

FASD-SEI Screening & Brief Intervention Workgroup

AGENDA / NOTES

Date: 9/13/21

Time: 11-12 pm

Location: Microsoft Teams (virtual)

Note: details below are reoccurring and do not change month to month

Join link:

[Join Microsoft Teams Meeting](#)

Call in details:

[+1 860-967-3095](#)

Conference ID: 942 583 06#

ATTENDANCE

Participant	Present	Participant	Present
Ashley Starr Frechette		Traci McComiskey	x
Keri Lloyd	x	Kris Robles	x
Lauren Sgro	x	Bridget Aliaga	x
Margaret McLaren		Siobhan Feliciano	x
Rebecca Petersen		Bonnie McRee	x
Rose-Marie Marotta	x		
Isaih Scales	x		

AGENDA & SUMMARY OF DISCUSSION

Topic	Main Points from Discussion
<ul style="list-style-type: none">Welcome and Introductions	<ul style="list-style-type: none">n/a
<ul style="list-style-type: none">Brief updates from last meeting	<ul style="list-style-type: none">Beacon Health presentation<ul style="list-style-type: none">Lauren presented on data briefs from the Beacon Health Survey conducted in Jan 2021 that are still pending marketing team finalization, but she will share once they are completeUpcoming SBIRT Trainings<ul style="list-style-type: none">None that the group is aware of at the moment; may indicate that this group can support additional trainingsConnect with Wheeler on upcoming A-SBIRT trainings
<ul style="list-style-type: none">Next steps	<ul style="list-style-type: none">Identify champions within systems to understand and/or enhance screening, BI, and/or referral practices in their systems<ul style="list-style-type: none">This would apply to those who use a traditional SBIRT model and are looking for moderate to high use as well as those who might primarily be case finding, and in those instances how do we enhance those practices to include moderate cases that might be being missedHow?<ul style="list-style-type: none">CAPTA data? Identify systems on both ends of the spectrum (those successfully reporting and those who need additional training)SBIRT billing code utilization (update): We are interested in understanding how much the SBIRT billing codes have been utilized over the past 5 years (or even since the time that they were turned on in 2015). We are submitting a request to DSS (through

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Topic	Main Points from Discussion
	<p>Keri) to see if we can get data by provider type and specialty.</p> <ul style="list-style-type: none"> • Identify state assets and gaps in the present referral pathway/s in a “screens positive” situation <ul style="list-style-type: none"> ○ As we identify practices or hospitals (or other areas) for outreach, it would be beneficial to have all of these resources and areas of opportunities laid out for presenting ○ For example: one common “barrier” we hear from providers is not knowing treatment resources, when we know that the state does have many resources, so we list out all those resources but also come prepared with a list of opportunities that might be able to remedy this like expanding trainings ○ See this link: https://portal.ct.gov/-/media/DMHAS/Publications/SubstanceUseDisorderTXResourceGuidepdf.pdf <ul style="list-style-type: none"> ▪ Is the CT SBIRT initiative still active? What was learned? – Bonnie to share report ▪ Is it worth updating this existing resource list (last updated 2015)? – consolidate links to real time treatment availability ○ Mini activity – see below

NEXT STEPS/ACTION ITEMS

Task	Person Responsible	Follow-up Date
• Next meeting 10/11 11-12pm	ALL	
• Bonnie to send CT SBIRT report	Bonnie	
• Beacon Health Data Brief (when approved for distribution)	Lauren	
• DSS SBIRT codes data	Bridget/Keri	

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Activity:

