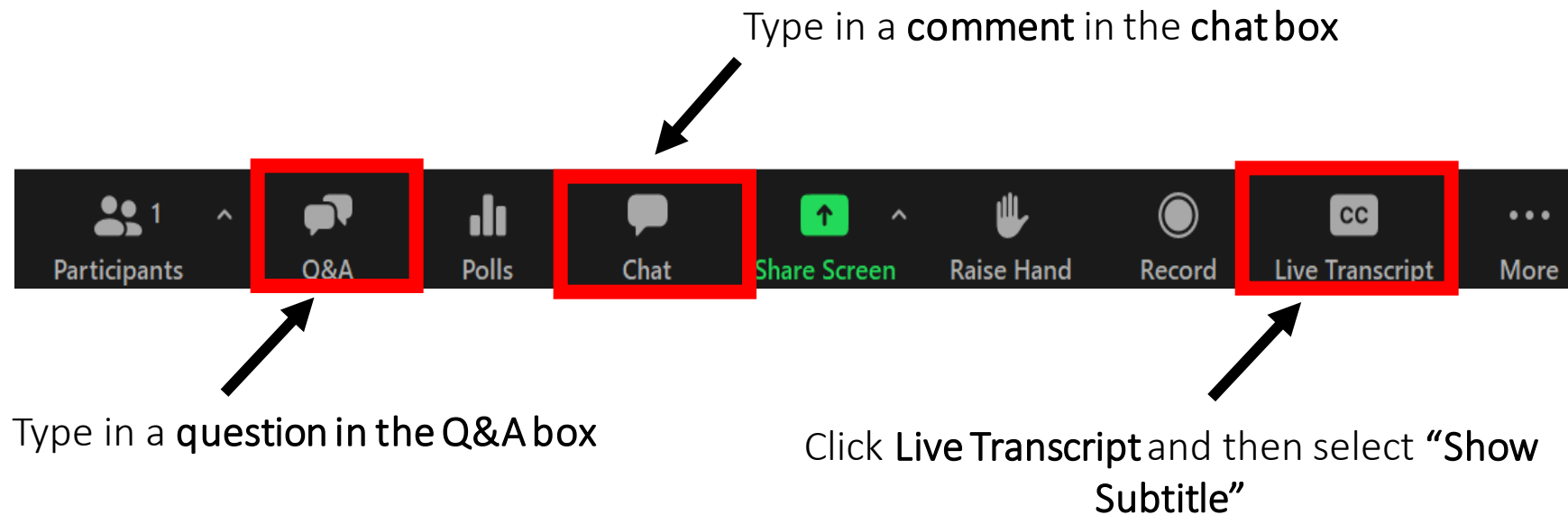


Screening, Brief Intervention and Referral to Treatment (SBIRT) with Adults: Implications for Integrated Care Settings

September 28th, 2021

3pm-4pm ET

Questions, Comments & Closed Captioning



Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA

Substance Abuse and Mental Health
Services Administration

www.samhsa.gov



Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)



Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider
- Mental Health Provider
- Substance Use Disorder Provider
- Other (specify in chat box)



Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)



Introductions



Laura Leone, **DSW, MSSW, LMSW**
Integrated Health Consultant
Practice Improvement & Consulting
National Council for Mental Wellbeing



Pam Pietruszewski, MA
Integrated Health Consultant
Practice Improvement & Consulting
National Council for Mental Wellbeing



