# Community of Practice (CoP) Integrating Addiction Treatment Services Into Primary Health Care

## Mental Health/Substance Use Disorder Integration Technical Assistance

*February 5, 2026*

**Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)**

Vision: Healthy Communities, Healthy People

# Disclosure

*This webinar was produced for the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care under contract number 47QRAA18D00FZ/75R60224F80097.*

# Session Eight

## Summary and Participant Report Outs

# Today's Agenda

Welcome, Recap from Previous Session, Objectives

Sharing What We've Learned: Concept Review & What You've Implemented or Plan to Implement

Putting It All Together: Case Study

CoP Participant Reflections

Session Wrap-Up and Office Hours

**HRSA** Health Center Program

# Your CoP Facilitators



**Todd "Akiva" Mandell, MD**



**Jenny Twesten, MPH**

# Session Objectives

**Participants of today's session will be able to:**

- Review key themes from our CoP addressing addiction treatment integration in primary care.

- Share how you've applied the tools, PDSA planning resources, and CoP information to apply to your health center's substance use disorder (SUD) services.

- Discuss identified actions and next steps for implementing integrated SUD services at your health center.

# A Familiar Case Presentation in Primary Care

**History:**

Sam is 29 years old; single, recently ended long-term relationship; employed at a warehouse.

He presents for worsening headaches and chronic sleep difficulties. He reports feeling increasingly stressed since his separation and difficulty managing rotating shifts at the warehouse.

**Screening results:**

- Tobacco, Alcohol, Prescription medication, and other Substance use tool (TAPS)—High risk for alcohol; problem use risk for adverse outcomes for tobacco, cannabis, and sedatives
- Patient Health Questionnaire (PHQ-9) score—13

# Where Have We Been?
# What Progress Have You Made?

**Our Journey To SUD Treatment Services Integration**

# Steps To Demonstrating Patient-Directed Care

✓ **Train health center staff** on de-stigmatizing language during onboarding and through annual refreshers

✓ **Apply de-stigmatizing and plain language** when collaborating with other providers

✓ **Get buy-in** from all staff on a patient-directed workflow

✓ **Train health center** staff to recognize signs of overdose and act

# De-Stigmatizing Language Examples

| Instead of... | Use... |
|---|---|
| Addict | • Person with substance use disorder |
| Former addict | • Person in recovery or long-term recovery |
| User | • Patient |
| Alcoholic | • Person with alcohol use disorder |
| Habit | • Substance use disorder<br>• Drug addiction |
| Relapse | • Resumed use |
| Abuse | **For illicit drugs:**<br>• Use<br><br>**For prescription medications:**<br>• Misuse<br>• Used other than prescribed |

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# SUD Workflow

Phone Intake

Screening and Assessment

Diagnosis

Behavioral Intervention

Follow-up and/or Referral
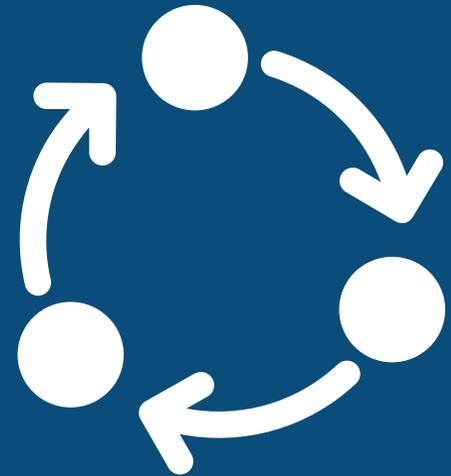
# Participant Share-Out: Demonstrating Patient-Directed Care

- What actions have you taken to use de-stigmatizing language on your team since enrolling in the CoP?

- Where in your SUD workflow are you or do you plan to make improvements to support patient-directed care?

