

Screening, Brief Intervention and Referral to Treatment (SBIRT)

Today's Presenter



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Aaron Williams has no relevant financial relationships to disclose.

Why do People Use Alcohol and Drugs?

To feel good

To have novel:
Feelings
Sensations
Experiences
AND
to share them



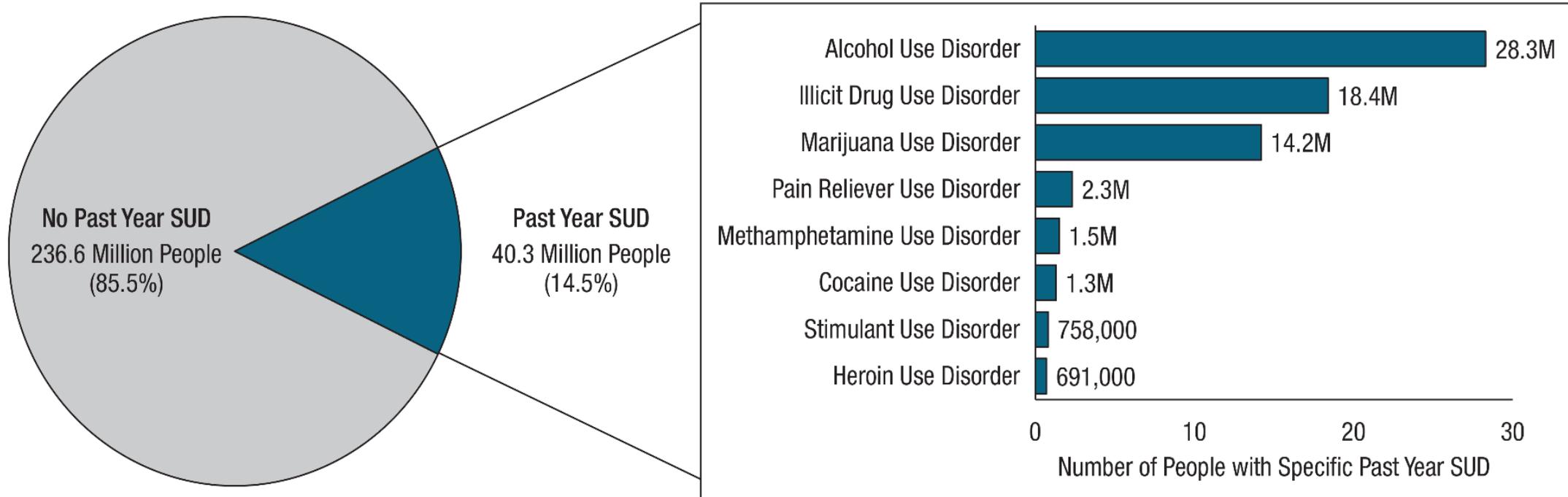
To feel better

To lessen:
Anxiety
Worries
Fears
Depression
Hopelessness
Withdrawal

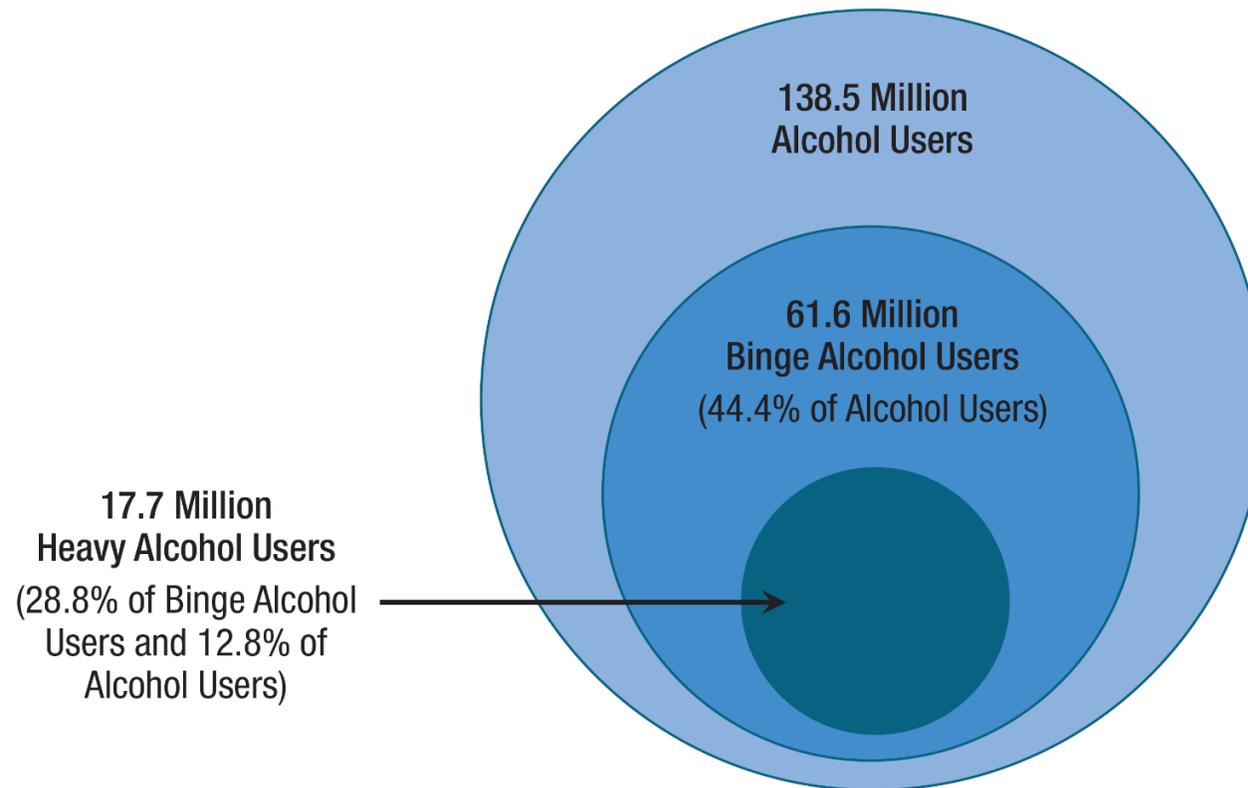
Slide credit: Thomas E. Freese, Ph.D., Co-Director of the UCLA Integrated Substance Abuse Programs, Director of the Pacific Southwest ATTC

Past Month Substance Use Age 12 & Over

2020 Ntl Survey on Drug Use & Health, SAMHSA



Current, Binge, and Heavy Alcohol Use: Among People Aged 12 or Older; 2020



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- Alcohol consumption is linked to more than **60** acute and chronic diseases. (The Lancet, Sept 2018)
