



SBIRT Screening in Community Health Centers

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SBIRT = Screening, Brief Intervention, Referral, Treatment

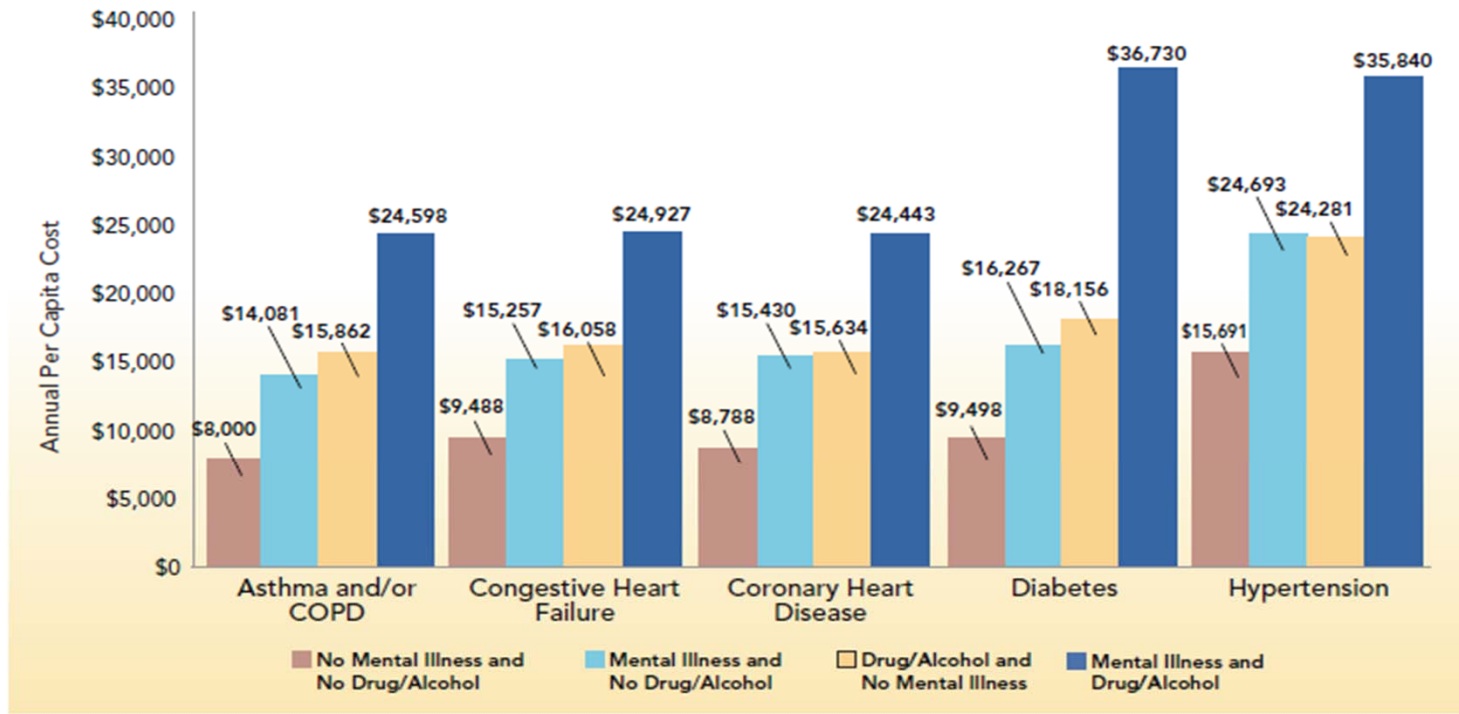
- National healthcare prevention initiative to help people stop or cut back on unhealthy alcohol and drug use
- SBIRT strategies normalize these conversations in health care settings through
 - Universal and routine screening to gauge risk level,
 - Brief, non-judgmental counseling for patients who score in a positive range, and
 - Referral for those who may have more serious problems
- The MA Department of Public Health/Bureaus of Substance Abuse Services (MDPH/BSAS) and the Bureau of Community Health and Prevention (BCHAP) collaborated to introduce and implement this concept
- Community Health Centers have been central to the success of SBIRT in Massachusetts

Universal Behavioral Health Screening

- Gives healthcare providers insight to
 - recognize a potential health problem, or
 - address an existing problem before it worsens or becomes fatal
- Routine screening for unhealthy alcohol use creates awareness about a preventable health issue — substance misuse
- Evidence-based brief interventions focused on health and on cutting back give healthcare providers tools to promote awareness about risky substance use

Prevalence of Behavioral Health Co-morbidities among Medicaid-Only Beneficiaries with Disabilities

Figure 3 | Impact of Behavioral Health Comorbidities on Per Capita Costs among Medicaid-Only Beneficiaries with Disabilities



Boyd C, Leff B, Weiss C, Wolff J, Hamblin A, Martin L. Data Brief: Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations. Center for Health Care Strategies, Inc. December 2010

Congratulations!

- 32 Community Health Centers successfully adapted behavioral health screening into their routine care with women of reproductive age
- Transformed from pilot project to leaders in screening in primary care settings

Behavioral Health / Primary Care Integration and the Medical Home 2010

- Developments around the patient-centered medical home with evidence-based approaches to the integrating primary care and behavioral health
- Evidence-based approaches to the MH for the population living with serious behavioral health issues and improving care for those with other chronic health issues
- Behavioral health is a central part of healthcare
- Support each person's capacity to set goals for improved self management

SBIRT CHC Summary

- Background
- Model
 - Using Existing Staff
- Training and Technical Assistance
 - Helpful if utilized
- Outcomes
 - _ Over 37,600 clients screened in 2009
- Lessons Learned
 - Model is low-cost and manageable
 - Requires significant buy-in from staff
 - Fits into Medical Home model
 - Ready made CQI project
 - Paradigm shifts are possible