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Person enters through PCP or OB GYN		
Assets	Gaps	Opportunities
<ul style="list-style-type: none"> • Resources <ul style="list-style-type: none"> ○ Links to live Tx availability ○ REACH ○ Women and Children's Programs ○ PROUD ○ Access Mental Health (if under 19) ○ Nurturing Families ○ Birth to three ○ CCAR ○ PCPs who are licensed for MAT • Private practice for OP (see existing list?) • Enhanced care clinics 	<ul style="list-style-type: none"> • Limited knowledge of local treatment and recovery resources • Education beyond case finding • Knowledge that Medicaid doesn't pay for a negative screen (barrier for consistent implementation) • Provider stigma that impedes succession screening/referrals • FASD-SEI limited knowledge 	<ul style="list-style-type: none"> • SBIRT / overview of screening and resources training • Increase utilization of SBIRT billing • Use SBIRT codes to identify champions • Create linkages between resources and provider • Knowledge of past substance use for better referrals • Use SBIRT codes to identify champions • FASD-SEI trainings, see CDC training resources
Person enters through legal system		
Assets	Gaps	Opportunities
<ul style="list-style-type: none"> • See above • Access to resources not available to public • Diversion programs – knowledgeable and run through CBOs 	<ul style="list-style-type: none"> • See above • Utilization of contracted providers vs full breadth of resources • Court systems – SWs, etc. need resources 	<ul style="list-style-type: none"> • Identify champions within legal system • Targeted trainings for legal system to include overview of addiction and local resources
Person enters through CPS		
Assets	Gaps	Opportunities
See above		
<ul style="list-style-type: none"> • SBIRT conducted in office • Availability of regional resource group 		
Targeted trainings and outreach to "non traditional" providers and offices		
<ul style="list-style-type: none"> • Doulas 		

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- Naturopathic doctors
- EMTs
- Dentists
- Peds
- WIC and other family offices
- Schools / school based health clinics

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Priority 2: Screening & Brief Intervention

GOAL: Improve screening for substance misuse and substance use disorders and to provide appropriate services through provider education and enhancement of statewide referral systems.

Objective 1: Promote universal screening practices while thoughtfully addressing the current barriers that make this challenging to implement broadly

Points of intervention: Pre-pregnancy, Prenatal, Birth, Neonatal/Postpartum/Infancy, Childhood

Strategy 1: Understand barriers to screening from a provider perspective and provide opportunities to build screening capacities within our local systems

Target Pop	Action Steps	By When	Benchmark & Measure of Success	Lead Person / Partnerships	Status with Dates
Providers & Systems	Identify champions within systems to understand and/or enhance screening, brief intervention, and/or referral to treatment practices in their systems	July 2022	# systems identified # systems engaged # practice changes	DMHAS, DCF, Providers and Systems TBD	
Providers and Systems	Educate medical providers about the SBIRT insurance reimbursement	July 2023	Target: Identify expert to lead development of presentation in Y1, deliver training annually Y2+ # trainings held # providers/systems engaged	DMHAS, DCF, Providers and Systems TBD	
Providers and Systems	Explore SBIRT training for medical staff in OB/GYN and primary care doctors' offices	July 2022	Target: Identify expert to lead presentation in Y1, deliver training annually Y2+	DMHAS, DCF, Providers and Systems TBD	

Strategy 2: Promote strategies that enhance brief intervention and referral to treatment practices and understanding of community and state SUD treatment and recovery resources.

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Target Pop	Action Steps	By When	Benchmark & Measure of Success	Lead Person / Partnerships	Status with Dates
Stakeholders	Maintain Screening Workgroup from previous plan and incorporate an additional focus on BI and referral enhancement	July 2021	Target: 1 meeting per month # of workgroup participants # of meetings	DMHAS, DCF, Stakeholders TBD	
Provider/Systems	Collaborate on strategies that work towards a standard statewide referral process and/or recommendations on a screening algorithm	Ongoing	Target: TBD	DMHAS, DCF,	
Provider/Systems	Work with providers to identify pathway for patients that screen positive	July 2023	Target: Y1 identify barriers and champions (use current screening algorithm); Y2 promote algorithm?	DMHAS, DCF, Providers and Systems TBD	
Provider/Systems	Identify state assets and gaps in the present referral pathways in a "screens positive" situation	July 2022	Target: Explore with screening group in Y1, apply to latter strategy	DMHAS, DCF, Providers and Systems TBD	
General Population	Market available centralized clearing houses (211, Live Loud, DMHAS, DCF, CT Stronger, Warm line, Databases) and work with individuals on how	July 2023*	Target: incorporate into Training and Marketing workgroup # of resources promoted	DMHAS, DCF	*Move up to 2022 and have M/T group work on this?

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	to navigate these systems				
Providers, Systems	Explore opportunities to duplicate a system such as CT Access Mental Health, to provide a consult line for providers seeking behavioral health services for adults over the age of 19	July 2023	Target: Explore with Screening and Referral Group	DMHAS, DCF	