# Selecting Your Screening & Assessment Tools

✓ **Review** current SUD screening and assessment tools

✓ **Assess administration:** who, when, and how

✓ **Troubleshoot** barriers—find your champions

# Evidence-Based *Screening* Tools in Primary Care

| Screening Tool Name | What Substances are Included? | Appropriate for Adolescents or Adult? | Who Can Administer? |
|---|---|---|---|
| Tobacco, Alcohol, Prescription medication and other Substance use (TAPS)* | Drugs and Alcohol | Adults | Self- or clinician-administered |
| Opioid Risk Tool – OUD (ORT-OUD) Chart | Drugs | Adults | Self-administered |
| Screening to Brief Intervention (S2BI) | Drugs and Alcohol | Adolescents | Self- or clinician-administered |
| Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD) | Drugs and Alcohol | Adolescents | Self- or clinician-administered |
| Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide* | Alcohol | Adolescents | Clinician-administered |

*Includes both screening and assessment

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# Evidence-Based *Assessment* Tools in Primary Care

| Assessment Tool Name | What Substances are Included? | Appropriate for Adolescents or Adult? | Who Can Administer? |
|---|---|---|---|
| Tobacco, Alcohol, Prescription medication and other Substance use (TAPS)* | Drugs and Alcohol | Adults | Self- or clinician-administered |
| Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide* | Alcohol | Adolescents | Clinician-administered |
| Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) | Drugs and Alcohol | Adolescents | Self- or clinician-administered |
| Drug Abuse Screen Test (DAST-10)^ | Drugs | Adults | Self- or clinician-administered |
| Drug Abuse Screen Test (DAST-20: Adolescent version)^ | Drugs and Alcohol | Adolescents | Self- or clinician-administered |

*Includes both screening and assessment
^Tools with associated fees
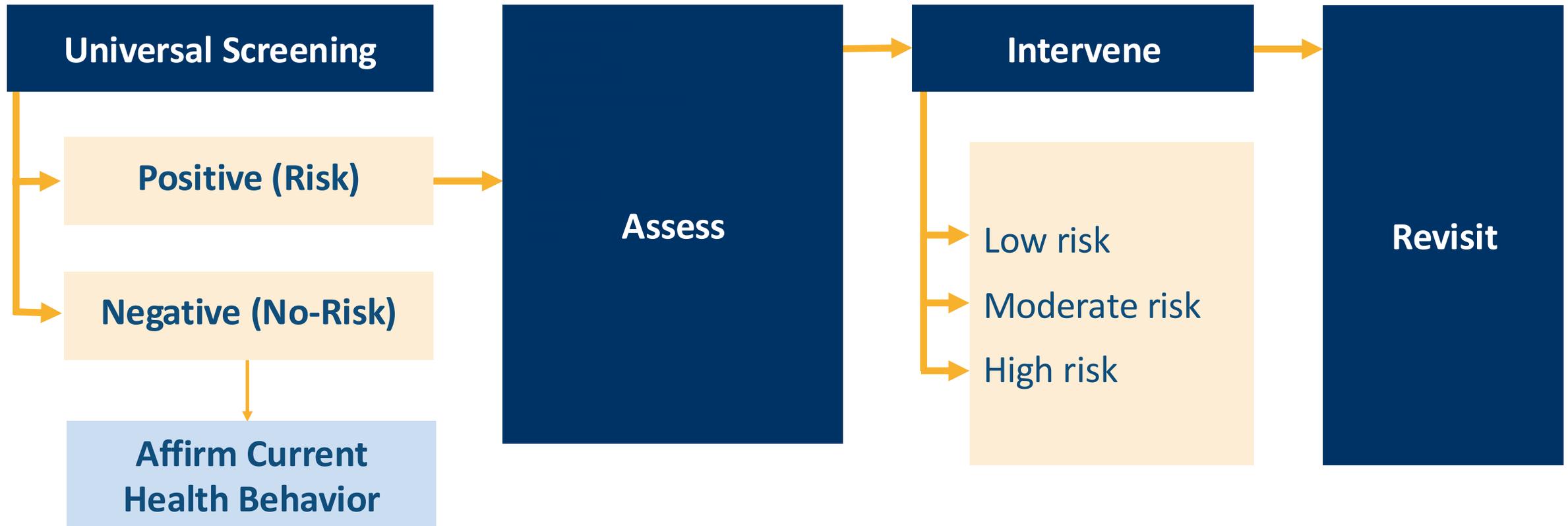
HRSA Health Center Program