- Alcoholic beverages are a group 1 **carcinogen** (International Agency for Research on Cancer, May 2019)

- One bottle of wine/week is roughly equivalent to 5 **cigarettes**/week for men and 10 for women. (BMC Public Health, 2019)
- Alcohol use, **regardless of amount**, leads to health loss across populations. (The Lancet, Sept 2018)

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.

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

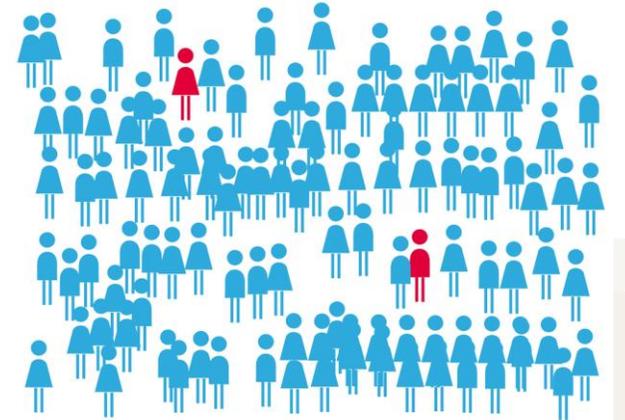
- Intervening through medication, counseling and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual and mental health and maximum functional ability

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



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SBIRT is a comprehensive,
integrated public health model



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

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

Referral to **T**reatment to facilitate access to specialized services and coordinate care for patients with higher risk.