Objectives

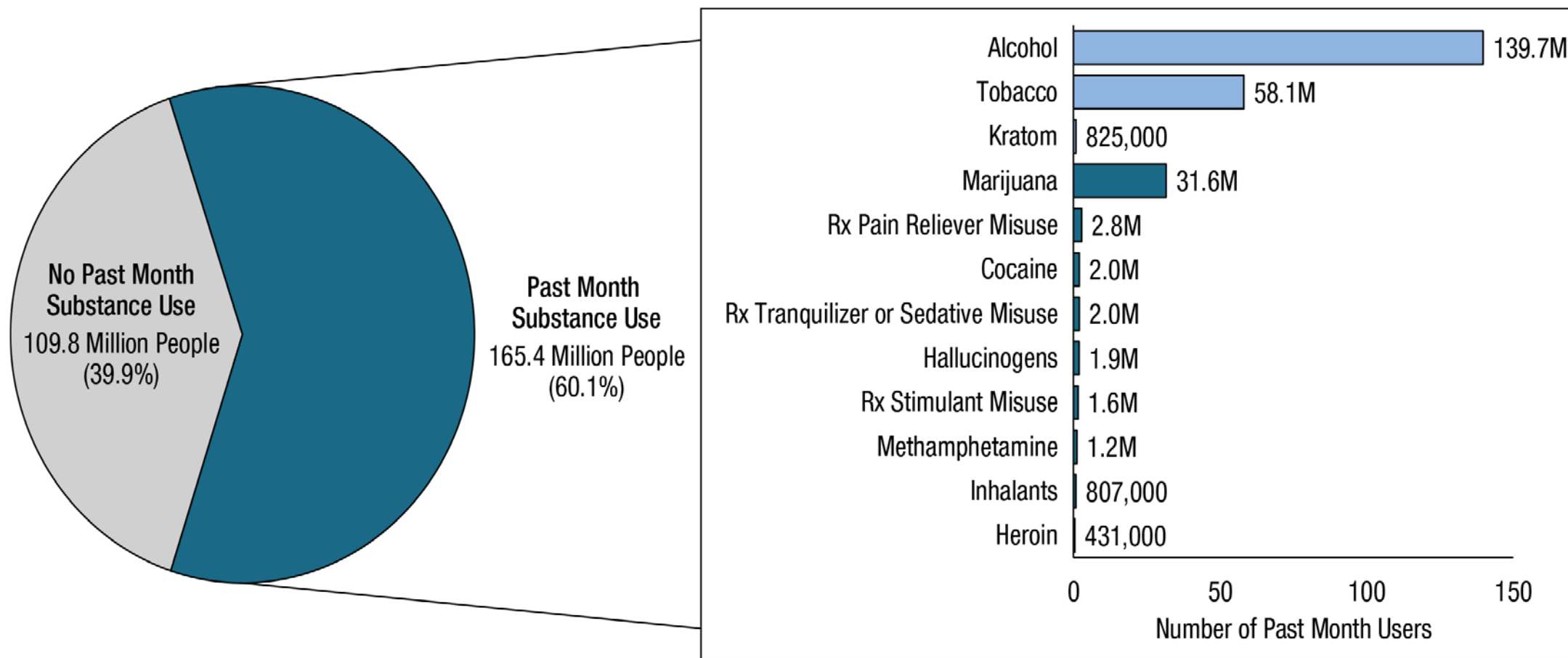
After this webinar, participants will be able to:

- **Identify** the components of SBIRT and how it is utilized as a comprehensive integrated public health model.
- **Understand** SBIRT application for *adults* in identifying early interventions for substance use challenges to address the addiction and overdose crisis in the United States.
- **Recognize** the options in Brief Intervention Models to select the best framework for their target audience.
- **Acknowledge** considerations for developing an operational plan for SBIRT to build for sustainability within clinical workflow.



Past Month Substance Use Age 12 & Over

2019 National Survey on Drug Use & Health, SAMHSA



Addiction & Overdose Crisis

Tobacco and alcohol – two drugs currently legal for adults – are far more widely used & produce far higher health costs than does the use of **all the illegal drugs combined**.

About 80% of those dying of **opioid** overdoses have **other drugs present at their deaths**, an average of two to four other drugs, but as many as 11.

Source: Alcohol & Drug Abuse Weekly 09/14/20 DuPont & Levy



Substance Use Continuum of Care

Enhancing Health

- Promoting optimum physical and mental health and well being through health communications and access to health care services, income and economic security and workplace certainty

Primary Prevention

- Addressing individual and environmental risk factors for substance use through evidence-based programs, policies and strategies

Early Intervention

- Screening and detecting substance use problems at an early stage and providing brief intervention, as needed, and other harm reduction activities

