Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
SBIRT in Mental Health Settings

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Overview

1. Rationale for support
2. Continuum of use and risk
3. Overview of SBIRT components
4. Strategies to integrate into mental health services
Alcohol Stats

• 88% of people 18+ reported that they drank alcohol at some point in their lifetime (2014)
• 25% of people 18+ reported that they engaged in binge drinking in the past month (2014)
• More than 10% of U.S. children live with a parent with alcohol problems (2012)

THC is at a historic high (paranoia, hallucinations, anxiety)
< 4% in 1995
12% in 2014

Disapproval is at historic low
32% (lowest since 1975)

National Monitoring the Future Survey, 2015;
ElSohly et al., Biological Psychiatry, 2016;
National Drug Abuse Warning Network, 2011
“Addiction changes the brain in fundamental ways, disturbing a person’s normal hierarchy of needs and desires and substituting new priorities connected with procuring and using the drug. The resulting compulsive behaviors that weaken the ability to control impulses, despite the negative consequences, are similar to hallmarks of other mental illnesses.”

https://www.drugabuse.gov/publications/drugfacts/comorbidity-addiction-other-mental-disorders
Consider this....

- If you haven’t had your flu shot...
- If you haven’t had a mammogram...
- If you are diagnosed with Stage 1 cancer...
Screening and brief behavioral counseling interventions to reduce misuse by adults in primary care (Grade B)

High certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
People with mental health issues are disproportionately affected by substance use issues.

Benefits to individual health

Reduction in health-related and societal costs

Mental health practitioners are well-placed for screening and counseling
Receipt of Mental Health Care and Specialty Substance Use Treatment in the Past Year among Adults Aged 18 or Older Who Had Past Year Mental Illness and Substance Use Disorders: Percentages, 2014

- No Treatment (53.7%)
- Mental Health Care Only (33.9%)
- Specialty Substance Use Treatment Only (3.5%)
- Both Mental Health Care and Specialty Substance Use Treatment (8.9%)

7.9 Million Adults with Co-Occurring Mental Illness and Substance Use Disorders

Substance Use is Costly

For the User

People with SUD are disproportionately affected by chronic diseases

- Direct impact of use
- ↑ risk behaviors
- Restricted access to quality health care
- ↓ Tx adherence rates
- Risky users incur more negative consequences at population level

Brown, et al., 2006; Substance Abuse and Mental Health Services Administration, 2007.
Substance Use is Costly

For Society

- Healthcare
  - Specialty Tx, prevention, medical consequences
- Crime & criminal justice
- Traffic accidents, fires
- Lost productivity
  - Death, illness, crime victims, incarceration
- Antisocial behavior
SBIRT targets the large population of risky to harmful users before they become dependent.

Research shows that treated individuals have lower rates of emergency room use and hospitalization, leading to lower overall healthcare costs.

Impact of effective treatment on societal costs.

- Lower criminal justice costs associated with addiction-related arrests and incarceration.
- Improved employability → higher earnings for those who reduce or eliminate their substance abuse.
# SBIRT is Effective

<table>
<thead>
<tr>
<th></th>
<th>Screening</th>
<th>Brief Intervention¹</th>
<th>Brief Treatment²</th>
<th>Referral to Treatment</th>
<th>Evidence for Effectiveness of SBIRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Misuse/Abuse</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Comprehensive SBIRT effective (Category B classification, USPSTF)</td>
</tr>
<tr>
<td>Illicit Drug Misuse/Abuse</td>
<td>✔</td>
<td>*</td>
<td>*</td>
<td>✔</td>
<td>Growing but inconsistent evidence</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Effective brief approach consistent with SBIRT (USPSTF; 2008 U.S. Public Health Service (PHS) Clinical Practice Guideline)</td>
</tr>
<tr>
<td>Depression</td>
<td>✔</td>
<td>—</td>
<td>✔</td>
<td>✔</td>
<td>No evidence to date for depression</td>
</tr>
<tr>
<td>Trauma/Anxiety Disorders</td>
<td>✔</td>
<td>*</td>
<td>—</td>
<td>✔</td>
<td>No evidence to date for trauma/anxiety disorders</td>
</tr>
</tbody>
</table>

**Key:**
- ✔ Evidence for effectiveness/utility of component
- * Component Demonstrated to show Promising Results
- — Not Demonstrated and/or Not Utilized

¹Brief intervention as defined by the SAMHSA SBIRT program involves 1-5 sessions lasting 5 minutes to an hour. Among SBIRT grantees funded by SAMHSA, about 15% of patients receive scores that indicate a brief intervention.
SBIRT Paradigm Shift

- Not looking for addiction
- Looking for unhealthy substance use patterns
- Looking for opportunities for intervention
- Meeting people where they are
Distribution of Alcohol Use

- Abstinent/Low risk: 40%
- Moderate risk: 35%
- High Risk: 20%
- Abuse/Dep.: 5%

**Primary Prevention**

**Brief Intervention**

**Specialized Treatment**

SBIRT Target Population
SBIRT

- **S**creening to identify patients at-risk for developing substance use disorders.

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

- **R**eferral to **T**reatment to facilitate access to specialized treatment services and coordinate care between systems for patients with higher risk and/or dependence.

Screening

A **systematic** way of asking questions to determine the presence or absence of symptoms or risky behaviors using standardized, reliable and valid tools
Brief Screening

How many times in the past year have you had 4 or more (females) / 5 or more (males) drinks in a day?

Source: NIAAA

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?