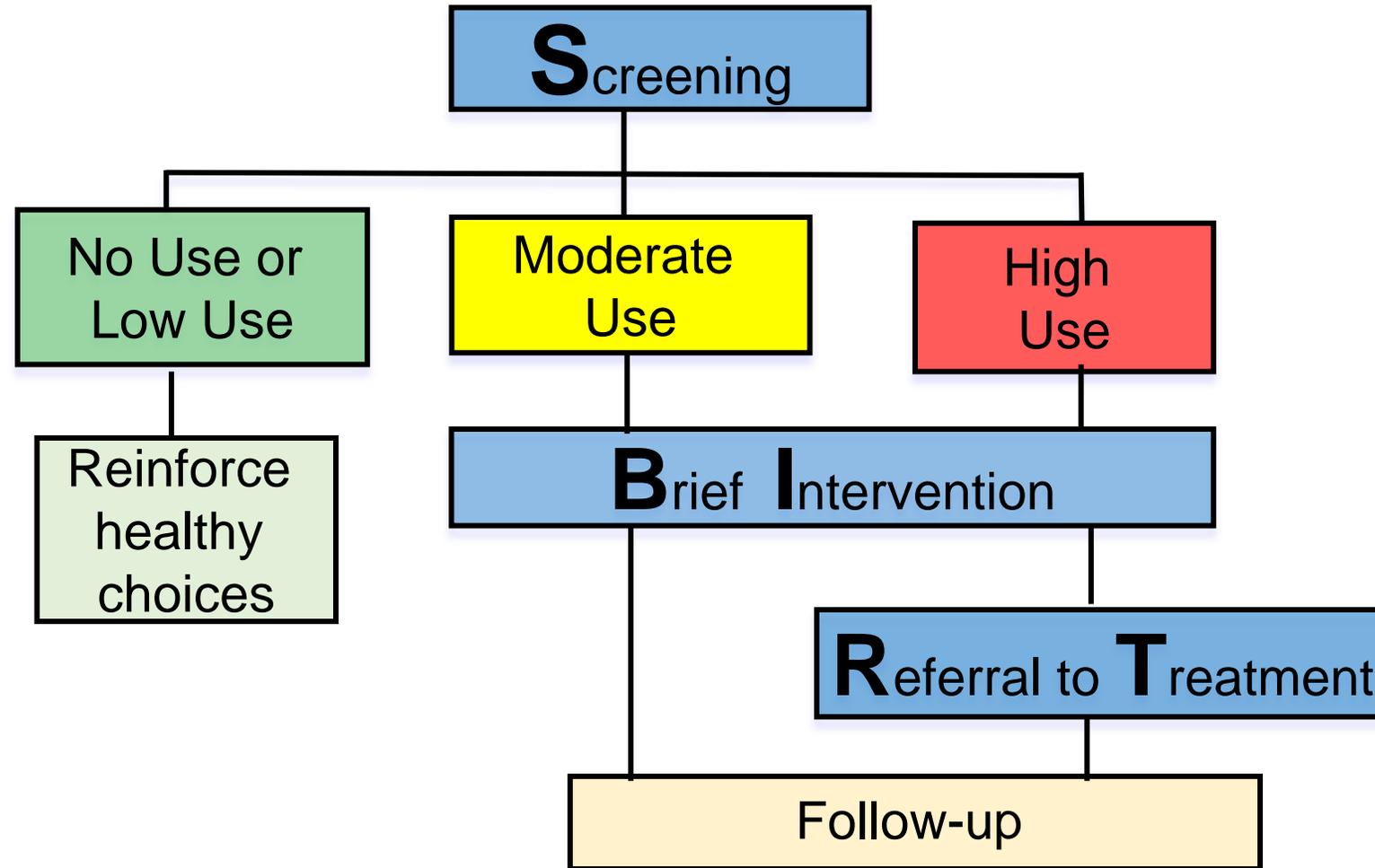


Endorsements

Ntl Institutes of Health
World Health Org
US Surgeon General and US Prev
Services Task Force
Am Public Health Assoc
Society for Adol Health and Medicine
Emergency Nurses Assoc
Substance Abuse and MH Svcs Admin
White House Office of National Drug
Control Policy
Am Medical Assoc

Am Academy of Fam Phys
Am College of Physicians
Am Psychiatric Assoc
Am College of Emergency Physicians
Am College of Surgeons Committee on
Trauma
Am College of OB-GYN
Am Society of Addiction Medicine
The Am Academy of Pediatrics
Ntl Institute on Alcohol Abuse and
Alcoholism

SBIRT Process



Screening

A systematic way of identifying potential
for problems using a standardized,
reliable and valid tool



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Screening Tool Considerations

1. Valid and reliable?
2. Brief and easy to use?
3. Free?
4. Recommended by authorities?
5. Available in multiple languages?
6. Widely used in the U.S. and Canada?
7. Used to identify unhealthy use?
8. Used to guide clinical next steps?
9. Used for monitoring change in use patterns?
10. A good fit with other screeners?



Screening Tools

