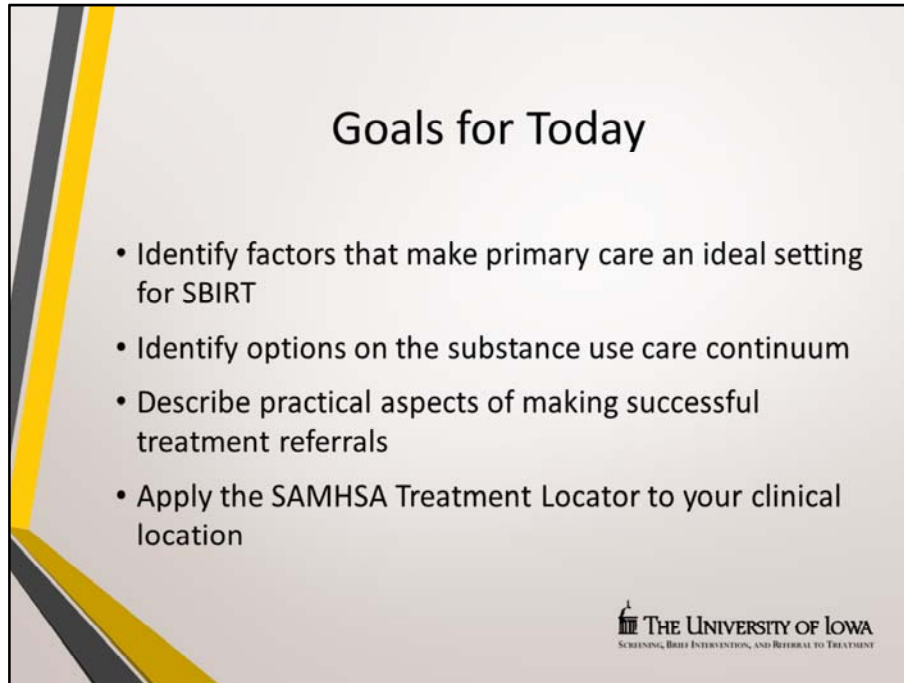



Welcome to the fourth module of the “Screening, Brief Intervention, and Referral to Treatment Core Curriculum.” In this module, we’ll address referral to treatment.



**Goals for Today**

- Identify factors that make primary care an ideal setting for SBIRT
- Identify options on the substance use care continuum
- Describe practical aspects of making successful treatment referrals
- Apply the SAMHSA Treatment Locator to your clinical location

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The goal of this session is to provide you with the information, tools, skills, and resources to successfully refer patients to treatment. You will learn about the various aspects of substance use treatment, including what it is and how to make a successful referral.

## Primary Care and SBIRT

Primary care is one of the **most opportune points of contact** for substance use issues. Many patients are **more likely to discuss this subject** with their healthcare provider than with a family member, therapist, or rehab specialist.





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As we discussed at the end of Module 1, *What is SBIRT and Why Use it?*, primary care is an important point of contact for identifying substance use issues.