Challenge to Community Health Centers

- Policy and practice leadership challenge, at every level—team, clinic, community, state, and national
- Move toward medical homes will require thoughtful, deliberate and adaptive leadership

About the Paradigm Shift and Start-Up



A New Model

- Change care delivery paradigm for pre -pregnancy care and inter-pregnancy intervals
- Integration into existing primary care services, precursor to the medical home concept
 - Depression, violence, tobacco, alcohol and substance abuse (drug) screening

Target Sites and Population

- 32 programs funded
- 17 both adolescents and women of reproductive age
- 5 adolescents only
- 10 women only



SBIRT CHC Project in MA: Goals

- Identify unhealthy alcohol, drug and tobacco use, depression and safety issues
- Prevent risky alcohol/drug/tobacco use from becoming problem/dependent use, and reduce the risk of trauma
- Prevent alcohol exposed pregnancies and Fetal Alcohol Spectrum Disorders (FASD)
- Address the stigma of addiction to assure that women and adolescents feel comfortable discussing their substance use with medical staff
- Address violence
- Address mental health issues

5 P'S Behavioral Risk Screening Tool National Sites

- *Santa Clara County, California Perinatal Screening: Electronic Medical Records*
- *Virginia Behavioral Health Risk Screening and Medicaid*
- *Community Care of North Carolina, Pregnancy Home Model: Medicaid and Public Health*
- *Louisiana Department of Health and Hospital's Birth Outcomes Project: Implementation & Validation study*

Watson, E. (2010) The Evolution and Application of the 5 P'S Behavioral Risk Screening Tool. Fall, 2010. *The Source*, AIA.

SBIRT CHC Project in MA: Screening Tool

Women of Childbearing Age, Pregnant
Teens and Adolescents:

5 P's Behavioral Health Risk Assessment

*Institute for Health and Recovery, 2006 (not universally
used)*

The 5 P's Behavioral Risk Screening Tool

- Did any of your **Parents** have a problem with alcohol or other drug use?
- Do any of your **Peers/friends** have a problem with alcohol or other drug use?
- Does your **Partner** have a problem with alcohol or other drug use?
- In the **past**, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?
- In the past month (**present**) how often did you drink beer, wine, wine coolers or liquor or use illegal drugs? Q/F? How many days did you have 4 or more drinks per day?

The 5 P's Behavioral Risk Screening Tool

- Have you smoked any cigarettes in the past three months?
- Emotional Health
 - Over the last few weeks has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?
- Violence
 - Are you currently or have you ever been in a relationship where you were threatened, controlled, physically hurt, or made to feel afraid?

SBIRT CHC Screening Functions by Staff Role: Women of Childbearing Age

Screening

(arranged by frequency)

- Medical Assistant/Nursing
- Medical Assistant/Nursing/Social Worker/MD
- Social Workers, Case Managers, Health Ed

Brief Intervention

- MD, NP, Nursing
- Social Workers
- Behavioral Health

Referral to Treatment

- Nursing, Social Workers, Case Managers, Health Ed

SBIRT CHC Functions by Staff Role: Adolescents

Screening and Brief Interventions

- MD
- Nursing

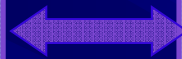
Referral to Treatment

- Social Workers/ Case Managers
- Referral Counselor



Linkage Development

Health Centers



Substance Use Disorder Assessment and Treatment Programs

- Outpatient
- Detox, including pregnant women
- Residential

Tobacco Programs

- Quit Works
- MA Tobacco Cessation programs

Behavioral Health providers

DV 800 799 SAFE (7233)- Counselors and SW

TIP: Health center staff are more likely to refer patients to Tx professionals/agencies they know

Some Health Centers provide SUD services, mental health services and tobacco services

SBIRT Training

Provided by IHR

- Introductory Regional Trainings for “Champions”
- Site-specific trainings
- Follow-up training & technical assistance
- Provide Patient Educational Materials
- Data collection protocols

MASBIRT –A Different Model

- SAMHSA awarded \$2.8 million/year for 5 years to MDPH-BSAS (September 2006 – September 2011)

- Clinical Sites:
 - Boston Medical Center inpatient, ED, outpatient - 11 clinics
 - Quincy Medical Center inpatient, ED
 - St Elizabeth's Hospital inpatient, ED
 - Community Health Centers
 - Codman Square 2/08
 - South Boston 4/08
 - Dorchester House 6/08
 - Whittier Street 2/09
 - East Boston 6/09

- MODEL:
 - SBIRT services by trained Health Promotion Advocates
 - Pre-screen binge drinking & 2 drug questions, tobacco
 - Required ASSIST Alcohol, Smoking Substance Involvement Screening Test

MASBIRT Training Goals

Become Familiar with:

- MASBIRT Team members
- Rationale for & Goals of MASBIRT
- HPA Role & Job Expectations
- Continuum of Care for Alcohol and Other Drug Use
- Impact of AOD on Health
- MI Techniques & Stages of Change Theory
- MASBIRT:
 - Health Questionnaire & Forms
 - Brief Intervention Algorithm
 - FU Procedures
- Hospital Culture: In-pt and Out-pt
- Referral Protocol & Resources

Health Promotion Advocates - HPAs

23 Completed Training

■ **Gender:** Female 15
Male 8

■ **Education:** BA's 14

■ **Age:** Under 30 14
30-40 4
40+ 5

■ **Race:** Non-white 11
White 12

■ **Language:** Spanish 5
H. Creole 3
C.V. Creole 1

■ **Experience:** Exp in SA field 3
Former med. assists 2
Former youth wrkrs 6
Exp bartending 2
1st job post college 5

SBIRT CHC Outcomes July, 2008 – June 2009

Over 37,600 clients (both women and adolescents) were screened for tobacco use, alcohol use, illicit drug use, mental health status and /or violence

