Full screen + one brief intervention** – one per year, > 30 minutes *(99409)* – $48.00

- **Codes can be combined** – *(H0049 + H0050)* or *(99408 + H0050)* or *(99409 + H0050)*

More information on reimbursement:
<table>
<thead>
<tr>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
<th>Fee Schedule</th>
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<tbody>
<tr>
<td>Commercial Insurance</td>
<td>CPT 99408</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes</td>
<td>$33.41</td>
</tr>
<tr>
<td></td>
<td>CPT 99409</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes</td>
<td>$65.51</td>
</tr>
<tr>
<td>Medicare</td>
<td>G0396</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes</td>
<td>$29.42</td>
</tr>
<tr>
<td></td>
<td>G0397</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes</td>
<td>$57.69</td>
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<tr>
<td>Medicaid</td>
<td>H0049</td>
<td>Alcohol and/or drug screening</td>
<td>$24.00</td>
</tr>
<tr>
<td></td>
<td>H0050</td>
<td>Alcohol and/or drug service, brief intervention, per 15 minutes</td>
<td>$48.00</td>
</tr>
</tbody>
</table>
Providing prevention and early intervention services to the population as a whole.

SBIRT for Health and Behavioral Health Professionals Training
University of Missouri – Kansas City
http://www.sbirt.care/
SBIRT Implementation Study
In recent years, Wichita has experienced a slight decline in opioid misuse (yay!), but use of other illicit drugs continue to increase.

As a result, you see an increase in substance misuse cases at your clinic. You also notice that alcohol is often taken concurrently by patients using substances.

You did some research on SBIRT and think it could be beneficial for your patients.

What do you do?
Who is your target population?
Long-term Target Population: Clinic Patients

Rethinking substance-use treatment as a Public Health service
Immediate Target Population: FQHC Staff
Continuous Quality Improvement

Diagram:
- Act
- Plan
- Study
- Do

Circular flow: Plan → Do → Study → Act → Plan
Continuous Quality Improvement

Identify & Select Problem: Attain Staff Buy-in

Analyze Problem: Obtain Baseline Data

Act
Plan
Study
Do
Phases of Screening, Brief Intervention, Referral to Treatment (SBIRT) and Follow-up

<table>
<thead>
<tr>
<th>SBIRT</th>
<th>Screening</th>
<th>Brief Intervention</th>
<th>Referral to Treatment</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient Enters Clinic</td>
<td>Prescreen</td>
<td>Positive Screen (12)</td>
<td>Severe</td>
</tr>
<tr>
<td></td>
<td>Health Educator</td>
<td>Screen (AUDIT, DAST, ASI, CRFTE, NSQ)</td>
<td>Negative Screen (12)</td>
<td>Harmful</td>
</tr>
<tr>
<td></td>
<td>Medical Provider</td>
<td></td>
<td></td>
<td>Risky</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Low Risk</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medical Treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patient Discharged</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
- Prescreen and screen data recorded in EHR. Health Educator is notified of positive prescreen and to conduct full screen.
- Brief intervention data recorded in EHR and used to inform referral to treatment.
- Notes from referral and follow-up are recorded in case notes and IRIS.
- Notes from follow-up are recorded in case notes.

Sedgwick County... working for you
What processes are a part of SBIRT?

Examples of processes to observe:
- Pre-screen
- Full screen
- Intervention for high-risk users
- Follow-up appointment scheduling
- Referral process
- Reimbursement/coding process
You presented your findings to your colleagues and everyone seems interested and eager to make SBIRT a part of your clinic workflow.

What’s next?
Continuous Quality Improvement

- Identify & Select Problem: Attain Staff Buy-in
- Analyze Problem: Obtain Baseline Data
- Analyze Problem: Workflow Analysis

Act - Plan - Study - Do
With the information you have about your current clinic practices, what are your next steps?
Workflow Analysis – 2 weeks
Theme Development

Discussion on substance-use related treatment plan

Substance-use related questions asked

Explains method to receiving SUD therapy

“Referral” provided

Talk about treatment options, including options for therapy

Sedgwick County... working for you
After observing your clinic workflow for two long weeks, you finally have an idea of what your clinical workflow looks like.