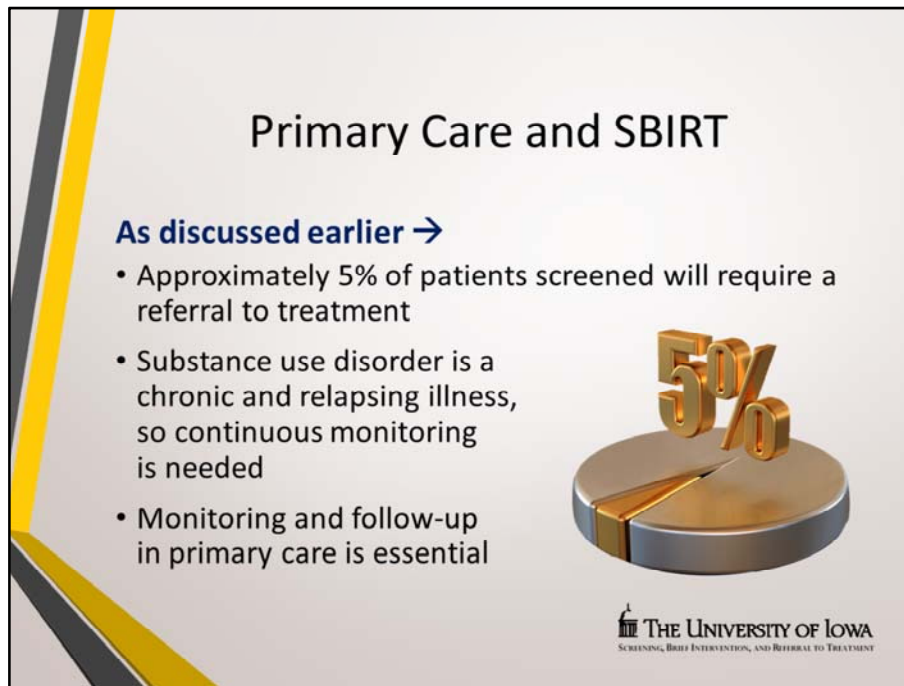
## Primary Care and SBIRT

Given the prevalence of substance use disorder nationwide, it makes good sense for **primary care practitioners** – rather than trauma centers or specialists – to be a **first line of response**.



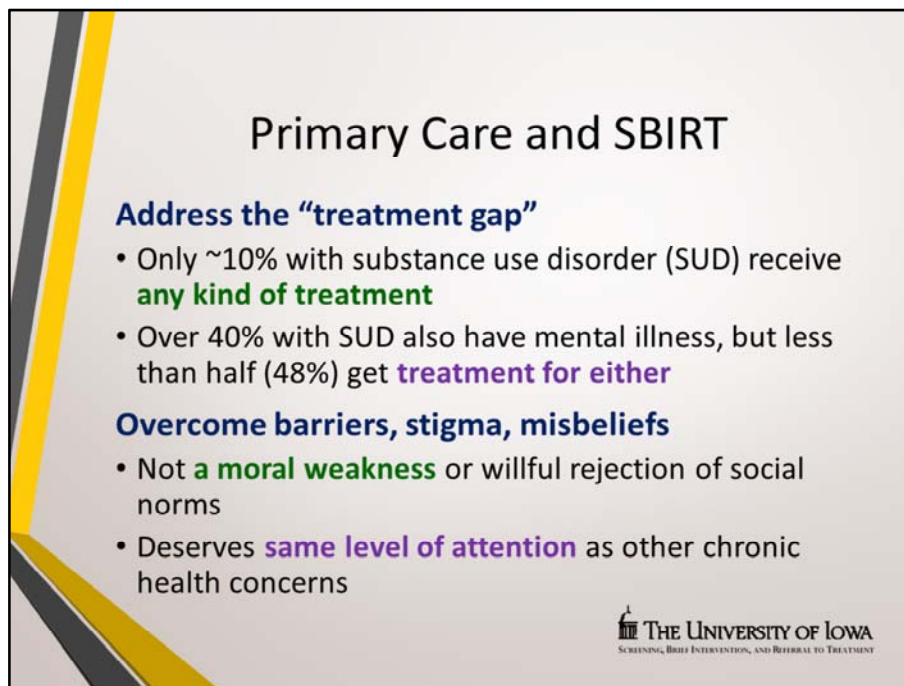
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Practitioners in primary care can be seen as a first line of response in helping people with substance use issues.



As we reviewed in Module 2, *Screening for Substance Use in Clinical Settings*, evidence indicates that around 5 percent of patients screened will likely require a referral to some form of specialty treatment. This is a relatively small percentage of patients, so the time commitment is not as great as you might expect.

Since substance use disorders are chronic and relapsing illnesses, continued monitoring after treatment is needed. Also, keep in mind that you may have to refer a patient to treatment more than once.




**Primary Care and SBIRT**

**Address the “treatment gap”**

- Only ~10% with substance use disorder (SUD) receive **any kind of treatment**
- Over 40% with SUD also have mental illness, but less than half (48%) get **treatment for either**