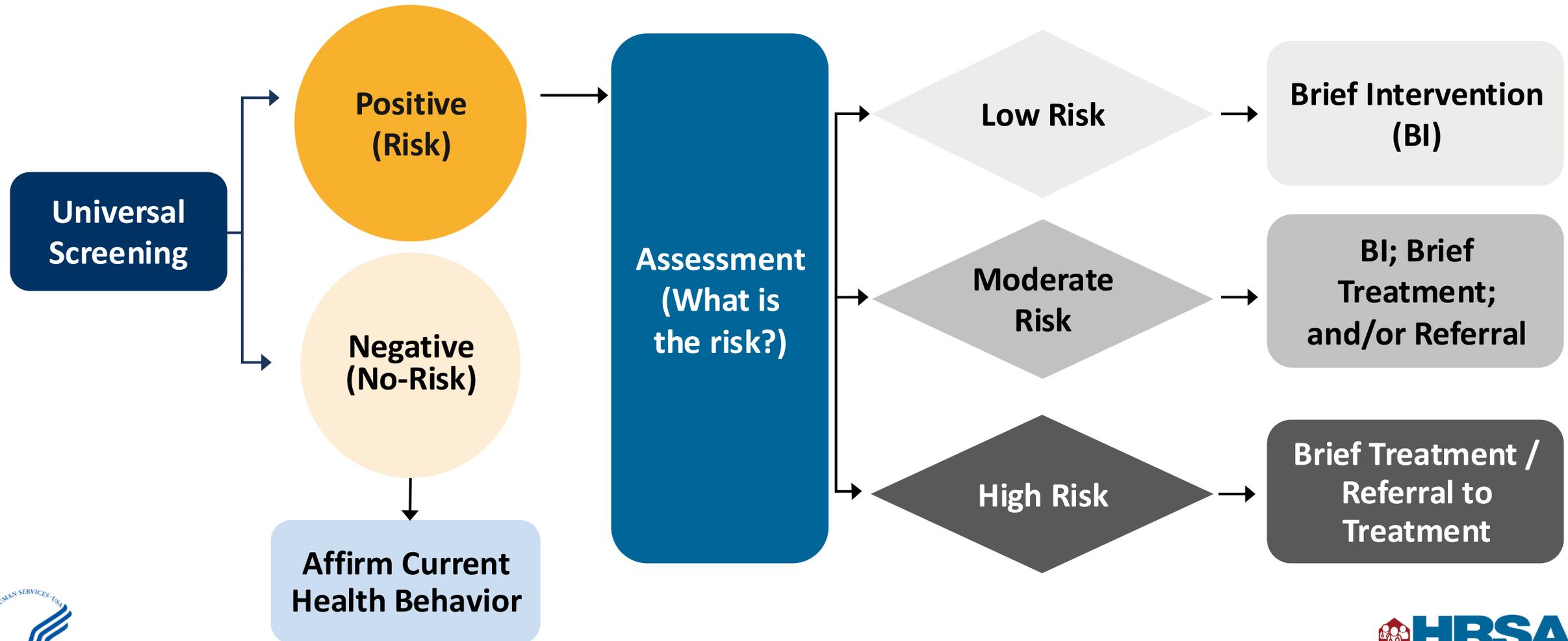# Participant Share-Out: SUD Screening and Assessment



- Has your health center examined your SUD screening and assessment process since enrolling in the CoP?

- What actions have/do you plan to take to support universal screening/assessment?

# Response to Screening for Substance Use

**Universal Screening**

**Positive (Risk)**

**Negative (No-Risk)**

**Affirm Current Health Behavior**

**Assess**

**Intervene**

- Low risk
- Moderate risk
- High risk

**Revisit**

# Screening, Brief Intervention, and Referral to Treatment (SBIRT) Workflow



Universal Screening

Positive (Risk) → Assessment (What is the risk?)

