Keys to Sustaining SBIRT

Reducing Adolescent Substance Abuse Initiative
March 29th, 2016, 1:00 – 2:30pm ET

Dane Libart, OK Dept. of Mental Health & Substance Abuse Services
Stephen Betts, Bill Wilson Center
Housekeeping

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Guest Presenter #1

- Dane Libart, LCSW
- Senior Screening Consultant
- Oklahoma State Department of Mental Health & Substance Abuse Services
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SBIRT Sustainability:
The Oklahoma Experience

Dane Libart LCSW
Senior Screening Consultant
Oklahoma State Department of Mental Health and Substance Abuse Services
Introduction
Dane Libart LCSW

- AT&T
- NAMI
- Family Advocacy Program
- State SBIRT Coordinator
Agenda

• Three Pilots
• Key Learning
• SBIRT OK Collaborative
• SBIRT CMHS’s
Key Learning
Emergency

- The Usual Suspects
- Personality Trumps Degree
- SBIRT Educates
- Transient Population
- Leadership actively engaged
- **Not Operational**

Key Learning
Primary Care

• No Time
• Resistance is High
• Like Asking an LCSW to do a Physical
• Mutiny is Part of the Process
• Enough for a BH Practice
• **Not Operational** (occasionally)

Key Learning
FQHC: Primary Care

• Electronic Integration & The 60q Dream Screen
• SBIRT Saves Lives
• MUST Integrate Into Policy
• Leadership Must Actively Promote
• Somewhat Operational Today
Taking SBIRT to Scale

Largest Hospital Systems in Oklahoma

First Time State has attained Foundation Money

Telehealth to Drive Productivity

Using the Lessons Learned

SBIRT OK COLLABORATIVE
BEHAVIORAL HEALTH SCREENING & INTERVENTION

WORK IT.
PREVENTION IN PRACTICE
IT WORKS.

A Joint Investment
By
Anschutz Family Foundation
Inasmuch Foundation
Oklahoma Department of Mental Health and Substance Abuse Services

OMHSAS
Creating Healthier Oklahoma Communities
SBIRT OK Collaborative
Developing Sustainable SBIRT Models

• Reimbursement Drives Sustainability
• Each Partner Defines Sustainability
• CEO Buy-in
• Fully Integrated (hard stops)
• Contract Defines Responsibility
SBIRT OK Collaborative
Pilot Program Contract Requirements

• Use CDC SBIRT Implementation Guide as model (data p19)
• Motivational Interviewing Certification (we provide)
• A Screening Plan (flow) minimum of 80%
• A Brief Intervention Plan
• A Referral Plan
SBIRT OK Collaborative
Pilot Program Contract Requirements

• Integrate SBIRT into EMR with Task Notification
• Collaborate with Coding and Reimbursement
• Track Revenue
• Organizational Sustainability Requirements
• Data Provides Feedback Loop
# SBIRT: Must Generate Revenue

The Primary Care

SBIRT (known) Universe of Billing Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Medicare</td>
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<td>Annual Depression Screen</td>
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<td>G0436</td>
<td>Tobacco Use Counselling 3-10</td>
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<td>Tobacco Use Counselling &gt;10</td>
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<td>Annual Alcohol Misuse Screening</td>
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<td>Brief Face to Face behavioral Counseling</td>
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<td>Preventive Medicine Counseling</td>
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<tr>
<td>CPT99406</td>
<td>Smoking Cessation 3-10 min</td>
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<tr>
<td>CPT99407</td>
<td>Smoking Cessation &gt;10 min</td>
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<tr>
<td>CPT99408</td>
<td>Alcohol/Substance Screen &amp; Intervention 15 Min</td>
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<td>CPT99409</td>
<td>Alcohol/Substance Screen &amp; Intervention &gt;15 Min</td>
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<td>CPT99420</td>
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<td>CPT 99408</td>
<td>Alcohol/Substance Screen and Intervention</td>
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<tr>
<td>CPT 99420</td>
<td>Admin &amp; Inter of Health Risk Assessment</td>
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<tr>
<td>H0002</td>
<td>Behavioral Health Screening for Eligibility for Tx</td>
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SBIRT: Community Mental Health Centers

• Statute Looks Like SBIRT
• Trauma 76% to 93% Compliance
• Advance Notice of Intent
• 6 Months to Implement
• On-line training
• Data as Feedback
• Review Existing Policy for Compliance
Community Mental Health Centers

(a) CMHC policy and procedure shall require that a screening of each consumer’s service needs is completed in a timely manner. An integrated screening should be welcoming and culturally appropriate, as well as maximize recognition of the prevalence of co-occurring disorders among those who typically present for services at a Community Mental Health Center.

(b) Upon determination of appropriate admission, consumer intake, and assessment information shall include, but not be limited to, the following:

1. Behavioral, including substance use, abuse, and dependence;
2. Emotional, including issues related to past or current trauma;
3. Physical;
4. Social and recreational; and
5. Vocational.
Summary: Sustainability
The Oklahoma Experience

- Sustainability is an Open Question
- It’s About the Revenue
- The Answer is Coming
- In OK, CMHC Screening is SBIRT
Guest Presenter #2

- Stephen Betts
- Director, Behavioral Health Integration
- Bill Wilson Center
- SBetts@bwcmail.org
Serving Children, families and transitional-aged youth in Santa Clara County, California (San Jose and Area) Approximately 140 employees serve about 3,500 per year.
About two dozen programs offering a full array of services including foster care and adoption, crisis line/call center, drop-in center, homeless services and Mental Health Services.

* (No, not that Bill Wilson)
* We recognize that many of our clients are impacted by substance use.
* Movement towards integrated care.
* Pilot with 8 clinicians in our Mental Health Program
* Aim to institutionalize the use of SBIRT agency-wide by the end of the year.
Challenges

* Heavy caseloads with competing demands
* Staff focus on Mental Health
* SUDS seen as a specialty
* Staff turnover
* “I was trained in it – but didn’t know I was supposed to do it.”
Passed to SBIRT Pilot Team
Incorporated into two-week new clinician orientation training
QC/QI manager now tracking SBIRT
**Strategies**

- Protocol reinforces messages already provided to staff
- Core of seasoned clinicians
- Increasing staff awareness of how substance use impacts their clients
- Training new hires
- Don’t have to be a substance use specialist
- Training sponsored by the National Council in April
Next Steps & Activities

• Next Round of Reports due **April 15**
• **SBIRT Scoop**
• Individual TA
• Future webinars:
  – *Data Jam* (April 2016)
  – *Staffing Considerations & Supervision* (May/June 2016)
  – *Marijuana: Practical Implementation Guide* (July/August 2016)
  – *Becoming Co-Occurring Disorders Capable* (October/November 2016)
Got Questions?

Please type your questions into the question box and we will address them.