**Overcome barriers, stigma, misbeliefs**

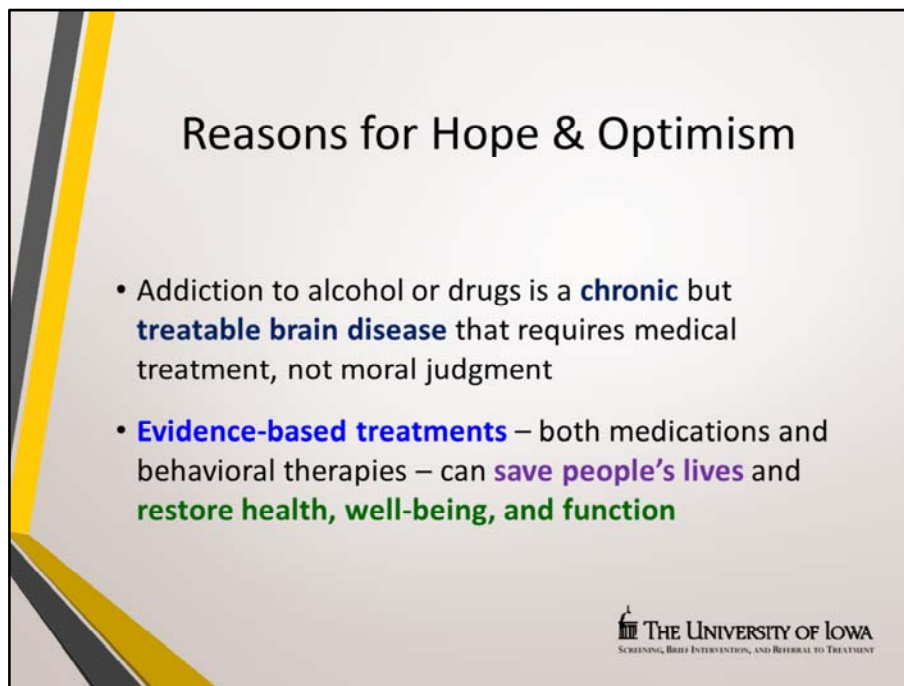
- Not **a moral weakness** or willful rejection of social norms
- Deserves **same level of attention** as other chronic health concerns

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The Surgeon General’s Report, ***Facing Addiction in America***, underscores important roles that primary care providers may play in addressing substance misuse and disorders.

The fact that only about 10 percent with substance use disorders receive treatment means there are critical opportunities to both make referrals and then follow up with patients to monitor and support them.

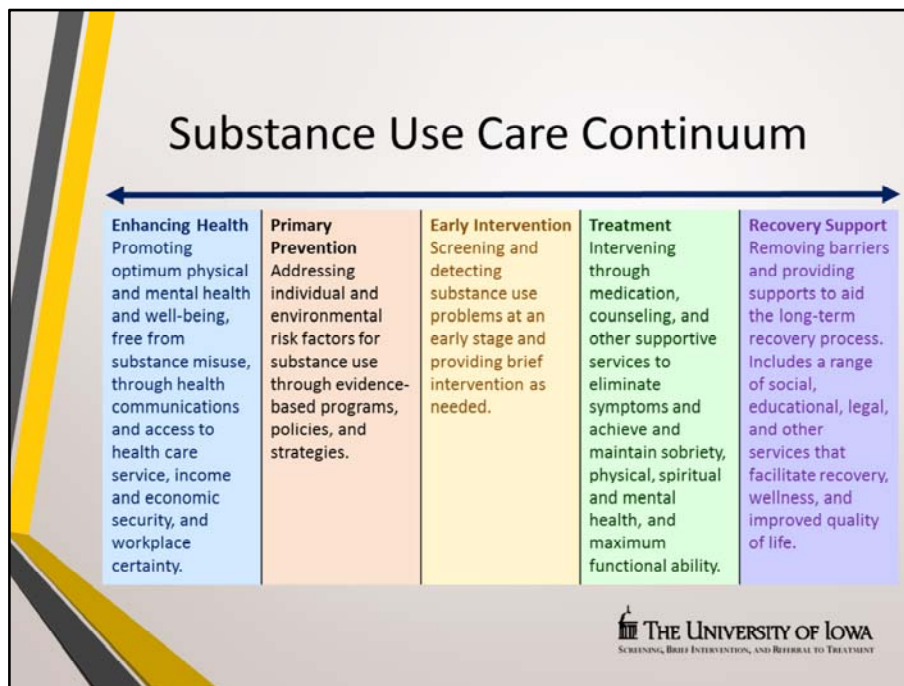
Of equal importance, providers can help break down myths and misbeliefs about substance use disorders – with patients, their families, and in the community.



While the report outlined many challenges related to alcohol and drug misuse in our country, it also made a special point of saying there are reasons for hope and optimism. These two stand out as we think about treatment. In short, effective treatment is available, but providers need to make referrals to get people the help they deserve.

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Source: Executive Summary of “Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health,” page ES-3



In the first module, we talked about the Substance Use Status Continuum that is discussed in the Surgeon General’s Report. As you may recall, that continuum includes “positive physical, social, and mental health,” “substance misuse,” and “substance use disorder.”

As you can see, the Care Continuum, also described in the Report, articulates the varying status of substance use, from enhancing health to providing recovery support.