MASBIRT

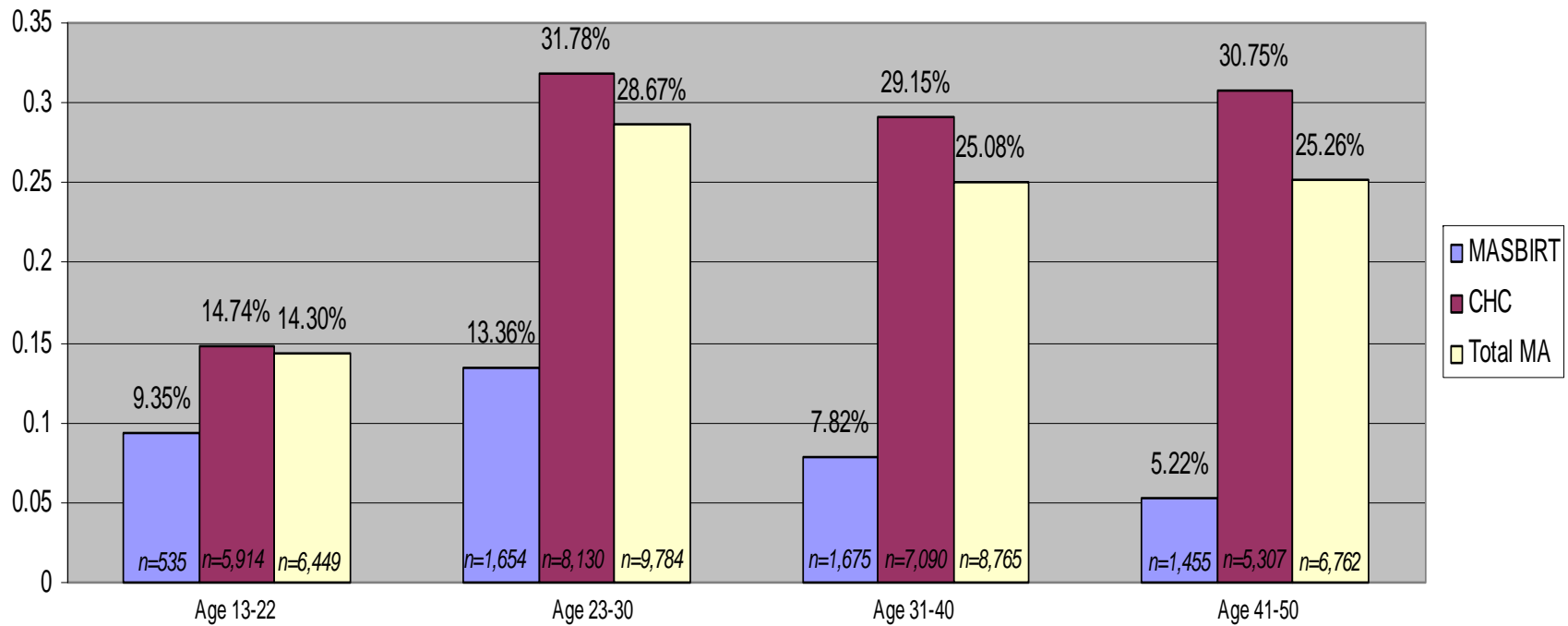
From 3/1/06 to 4/13/11

- 120,398 Unique Patients Screened *
- 17,870 Brief Interventions 14.8%
- 3,714 Referrals to treatment 3.1%

* Plus 20,000+ “duplicate” screens over the last 4 1/2 years.