You compare it to a sample SBIRT workflow you found online and see that several elements of SBIRT can be incorporated into your clinic with minimal changes in workflow.
Phases of Screening, Brief Intervention, Referral to Treatment (SBIRT) and Follow-up

<table>
<thead>
<tr>
<th>Screening</th>
<th>Brief Intervention</th>
<th>Referral to Treatment</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Enters Clinic</td>
<td>Prescreen (Universal)</td>
<td>Positive Screen (1a)</td>
<td>Severe</td>
</tr>
<tr>
<td>Health Educator</td>
<td>Screen (AUDIT, DAST, ASSIST, CAGE, MAST, NIDA)</td>
<td>Negative Screen (1a)</td>
<td>Harmful</td>
</tr>
<tr>
<td>Medical Provider</td>
<td></td>
<td></td>
<td>Risky</td>
</tr>
<tr>
<td>Screen (AUDIT, DAST, ASSIST, CAGE, MAST, NIDA)</td>
<td>Medical Treatment</td>
<td></td>
<td>Low Risk</td>
</tr>
</tbody>
</table>
|Positive Screen (1a)| Patient Discharged| Notes from referral and follow-up are recorded in case notes and IHRIS.
|Negative Screen (1a)| Follow-up Appointment| Notes from follow-up are recorded in case notes.

Prescreen and screen data recorded in EHR. Health Educator is notified of positive prescreen and to conduct full screen.

Brief intervention data recorded in EHR and used to inform referral to treatment.

Notes from referral and follow-up are recorded in case notes and IHRIS.
Continuous Quality Improvement

- Identify & Select Problem: Attain Staff Buy-in
- Analyze Problem: Obtain Baseline Data
- Analyze Problem: Workflow Analysis
- Generate Potential Solutions: Recommendations for Implementation
# Recommendations for SBIRT Implementation

## Major Recommendations

<table>
<thead>
<tr>
<th>Process Map Stage</th>
<th>Recommendation</th>
<th>Action Item</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1 During:</strong> Medical Assistant collects vitals, social history, and administers pre-screen questions</td>
<td>Change prescreening questions to United States Preventive Services Task Force (USPSTF) recommended NIAAA pre-screen questions</td>
<td>Change AUDIT-C to the NIAAA pre-screen questions in the EMR</td>
</tr>
<tr>
<td><strong>1.2 During:</strong> Medical Assistant collects vitals, social history, and administers pre-screen questions</td>
<td>Ask all prescreening questions word-for-word, as they are written, using motivational interviewing skills</td>
<td>Host motivational interviewing training for all HCC staff</td>
</tr>
<tr>
<td><strong>1.3 During:</strong> Medical Assistant collects vitals, social history, and administers pre-screen questions</td>
<td>Implement a universal pre-screen</td>
<td>Add to MA manuals to ask the prescreening questions every time, for all patients (both new and established)</td>
</tr>
<tr>
<td><strong>1.4 After:</strong> Medical Assistant collects vitals, social history, and administers pre-screen questions</td>
<td>Administer full screens for substance use: AUDIT and DAST</td>
<td>Add to MA manuals to administer and code full screens for patients with a positive NIAAA prescreen</td>
</tr>
</tbody>
</table>
# Recommendations for SBIRT Implementation

## Minor Recommendations

<table>
<thead>
<tr>
<th></th>
<th>Recommendation</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.5</td>
<td>Centralize the scheduling system to accommodate schedules for BHCS and specialty treatment providers</td>
<td>Make changes to EMR to include schedules of BHCS and specialty treatment providers</td>
</tr>
<tr>
<td>5.6</td>
<td>Implement a tracking mechanism for tracking referrals and follow-up</td>
<td>Consider using IRIS for referrals for external and modify EMR (as needed) for internal referrals</td>
</tr>
</tbody>
</table>
Trainings
SBIRT and Motivationally Enhanced Skills

SBIRT for Health and Behavioral Health Professionals

This 3.5-hour, self-paced course is for health, oral health, and behavioral health students and professionals. Learners will take part in an interactive, simulated employee orientation on SBIRT (screening, brief intervention, and referral to treatment for substance use) in a fictional healthcare center. Participants will apply and test their knowledge through interactive games, case scenarios, and quizzes following each module. The goal of this course is to help participants develop their knowledge, skills, and abilities in using SBIRT as an intervention with patients.

