

Kansas Maternal and Child Health Screening, Brief Intervention, and Referral to Treatment (SBIRT) Integration Plan Overview

Introduction

This SBIRT Integration Plan and associated SBIRT toolkit have been created through the work of many state and local partners with a shared interest in providing coordinated and comprehensive services to women before, during, and after pregnancy. Information contained in the toolkit is based on sound research and recommendations from the U.S., Preventive Services Task Force (USPSTF), American College of Obstetricians and Gynecologists (ACOG), National Institute on Drug Abuse (NIDA), and the Substance Abuse and Mental Health Services Administration (SAMHSA). Screening, referral, and crisis intervention algorithms have been adapted from those developed by the Minnesota Department of Health and used in the Kansas Maternal and Child Health Mental Health Integrated Toolkit. The plan and toolkit have been developed for use by Kansas Maternal and Child Health (MCH) service providers.

The aim of this toolkit is to improve identification, clinical care, and coordination for perinatal women using substances. The toolkit provides guidance on implementing SBIRT, including algorithms, policy templates, training recommendations, and resources for both providers and patients. Through successful implementation, outcomes in maternal and infant health will improve.

Plan Steps

1. All organizational staff are strongly encouraged to participate in an SBIRT training course. The Kansas approved training was developed by the University of Missouri-Kansas City (UMKC) SBIRT Training Project and is called *SBIRT for Health and Behavioral Health Professionals*. Completion of this training and submission of the required documentation (outlined in the accompanying “Information on Implementing Screening for SBIRT” document found in the toolkit) will allow the provider to be reimbursed by KanCare for the SBIRT services they provide. Brief Intervention and motivational interviewing training are also helpful but not required.

For more information about the *SBIRT for Health and Behavioral Health Professionals* training course, visit: <http://healthknowledge.org/course/index.php?categoryid=50>

For more information about State requirements, including policies and the steps to become a Medicaid approved SBIRT practitioner, visit: <https://www.kdads.ks.gov/provider-home/training-registration-and-surveys/medicaid-mental-health-service-provider-training/trainings/sbirt-information>.

2. Prepare for implementation across MCH services by utilizing the accompanying “Information on Implementing Screening for SBIRT” document found in the toolkit.
3. Develop agency policies and procedures focused on SBIRT, specifically addressing screening, brief intervention, referral, treatment options, and follow-up procedures within the agency and broader community to support and sustain a comprehensive approach. A template for creating local policy on SBIRT implementation is provided in this toolkit for use if not already developed. Policy must assure an adequate system of care is in place to best meet patient needs and should include the following standardized components:

- a. **Educational resources and information on available substance use disorder services provided universally to every pregnant and postpartum woman served.** Identify key opportunities (i.e. enrollment, a particular appointment or visit) that are a routine part of care, to engage a patient in discussion about perinatal substance use and to provide educational materials. Options for educational resources on this topic are available in the associated toolkit under “Patient Education Resources”, as well as those identified locally. Additionally, a template for creating a local substance use resource directory is provided in the associated toolkit. This template is available for use if a similar resource has not already been developed locally. Information should include: resource name and location, contact information (including 24-hour hotline or after-hours numbers if available), hours of service, level/type of services provided, and payment source options (i.e. insurance types accepted, sliding-fee scale, etc.).
- b. **Every pregnant and postpartum woman served is screened for substance use disorders.** Identify the standardized screening tool to be used, timing of use, and which staff will administer the screen. Research based recommendations are included in the accompanying “Information on Implementing Screening for SBIRT” document.
- c. **Following every positive screen, a brief intervention, referral to services, and follow-up is provided.** Algorithms for ideal work flow related to screening, scoring, referral, and follow-up are provided in the associated toolkit and should be adapted to match local policy.