

Division of Mental Health & Addiction Services
wellnessrecoveryprevention

laying the foundation for healthy communities, together

NJ SBIRT Project

An Evidence-Based Approach to the
Identification, Intervention and Brief
Treatment of Substance Use Problems

DMHAS Quarterly Provider Meeting

September 19, 2013



Historically

Substance use services have been focused in two areas:

1. Primary Prevention – Strategies for delaying or preventing onset of substance use
2. Treatment – Specialized services for those who meet the abuse and dependence criteria

There was a significant gap in service systems for at-risk populations



.....enter SBIRT

Screening, Brief Intervention and Referral to
Treatment

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention services for persons at risk of developing substance use disorders.

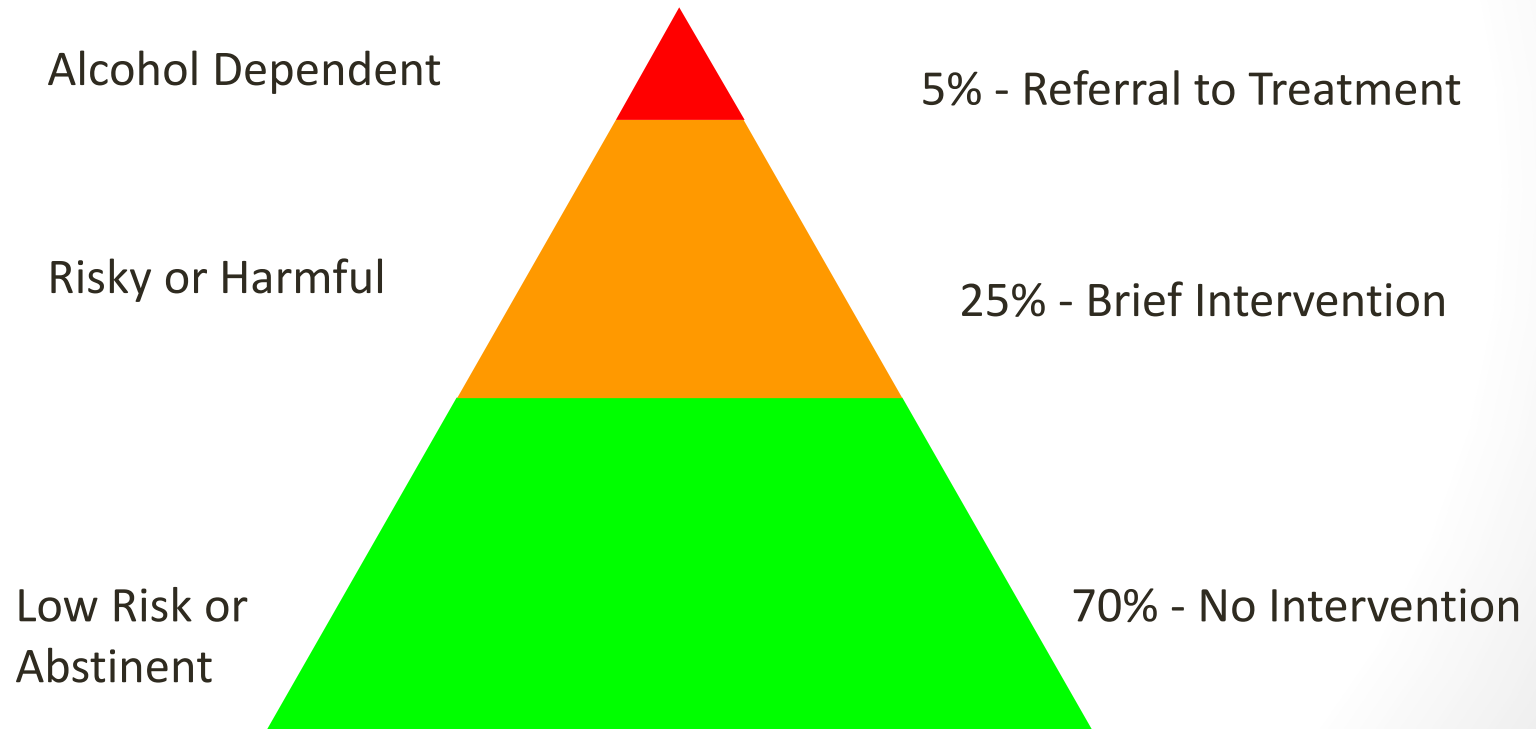


Primary Goal

SBIRT is intended to meet the public health goal of reducing the harms and societal costs associated with risky substance use.

- The primary goal of SBIRT **is not** to identify those who are dependent and need higher levels of care
- The primary goal of SBIRT **is to** identify those who are at moderate or high risk for psychosocial or health care problems related to their substance use choices


Drinking Pyramid





Why is SBIRT Important?

- Unhealthy and unsafe alcohol and drug use are major preventable public health problems resulting in more than 100,000 deaths each year.
- The costs to society are more than \$600 billion annually.
- Effects of unhealthy and unsafe alcohol and drug use have far-reaching implications for the individual, family, workplace, community, and the health care system.