This course was developed by the University of Missouri-Kansas City (UMKC) SBIRT Project located in the Collaborative to Advance Health Services, School of Nursing and Health Studies, with funding by grants TR25335 and TR25442 from the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Kansas Department for Aging and Disability Services (KDADS) has approved this online course as part of the credentialing process to provide SBIRT service to Medicaid-eligible patients.

Please note: This is a self-paced course that is open to the general public. If you are looking for a course that is specific to your institution, please see the other listings to locate your institution’s version of the course.

View CHE Disclosure

Motivationally Enhanced Skills in providing Brief Interventions-Skill Booster #1
Christina Boyd, LSCSW, LCAC

Content adapted from:

Sedgwick County... working for you
Continuous Quality Improvement

- Identify & Select Problem: Attain Staff Buy-in
- Analyze Problem: Obtain Baseline Data
- Analyze Problem: Workflow Analysis
- Generate Potential Solutions: Recommendations for Implementation
- Select & Plan Solution
SBIRT Implementation Activities and Timeline

1. Collect baseline data on current process
   - Presentation

2. Clinical Workflow Analysis
   - 2 Weeks
   - SBIRT Training
   - 3-4 Weeks

3. Provide recommendations
   - 1-2 weeks

4. Sustainability Planning
   - 3 Weeks

5. Implementation Evaluation
   - 8 Weeks

March
April
May
June
July
What outcomes should you look for?
Implementation Outcomes – The Ideal

• All staff trained and process for new staff training in place
  • Either by KDADS approved online training or in-house training

• Universal pre-screening
  • Every patient – Every time

• Use of AUDIT and/or DAST for full-screening

• Motivational Interviewing techniques in use
  • Not just regarding substance misuse, but for all behavior changes

• Streamlined warm hand-off referral process in use
What else do you need to consider?
Diagnosis

Mapping Diagnosis to SBIRT Service Provided
ICD-10 & DSM-V Codes

Costs for Patients

Policy/Practice for:
- Denials & Un-insured Patients
- Private Insurance

Referral to Treatment

Understand Process
Develop Relationships
Warm Hand-Off
What’s next?
Planning for Sustainability

- Focus on your mission.
- Work to overcome resistance to change.
  - Fully understand the very nature of the resistance.
  - Communicate the need for change.
  - Get people involved early and often.
  - Create opportunities for smaller but meaningful change.
  - Provide support for change.
- Be flexible and patient.

*Sedgwick County... working for you*
Recognize that change is hard and you may need to rethink your strategy multiple times.
Information for Community Coalitions
Addressing Opioid Use in your Community

- End the Stigma
- Advocate for Resources
- Take Action in your Own Home
- Educate Others About What They Can Do
Community Coalitions

- Create a **coordinated infrastructure**
- **Reduce supply** of prescription opioids and illicit drugs
- **Increase community awareness** and prevention
- Make **naloxone** widely available
- **Expand treatment** and recovery oriented systems of care
- **Measure your impact** and **revise strategies** based on results
Make Data-Driven Decisions

- Collect data for your community

- Develop Data Use Agreements (DUAs)

- Share data with decision makers, schools, human service agencies, and the community at large.
Engaging other Health Clinics
How to Engage Health Clinics

- Find a Champion
  - A good strategy in approaching your local clinic is finding a person that has the clout and/or credibility to advocate implementing SBIRT.
  - They may be appointed leaders or assumed leaders who know everyone in the community and have the confidence of the community.

- SAMHSA has a toolkit for this:
  https://www.integration.samhsa.gov/SBIRT_Toolkit_for_working_with_FQHCs.pdf
Working with Clinics & External Organizations

- Identify & Select Problem: Attain Staff Buy-in
- Analyze Problem: Obtain Baseline Data
- Analyze Problem: Workflow Analysis
- Generate Potential Solutions: Recommendations for Implementation
- Select & Plan Solution

Act
Plan
Study
Do
Questions?
Acknowledgements

This activity is supported, in part, by an educational grant from the Kansas Department of Health and Environment.

Cooperative Agreement #NU90TP921961
THANK YOU!

FATIMA RAHMAN, MPH
DRUG MISUSE DATA COORDINATOR

DULCINEA RAKESTRAW, MPH
DRUG MISUSE DATA RESEARCHER
References