Understanding Outreach, Screening, Assessment, and Referral Program Services to Address Opioid Use Disorder in Texas

## Environmental Scan

Outreach, Screening, Assessment, and Referral (OSAR) programs address the needs of Texans at risk for developing or living with a substance use disorder by focusing on a continuum of services. During 2021 and 2022, the Texas Health and Human Services Commission (HHSC), the Addiction Research Institute at The University of Texas at Austin, and RTI International conducted a two-phase environmental scan of OSAR programs and partners in order to identify resources needed to enhance collaboration between OSAR programs, HHSC, and substance use disorder treatment providers.

## Phase One Findings

### General

* Provide training and technical assistance to support services using a person-centered approach.
* Provide training and technical assistance on the provision of services via telehealth.
* Increase staffing resources.
* Evaluate the long-term impact of OSAR program services.

### Outreach

* Provide training on what constitutes outreach, including activities and locations.
* Develop curricula to train and educate local service providers to identify people at risk for opioid use disorder and directly refer to OSAR program providers.

### Screening and Assessment

* Provide training and technical assistance to help OSAR program staff improve screening of priority populations.
* Streamline screening and assessment processes.

### Referral

* Provide ongoing support for the use of telehealth.
* Determine how to connect clients to recovery support and other supportive services in addition to treatment.

## Phase Two Findings

### General

* Frequency of referrals was strongly associated with frequency of communication.
* Two-thirds (67 percent) of respondents reported they would prefer to communicate with their region’s OSAR program at least weekly.
* Only 36 percent of new employee respondents reported being very familiar with OSAR programs.

### Communication

* Respondents indicated they frequently (54 percent) or infrequently (46 percent) communicated with their region’s OSAR program; however, the percentage varied by region.

### Collaboration and Referral

* Over half (55 percent) of respondents reported their organization received client referrals from their region’s OSAR program.
* Over half (55 percent) of respondents reported they made referrals to their region’s OSAR program.
* Among respondents, 44 percent reported the most common way they received OSAR program referrals was via direct calls from the person calling after receiving information from the OSAR program.
* Over one-third (35 percent) of respondents reported the most common process of client referral was receiving a call from the OSAR program with client information and the provider being responsible for calling the client.
* Half (50 percent) of respondents reported they mostly provide the client with their region’s OSAR program information so that the client can call the OSAR program.
* Over one-third (34 percent) of respondents reported the most common process was to call the OSAR program, provide client information, and have the OSAR program call the client.
* Among respondents, 56 percent indicated their organization referred clients to their region’s OSAR program when their organization did not provide the recommended level of care.
	+ About one-fifth (17 percent) of respondents indicated their organization referred clients to their region’s OSAR program when their organization was at capacity (e.g., did not have any available treatment spots).
	+ Over half (52 percent) of respondents made referrals frequently.
	+ One-fourth (25 percent) of respondents made referrals to their region’s OSAR program every day or nearly every day.

Figure 1. Most Common Methods of Referrals from OSAR Programs



## Texas Health and Human Services Commission Action Items

### Training

* Provide training, refreshers, and technical assistance on telehealth and all OSAR program processes.

### Funding

* Explore opportunities to increase OSAR program staff funding.

### Communication

* Improve communication and relationships between OSAR programs and other providers.
	+ Increase awareness among stakeholders.
	+ Understand and work more closely with regions reporting less communication.
	+ Identify and share best practices for referral processes across regions.
	+ Increase collaboration through coalitions and outreach events.

### System

* Assess feasibility of streamlining Clinical Management for Behavioral Health Services, consent, wait list, and other processes.