- Low Risk → Brief Intervention (BI)
- Moderate Risk → BI; Brief Treatment; and/or Referral
- High Risk → Brief Treatment / Referral to Treatment

Negative (No-Risk) → Affirm Current Health Behavior

# Interventions to Support Behavior Change

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- Motivational Interviewing (MI)

- Cognitive-Behavioral Therapy

- Mindfulness-based

- Contingency Management

- 12-Step Program/Rationale Recovery

- Couples or family therapy

# Participant Share-Out: Developing a Treatment Plan



- What tools/resources do you have to develop a patient-directed treatment plan?

- Have you considered changes to how you intervene?

# Key Components of a Referral Network

**Learning SUD treatment resources in your community**

- Behavioral health providers, SUD treatment, criminal justice, social support, community groups, etc.

**Developing formal agreements**

- Define communication expectations (data privacy and 42 CFR Part 2)
- Standardize referral forms/templates

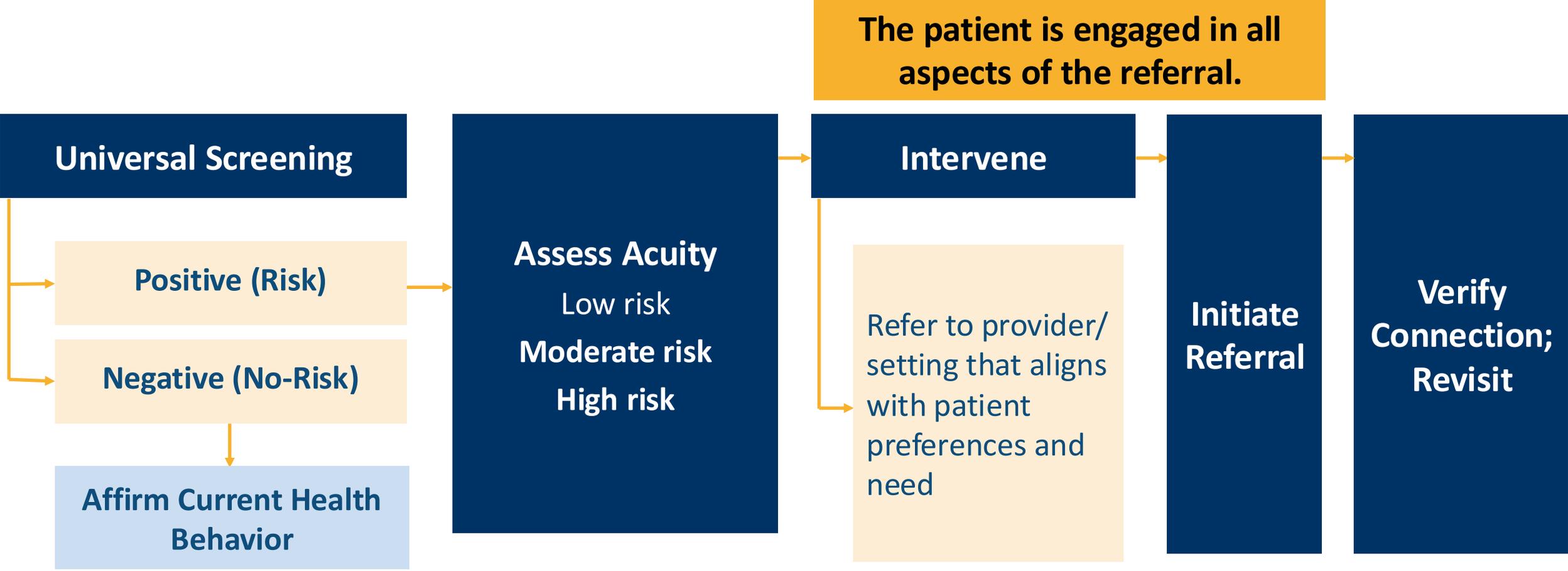**Incorporating referrals into the workflow**

- Who initiates? Who tracks? How does hand-off happen? What feedback is shared?
- Use an electronic health record or other tool?

