

SBIRT COLORADO LESSONS LEARNED

FROM EVALUATING THE STATEWIDE INITIATIVE

PREPARED BY OMNI INSTITUTE



Peer Assistance Services



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The evaluation was conducted by OMNI Institute, a non-profit social science research firm that specializes in a variety of research areas including substance use disorder prevention and treatment, and community health.

For additional information on SBIRT Colorado and links to full evaluation reports, please visit the SBIRT Colorado website:
www.ImprovingHealthColorado.org.

SBIRT COLORADO: LESSONS LEARNED

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach to identifying patients who use alcohol and other drugs at risky levels, with the goal of reducing and preventing related health consequences, disease, accidents and injuries. SBIRT is unique in that it screens for all types of substance use, not just dependencies. Each part of the SBIRT process provides information and assistance tailored to the individual patient and his or her needs. The primary goal of SBIRT is not to identify alcohol- or other drug-dependent individuals. SBIRT is intended to meet the public health goal of reducing the harms and societal costs associated with risky use. The goal of SBIRT Colorado is to improve the lives and health of Coloradans by integrating SBIRT into the standard delivery of healthcare.

Patients are assessed for levels of substance use risk using standardized screening tools. Those with risky substance use levels receive a brief intervention—a short conversation incorporating feedback, advice and goal-setting with a healthcare professional. Patients whose level of risk indicates a need for further assessment and additional services are provided with referrals to brief therapy or treatment.

This document shares key lessons learned from the evaluation of the implementation, integration and sustainability of SBIRT Colorado as routine healthcare practice in Colorado over the last four years. It also provides information about what is being learned about integrating and sustaining SBIRT as routine healthcare practice in Colorado.

SUBSTANCE USE IN COLORADO

In Colorado, SBIRT has emerged as a critical strategy for targeting the large but often overlooked population that exceeds low-risk use. Research demonstrates that intervening early with individuals at moderate risk is effective in reducing substance use, in preventing health and other related consequences, and in saving healthcare costs.

The National Survey on Drug Use and Health ranks Colorado among the top 10 states for alcohol and illicit drug use for all age groups. In 2008, Colorado was one of only three states with this ranking for both alcohol dependence and illicit drug dependence or abuse. Other research has established that Colorado has one of the highest per capita consumption rates of alcoholic beverages in the nation.¹ When compared to all other states and the District of Columbia, Colorado ranks 9th in binge alcohol use; 8th in alcohol dependence; 11th in illicit drug dependence, and second in dependence on or abuse of illicit drugs or alcohol among individuals 12 and over.² Colorado has been identified by the U.S. Drug Enforcement Agency as part of a High Intensity Drug Trafficking Area since 1996. These statistics make clear the need for substance use prevention and intervention services in Colorado.

Screening programs have repeatedly proven to be extremely cost-effective by interrupting drug-use patterns before severe addiction develops.

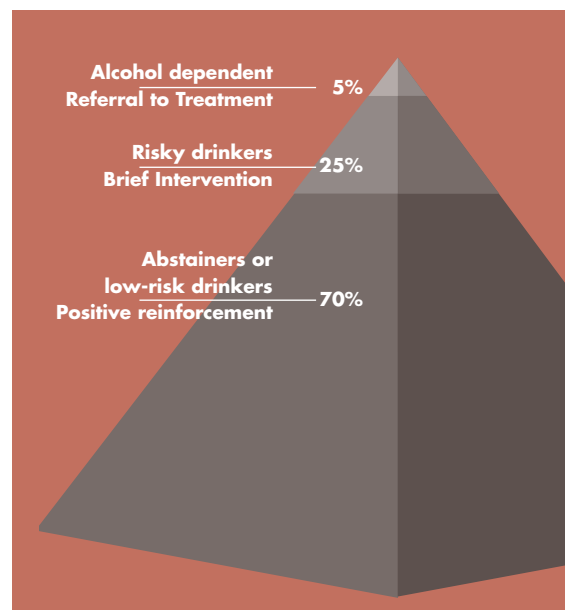
R. GIL KERLIKOWSKIE, DIRECTOR,
OFFICE OF NATIONAL DRUG CONTROL POLICY

SBIRT: PREVENTION AND EARLY INTERVENTION

SBIRT helps to identify individuals engaging in risky, nondependent substance use. Shown on the pyramid depicting alcohol consumption in the general U.S. adult population, only 5% of individuals screened are alcohol dependent, while approximately 25% engage in risky or harmful nondependent use. The high percentage of individuals engaging in risky, nondependent use is important because risky use is associated with societal costs such as motor vehicle accidents, violent outbursts, and loss of workplace productivity, as well as such health consequences as high blood pressure, increased cancer risk, anemia, and liver damage.³ The cost to society of risky, nondependent use is higher than for dependent use because of the greater number of individuals engaging in nondependent use. SBIRT provides a structured process to identify nondependent users and provides appropriate interventions and support when needed. Once a nondependent user is identified through SBIRT screening, a brief intervention using motivational interviewing techniques can increase the individual's awareness of the negative consequences of substance use and increase their motivation to change their pattern of risky use. SBIRT is designed to help individuals reduce risky substance use behaviors and thereby prevent addiction and reduce individual and societal consequences of harmful use. Although the nondependent risky user is the primary target, SBIRT is comprehensive in its approach. The low-risk or nonuser is praised for healthy choices, reinforcing positive behaviors; the nondependent user is provided a cost-effective brief intervention; and an individual with possible substance use dependence is provided resources or referrals for additional services and a brief intervention to help motivate the individual to seek more specialized help.