Treatment

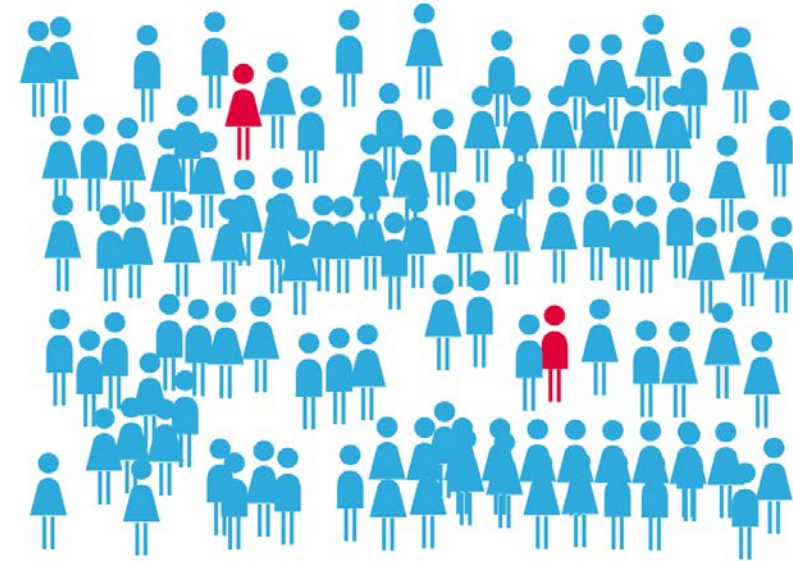
- Intervening through medication, counseling and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual and mental health and maximum functional ability

Recovery Support

- Removing barriers and providing supports to aid the long-term recovery process. Includes a range of social, educational, legal and other services that facilitate recovery, wellness and improved quality of life

A Paradigm Shift for Substance Use

- Not looking for addiction
- Looking for unhealthy substance use patterns
- Looking for opportunities for early intervention
- Meeting people **where they are**





SBIRT: A Comprehensive Integrated Public Health Model

Screening to quickly identify the severity of substance use and appropriate level of treatment.

Brief Intervention to raise awareness of risks and consequences, internal motivation for change, and help set healthy lifestyles goals.

Referral to Treatment to facilitate access to specialized services and coordinate care for patients with higher risk.

Screening

Screening is a systematic way of identifying **potential for problems** using a standardized, reliable and valid tool.



Screening Tool Considerations

Validity &
Reliability

User Friendly

Cost

Previous
Recommendation
s

Language
Accessibility

Utilization in U.S.
& Canada

Identifying
Unhealthy Use

Utilization for
Guiding Clinical
Next Steps

Monitoring
Change in Use
Patterns

Positive Feedback
from Previous
Screeners

NATIONAL
COUNCIL
for Mental
Wellbeing



Examples of Evidence-Based Screening Tools

- AUDIT (alcohol)
- DAST (drugs)
- ASSIST (alcohol, drugs, tobacco)
- CRAFFT (adolescents)
- S2BI (adolescents)
- PHQ-9 (depression)
- GAD-7 (anxiety)



[Source: National Institute on Drug Abuse](#)