## Treatment Options

**Substance Use Disorder Treatment** (*like treatment for most other illnesses*) **is designed to →**

- Stop or reduce major symptoms (harmful misuse)
- Improve health and social function
- Recognize and manage risks for relapse

**Levels of care include →**

- Outpatient services
- Intensive outpatient/Partial hospitalization services
- Residential/Inpatient services
- Medically-managed Intensive Inpatient services

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The Surgeon General's Report also emphasized that substance use treatment is designed to achieve the same kinds of outcomes that we seek in other chronic disorders, and it includes four main levels of treatment.

## Treatment Options

- Counseling and other psychosocial rehabilitation services
- Medications
- Involvement with self-help (AA, NA, Al-Anon)
- Complementary wellness (diet, exercise, meditation)
- Combinations of the above



The image shows three white cubes with the letters F, A, and Q on them, resting on a document with text. The cubes are arranged in a row, with the 'F' cube on the left, the 'A' cube in the middle, and the 'Q' cube on the right.

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In the context of those care levels, a variety of options are offered, such as counseling and other forms of psychosocial rehabilitation or the use of medications. Involvement with self-help groups or participating in wellness activities can also be considered treatment. A combination of these options is common in treatment plans.

## Treatment Options

- Level of care determined by illness severity
  - ✓ Dependent or nondependent substance user?
  - ✓ Medical or psychiatric comorbidities?
- Outpatient often successful
- Inpatient treatment
  - ✓ Reserved for those with more serious illness




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Most patients can be successfully treated in an outpatient setting with an integrated treatment plan that might include any of the elements previously described.

For those who have a more serious illness – such as higher levels of dependence or a medical and psychiatric illness comorbidity – inpatient treatment is needed.

## Guidelines for Greatest Success

- Determine if patient is drug or alcohol dependent and needs medical detoxification
- Nondependent substance abusers are usually treated as outpatients unless there are other risk factors
- ***Most patients can be successfully served in outpatient treatment***




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Here are guidelines to help you determine the best course of referral for your patients. As noted before, most patients can be referred for outpatient treatment.

## Strong Referrals

**When your patient is ready...**

- Make a plan **with the person**
- **Actively participate** in the referral process → the warmer the referral handoff, the better the outcome!



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When your patient is ready – and readiness is important – make a plan with the person. You and/or your staff should actively participate in the referral process. The warmer the handoff, the better the outcome.

This means you should remain actively engaged in the referral process. Giving someone a business card or a list of local agencies or phone numbers has consistently failed to get people into specialty care. Your active involvement or the active involvement of one of your staff members is essential.

## Strong Referrals

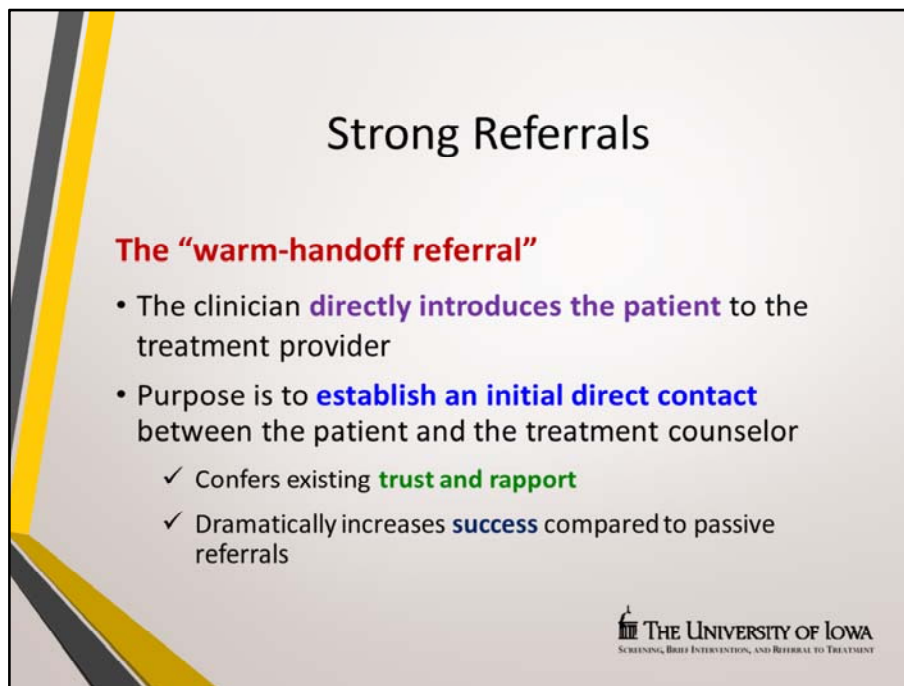
**When your patient is ready...**

- Decide how you will **interact/communicate** with the treatment provider
- Confirm your **follow-up plan** with the person
- Decide on ongoing **follow-up support** strategies you will use



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Decide how you will interact and communicate with the specialty treatment provider. You also need to confirm your follow-up plan with your patient and decide on an ongoing follow-up strategy.