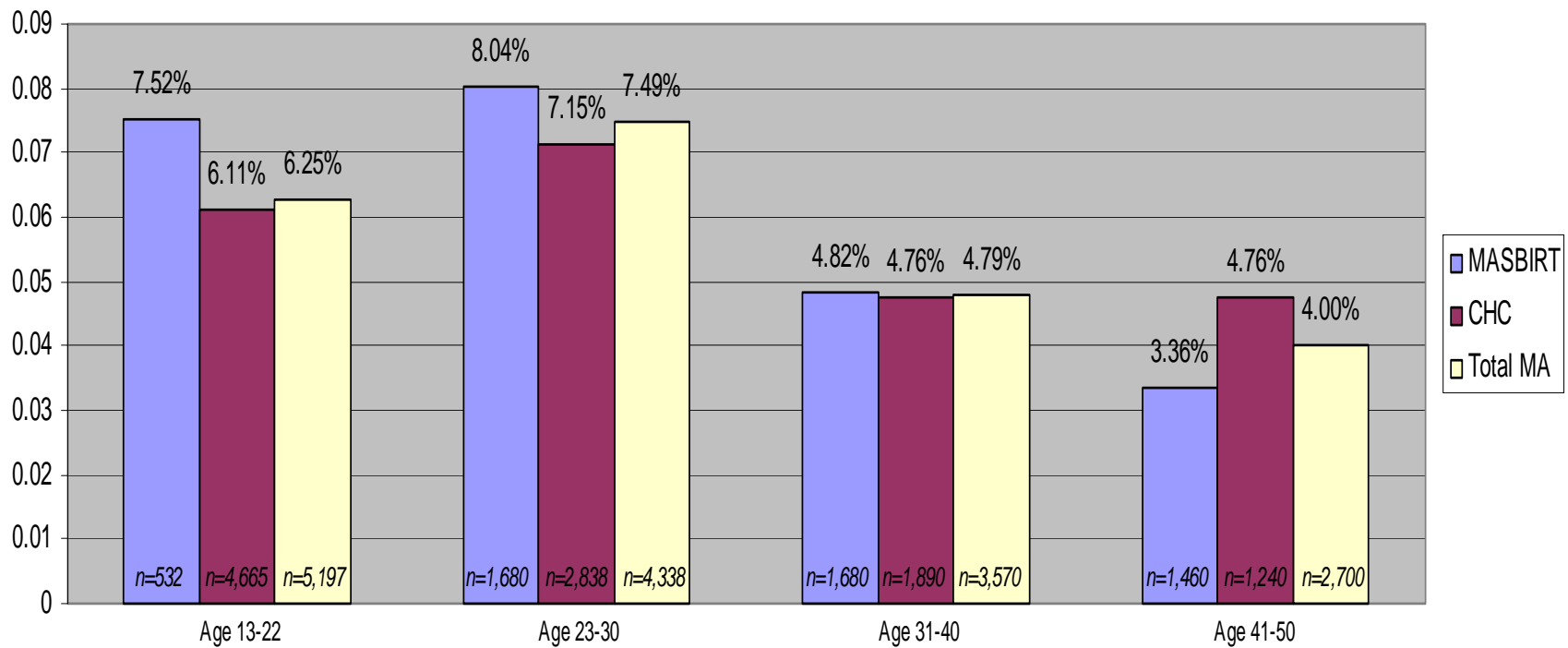
Alcohol Use

Risky Alcohol Use Comparison Ages 13-50

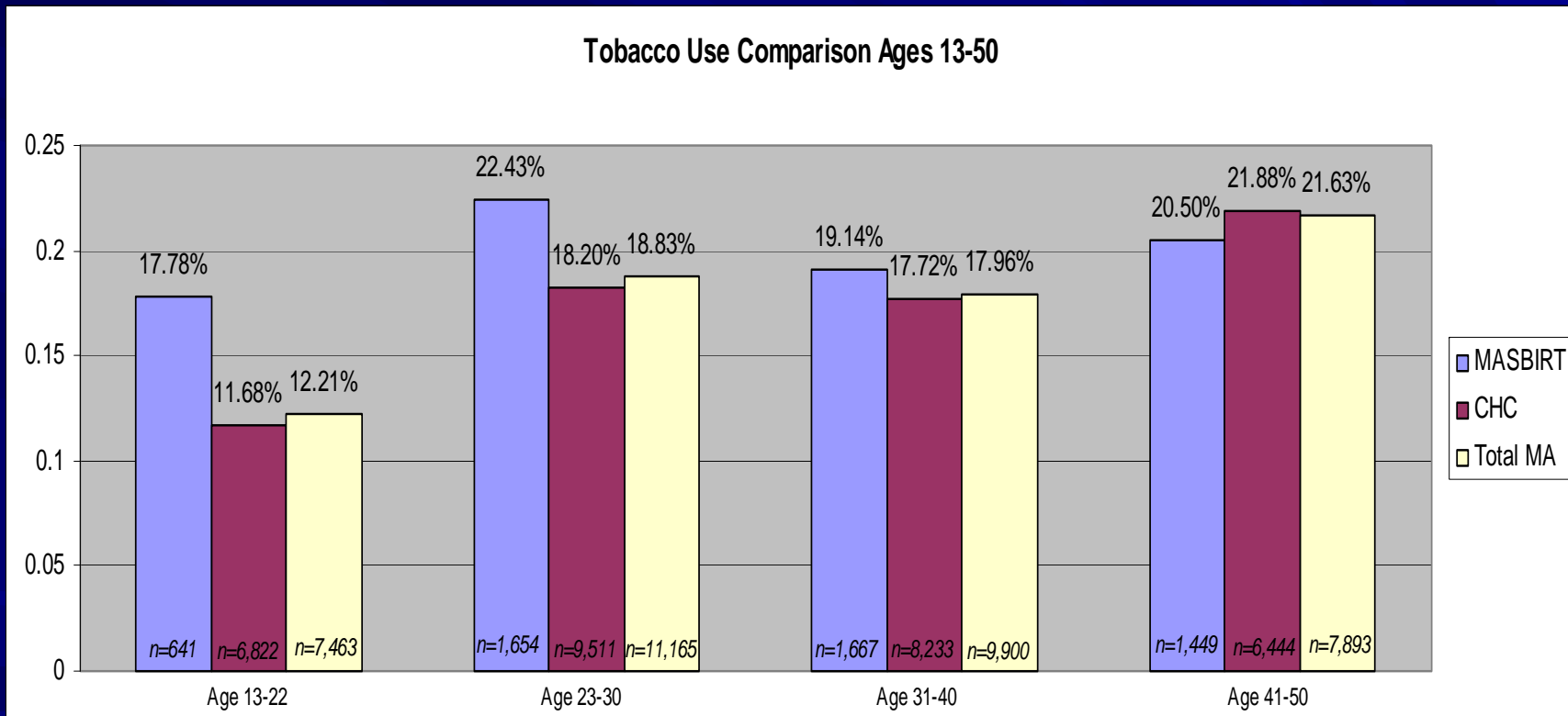


Drug Use

Drug Use Comparison Ages 13-50

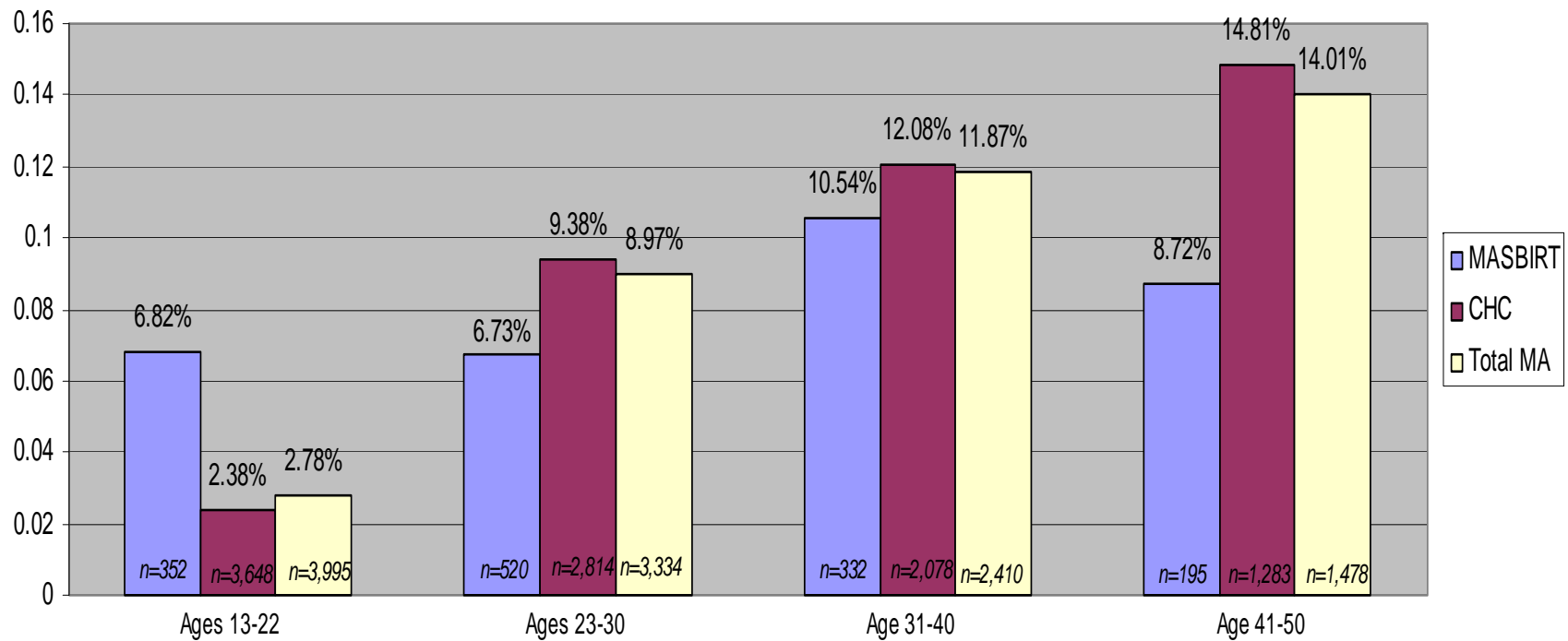


Tobacco Use



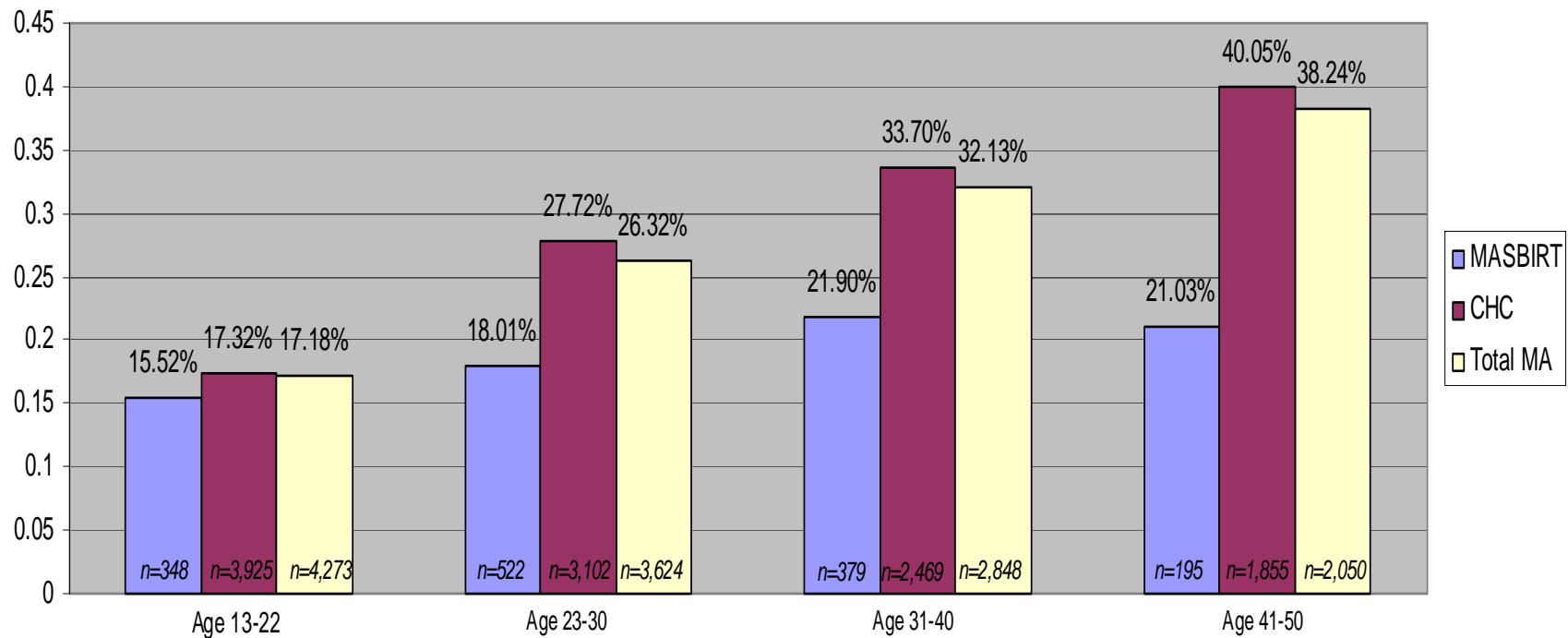
Intimate Partner Violence