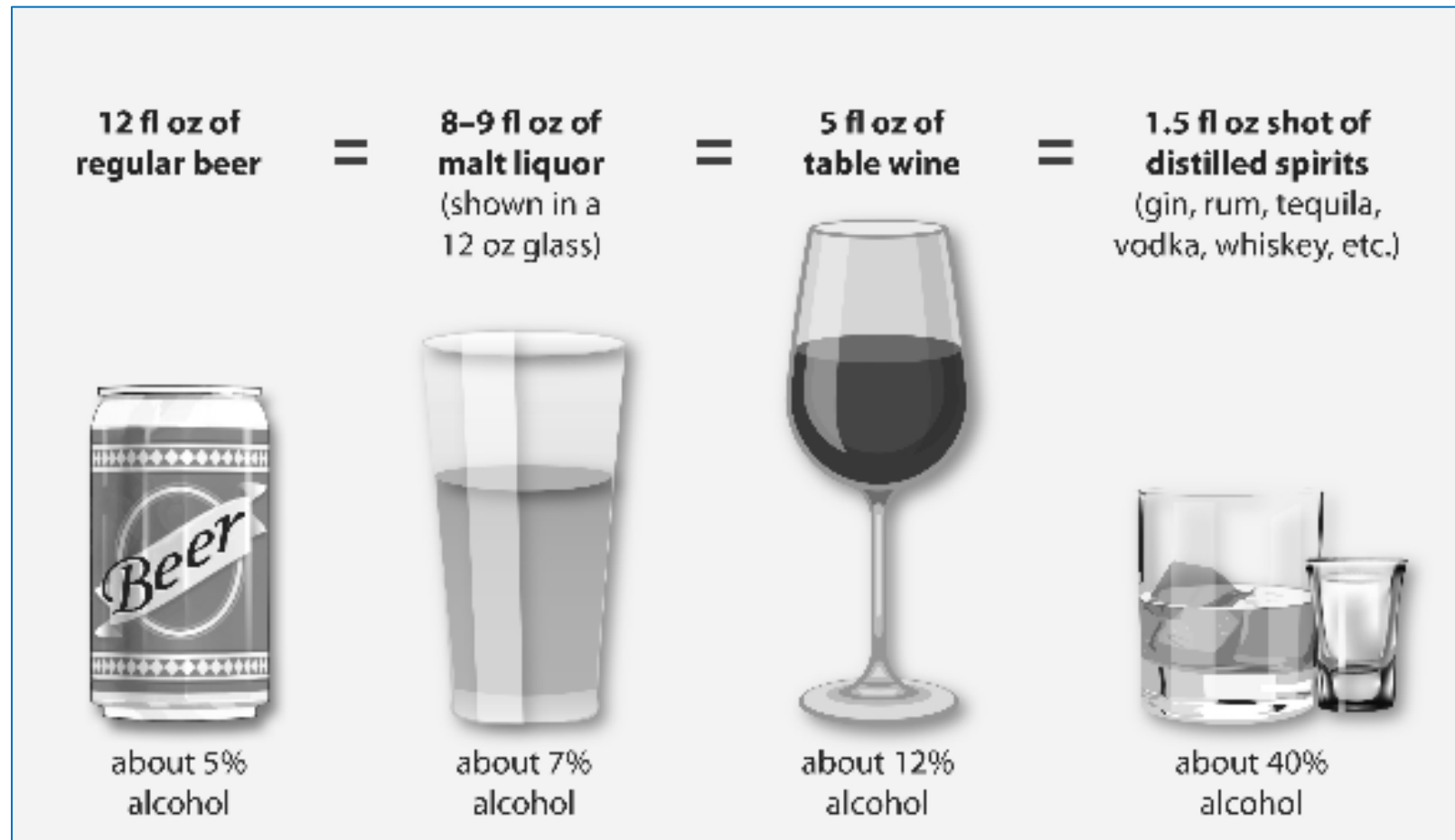
Screening Adults: AUDIT-C Plus 2

In the past 3 months...

1. How often did you have a drink containing alcohol?	Never 0	Monthly or less 1	2 to 4 times a month 2	2 or 3 times a week 3	4 or more times a week 4	
2. How many drinks containing alcohol did you have on a typical day when you were drinking?	Never 0	1 or 2 drinks 0	3 or 4 drinks 1	5 or 6 drinks 2	7 to 9 drinks 3	10 or more drinks 4
3. How often did you have <u>5 or more</u> drinks on one occasion?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
4. How often have you used marijuana?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
5. How often have you used an *illegal drug or used a prescription medication for non-medical reasons?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	

*if patient needs further explanation, “for example, for the feeling or experience it caused”

What Is a Standard Drink?



Scoring: AUDIT-C Plus 2

Alcohol

Women <3, Men < 4	Negative
Women 3-6, Men 4-6	Positive
>7	High Positive

Marijuana

0 -1	Negative
2-3	Positive
4	High Positive

Other Drugs

0	Negative
>0	Positive



Screening Informs Level of Intervention

Negative screen Low or no use	Positive feedback , reinforce low risk levels of use
Positive screen Use at levels that can impact health	Brief intervention to reduce use and/or lower risk
High-Positive screen Use at levels that are most likely to impact health	Brief intervention to engage in further assessment



Brief Interventions

Short, timely conversations to increase insight and awareness, and identify motivation and options for change



Brief Intervention Models

FRAMES

Feedback
Responsibility
Advice
Menu of options
Empathy
Self-efficacy

Brief Negotiated Interview

- Raise the Subject
- Provide Feedback
- Enhance Motivation
- Develop a Plan

FLO

Feedback
Listen & understand
Options explored

Motivational interviewing is a collaborative, person-centered, guiding method designed to elicit and strengthen motivation for change.