Harms Related to Hazardous Alcohol and Substance Use

Increased risk for –

- Injury/Illness/Trauma
- Criminal justice involvement
- Social problems
- Mental health consequences
- Increased absenteeism and accidents in the workplace

Learning from Health Care

The health care system routinely conducts preventive screenings for chronic diseases (diabetes, hypertension, cancer)

The health care system provides preventative services prior to the onset of acute symptoms

Interventions in health care delay or preclude the development of chronic conditions

Substance Use Is



A Public Health Problem

NJ SBIRT Project

The NJ SBIRT Project is a 5 year cooperative agreement between the State of New Jersey and the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

A New Initiative for NJ

Substance use screening, brief intervention, and referral to treatment is a **systems change initiative** – requiring us to re-conceptualize how we understand substance use problems, re-define how we identify substance use problems, and re-design how we address substance use problems

The Practice of SBIRT is Not New - Broad National Support

SBIRT is an evidence based practice, supported by:

- Center for Substance Abuse Treatment
- World Health Organization
- US Preventive Services Task Force
- American Medical Association
- American College of Surgeons
- American Trauma Nurses Association
- Office of National Drug Control Policy
- The Institute of Medicine
- The Joint Commission

What Exactly is SBIRT?

- SBIRT is an evidence based practice for identifying substance use risk
- SBIRT is a public health approach, first identified as a best practice by the Institute of Medicine in 2001
- SBIRT targets persons with potentially harmful, but non-dependent substance use – providing opportunity for effective, brief interventions prior to need for specialized treatment
- As a public health practice, it's typically conducted in medical settings (hospitals, trauma centers, primary care settings)
- SBIRT is integrated care

NJ SBIRT Project

The DMHAS is in partnership with the Henry J. Austin (HJA) Federally Qualified Health Center, and the Rutgers University, School of Social Work

Henry J. Austin (HJA) Health Center

- Small-mid sized FQHC serving Greater Trenton area for over 40 years
- Largest non-hospital based ambulatory care provider in Trenton (3 primary care sites, approx. 8,750 unique adult patients)
- Leader in HIV/AIDS care
- Founding member of the Trenton Health Team (community health improvement collaborative)
- SBIRT population of focus:
 - all adult patients presenting for care (general adult medicine, women's health & ACCESS) at any of the 3 primary care sites

NJ SBIRT Project

NJ SBIRT Project fully integrates and embeds substance use *identification and early intervention* services in HJA's standard of care at its 3 primary care sites in the city of Trenton

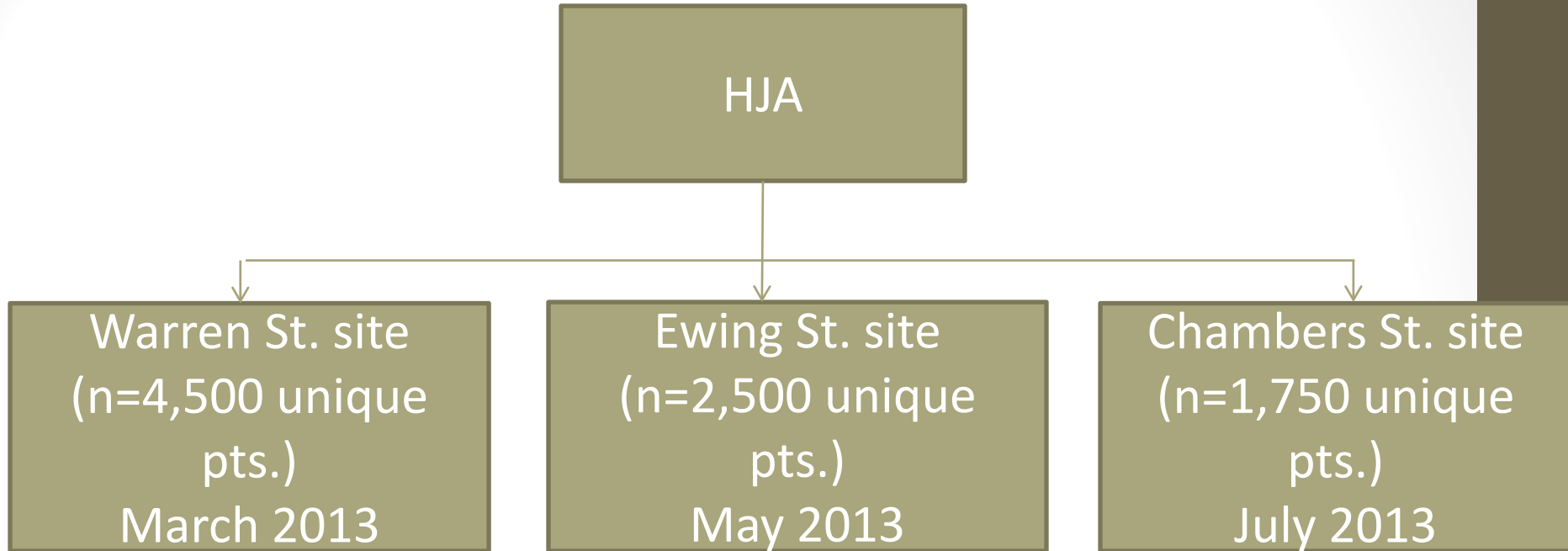
Why SBIRT in Primary Care?

