

# AL-SBIRT

INTEGRATING SUBSTANCE ABUSE SCREENING IN PRIMARY HEALTH CARE



# WHAT IS SBIRT?

- SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

# SCREENING

- ASSESSES USE OF ALCOHOL, DRUGS AND TOBACCO AND IDENTIFIES PATIENTS WITH USE/MISUSE PROBLEMS THROUGH VALIDATED SCREENING TOOLS
- DETERMINES THE LEVEL OF SUBSTANCE USE
- USE UNIVERSAL PRESCREENING AS PART OF ROUTINE HEALTHCARE AND FOR INDIVIDUALS WITH A POSITIVE PRESCREEN USE MORE IN-DEPTH SCREENING TO IDENTIFY THE LEVEL OF INTERVENTION NEEDED.

# SCREENING

- PRESCREENS:
  - AUDIT-C: 3 ALCOHOL QUESTIONS
  - NIAAA AND BINGE: THREE QUESTIONS RELATED TO ALCOHOL
  - NIDA QUICK SCREEN: 1 DRUG QUESTION

# SCREENING

- SCREENS:
  - AUDIT: ALCOHOL
  - DAST-10: DRUGS
  - ASSIST-: ALCOHOL, DRUGS AND TOBACCO
  - PHQ-9: DEPRESSION
  - PCL-5: PTSD
  - OTHER MENTAL HEALTH SCREENING TOOLS

# SCREENING RESULTS

- LOW/NO RISK= EDUCATION AND FEEDBACK
- MILD=BRIEF INTERVENTION
- MODERATE=BRIEF TREATMENT
- HIGH/SEVERE=REFERRAL

# BRIEF INTERVENTION

- IS PROVIDED WHEN SCREENING INDICATES MILD RISK.
- IT IS THE CORE OF SBIRT.
- UTILIZES MOTIVATIONAL INTERVIEWING (MI) TECHNIQUES FOCUSED ON RAISING PATIENTS' AWARENESS OF USE AND ITS CONSEQUENCES AND MOTIVATING THEM TOWARD POSITIVE BEHAVIORAL CHANGE.

# BRIEF INTERVENTION

- IT BEGINS WITH THE BRIEF NEGOTIATED INTERVIEW (BNI)
- TAKES LESS THAN 30 MINUTES
- IF NECESSARY AND THE PATIENT IS WILLING THERE CAN BE 1-5 ADDITIONAL SESSIONS OF MI
- 15% OF PATIENTS SCREENED WILL REQUIRE BRIEF INTERVENTION



# BRIEF TREATMENT

- IS PROVIDED WHEN SCREENING INDICATES MODERATE RISK
- CAN RECEIVE UP TO 12 SESSIONS OF MOTIVATIONAL ENHANCEMENT THERAPY AND COGNITIVE BEHAVIORAL THERAPY
- HELPS THEM PROCESS THROUGH THE STAGES OF CHANGE

# REFERRAL TO TREATMENT

- PROVIDES A REFERRAL TO SPECIALTY CARE FOR PATIENTS DEEMED AT A HIGH RISK.
- ABOUT 5% OF THOSE SCREENED WILL BE REFERRED TO SPECIALTY TREATMENT.

# WHY SBIRT?

- RISKY SUBSTANCE USE IS A FACTOR IN ALL ASPECTS OF HEALTH AND WELLNESS.
- OFTEN SUBSTANCE USE IS THE MISSING PIECE IN IMPROVING OVERALL HEALTH AND IMPACTING SPECIFIC CONDITIONS.
- SCREENING HAS IDENTIFIED SUBSTANCE USE AS A CONTRIBUTING FACTOR TO MORE THAN 70 MEDICAL CONDITIONS.
- SBIRT IMPROVES OUTCOMES FOR CHRONIC DISEASES, AND CAN CONTRIBUTE TO THE WELLNESS OF PATIENTS.

# WHY SBIRT?

- PROVEN TO BE EFFECTIVE AT MOTIVATING PATIENTS TO CHANGE THEIR BEHAVIOR.
- NEARLY 30% OF ADULT AMERICANS ENGAGE IN UNHEALTHY USE OF ALCOHOL AND/OR OTHER DRUGS, YET VERY FEW ARE IDENTIFIED OR PARTICIPATE IN A CONVERSATION THAT COULD PREVENT INJURY, DISEASE OR MORE SEVERE USE DISORDERS.