Source: NIDA
Low-Risk Drinking Guidelines for Adults

<table>
<thead>
<tr>
<th>Low-risk drinking limits</th>
<th>MEN</th>
<th>WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>On any single DAY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No more than 4 drinks on any day</td>
<td><strong>AND</strong></td>
<td>No more than 3 drinks on any day</td>
</tr>
<tr>
<td><strong>Per WEEK</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No more than 14 drinks per week</td>
<td><strong>AND</strong></td>
<td>No more than 7 drinks per week</td>
</tr>
</tbody>
</table>

To stay low risk, keep within BOTH the single-day AND weekly limits.

NIAAA, 2010
## Example Screening Tools

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
<th>Substance(s)</th>
<th>Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUDIT</td>
<td>Alcohol Use Disorder Identification Test</td>
<td>Alcohol</td>
<td>Adults</td>
</tr>
<tr>
<td>DAST</td>
<td>Drug Abuse Screening Test</td>
<td>Drugs</td>
<td>Adults</td>
</tr>
<tr>
<td>ASSIST</td>
<td>Alcohol, Smoking, and Substance Abuse Involvement Screening Test</td>
<td>Alcohol, Drugs, Tobacco</td>
<td>Adults</td>
</tr>
<tr>
<td>CRAFFT</td>
<td>Car, Relax, Alone, Forget, Family or Friends, Trouble</td>
<td>Alcohol &amp; Drugs</td>
<td>Adolescents</td>
</tr>
</tbody>
</table>

Brief Intervention

To motivate patients to be aware of their patterns of use, understand the associated risks, and make their own decisions.

- CDC, 2014
Averages 15-30 minutes

- Discuss pros and cons
- Offer feedback
- Ask about readiness & importance
- Negotiate a specific goal
What are the things you enjoy about marijuana? What are the things you enjoy less or dislike about marijuana?

Can I share with you some information on low-risk drinking?

So where does this information sit with you?

On a scale of 0 to 10, how confident are you that you can make a change?

What is your next step?
Common Barriers to Effective Treatment

1855 adult patients with likely dependency (Brown, 2014)
- 24% expressed initial interest in a referral
- 10% entered treatment

- Lack of evidence based practice
- Stigma
- Inadequate breadth or duration
- Lack of cultural competence
- Waiting lists
- Inadequate transportation & child care
- Treatment modality constraints
Referral to Treatment

- Motivational Interviewing skills
- Availability of treatment resources
- Knowledge of resources and relationships with treatment providers
- Reliable follow-up, ongoing support
Strategies to integrate SBIRT protocol into mental health services
SBIRT Implementation

- Identify a Champion and Form a Multidisciplinary Team
- Assess Barriers and Facilitators
- Process Mapping
- Ongoing Performance Monitoring
6 Key Implementation Questions

- Who needs to be at the table?
- What is the plan?
- How do we pay for it?
- How do we entrench SBIRT into our protocols?
- What staff training is needed?
- How do we track SBIRT and know it’s working?
Who needs to be convinced and at the table?

- Leadership
- Clinical staff
- IT/ EHR staff
- Billing staff
- HR
- Training
- Office Staff

How do you communicate with key stakeholders & speak to their priorities?
Identifying a Champion

• Leads efforts to implement SBIRT

• Should be a team player, knowledgeable about the health care setting, enthusiastic, and well-respected

• Helps to gain buy-in from staff!!
Gain commitment from senior leadership

- Secure a commitment from CEO
- Identify and engage other key leaders
- Engage policymakers, as applicable
Form a Multidisciplinary Team

- ID key organizational units that will impact/be impacted by SBIRT
- ID leaders for each unit
- Convene SBIRT Team & Engage!
- Inform all staff
Common Barriers

- Provider Attitudes and Competence
- Workflow and Resources
- SBIRT Adaptability
- Organizational Support
- Client Characteristics and Background
Implementation Questions: Screening

Who will conduct the screening test?

What population of patients will be screened?

What alcohol and/or drug screens will we use?

Where and when will the screening take place?

How much time will it take to complete?

How will the information be documented and passed on?
Implementation Questions: Brief Intervention (BI)

Who will conduct the BI?

When and where will the BI be performed?

How will the BI be documented in the EMR?

Who will set up protocols to bill for SBIRT?

What is needed to ensure that staff are properly trained?
Implementation Questions: Referral to treatment

What does your patient need? What current referral resources exist?
Identify level of care
Substance, severity, comorbidity
Identify provider list
Identify documentation
Identify support staff

Are the available resources appropriate for your patients?
Culturally, linguistically and age appropriate
Co-occurring capacity
Location/transport
Insurance coverage

How will you connect and follow-up with providers/patients?
Prepare patient for Tx Plan, reassure, support
Provider communication protocol
Follow-up plan with patient
Provider list and handouts on alcohol/drug limits and consequences
Clinical Guidelines for SBIRT Implementation

- Identifies policy for SBIRT:
  - 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
- Identifies SBIRT billing rates

Transcends transitions in leadership and staff written and approved regardless of changes
Evaluation Measures Can Be Used to

- Identify processes that need improvement
- Assess and maintain staff competencies
- Provide data on cost effectiveness and program outcomes
- Demonstrate program success and sustainability
- Describe and quantify quality of care improvements
How do we pay for it?

- Integrated into billable encounters
- Covered by base, contract, or grant dollars
- Reimbursed through Medicaid or Medicare SBI codes
  - At least 22 states Medicaid or CPT codes
  - 29 states using HBAI codes
  - Restrictions based on setting and provider types

Explore your state’s SBIRT financing environment:
http://my.ireta.org/sbirt-reimbursement-map
Questions?

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