Very Brief BI Example

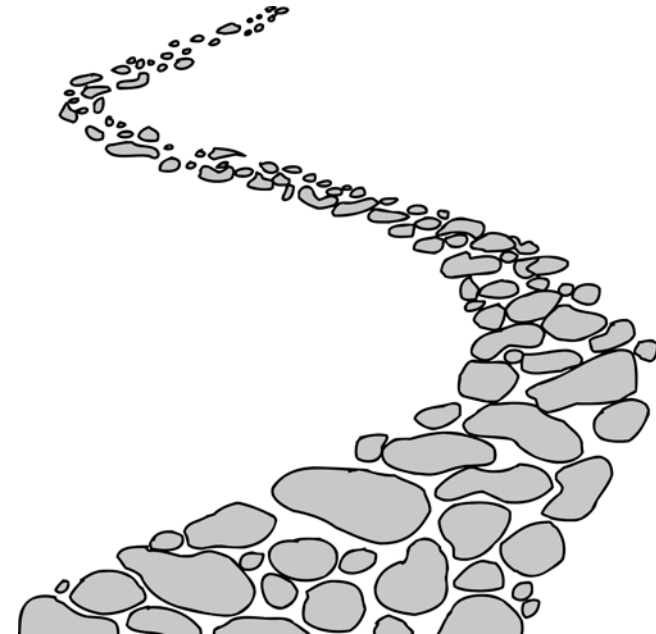
- F Thank you for answering these questions. Would it be ok if we reviewed them together?
- L What are the good things about using... the not so good things... how does using impact your (health, safety, relationships, etc)
- O What would it look like for you to make a change in your use? How can I best support you?



Referral to Support & Treatment

Many Paths, Not One Size Fits All

- Referral to specialty addiction treatment programs
- Peer support (AA, NA, etc)
- Medications (for OUD, AUD)
- Counseling (CBT, MET)
- Remember- healing happens in relationships



Considerations

What level of care
will meet the
person's needs?

What level of care
is the person
willing to go to?

What quality
programs are
available in the
community?

Who do we need
to bring to the
table?

Where are the
openings?

What will
insurance cover?



Warm Hand-off

“A **colleague** of mine has **expertise** in this area. His/her office is **just down the hall**. Would it be ok if I see if they are available for a **quick meet and greet**?”



“I have a **team member** who could be helpful in finding **options** that may work for you. He/she is **right next door**. Is it alright if I introduce you?”





What If The Person Does Not Want a Referral?



- Offer **additional brief counseling**. One or more additional conversations can significantly improve intervention effectiveness.
- Even when patients do accept a referral, **drop out rates** may be high, and many patients still need ongoing support.



Follow-up and Monitoring

- High-positive screens = follow-up & rescreen within 3 months
- Care coordination registry for tracking, adapt existing reminder system to add SBIRT follow-up to services already standardized with flags/prompts
- Whether treatment/services need to be changed or augmented