- AUDIT
- DAST
- ASSIST
- CRAFFT
- S2BI
- PhQ9
- TWEAK/T-ACE
- **AUDIT-C+2**



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"



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 Interventions with Adults



1. Begin the conversation, focus on rapport

What do you like to drink/use, with whom, when, where...?

2. Provide information, connect substance use to health

You've said you use marijuana to relax, and at the same time I'm concerned it may be contributing to your asthma.

3. Support the plan

What does the person feel is realistic and obtainable?

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

BI:5 Steps



1. Raise the subject and engage
2. Confirm screening results, explore & ask for more details about use
3. Personalize additional information & correct misinformation
4. Assess readiness and negotiate change
5. Follow-up



A Very Brief BI Example



F Thank you for answering these questions. Would it be ok if we reviewed them together?

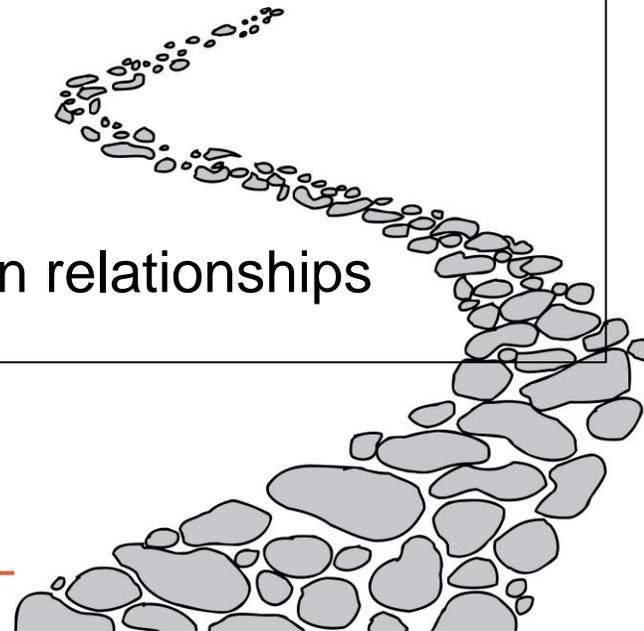
L What are the good things about using... the not so good things... how does using impact your (health, safety, relationships, etc)