# WHY SBIRT IN ALABAMA?

- ALABAMA:
  - 46<sup>TH</sup> HEALTHIEST STATE
  - 47<sup>TH</sup> FOR DIABETES
  - 46<sup>TH</sup> FOR OBESITY
  - 49<sup>TH</sup> IN CARDIOVASCULAR DEATHS AND 43<sup>RD</sup> IN CANCER DEATHS
  - 9% USE DRUGS
  - 49% USE ALCOHOL
  - 34% USE TOBACCO

# WHY SBIRT IN ALABAMA?

- ALMOST 19% OF ALABAMIANS ARE LIVING BELOW THE NATIONAL POVERTY LEVEL
- OUR SERVICE AREA WILL PROVIDE FOR A HIGHER PERCENTAGE OF AFRICAN AMERICAN RESIDENTS, INDIVIDUALS LIVING BELOW THE POVERTY LEVEL, UNINSURED, AND HIGHER OBESITY RATES THAN OTHER COUNTIES IN ALABAMA

# WHY SBIRT IN ALABAMA?

- THERE IS A HIGH NEED TO REDUCE HARMFUL AND HAZARDOUS ALCOHOL AND DRUG USE, IMPROVE ASSOCIATED MENTAL HEALTH PROBLEMS, REDUCE HEALTHCARE COSTS, AND TO CLOSE THE TREATMENT GAP BETWEEN RESIDENTS WHO HAVE A SUBSTANCE ABUSE PROBLEM AND THOSE RECEIVING SERVICES.
  - APPROXIMATELY 88,000 RESIDENTS IN THE STATE OF AL NEED BUT DID NOT RECEIVE TREATMENT FOR DRUGS AND 193,000 NEED BUT DID NOT RECEIVE TREATMENT FOR ALCOHOL
- THE TARGET POPULATION HAS HEALTH DISPARITIES DUE TO LOWER INCOME STATUS, LACK OF INSURANCE AND FINANCIAL RESOURCES, AND LACK OF A REGULAR SOURCE OF CARE.

# WHY SBIRT IN ALABAMA?

- AL-SBIRT PROGRAM STAFF WILL WORK WITH CLINICAL PARTNERS IN 7 COUNTIES ACROSS WEST ALABAMA INCLUDING: TUSCALOOSA, GREENE, HALE, SUMTER, WALKER, BIBB AND LAMAR



Table 1. Participating Counties by Sub-Population and Health Needs

# WHY SBIRT IN ALABAMA?

County	Total Pop.	AA (%)	White (%)	Hisp. (%)	Below Pov. Level (%)	Un-insured (%)	Adult Obesity (%)	Adult Smoking (%)	Excess. Drinking (%)	PCPs per 10,000
Bibb	22766	22	76	2	22	18	34	23	13	3
Greene	8921	80	19	0.9	35	18	48	n/a	n/a	3
Hale	15421	58	41	1	29	17	44	n/a	8	1
Lamar	14311	12	87	1	22	17	32	n/a	n/a	3
Sumter	13478	74	26	0.9	39	19	42	17	12	5
Tuscaloosa	197211	30	67	3	20	18	35	23	13	8
Walker	66661	6	92	2	22	17	35	28	7	5

# WHY SBIRT IN ALABAMA?

- A PRIMARY ISSUE CONTRIBUTING TO THE HEALTH CARE CRISIS IN ALABAMA IS THE SCARCITY OF RESOURCES, INCLUDING MENTAL HEALTH PROFESSIONALS.

# WHY SBIRT IN ALABAMA?

Providers	National *	Regional*	Alabama*
Psychiatrists	14	8	7
Psychologists	31	16	14
Social Workers	35	18	15
Psychiatric Nurses	7	8	N/A

\*per 100,000

# AL-SBIRT GOALS AND OBJECTIVES

- TO INCREASE ACCESS TO SBIRT FOR ADULTS IN PRIMARY CARE SETTINGS
  - TRAIN AND PLACE SOCIAL WORKERS IN HIGH NEED FQHC AND VA SITES

# AL-SBIRT GOALS AND OBJECTIVES

- TO ENSURE THAT SBIRT IS UTILIZED AS THE STANDARD OF CARE IN ALABAMA'S HEALTHCARE SETTINGS
  - STANDARDIZE SBIRT AS SUSTAINABLE PRACTICES WITHIN A CONTINUUM OF CARE
  - FOCUS ON POLICY AND HEALTH INFORMATION TECHNOLOGY

# AL-SBIRT GOALS AND OBJECTIVES

- TO IMPROVE HEALTH AND BEHAVIORAL OUTCOMES AMONG ADULTS, INCLUDING VETERANS WITH SUBSTANCE USE DISORDERS AND WITH CO-OCCURRING MENTAL ILLNESS
  - 40% OF ADULTS SCREENED AND RECEIVED BRIEF INTERVENTION WILL SHOW POSITIVE RESULTS
  - 30% OF ADULTS RECEIVING REFERRAL TO TREATMENT WILL SHOW POSITIVE OUTCOMES
  - 75% OF PATIENTS SCREENED POSITIVE FOR TOBACCO WILL BE REFERRED TO 1-800-QUIT-NOW