Developing an Operational Plan for SBIRT



Workflow: Staff roles & tasks, target population, process



Screening: Tools, frequency, delivery method



Brief intervention: Scripting, practicing, resources



Referral and follow up: Warm hand off process, internal vs external resources

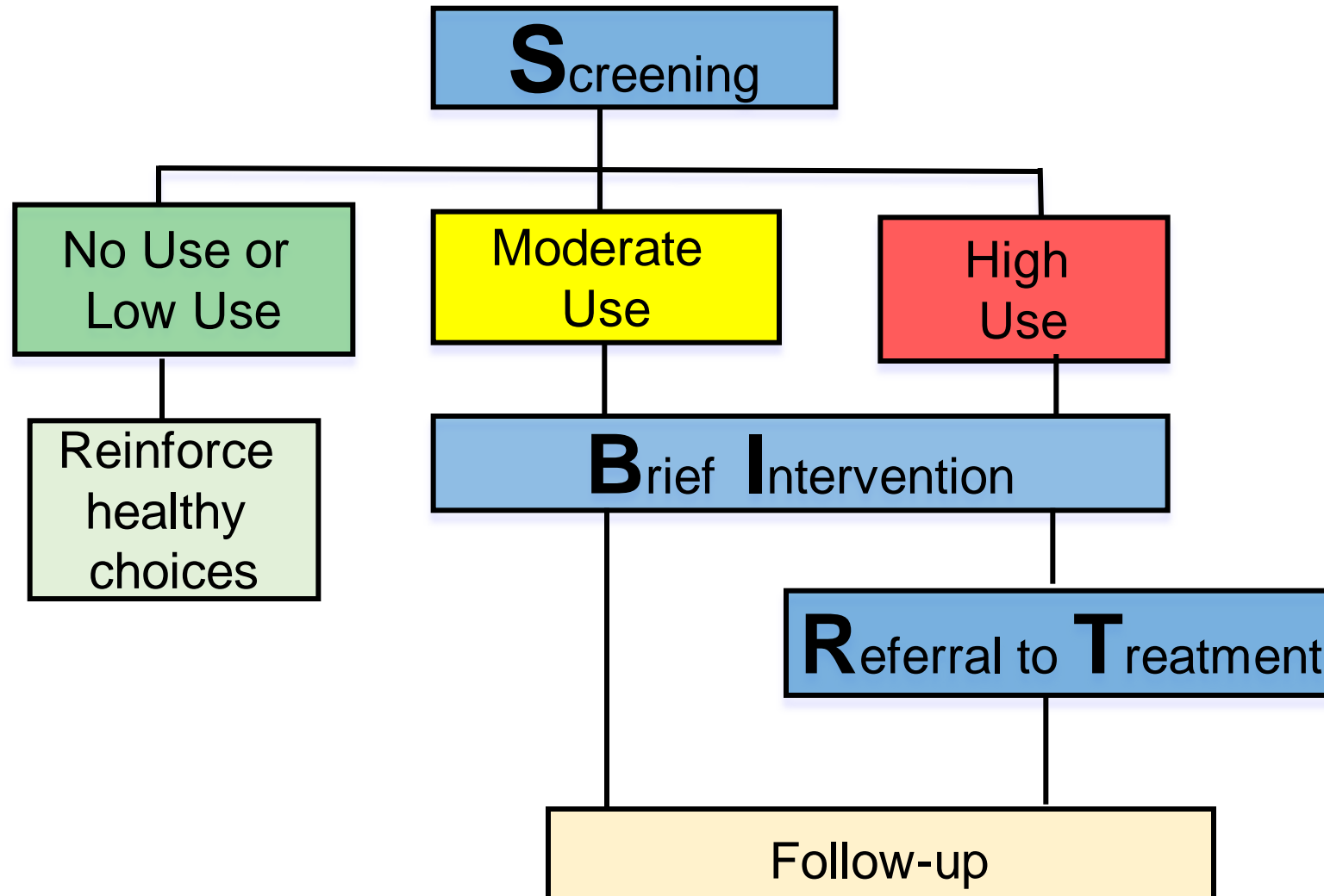


Record keeping: Documentation, risk stratification, information flow



Training & supervision: Core competencies, onboarding

SBIRT Process



Building SBIRT Model into Clinical Workflow

Do not depend on individual staff to exercise clinical judgment & remember / decide when to do SBIRT.

Initial screening: Delegate to least expensive staff permissible

- Research what screening code the payer covers and how often it can be billed
- Research minimum required credentials for performing the screening
- Your biggest revenue opportunity will be high-volume initial screening

Brief interventions: Research available brief intervention codes

- Independently licensed clinicians are likely to use a different code than other qualified staff
- Research billing separately vs. bundling SBIRT into E&M and up coding due to additional time