**Assigning quality metrics**

- Examples may include number of referrals made, number of referrals accepted, no-shows, time-to-appointment, patient satisfaction, health outcomes

# Sample Referral Workflow

**Universal Screening**

Positive (Risk)

Negative (No-Risk)

Affirm Current Health Behavior

**Assess Acuity**
Low risk
**Moderate risk**
**High risk**

**The patient is engaged in all aspects of the referral.**

**Intervene**

Refer to provider/ setting that aligns with patient preferences and need

**Initiate Referral**

**Verify Connection; Revisit**

# Participant Share-Out: Managing Referrals



- What opportunities exist to strengthen your health center's referral management?

# Sustainability Challenges in Integrated SUD Care

- **Workforce capacity and resilience**
  - Workforce instability may be a risk to long-term integration

- **Finance and reimbursement**
  - One-time grant funding
  - Misalignment between clinical workflows and billing

- **Workflow and clinical integration**
  - Inconsistent screening implementation
  - Unclear staff roles

- **Data privacy**
  - Over-application of 42 CFR Part 2 can unintentionally silo SUD care

- **Leadership, organizational environment, and stigma**
  - Maintaining alignment as priorities shift

# SUD Integration Monitoring and Reporting

**Accountability to Funders**

**Continuous Quality Improvement**

- **Quantitative data** (e.g., number of screenings, days to care following positive screenings)
- **Qualitative data** (e.g., staff's level of comfort with SUD conversations)

**What measures are meaningful to your health center?**

# Putting It All Together: Familiar Case Presentation in Primary Care

**History:**

Sam is 29 years old; single, recently ended long-term relationship; employed at a warehouse.

He presents for worsening headaches and chronic sleep difficulties. He reports feeling increasingly stressed since his separation and difficulty managing rotating shifts at the warehouse.

**Screening results:**

- Tobacco, Alcohol, Prescription medication, and other Substance use tool (TAPS)—High risk for alcohol; problem use risk for adverse outcomes for tobacco, cannabis, and sedatives
- Patient Health Questionnaire (PHQ-9) score—13

- What language do all staff use from intake through treatment/referral?
- How should Sam be involved in the next steps of the workup? Treatment? Referral? Follow up?
- What treatment(s) would you recommend? Would a referral(s) be made?
- How would follow-up be managed?
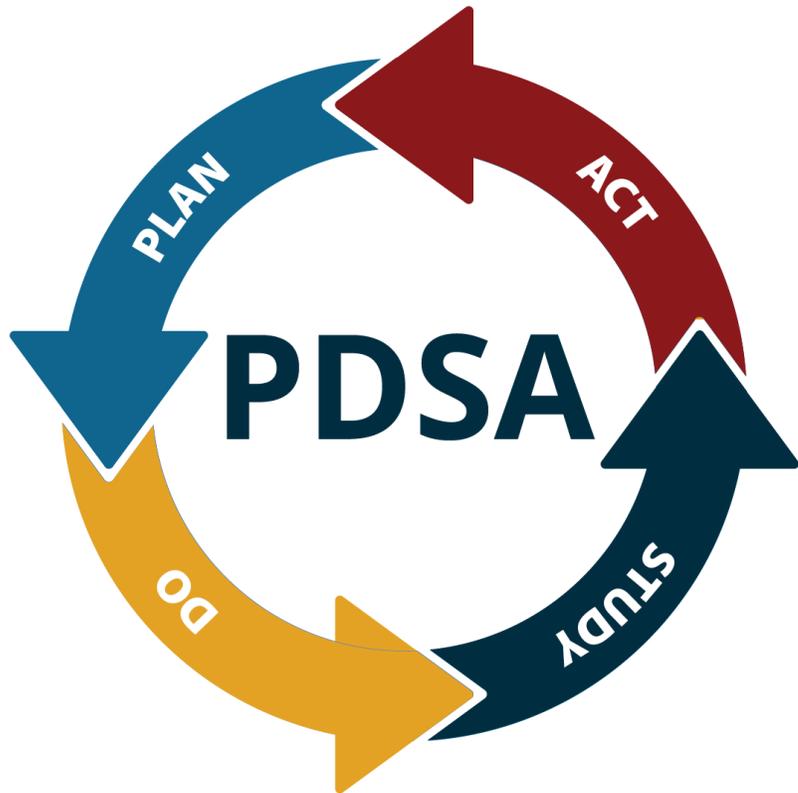- What metrics would your health center monitor?

