Behavioral Health is Essential To Health
Prevention Works
Treatment is Effective
People Recover

SBIRT Workshop

SAMHSA PBHCI National Grantee Meeting
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Disclaimer

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 Trainer

**Brie Reimann** is an expert in providing technical assistance, training and support to primary care and behavioral health providers on integrated care initiatives. As the Director for the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS), which is run by the National Council for Behavioral Health, Ms. Reimann provides leadership, content expertise, and project management to inform the training and technical assistance provided to community-based behavioral and primary care organizations. Prior to joining the National Council, Ms. Reimann directed the SBIRT Colorado initiative and provided leadership to the University of Colorado on the Health Professional training grant with the aim to develop curriculum for nursing students and preceptors. A leader in integrating routine screening and brief intervention services into a variety of settings and on impacting policies to support sustainability, Ms. Reimann has partnered with hospitals, HIV prevention and care settings, military, primary care, and behavioral health organizations to train providers on population health management strategies to improve health outcomes. Ms. Reimann is successful in working with public and private payers, businesses, public health agencies, and policy makers to affect system level changes necessary to achieve long term success.
What is SBIRT?

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

- **Brief Intervention** to raise awareness of risks, elicit internal motivation for change, and help set healthy goals.

- **Referral to Treatment** to facilitate access to specialized services and coordinate care between systems for patients with highest risk.
My drinking was normal—everyone I know drinks socially.

It wasn’t until my nurse asked about my drinking that I realized the inability to sleep, the increased stress at work, may be related to my drinking. Simply cutting down has made a difference in my life, my family and my work. I just feel more alert.

I only wish someone had asked
“Staff and providers see how SBIRT can lead to behavior change for patients, and they simply don't feel that they are providing complete and comprehensive care unless they are asking the screening questions and having those conversations.”

“There were patients who were substance users who I just never would have thought of in that way. So I hadn’t really pursued the questions or asked the questions before. Because in my own mind, it didn’t seem very likely and I was surprised the number of times where I saw the results.”
Distribution of Alcohol Use

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

**SBIRT Target Population**

**Brief Intervention**

**Primary Prevention**

**Defining Risk**

Dawson, Alcohol Clin Exp Res 2004; Grant, Drug Alcohol Dep 2004
NIAAA Cocktail Calculator

To Consider
“A child who reaches his or her 21st birthday without using drugs, tobacco or alcohol is ‘virtually certain’ never to slip into those habits.”

Joseph A. Califano Jr.
How to Raise a Drug-Free Kid
Building Rapport

How might you:
- Introduce yourself
- The process
- Request permission
- Describe confidentiality

Screening

A systematic way of identifying potential for problems using a standardized, reliable and valid tool
Brief Screen (Pre-Screen)

During the past 12 months, did you:
1. Drink any alcohol (more than a few sips)?
2. Smoke any marijuana or hashish?
3. Use anything else to get high?

If any “YES” ask full CRAFFT questions
If all “NO” just ask CAR question

Full Screen: CRAFFT

1. Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself, or alone?
4. Do you ever forget things you did while using alcohol or drugs?
5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into trouble while you were using alcohol or drugs?
CRAFFT Scoring

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>CRAFFT Score 1</td>
<td>CRAFFT Score 2+</td>
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If 1+ provide brief intervention
If 2+ also consider referral to treatment.

Source: American Academy of Pediatrics, 2011

Brief Intervention

1. Raise the subject
2. Provide feedback
3. Enhance motivation
4. Develop a plan
Step 1: Raise the Subject

“Would you mind taking a few minutes to talk with me about your screening results?”

(ask permission to have the conversation)

Step 2: Provide Feedback

- Review reported alcohol/drug use; compare to lower risk limits.
- Connect alcohol/drugs to current or future health problems.
- Link alcohol/drugs to the reason for the visit.
- Express concern.
- Advise to quit or cut back.

Don’t give too much information!
Always elicit the person’s response!
Step 3: Enhance Motivation

- On a scale of 0 to 10, how important is it for you to do something different?
- On a scale of 0 to 10, how confident are you that you can do something different?
- On a scale of 0 to 10, how ready are you?

Some Motivational Interviewing Principles

1. Motivation is not static.
2. Ambivalence is normal to the change process.
3. Pushing too hard for will evoke resistance to change.
4. Evoking patient’s own change talk will enhance behavior change.
OARS

- Open-ended inquiry
- Affirmations
- Reflections
- Summaries

MI Spirit

- Partnership
- Acceptance
- Evocation
- Compassion
“MI appears to be a good fit with adolescents’ developmental need to **exert their independence** and make decisions for themselves, while it **respects** their heightened levels of psychological reactance and coincides with the development of their **decision-making skills.**”

Tool: Decisional Balance

<table>
<thead>
<tr>
<th></th>
<th>Good</th>
<th>Not so good</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No change</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Change</strong></td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
Ambivalence

Change Talk

Sustain Talk

“What are the **good** things about your use?

“What are the **not so good** things about your use?”

