Integrating Substance Use Disorders
Screening and Treatment into Primary Care

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Presented by: Diane Arms, MA and Christina Eyman, DBH, MHA
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AGENDA

01 OBJECTIVES
02 STATISTICS/BACKGROUND
03 WHY PRIMARY CARE?
04 FEDERALLY QUALIFIED HEALTH CENTER PILOT
05 Q&A

OBJECTIVES

OBJECTIVE 1
Identify the gap in care when accessing SUD services

OBJECTIVE 2
Recognize operational workflows on integrating SUD services into primary care

OBJECTIVE 3
Gain knowledge on the importance of primary care intervention on the SUD population
QUESTIONS

What type of organization/agency do you work for?

When you think of ‘Integration’, what is the first thing that comes to mind?

SUBSTANCE USE DISORDERS AND TREATMENT

In 2021,

- 16.5% of the population met the criteria for having a substance use disorder
- 94% of people with a substance use disorder did not receive any treatment

Reference: National Survey on Drug Use and Health (2021)
In 2021, 40.7 Million people had an illicit drug or alcohol use disorder

Reference: National Survey on Drug Use and Health (2021)
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The Missing Piece

SUBSTANCE USE DISORDERS

Primary Care
Mental Health
Social Determinants of Health

Why should substance use disorders be treated in primary care?

A leading cause of preventable death
Access to services
Chronic, complex health issue
Similar to other chronic conditions such as hypertension and diabetes

Patients are 50% more likely to start and stick with treatment in a primary care setting compared to an addiction-treatment center

Reference: (Price, 2019; Kaswa, 2021; McLellan, 2017; Strobbe, 2013)
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Barriers
- Education and Training
- Provider/Staff Comfort Levels
- Documentation
- Identification
- Stigma

Opportunities
- Improved patient outcomes
- Increased access to care
- Cost-saving opportunities
- Improve population health
- Enhanced care coordination

Making Progress

“While services for the prevention and treatment of substance misuse and substance use disorders have traditionally been delivered separately from other mental health and general health care services...effective integration of prevention, treatment, and recovery services across health care systems is key to addressing substance misuse and its consequences; it represents the most promising way to improve access to and quality of treatment.”

References: Chen et al., 2020; Ghitza & Tai, 2014; Padwa et al., 2012; Priester et al., 2016; Saunders et al., 2019.
## APPROPRIATE INTEGRATION

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<thead>
<tr>
<th></th>
<th>Coordinated (Driven by communication)</th>
<th>Colocated (Benefits from proximity)</th>
<th>Integrated (Fully transformed care)</th>
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<tbody>
<tr>
<td>Screening</td>
<td>Primary care providers (PCPs) identify patients with behavioral health needs and refer them to treatment</td>
<td>Behavioral health counselors work with patients to ensure care goals established by PCPs</td>
<td>PCPs and behavioral health providers operate from same facility and collaborate as needed</td>
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<tr>
<td>Consultation</td>
<td>Behavioral health counselors work with patients to ensure care goals established by PCPs</td>
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<td>Health homes offer ongoing care management and coordination, referrals, and support for patients with complex needs, addressing range of health needs, including behavioral</td>
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<td>Care management navigation</td>
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### APPROACHES TO INTEGRATION:

**INTEGRATING SUBSTANCE USE INTO PRIMARY CARE:**

**FEDERALLY QUALIFIED HEALTH CENTER PILOT**

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The Council on Recovery Background
- Non-profit substance use agency located within Houston, Texas (75+ years)
- Services include outreach, screening, assessment, and referral (OSAR), outpatient treatment, prevention, intervention, recovery, aftercare, training and education as well as case management
- Center for Co-Occurring Disorders established in 2020

FQHC Background
- Federally Qualified Health Center located in Houston, Texas with 3 clinics
- Services include primary care, preventative care, women’s health, dental, behavioral health as well as social determinants of health
- Leadership bought in for SUD integration
- No active SUD screenings for primary care population

A Recipe for Integration
- Clinical Needs Assessment
- Clinical Workflow
- Integration
- Education and Training
- Screenings and Assessments
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Clinical Needs Assessment

**WHO**
- Clinic Population
- Providers
- Ancillary Staff
- Leadership

**HOW**
- Shadow
- Meetings
- Workflow Outlines
- Population Needs
- Data/Assessment

**WHY**
- Determine a baseline
- Understanding of existing systems and workflows
- Barriers & Opportunities
Education and Training

Topics that may be needed:
- Substance Use 101
- Motivational Interviewing
- Treatment Options
- Assessment and Diagnosis
- Co-Occurring Disorders
- SBIRT
- Clinic and/or Population Specific

Based on pre/post survey results conducted in the FQHC pilot, provider and staff comfort levels increased after education pertaining to substance use.

Screening and Assessments

- Alcohol Use Disorder Identification Test (AUDIT)
- Drug Abuse Screening Test (DAST)
- The Car, Relax, Alone, Forget, Family or Friends, Trouble Tool (CRAFFT)
- Brief Screener for Tobacco, Alcohol and Other Drugs (BSTAD)
- Tobacco, Alcohol, Prescription Medication and other Substance Use Tool (TAPS)
- The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
It is not a cookie cutter approach!

INTEGRATION AND WORKFLOW

Direct Referral  On-Site Provider  Combination
IMPART OF INTEGRATION

...this partnership has greatly impacted our patients and organization through a streamlined approach to access care for vulnerable populations impacted by Substance and Alcohol-Related Disorders. This has allowed us to understand what our patients struggle with and how we can better learn to serve them with guidance from The Council on Recovery since the stigma for Substance and Alcohol use in Latino populations is still very high.

...has given us the opportunity to work as a multidisciplinary team, which has greatly impacted screenings and referrals for our patients impacted by Substance and Alcohol-Related Disorders. It has been an incredible experience to witness our growth, and we are working every day to reassess barriers to care by refining our screening process and engaging the community on why addressing Substance and Alcohol-Related Disorders is so important in the Latino community.

-CHW Manager, FQHC Pilot

TAKEAWAYS

- Substance use disorders is a chronic, complex health condition and is a leading cause of preventable death
- The prevalence of substance use disorders is increasing while the ability to access services is decreasing
- Primary care is a key piece to the puzzle for SUD services
- Opportunities include improving patient outcomes, increasing access to care and reducing the overall prevalence of SUD
- Integration is a not a cookie cutter approach
- Integration efforts can be coordinated, co-located or fully integrated

Within 6 months of piloting, the clinic has screened over 1,100 patients
THANK YOU!
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