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

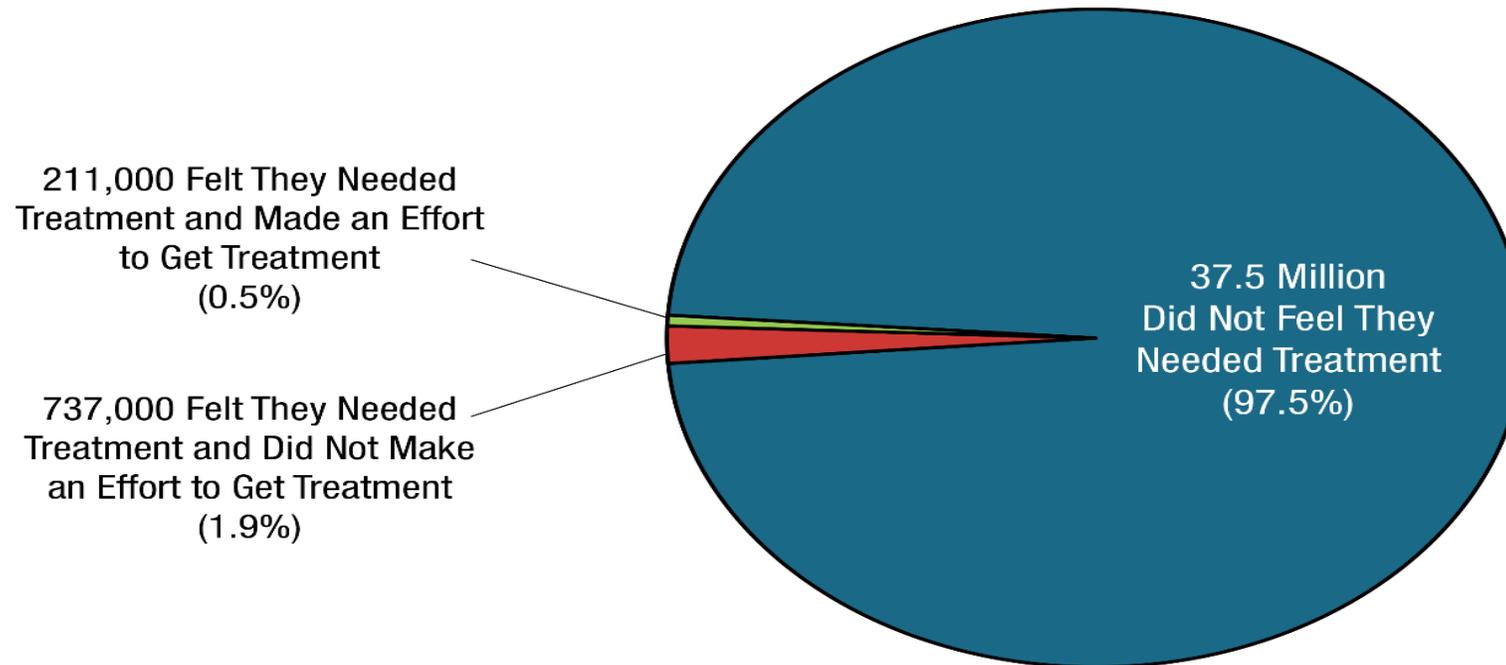


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Perceived Need for Treatment among People Aged 12+ with a Past Year SUD Who Did Not Receive Treatment at a Specialty Facility in the Past Year

Ntl Survey on Drug Use & Health, 2020



38.4 Million People with an SUD Who Did Not Receive Substance Use Treatment at a Specialty Facility

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What If The Person Does Not Want a Referral?

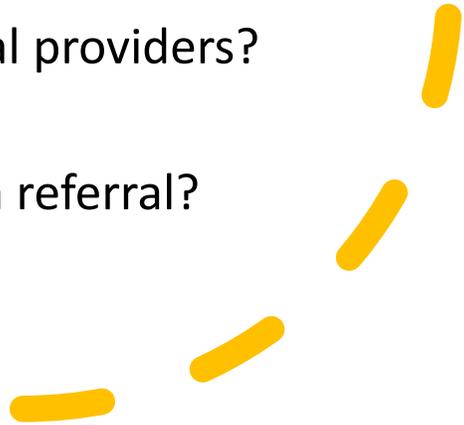


Offer **additional brief counseling**. One or more additional conversations can significantly improve intervention effectiveness.