Primary care is one of the most convenient points of contact for substance issues.

Many patients are more likely to discuss the subject with their family physician, than with a relative, therapist or rehab specialist.

Primary healthcare providers should inquire about their patients' alcohol and drug use, just as they ask about tobacco use and other lifestyle behaviors.

Current SBIRT Services



SBIRT Service Delivery Model

Core Components:

- Universal pre-screen
- Full Screen
- Brief Intervention
- Brief Treatment/Co-occurring screen
- Referral to Treatment/Co-occurring screen

Universal Pre-screening

- All adult medicine patients
- Quick, simple method of identifying patients' substance use risk
- AUDIT-C and NIDA Single Item Drug Use Screen
- Conducted at intake by Medical Assistants
- Results entered into EHR
- Positive pre-screens flagged for full screen follow-up
- Annual pre-screens for returning patients
- 16% of patients pre-screen positive

Full Screen

- Offered to all patients who pre-screen positive
- Standardized risk assessment tools (AUDIT and DAST-10)
- Administered by Health Educators (HEs)
- Occurs after intake or immediately following medical encounter
- Results entered into EHR
- If patient screens positive, a score-based intervention is offered (BI, BT or RT)
- GPRA data collected (web-based SBIRT module in NJ-SAMS)
- 11% of patients screen positive

Brief Intervention (BI)

- Offered to all patients at low to moderate risk
- A time-limited, face-to-face session (up to 15 min.) focused on changing behavior by increasing insight and awareness regarding substance use
- Motivational Interviewing techniques
- Time permitting, initial BI session held same day as full screen following medical encounter
- Service provided by HEs
- BI sessions documented in EHR
- GPRA data collected (web-based SBIRT module)

Brief Treatment (BT)

- Offered to all patients at moderate to high risk
- Assessed for co-occurring mental health issues using MHSF-III. Referred to in-house Behavioral Health Department
- BT is a more focused, structured approach (up to 30 min.) aimed at reducing harmful substance use
- Utilize Cognitive Behavioral Therapy and Motivational Enhancement Therapy
- Time permitting, initial BT session held same day as full screen following medical encounter
- Service provided by Therapist (minimum LCSW)
- BT sessions documented in EHR
- GPRA data collected (web-based SBIRT module)

Referral to Treatment (RT)

- Offered to all patients at high risk
- Assessed for co-occurring mental health issues using MHSF-III. Referred to in-house Behavioral Health Department
- Warm hand-off to licensed substance abuse provider within SBIRT Specialty Treatment Network
- Patient Navigation services provided
- Referral documented in EHR
- GPRA data collected (web-based SBIRT module)

Universal Pre-screen
(approx. 16% pre-screen positive)

Positive pre-screens

Full Screen

No
Risk

Low-
Moderate
Risk

Moderate to
High Risk

High-Severe
Risk

Brief
Feedback

Brief
Intervention
1 – 5 sessions

Brief
Treatment
1 – 6 sessions

Referral to
Specialty
Treatment

Patient
Navigation

Research Demonstrates Effectiveness

- A growing body of evidence about SBIRT's effectiveness – including cost-effectiveness – has demonstrated its positive outcomes
- Research shows that SBIRT is an effective way to reduce drinking and substance abuse problems

Research Shows

Brief Interventions -

- Are low cost and effective
- Are most effective among persons with less severe problems
- “Brief interventions are feasible and highly effective components of an overall public health approach to reducing alcohol misuse.”

(Whitlock et al., 2004 for US Preventive Services Task Force)

- Outcome data confirm a 40% reduction in harmful use of alcohol by those drinking at risky levels, and a 55% reduction in negative consequences

SBIRT Reduces Short and Long-Term Health Care Costs

- By intervening early, SBIRT saves lives and money
- Late-stage intervention and substance abuse treatment is expensive, and the client has often developed comorbid health conditions

In the Emerging Public Health Paradigm Service Gaps are Filled and Services Aligned

| Primary Prevention | Universal Prevention Selective Prevention Indicated Prevention |
|--------------------|--|
| Early Intervention | SBIRT and other brief interventions |
| Treatment | Evidence-based practices with recovery supports |
| Maintenance | Recovery supports, self-help, etc. |

Lessons Learned

- SBIRT is a brief and highly adaptive evidence based practice with demonstrated results
- SBIRT has been successfully implemented in diverse sites across the lifespan
- SBIRT does make a difference in the lives of people we serve

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