Intimate Partner Violence Comparison Ages 13-50



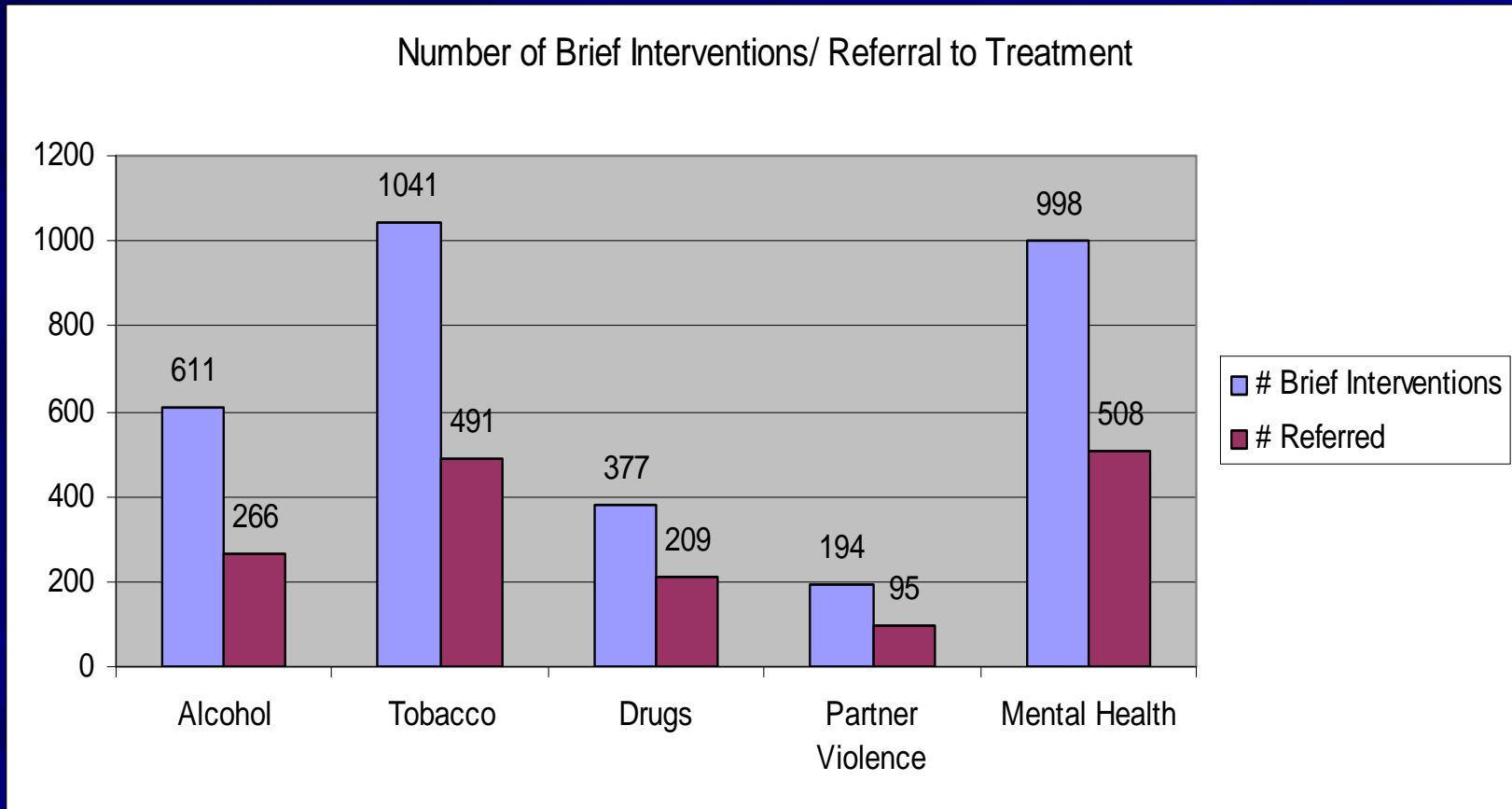
Depression/Mental Health

Depression/Mental Health Comparison Ages 13-50

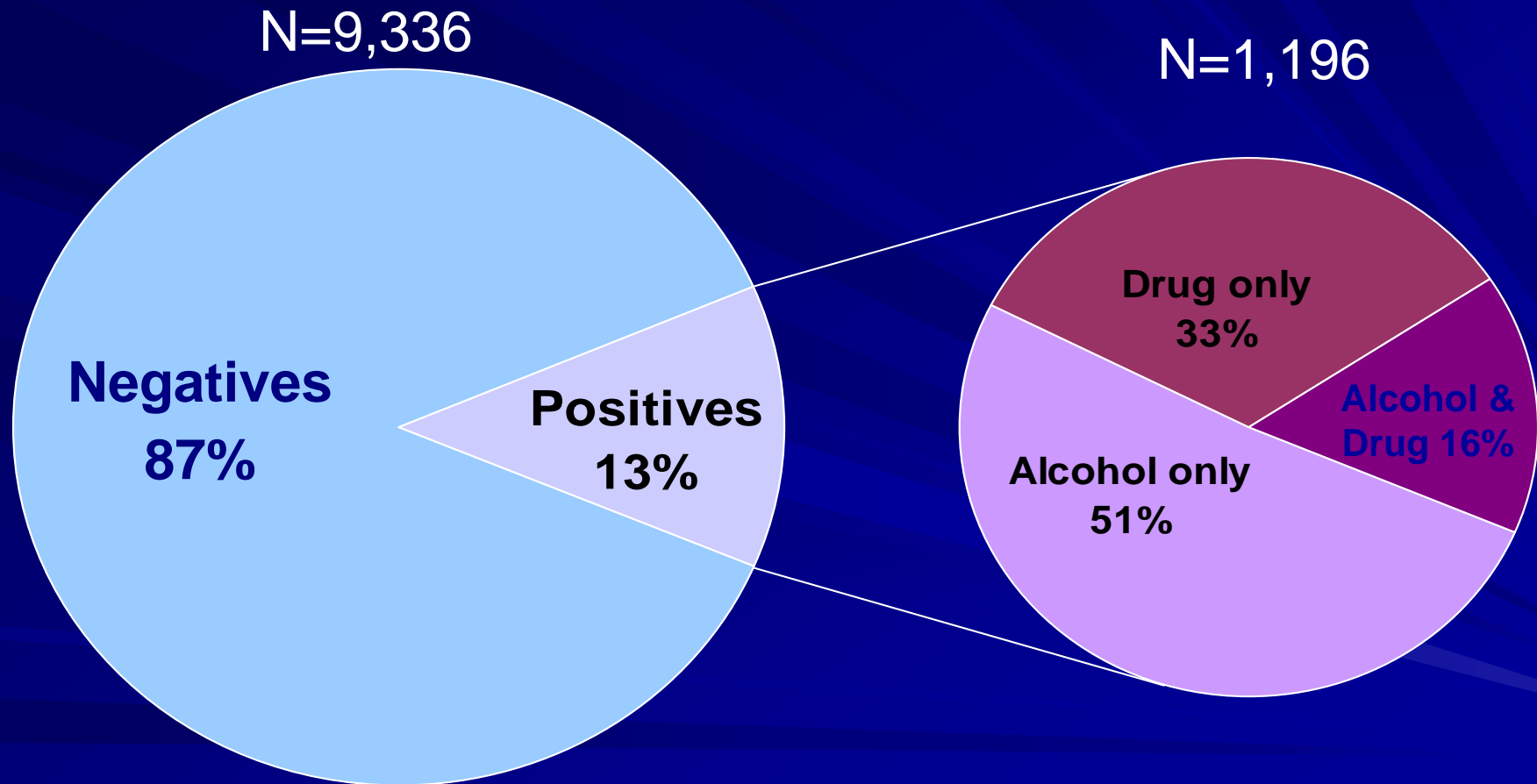


Feedback and Next Steps

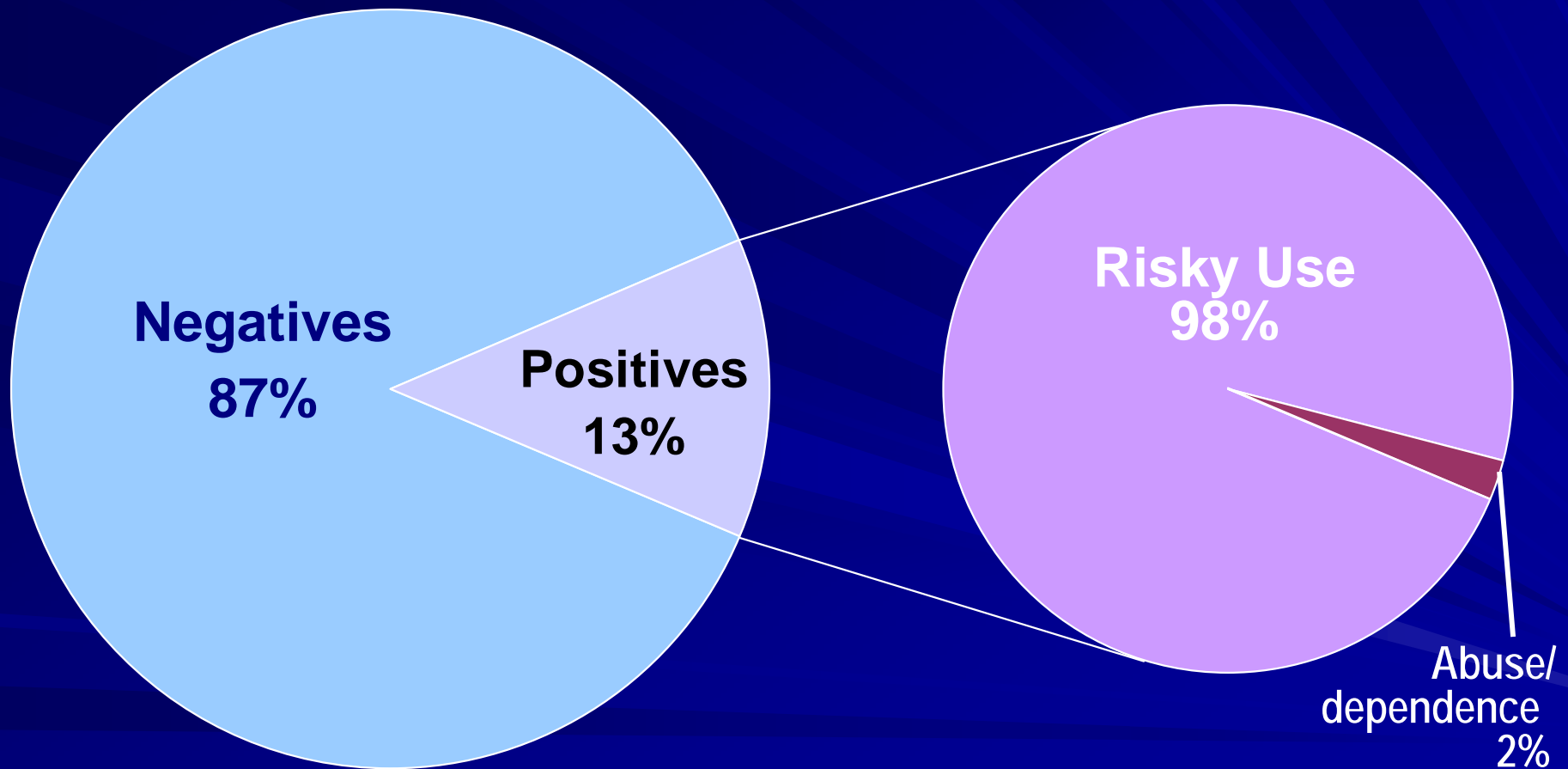
BI/Referrals to Treatment



Substance Use Among Positive Screens (one MASBIRT CHC)



Severity* of Substance Use Among Positive Screens (1 CHC)



*Severity based on ASSIST score per patient report

Practice Mirrors Research

- Close to 20% of all patients screened in various health care settings had positive scores
 - Only a small fraction of patients who use alcohol and other drugs in quantities that can damage health meet criteria for alcohol dependence or drug addiction
- Between 3% -7% need a referral to treatment
- At 6 months patients who screened positive and got a brief intervention had changed their behavior
- SBIRT can be incorporated into healthcare with some minimal disruption in practice