Even when patients do accept a referral, **drop out rates** may be high and many patients still need chronic management in primary care.



Referral Management & Follow-up Monitoring Planning Considerations

- Warm hand-offs – who hands off to whom? If not possible, what is the back up plan?
 - What are the key messages for patients about team care and coordination?
 - What options do we have for internal/external substance use services, including medication assisted treatment?
 - How will internal and/or external BH providers communicate?
 - Do we need releases or MOU's with external providers?
 - Who will follow up with patients receiving a referral?
- 

Monitoring

Systematic measurement over time to guide care

High-positive screens = follow-up & rescreen w/in 3 mo

Use registry for tracking

Adapt existing reminder system to add SBIRT follow-up to services already standardized with flags/prompts (new trimester, depression monitoring, med management)



Developing an Operational Plan for SBIRT

1. Workflow: Staff roles & tasks, target population, process

2. Screening: Tools, frequency, delivery method

3. Brief intervention: Scripting, practicing, resources

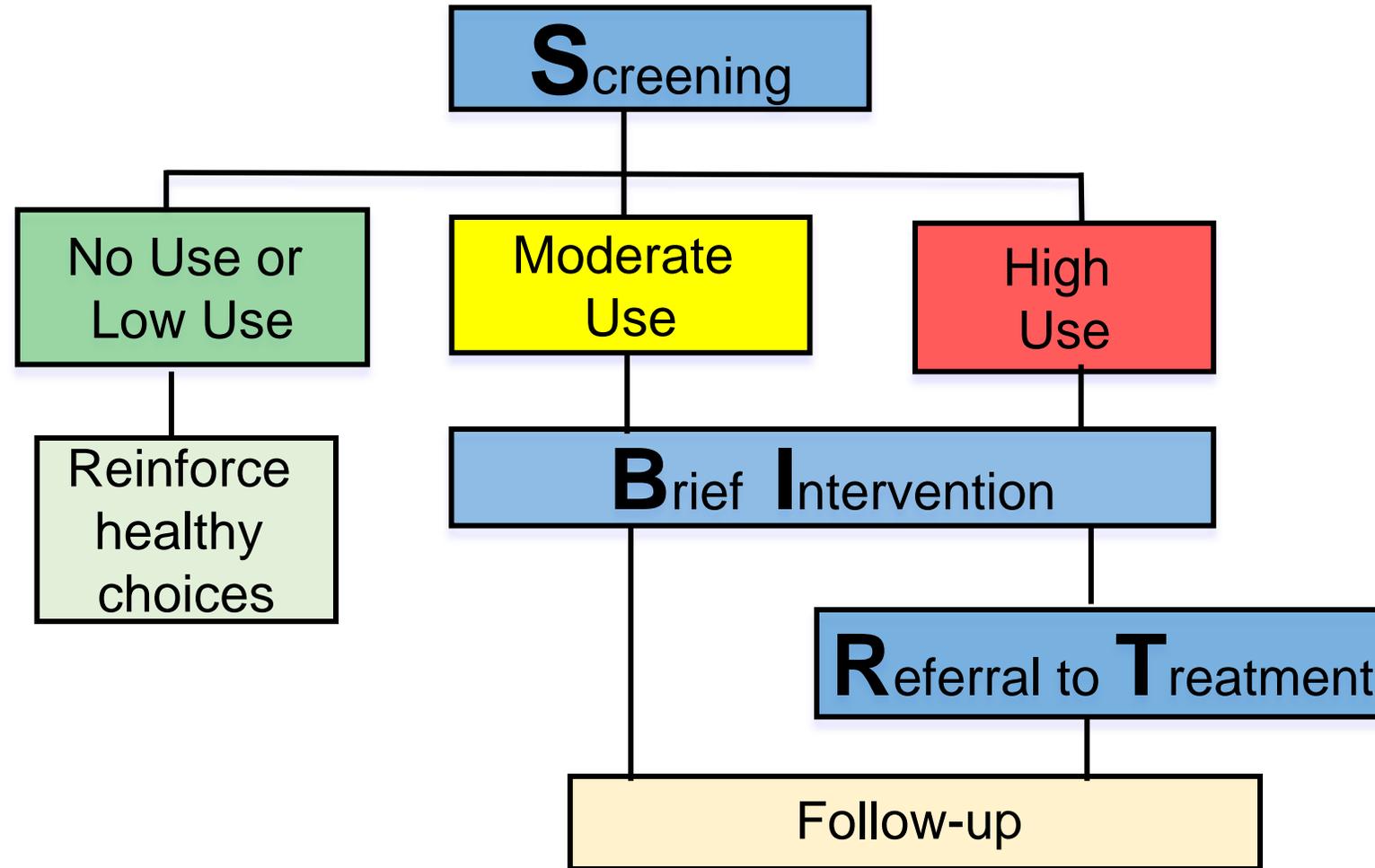
4. Referral and follow up: Warm hand off process, internal vs external resources