# Participant Share-Out: Reflection on CoP Series (1)

- What have been your main takeaways from this CoP?

- Which of the strategies discussed have you implemented (or do you plan to implement) at your health center?

  - What are the results so far?
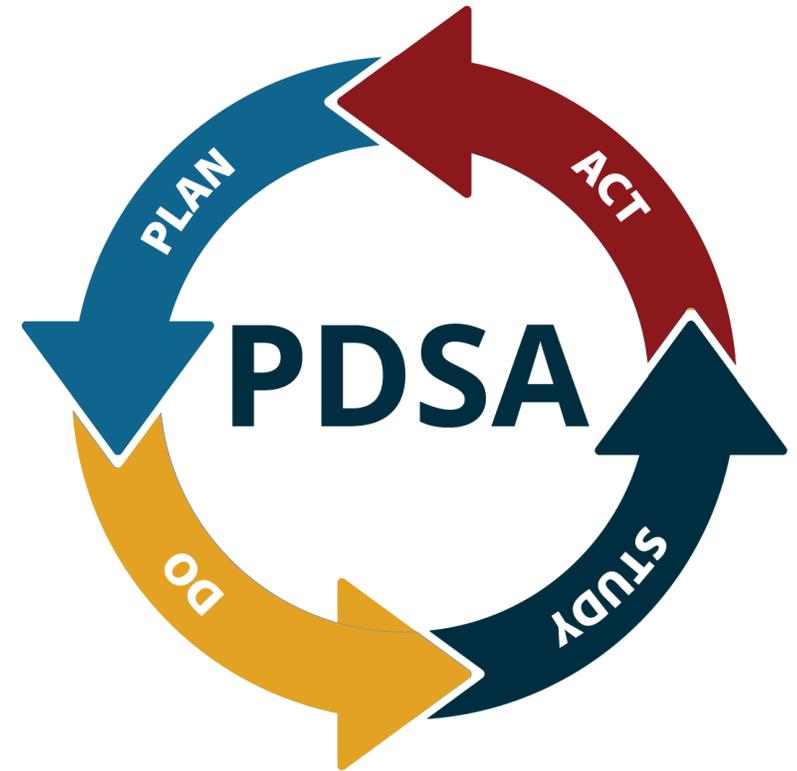
# Participant Share-Out: Reflection on CoP Series (2)



- Which CoP tools, resources, or information have you found the most helpful?

- To what extent did you apply the PDSA cycle during (or do you plan to after) your participation in the CoP?

- What additional questions, resources, or supports would help with your SUD integration/expansion efforts?

# Keep Going!

Q&A

# Health Center Satisfaction Assessment

**We'd love your feedback on today's session!**

Please take 2 minutes to complete the Health Center TA Satisfaction Assessment.

**You must complete the assessment to claim continuing education credit.**

**Thank you for your time!**

https://www.surveymonkey.com/r/CoP4Session8

# Thank You!



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❓ Questions? Reach out via the BPHC Contact Form

✉ Sign up for the *Primary Health Care Digest*

# Resources/References (1)

- National Institute on Drug Abuse (NIDA) (2023, November 17). *Your Words Matter – Language Showing Compassion and Care for Women, Infants, Families, and Communities Impacted by Substance Use Disorder*. https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-language-showing-compassion-care-women-infants-families-communities-impacted-substance-use-disorder

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- NIDA. (2024, October 9). *CTN Dissemination Initiative*. NIDAMED. https://nida.nih.gov/nidamed-medical-health-professionals/ctn-dissemination-initiative

# Resources/References (2)

- NIDA. (2023, November 17). *Screening for Substance Use in the Pediatric/Adolescent Medicine Setting*. NIDAMED. https://nida.nih.gov/nidamed-medical-health-professionals/science-to-medicine/screening-substance-use/in-pediatric-adolescent-medicine-setting

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