Lessons Learned: 1

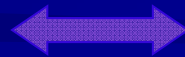
- Providers want to use Brief Intervention/Motivational Interviewing strategies for other conditions needing behavior changes
- Medical settings without social workers often find it cumbersome to make referrals to SUD Assessment/Tx programs

Lessons Learned: 2

- Stigma and SBIRT
- Developing a system change takes time
- Billing for a service is not always an incentive
- Electronic Medical Record system not universal, difficult to maintain fidelity

Lessons Learned: 3

- Evidence based/validated in a variety of settings
- Current literature supports not only cost efficient but can decrease/prevent chronic disease and maintain better health
- SBIRT cost effective preventive initiative
 - Federally approved codes- MassHealth has not approved



Lessons Learned: 4

- Easily fits into Medical Home model
- SBIRT CHC model is sustainable

Massachusetts Strategic Plan

■ SBIRT – A key focus area in the Commonwealth’s 2010 Substance Abuse Strategic Plan

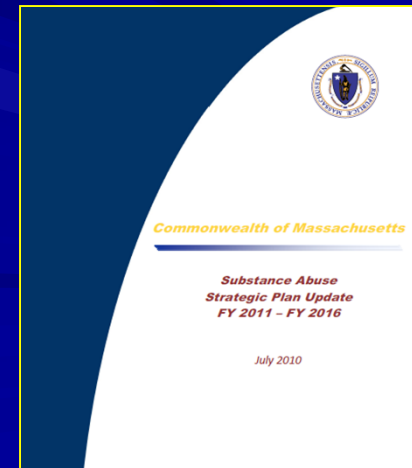
“Strategy 1: Integrate substance use and addictions screening, services and skills into health care settings, including primary care, emergency departments, federally qualified health centers and medical homes.”

- Support health and mental health care settings in sustaining and expanding the use of SBIRT
- Standard operating procedure in schools and colleges
- Expand the use of the CRAFFT screening tool for youth

■ Prescription Monitoring Program

■ Nurse Managed OBOT Programs

www.mass.gov/governor/icsap



In Massachusetts

■ MASBIRT

- 3 hospital EDs & Inpatient floors
- 11 hospital clinics
- 5 Community Health Centers



■ ED SBIRT – 5 hospital EDs



■ Booster Training NPs at SBHCs



■ Medical Residency Training

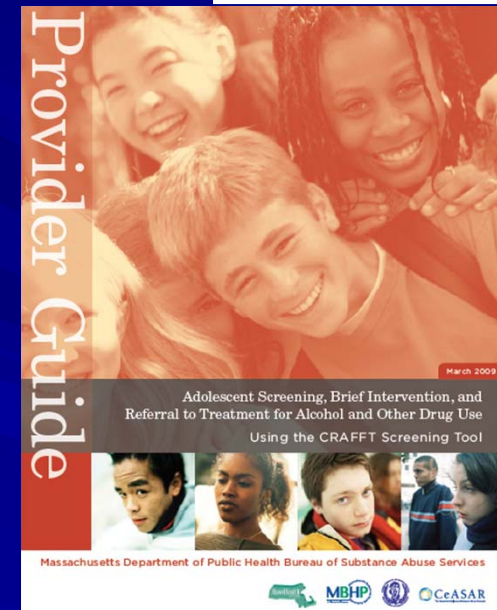
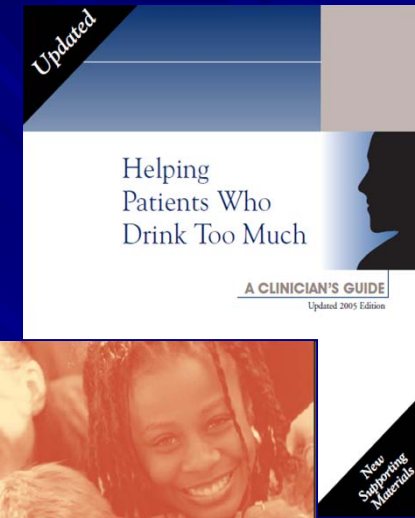


Provider Resources

- Practice Assessment
- Videos and other online resources
- Provider materials
 - NIAAA Clinicians Guide
 - MA Pediatrician Toolkit
 - *Protecting Women & Babies from Alcohol- and Drug-Affected Births Toolkit* COMING SOON

Much expertise in Mass

- SBIRT research
- Training on SBI, motivational interviewing
- Implementing practice in varied sites



Patient Resources

Do you drink or use other drugs?
You could be harming more than
just your health.



Simple Questions. Straight answers
about the risks of alcohol and drugs
for mothers and mothers-to-be.

10 questions to consider
before you smoke your next joint.



Feel older and wiser
about most things?
What about alcohol and other drugs?

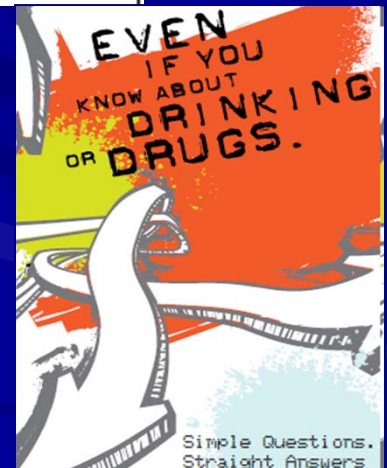


Simple questions. Straight answers
about the risks of alcohol and drugs
for older adults.

How much is too much?



Simple questions. Straight answers
about the risks of alcohol and drugs.



Check MA Clearinghouse for other patient materials

<http://www.maclearinghouse.com/>

Behavioral health is a major part of overall health of our patients from conception to old age.

The screening process is vital. Our patients are not divided into body parts.

We must be able to provide quality, holistic care.



"I'll have an ounce of prevention."