



SCREENING, INTERVENTION, & REFERRAL TO TREATMENT

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What Does the Acronym “SBIRT” Mean?

- Screening
- Brief Intervention
- Referral
- Treatment



Definition of SBIRT

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services. It is used for:

- Persons with substance use disorders
- Those whose use is at higher levels of risk

Primary care centers, hospitals, and other community settings provide excellent opportunities for early intervention with at-risk substance users and for intervention for persons with substance use disorders (SUD).





Goals of the LA-SBIRT Project

- *Goal 1.* To increase the skilled professional workforce in medical, health-related, and other settings throughout Louisiana to address the needs of individuals who are at risk of developing a SUD
- *Goal 2.* To cultivate leadership needed to ensure that SBIRT practice is integrated and sustained in healthcare settings and systems throughout the state

Accomplishments of the LA-SBIRT Project

- SAMHSA's Center for Substance Abuse Treatment funded the LA-SBIRT project in October of 2015 to train 516 MSW students
- LA-SBIRT kicked off with a 3-day Training-of-Trainer session with 30 licensed clinicians with expertise in addictions representing every region of the state
- Since March of 2016, LA-SBIRT has trained over 1,500 social work students and diverse healthcare professionals in 31 Louisiana parishes – at no cost to participants

Professional Trainings

- The LA-SBIRT project provided:
- 27 professional trainings in 11 different cities to **880** physicians, nurses, physician assistants, pharmacists, psychologist, counselors, social workers and individuals from other disciplines
- Trainees demonstrated significant increases in knowledge, as assessed with 10-item T-F test
- Trainees mean scores increased from 6.0 at pretest ($SD = 1.6$) to 8.44 at posttest ($SD =$

Student Trainings

- LA-SBIRT provided 18 student trainings to **661** BSW and MSW students at 8 of the 9 social work programs in institutions around the state
- Student trainees demonstrated significant increases in their knowledge, as assessed with 25-item T-F test
- Students' scores increased from 11.1 ($SD = 2.7$) at pretest to 16.2 at posttest ($SD = 4.0$)
- The training also was associated with improvement in students' attitudes toward persons who use substances, as assessed with a 16-item survey
- Students' mean scores increased from 59.2 ($SD = 9.6$) at pretest to 73.0 ($SD = 12.5$) at posttest

LA-SBIRT Trainings

- Trainings were positively assessed by participants
- The vast majority of professionals and students were satisfied or very satisfied with the overall quality of the training, at 95.3% and 91.0%, respectively
- Proportion of respondents who agreed or disagreed with the 4 statements:

	Student	Professional
The material presented is useful in substance abuse treatment	96.0%	94.5%
I expect the training to benefit my clients	93.5%	86.8%
The training enhanced my skills	94.8%	92.5%
I would recommend this training to a colleague	93.9%	94.0%

Branded LA-SBIRT Curriculum & other Materials

- Multi-module, multi-media, comprehensive training curriculum
- Four modules:
 - 1) SBIRT: An Overview
 - 2) Screening
 - 3) Brief Intervention
 - 4) Referral to Treatment

Other teaching materials include:

Laminated Reference Card

Standardized Patients

BNI Adherence Checklist



Hybrid Training for Social Work Students and Professionals: Interdisciplinary Focus

- Motivational Interviewing and SBIRT training
- Online & Experiential
- Interdisciplinary trainings encourage a broader view of SBIRT implementation within the organization
- Promotes more informed and collaborative problem solving

Statewide and National Visibility, Interest, and Collaborative Relationships

- Collaboration with numerous local, parish, and state organizations
- SBIRT training expertise in every region of the state
- Collaboration with SAMHSA-funded Project LAUNCH Louisiana grant
- Collaboration with Louisiana's Department of Health; Office of Behavioral Health & Office of Public Health
- local and statewide organizations whose interests align with the goals of LA-SBIRT
- 15 refereed and invited presentations at the local, state & national level

Implementation of SBIRT

- Large-scale implementation and maintenance of SBIRT in healthcare settings has been **limited**, despite:
 - evidence for effectiveness in reducing substance use and/or related consequences in certain contexts and circumstances (e.g., Alvarez-Bueno et al., 2015)
 -
 - government and policy organizations promoting widespread adoption (e.g., SAMHSA, USPSTF, ASCOT, CDC)

SBIRT is
not
being
done
routinely

CDC Vital Signs™
January 2014

Alcohol Screening and Counseling

An effective but underused health service

38 Million
At least 38 million adults in the US drink too much.

1 in 6
Only 1 in 6 adults talk with their doctor, nurse, or other health professional about their drinking.

25%
Alcohol screening and brief counseling can reduce the amount consumed on an occasion by 25% in those who drink too much.

At least 38 million adults drink too much and most are not alcoholics. Drinking too much includes binge drinking, high weekly use, and any alcohol use by pregnant women or those under age 21. It causes about 88,000 deaths in the US each year, and costs the economy about \$224 billion. Alcohol screening and brief counseling can reduce drinking on an occasion by 25% in people who drink too much, but only 1 in 6 people has ever talked with their doctor or other health professional about alcohol use. Talking with a patient about their drinking is the first step of screening and brief counseling, which involves:

- ◇ Using a set of questions to screen all patients for how much and how often they drink.
- ◇ Counseling patients about the health dangers of drinking too much, including women who are (or could be) pregnant.
- ◇ Referring only those few patients who need specialized treatment for alcohol dependence.