Pros

Cons
Activity: Listen and Summarize

• Speaker: Pick a real-life change issue.
• Listener:
• Listen and try to understand but give no advice.
• Use these 4 questions:
  o “Why would you want to make a change in ____?”
  o “How might you go about changing?”
  o “What are the best reasons to change ____?”
  o “How will your life be better if you change ____?”
• Reflect back and summarize what you heard.
• Then ask:
  “So, what do you think you’ll do”?

Change Talk

Desire
Ability
Reasons
Need
Step 4: Negotiate and Advise a Goal

• “What are some of your thoughts about our discussion?”

• “What steps could you take to make a change?”

• “What will be challenging? “How will you approach this?”

• “Your plan and next steps are…”

• “Thank you for having this conversation with me.”

Example Planning Sheet

Pros of use: _____________________________________

Cons of use: _____________________________________

What I’ll do differently before the next appointment:
_________________________________________________

What could get in the way: _________________________

Options: _________________________________________

Follow-up date: _________________________________
The Road to Change

• What would need to happen for you to want to make a change?
• How would you do it if you decided?
• What are the three best reasons?
• What’s most important to you?
• What could you do differently?
• What might be your next step?

Idea Bubbles

Find alternatives
Reduce risks
Pace & space
Abstinence challenge
Plan for triggers
Cut back
Measure & count
Round Robin Team Activity

Scenario

Client is a 23 year old female who reports drinking on average 14 drinks a week. She recently received a DUI and also reports forgetting events from the night before. She mentions that she hangs out with a group of friends who all drink more than she does but she happened to get caught.

Practice brief intervention!
Close on Good Terms

Summarize the patient’s statements in favor of change.

Emphasize the patient’s strengths.

What agreement was reached? CDC, 2014

Referral to Treatment

What scenarios can you think of that a patient would be referred?
Referral to Treatment: Considerations

Availability of resources for treatment
Knowledge by staff on available resources
Relationships with treatment providers

Personalize the process:
• Facilitate call to the treatment provider with patient
• Assure the appointment is made
• Assist with barriers to accessing treatment (discrimination, access, navigating healthcare system)
• Avoid just handing patient “a piece of paper”
• Document referral source and date of appointment
• Follow-up and provide reminders – release of information to follow-up

What barriers might you face and how will you help develop a plan to overcome them?

Help clients trust the process – by being part of the process

“Steven over at the treatment center is really good at…”

“I’d like to touch base to see how you’re doing…”
Follow Up

How do we support clients toward behavior change?
How do we know if our actions are resulting in improvement

• 1-3 months
• Quantity/frequency changes
• Review goals, adjust accordingly
• Reinforce motivations
• Additional follow-up, referral, “stepped” care

Key Considerations

• Who needs to be at the table?
• Where does SBIRT fit in?
• 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?
• How do we know if we need to change course?
Staffing Considerations

Understanding of roles and responsibilities within the care team is critical to success. Considerations include:

- What Type of provider needs to provide the service?
- Are they licensure or credentialed (can they bill)
- Skill and comfort level of team members providing each services
Lessons Learned

• SBIRT supports healthcare providers in meeting public health goals; it does not put them in thetrx business.
• Adequate referral systems and resources are necessary for providers to conduct screening.
• Improved quality of care is the primary motivator.
• Patients are appreciative rather than resistant to the SBIRT practice.
• Staff and institutional support are critical for implementation and sustainability of SBIRT.

Lessons Learned – Organizational

• Organizational culture is a lens through which an organization views their work – Build Buy In
• Shared value system, mission, vision, and purpose
• Common language that facilitates communication
• Policies and procedures that reflect/reinforce a shared vision
• Activities, services, physical, and emotional environment aligned with the vision
• How power, decision making, allocation of resources are distributed

What changes will need to be made in your organization to enhance care?
Lessons Learned - Implementation

• Incorporate brief screens into other lifestyle questionnaires.
• Ensure that screening tools are being appropriately introduced and framed in order to prevent patients from feeling “targeted.”
• Motivational interviewing skills are required and strong BIs require practice with peers, supervisors, and clients.
• Patients benefit from referrals that are supported by strong bidirectional relationships & warm hand offs.
• Offer feedback, encouragement and thanks to implementing staff.
• Have a plan for keeping your board, payers, customers and community aware of this new service

Other Considerations

• Build leadership buy in
• Assess the gaps in care
• Develop a champion team that understands population
• Prioritize behavioral health integration
• Utilize peer support to engage population
• Track outcomes associated with health improvement
• Tell the story of how behavioral health is improving
• Use social media
• Respond to the challenges
Identify your Champions

Questions

KEEP CALM AND ASK ON
Resources

SAMHSA-HRSA Center for Integrated Health Solutions
http://www.integration.samhsa.gov/

SBIRT Training Manual - BNI

SBIRT Colorado
http://improvinghealthcolorado.org/

IRETA
http://ireta.org/

Thank You
Brie Reimann
BrieR@thenationalcouncil.org