5. Record keeping: Documentation, risk stratification, information flow

6. Training & supervision: Core competencies, onboarding



SBIRT Process



Build your SBIRT business model into your 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

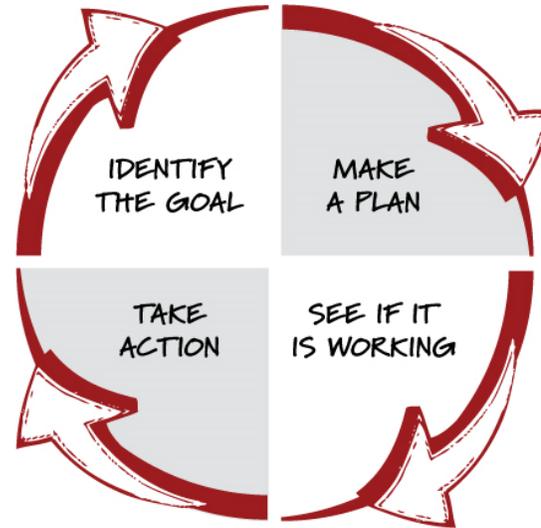
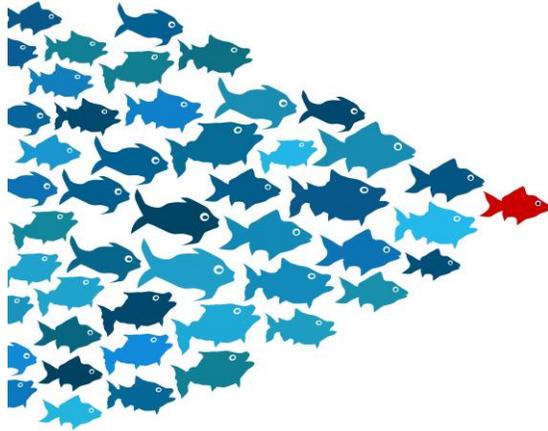
Identifies staff roles and responsibilities



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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



Resources

Implementing Care for Alcohol & Other Drug Use in Medical Settings: An Extension of SBIRT: <https://www.thenationalcouncil.org/sbirt>

Planning & Implementing Screening and Brief Intervention for Risky Alcohol Use: <https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf>

How Harm Reduction Fits Into the SBIRT Model: <https://ireta.org/resources/how-harm-reduction-fits-into-the-sbirt-model/>

Substance Abuse and Mental Health Services Administration (SAMHSA) SBIRT Resources: <https://www.samhsa.gov/sbirt/resources>



Thank You!

Questions and Comments



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