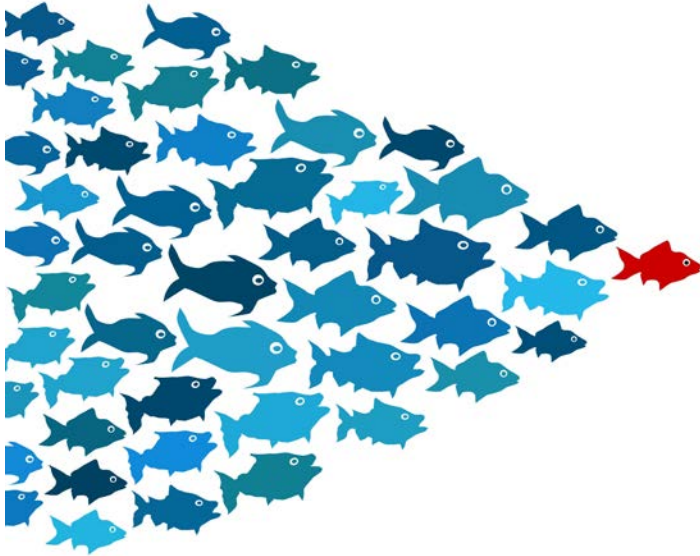
SBIRT Care Pathway

What is our SBIRT policy & procedures?

- Target population for screening and intervention
 - Screening frequency
 - Purpose of intervention
-
- Defines screening instruments
 - Defines appropriate clinical responses
 - Incorporates SBIRT into EHR
 - Identifies staff roles and responsibilities

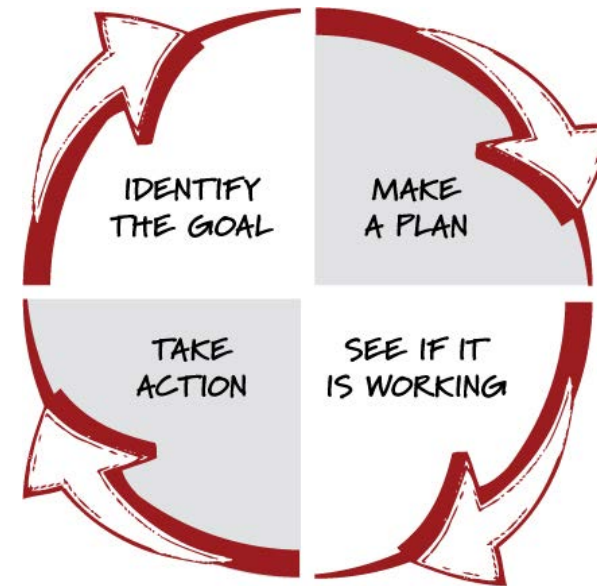


Organizational Sustainability



Leadership support

- Identifying champions
- Time and resources
- Expectations for targets



Quality improvement plan

- Piloting
- Assessing data and refining workflows
- Rollout to full practice
- Training, onboarding, supervision

Questions, Comments?



Tools & Resources

- [Implementing Care for Alcohol & Other Drug Use in Medical Settings: An Extension of SBIRT](#)
- [Planning & Implementing Screening and Brief Intervention for Risky Alcohol Use](#)
- [How Harm Reduction Fits Into the SBIRT Model](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\) SBIRT Resources](#)
- [2019 National Survey of Drug Use and Health \(NSDUH\) Releases | CBHSQ Data \(samhsa.gov\)](#)
- [SBIRT: Opportunities and Possibilities](#)
- [Alcohol & Substance Use Screening Questionnaire: AUDIT-C](#)
- [American Society of Addiction Medicine: Criteria for Treatment Placement](#)
- [Brief Interventions In Primary Care](#)



Upcoming CoE Events:

CoE Office Hour: Adult SBIRT – Implications for Integrated Care Settings

[Register here for the office hour](#) on Thursday, September 30, from 3-4pm ET

CoE Partner Webinar: Weitzman Institute | Childhood Trauma – COVID-19 & Beyond

[Register here for the partner webinar](#) on Tuesday, October 5, from 1-2pm ET

Interested in an individual consultation with the CoE experts on integrated care?

[Contact us through this form here!](#)

Looking for free trainings and credits?

[Check out integrated health trainings from Relias here](#)

Subscribe for Center of Excellence Updates

[Subscribe here](#)



Thank you!

Questions? Email integration@thenationalcouncil.org

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)



Contact Information

Laura Leone, DSW, MSSW, LMSW

Integrated Health Consultant
Practice Improvement &
Consulting

National Council for Mental
Wellbeing

laural@thenationalcouncil.org

Pam Pietruszewski, MA

Integrated Health Consultant
Practice Improvement &
Consulting

National Council for Mental
Wellbeing

pamp@thenationalcouncil.org

NATIONAL
COUNCIL
for Mental
Wellbeing