## Strong Referrals

**The “warm-handoff referral”**

- The clinician **directly introduces the patient** to the treatment provider
- Purpose is to **establish an initial direct contact** between the patient and the treatment counselor
  - ✓ Confers existing **trust and rapport**
  - ✓ Dramatically increases **success** compared to passive referrals

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The referral to behavioral health care should be similar to how a clinician would refer for any other service. There should not be a discernible difference in content or tone between a referral to substance treatment and a referral to a cardiologist. Patients will pick up on the importance a provider implies regarding a referral and respond accordingly.

Here are a few examples of what you could say to a patient:

*“It sounds as if you might be having many challenges right now. I work with someone who specializes in helping with these issues, and I would like you to speak with her today to better help me help you. Is it all right with you if I introduce you to her?”*

Another example would be: *“From our discussion today, it appears you’re open to getting further assistance to support your efforts. I have a colleague I work with who can help. His office is across town. Is it okay with you if we call and see what he has for openings? I’ll put you on speaker phone so you’re a part of the conversation.”*

Another option would be to say: *“Is it okay with you if my staff member assists you in setting up your first appointment?”*

## Plan for the Nuts and Bolts

- Whom do you call?
- Do you have access to referral resource information?
- What form do you fill out?
- What support staff can help?



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As you're thinking through your referral processes, you need to determine who you will call. Is the referral resource information readily available? Is there paperwork that needs to be completed? Can any of the support staff help in the process?

Being as prepared and knowledgeable as possible really helps ease the stress for you and the person being referred.





It's also important to be knowledgeable of local resources based on the composition of the population you traditionally serve. For example, the importance of language proficiency and the cultural competence of the organization may vary based on needs – but again, it's important to know ahead of time.

In addition, you need to know if the agency that you are referring to provides family support. Also, does the facility offer services that actually meet the specific needs of the patient you are referring? Do they have a good record of keeping staff informed of patient progress and ongoing needs?

Finally, is the organization geographically accessible to your patient? What kind of transportation services are needed?

## Payment for Services

- Does the provider accept your patient's insurance?
- Will the patient need to get prior insurance authorization?
- If the patient does not have insurance, does the provider offer services on a sliding-fee scale?





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Payment of services is an important factor as well. Does the provider accept your patient's insurance? Will you or the patient need to get prior insurance authorization before treatment is initiated? And if the patient has no insurance, does the provider offer services on a sliding-fee scale?

## What Should You Expect?

- Substance use treatment services should provide you ongoing updates with a valid release of information
- If they do not, you may choose to refer elsewhere (if options exist!)
- Work to cultivate partnerships




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Substance use treatment facilities and services should provide you with ongoing updates once a valid release of information has been signed. If they do not, you should consider referring your patient to another treatment facility.

The caveat in rural settings is that other options may be sparse, so working to develop relationships that advance patient care outcomes may be more important than in urban settings.

## What Should You Expect?

- Substance use treatment facilities should provide you with a structured discharge plan discussing →
  - ✓ Ongoing treatment needs
  - ✓ Recovery needs
  - ✓ Sources of assistance
  - ✓ Recommended providers



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Substance use facilities should provide you with a structured discharge plan following completion of treatment and discuss the patient's ongoing treatment and recovery needs. They should also provide specific recommendations as to what interventions the patient might access and where they should go for those interventions.