Doctors and other health professionals can use alcohol screening and brief counseling to help people who are drinking too much to drink less. The Affordable Care Act requires new health insurance plans to cover this service without a co-payment.

→ See page 4
Want to learn more? Visit www.cdc.gov/vitalsigns

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health

Decisions to Make

- **Screening:** Who performs? Frequency? All patients? What tools? Protocol?
- **Brief Intervention:** Who performs? Format? Protocol?
- **Referral:** Who performs? Where to? Protocol?
- **Billing:** Will you bill? How to document? Are the systems in place? Protocol?
- **Performance Monitoring and Evaluation:** Who does this? How is it reported? Protocol?
- **Informing all staff:** How will all staff at the site be informed of this new initiative? On an ongoing basis?
- **Training:** Who will train staff? Who will receive training? Ongoing supervision and training?

Barriers and Facilitators of SBIRT Implementation

- **Occur at various levels** (e.g., Johnson et al., 2011; Nilsen, 2010)
 - Staff: attitudes, training, and skills
 - Patient: reluctance to discuss, characteristics
 - Organizational: support, resources and buy-in
 - Site: workflow, competing demands, resources, space
 - State/federal policy: billing, exchange of information

Implementation Science as a Guide

- Multi-level barriers and facilitators affect the success of intervention implementation as noted by implementation science models (e.g., CFIR, Damschroder et al., 2009; Williams et al., 2011)
- Implementation science models and frameworks can (Nilsen, 2015):
 - guide the introduction of new practices
 - inform our understanding of why the introduction of a given practice or intervention may succeed or fail

Evidence for Practical Solutions

Recent large evaluation suggests that the following facilitate SBIRT implementation (Vendetti et al. 2017):

- SBIRT champions
 - Facilitate buy-in by practitioners and other site staff
 - Facilitate inter-organizational communication and collaboration
- Adopting specialist models instead of using medical generalists to deliver services
- Quality assurance: training, data monitoring, feedback
- Allowing adequate start-up time to develop organizational linkages, promote buy-in, and conduct training

Implementation Tools and Processes

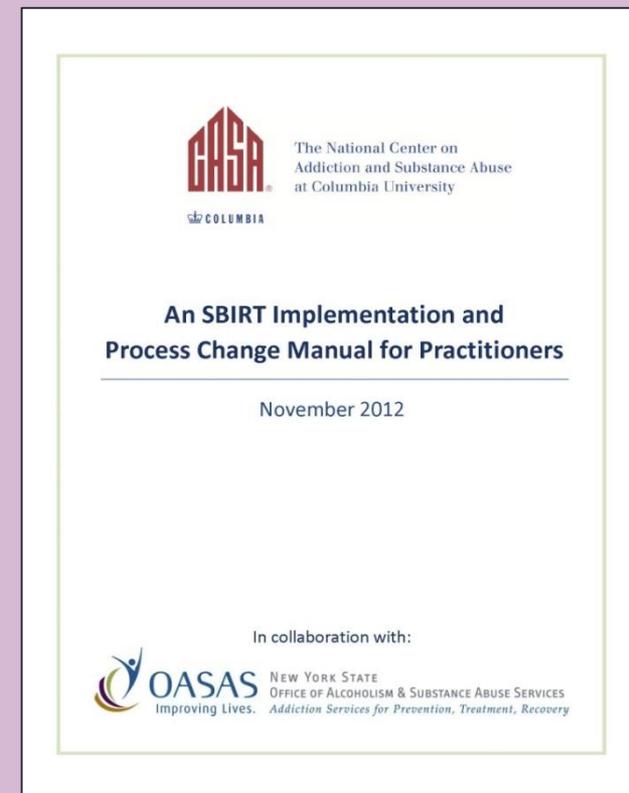
Tool 1: *Champions & Change Teams*

Tool 2: *Assessing Barriers*

Tool 3: *Getting to Know the Site*

Tool 4: *Plan, Do, Study, Act Cycles*

Tool 5: *Performance Monitoring
and Evaluation*



Sustainability

Recent evaluation of large-scale sustainability (Singh et al., 2017)

- Champions: continued need to gain buy-in via presentations, trainings, workshops, billing
- Systemic changes: intra and inter-agency relationships must be maintained
- Staffing: coordinating with other behavioral health screens, turnover, funding
- Easily modified program model and structure
- Funding: limited reimbursement levels and capitated payments; billing concerns by patients

Collaboration with LA Department of Health, Office of Behavioral Health for LA-SBIRT Implementation Grant Application

- LA-SBIRT project and the LSU Social Research and Evaluation Center staff assisted the Louisiana Department of Health, Office of Behavioral Health (OBH)
- *LA-SBIRT Implementation Project: Expanding Systems Access and the Continuum of Care (LA-SBIRT-I)*
- Targets adults (ages 18 and over) who are at risk for developing a substance use disorder (SUD)
- Those who could benefit from early intervention provided in the context of a healthcare setting
- The potential impact of the LA-SBIRT-I project on systems throughout the state is sizeable, and OBH is poised to lead a sustainable effort that will contribute meaningfully to systems-change processes that ultimately will reduce the burden of substance misuse and SUD on Louisiana residents throughout the state

LA SBIRT

Questions?



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