# AL-SBIRT IMPLEMENTATION

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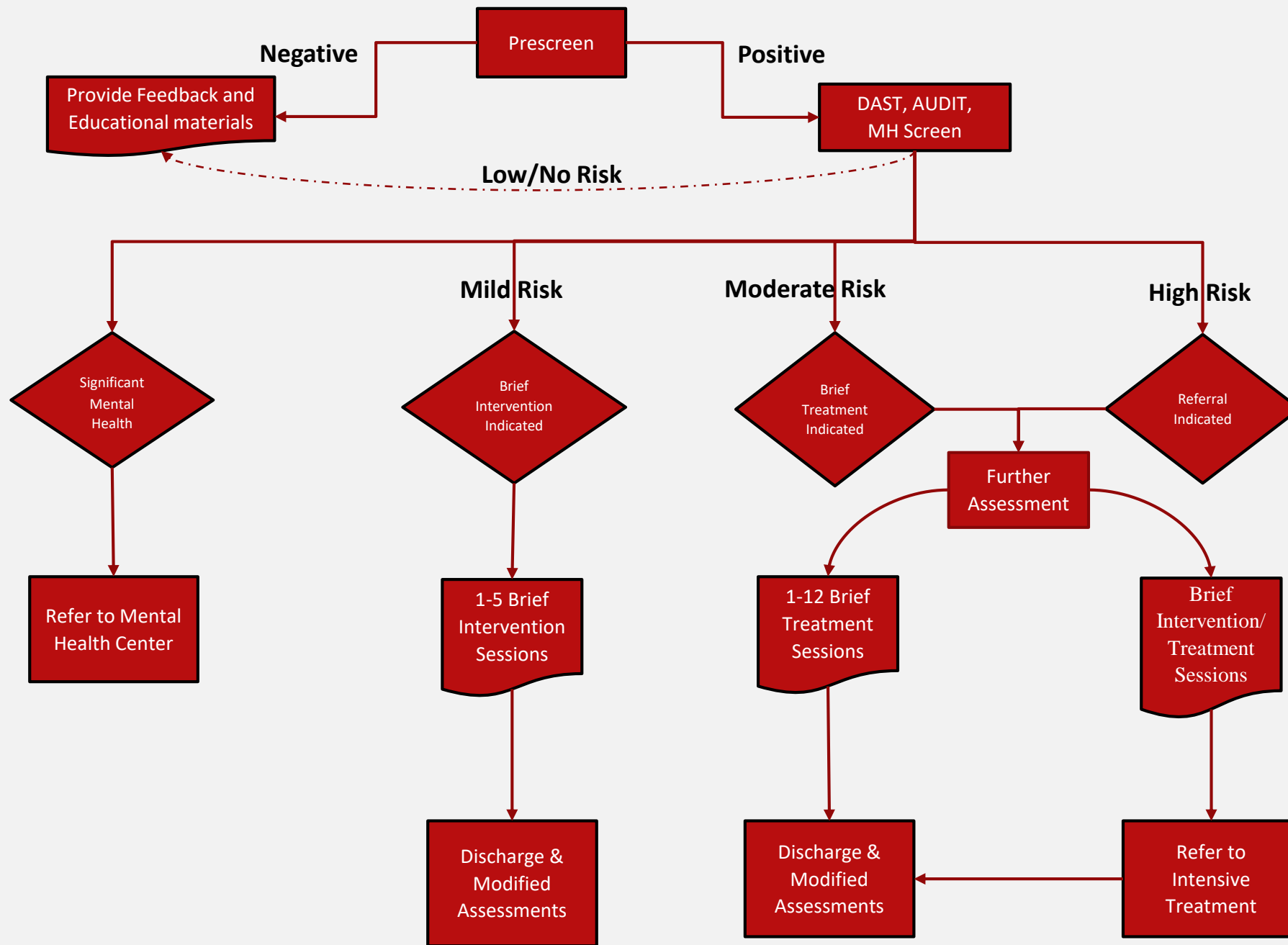
# AL-SBIRT IMPLEMENTATION

- A HEALTH EDUCATOR WILL WORK WITH THE FQHC'S AND THE TUSCALOOSA VAMC TO PROVIDE EDUCATION TO BOTH CLINICIAN AND PATIENTS ON HEALTH, SUBSTANCE USE AND MENTAL HEALTH
- PSA'S WILL BE USED THROUGHOUT THE PROJECT TO INCREASE AWARENESS AND SERVICE UTILIZATION



# AL-SBIRT IMPLEMENTATION

- SOCIAL WORKERS WILL BE PLACED AT POINTS OF CARE TO CONDUCT SBIRT AND PROVIDE CARE COORDINATION AND FOLLOW-UP.
- A SPECIALIZED REFERRAL PROCESS WILL BE UTILIZED WITH THE ALABAMA DEPARTMENT OF MENTAL HEALTH AND OPIOID TREATMENT CENTERS.
- TRANSPORTATION AND LANGUAGE ASSISTANCE WILL ALSO BE PROVIDED.



# AL-SBIRT NUMBERS TO SERVE

- THE PROJECT WILL SCREEN ABOUT 18,000 ADULTS ANNUALLY FOR A 5 YEAR TOTAL OF AROUND 90,000 PATIENTS
- OF THIS TOTAL WE PROJECT THAT ABOUT 27,000 WILL RECEIVE A FULL ASSESSMENT AND AT LEAST BRIEF INTERVENTION

# REFERENCES

- AL-SBIRT GRANT PROPOSAL
- U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, NATIONAL INSTITUTES OF HEALTH, NATIONAL INSTITUTES ON ALCOHOL ABUSE AND ALCOHOLISM UPDATED 2005
- SAMHSA TAP 33
- SAMHSA.GOV

QUESTIONS?