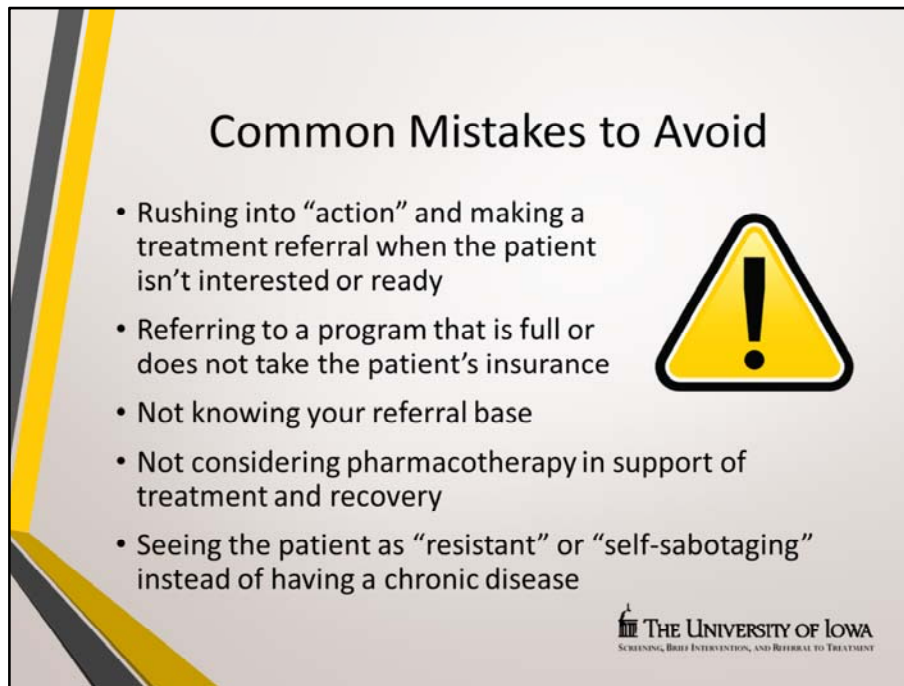
## What Should You Expect?

- Programs change over time
- Maintain an up-to-date roster
  - ✓ Public and private treatment
  - ✓ Self-help resources in your community



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Since programs change over time, it's important that you maintain an up-to-date list of treatment facilities and self-help resources in your community. As we'll discuss in a minute, the SAMHSA National Treatment Facility Locator provides considerable support.



As you think about making a referral, work to avoid common mistakes.

The first and probably most common mistake is rushing into action and making a referral when the patient either is not ready or is not interested. Second, referring to an agency that is overfilled or a program that doesn’t take the patient’s insurance is frustrating for both you and your patient.

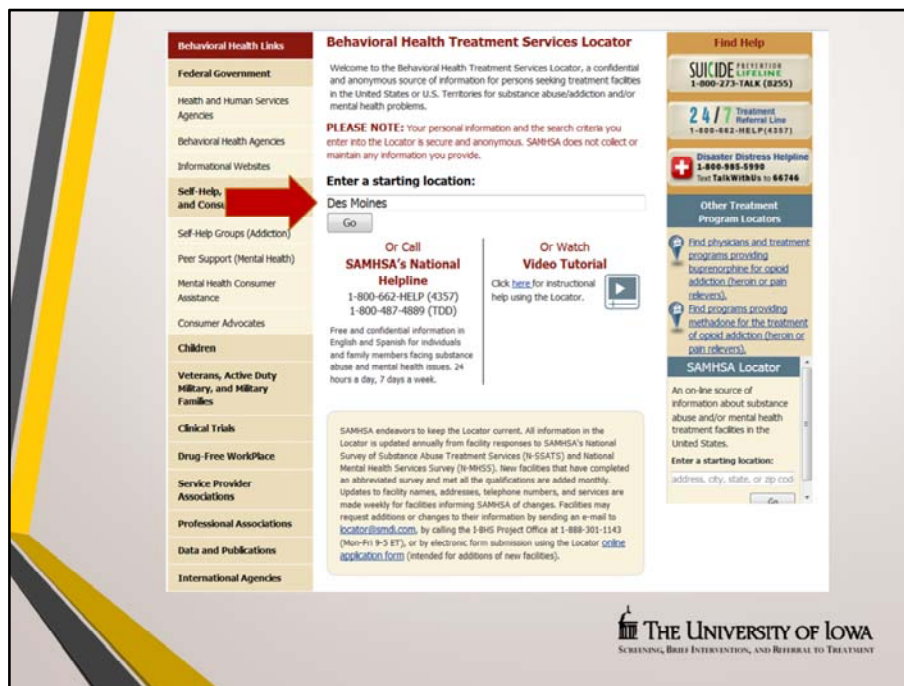
A third mistake is not knowing what your referral base is in your own community. The fourth mistake occurs too frequently. Some clinicians don’t consider the appropriate use of pharmacotherapies in support of treatment and recovery. Specifically, for alcohol dependence and opioid dependence, there are proven and effective medications that help with the recovery process.

Finally, we get frustrated. We start to see our patients as resistant or self-sabotaging instead of remembering and recognizing that they have a difficult and chronic disease.



The Substance Abuse and Mental Health Services Administration maintains a national database for treatment facilities. All 50 states and 4 territories are listed on it. We highly recommend that you see what resources are available in your community, and also share them with others in your clinic or practice.

## SBIRT Core Curriculum: Referral to Treatment (Module 4)



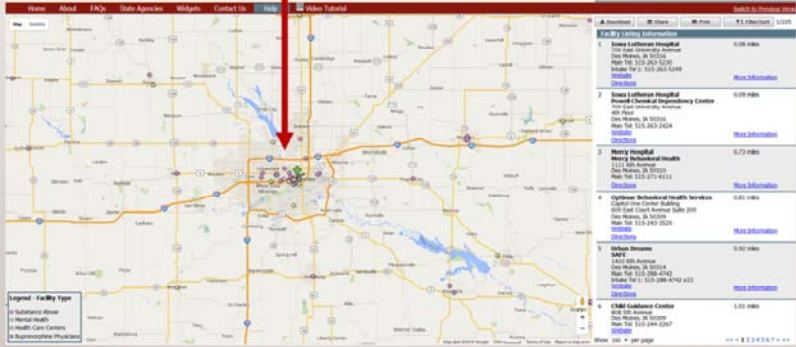
Here is a screen shot of the page that you'll see when you use the link on the previous slide. For example, we typed in Des Moines to see what kind of services are available in and around the area.



**Des Moines...**

**Map** → Visualize the location in relationship to your client

**Resources** → Name, Location, Phone, Directions, More Information



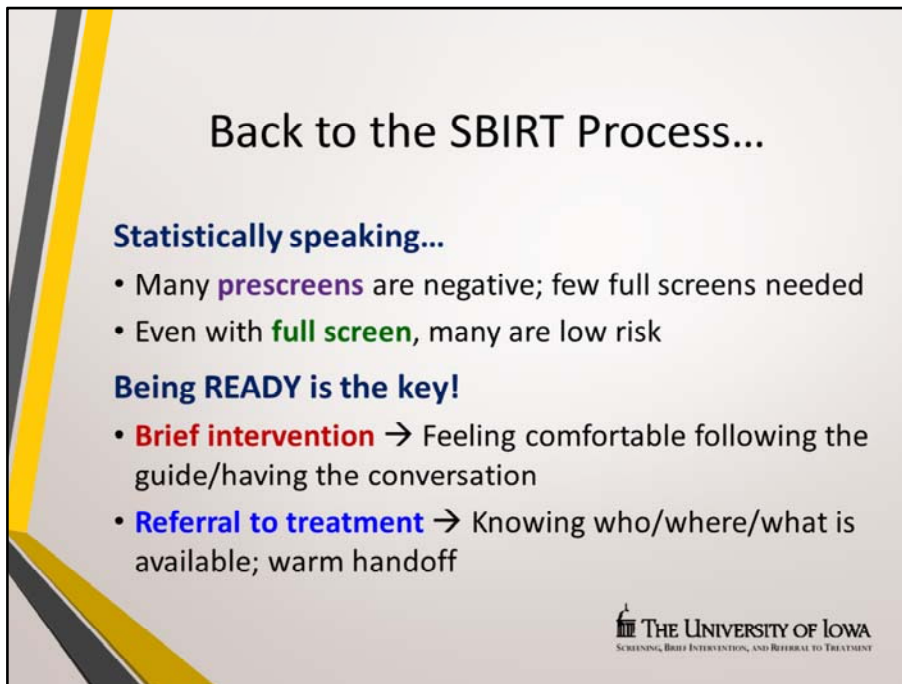
*But this is just the starting point! Calling in advance is often critical to success!!!*

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Resource	Distance
1. Iowa Lutheran Hospital One Main Street, 5th Floor Des Moines, IA 50319 Main Tel: 515-261-5200 Toll-free Tel: 1-800-261-5200 Website: <a href="#">www.ilh.org</a> Directions: <a href="#">View Map</a>	0.10 miles
2. Iowa Lutheran Hospital Prenatal, Obstetrical and Gynecology Center 400 West 15th Street, 5th Floor Des Moines, IA 50319 Main Tel: 515-261-5200 Toll-free Tel: 1-800-261-5200 Website: <a href="#">www.ilh.org</a> Directions: <a href="#">View Map</a>	0.10 miles
3. Mercy Hospital Mercy Behavioral Health 1111 East 15th Street Des Moines, IA 50319 Main Tel: 515-271-6111 Toll-free Tel: 1-800-271-6111 Website: <a href="#">www.mercy.org</a> Directions: <a href="#">View Map</a>	0.73 miles
4. Optimum Behavioral Health Services Capital One Center Building 1000 East Grand Avenue, Suite 200 Des Moines, IA 50319 Main Tel: 515-261-5200 Toll-free Tel: 1-800-261-5200 Website: <a href="#">www.optimumbh.com</a> Directions: <a href="#">View Map</a>	0.81 miles
5. United Way SAFE 1111 East 15th Street Des Moines, IA 50319 Main Tel: 515-261-5200 Toll-free Tel: 1-800-261-5200 Website: <a href="#">www.unitedway.org</a> Directions: <a href="#">View Map</a>	0.82 miles
6. CHS Behavioral Center 1111 East 15th Street Des Moines, IA 50319 Main Tel: 515-261-5200 Toll-free Tel: 1-800-261-5200 Website: <a href="#">www.chs.org</a> Directions: <a href="#">View Map</a>	1.01 miles

Note that the locator offers a map so you can visualize the locations, and it also provides detailed information about the name, location, and services offered.

As before, we highly recommend getting in touch with the service ahead of time to see how their program may fit the needs of the clients that you commonly serve. Having a “key contact” person in the agency can help with problem-solving when you need to refer.




**Back to the SBIRT Process...**

**Statistically speaking...**

- Many **prescreens** are negative; few full screens needed
- Even with **full screen**, many are low risk

**Being READY is the key!**

- **Brief intervention** → Feeling comfortable following the guide/having the conversation
- **Referral to treatment** → Knowing who/where/what is available; warm handoff


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In summary, the primary focus of SBIRT is on identifying those who need help to reduce risks of harm. Most of the screening done in primary care settings involves the Brief Negotiated Interview, not referrals to treatment. However, an estimated 5 percent of those screened will be in the harmful or dependent range that indicates making a referral to treatment.

As we discussed today, one of the biggest mistakes is to “rush to referral” – meaning the person isn’t ready. But when the person is ready, being prepared and using the warm handoff approach can increase success.

## Summary

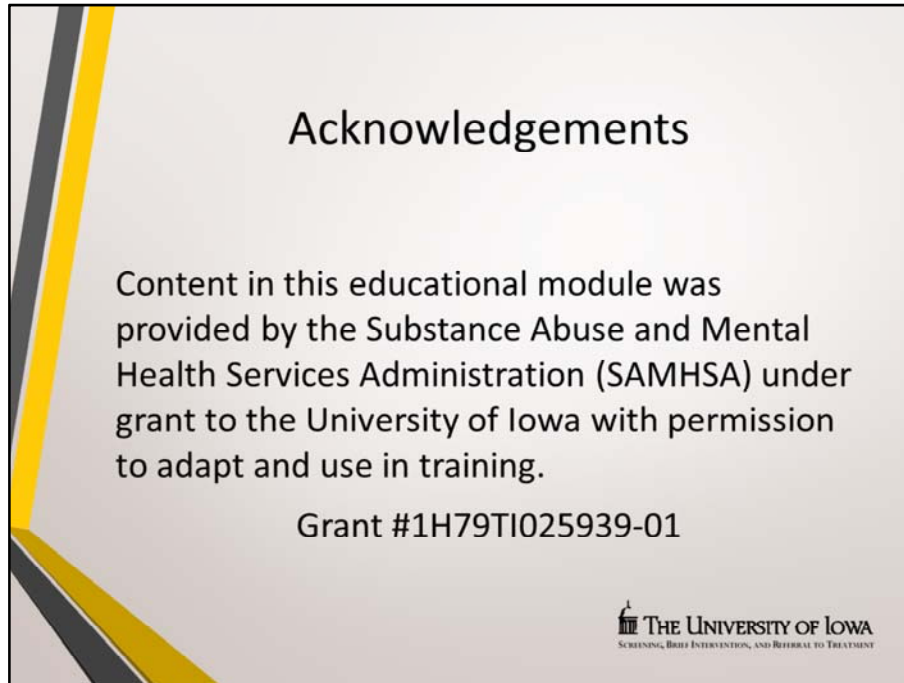
- Treatment works
- With a minimal amount of preparation, you can know what is available in your community
- Clarify your procedures for referral
- Warm handoffs work best
- Follow up!

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As before, success relies on believing in treatment, and also believing that people with substance use disorders deserve the same level of attention and care as others with chronic medical disorders. How providers make referrals really does matter!

It's also important to follow up with your patient to confirm that they went to their treatment location. What was their experience? Did they have questions? Did they have concerns? Your monitoring and follow-up become part of the important structure that supports them on their sometimes difficult journey.

This is the conclusion of our four-module SBIRT Core Curriculum.



Thank you to our funding agency for supporting this program.