SBIRT NATIONALLY

A substantial body of research has been conducted assessing the efficacy of SBIRT in various settings, and the evidence favoring screening and brief intervention for alcohol in primary care settings is robust.⁴ Several influential organizations endorse SBI in healthcare. For example, the U.S. Preventive Services Task Force, an independent panel of experts in prevention and evidence-based medicine, currently recommends screening and behavioral counseling interventions in primary care settings for adults engaging in alcohol misuse⁵ (a “B” rating, the same as for cholesterol screening). In addition, the American College of Surgeons' Committee on Trauma requires that all Level I and Level II trauma centers screen patients for risky alcohol use and provide brief interventions for those who screen positive.⁶ Finally, the Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations), which accredits and certifies more than 18,000 healthcare organizations in the U.S., is exploring performance measures for SBIRT universally administered to patients for problems related



Pyramid source: Substance Abuse and Mental Health Services Administration. (2006) Results from the 2005 National Survey on Drug Use and Health: National findings Rockville (MD): Office of Applied Studies

to or exacerbated by alcohol, tobacco and other drug use, for their accreditation process.⁷ There are many resources to support effective implementation of the SBIRT approach. Several organizations provide information on SBIRT models, trainings, guidelines for implementation, toolkits and other resources (see Appendix for websites with SBIRT information and resources).

SBIRT COLORADO MODELS AND REACH

SBIRT services are currently being implemented across Colorado using multiple models. First, SBIRT Colorado sites use health educators to deliver services and collect data according to SAMHSA funding requirements. Health educators generally have experience in human services and have been trained specifically in the SBIRT model. With this model, SBIRT has been successfully integrated into diverse settings including primary care clinics, hospitals, emergency departments, a trauma center, an adult urgent care clinic, a dental clinic and a sexually transmitted infection clinic. SBIRT Colorado sites are situated in rural, frontier, and urban locations.

Second, with support from SBIRT Colorado, HealthTeamWorks promotes an approach that depends on existing staff within offices and clinics to implement SBIRT. HealthTeamWorks is a nonprofit collaborative working to redesign the healthcare delivery system and promote integrated communities of care using evidence-based medicine. HealthTeamWorks developed the SBIRT Clinical Guideline to summarize essential information and key steps of SBIRT implementation. In addition to the guideline, several supplements and training tools were developed to address frequently asked questions, strategies for implementation, and information on special topics related to SBIRT. Several of the other HealthTeamWorks guidelines point to the SBIRT guideline including prevention, preconception, depression, and hepatitis B and C guidelines. HealthTeamWorks disseminates the guidelines and provides training on implementation for primary care clinics and public health departments across the state. (See Appendix for links to the guidelines, SBIRT supplements and training tools developed by HealthTeamWorks).

SBIRT Colorado also collaborates with the Colorado Department of Public Health and Environment, utilizing Ryan White Part B funding, to expand SBIRT to clinics and AIDS service organizations that serve people living with HIV. Currently, six clinics serving HIV-positive individuals and two AIDS service organizations in Colorado have integrated SBIRT into their service delivery models.

SBIRT allows a provider
to seize the moment.
It is a natural process when
people have a chance to talk
about their substance use
where we can introduce
the possibility of change.
If we can screen and intervene
early in the continuum
we can prevent future ED visits
as well as the improve
the health of patients.

—KERRY BRODERICK, MD, EMERGENCY DEPARTMENT
ATTENDING PHYSICIAN, DENVER HEALTH MEDICAL CENTER

SBIRT COLORADO EVALUATION EFFORTS

Several activities have been conducted over the last four years to evaluate SBIRT Colorado including:

- Conducting literature reviews
- Conducting interviews and focus groups with health educators and healthcare providers to assess issues around SBIRT implementation and sustainability
- Surveying patients and providers in AIDS service organizations and clinics serving those with HIV

- Conducting key informant interviews with leaders in state agencies and other organizations dedicated to substance use disorder prevention/treatment, and the health and wellbeing of Coloradans to assess statewide integration of SBIRT activities

One out of four deaths in the U.S. is caused by problem use of an addictive substance. Isn't it time for medical professionals to give these problems

the attention they deserve?

—LARRY GENTILELLO, MD, FACS, PROFESSOR OF SURGERY AT THE UNIVERSITY OF TEXAS, SOUTHWESTERN MEDICAL SCHOOL

- Performing an in-depth study of SBIRT implementation in one primary care clinic to obtain detailed data on challenges, successes, and other factors associated with SBIRT implementation

- Administering brief follow-up calls with sites trained by HealthTeamWorks to assess SBIRT implementation and the effectiveness of their Rapid Improvement Activity (RIA) training method

- Examining Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)⁸ and Government Performance and Results Act (GPRA) data collected as part of the national initiative funded by SAMHSA.

PRESENTATION OF EVALUATION FINDINGS

The presentation of evaluation findings is divided into three parts.

- **Part I:** lessons learned derived from the analysis of patterns of risky substance use in settings implementing SBIRT as a part of the SAMHSA-funded initiative
- **Part II:** lessons learned from evaluating the impact of SBIRT Colorado on patients and providers
- **Part III:** critical factors identified for successfully integrating and sustaining SBIRT services in healthcare settings across Colorado

PART I: PATTERNS OF RISKY SUBSTANCE USE

Sites funded through SBIRT Colorado generally implement a brief pre-screen tool consisting of four questions (one on tobacco use; two on alcohol use; one on illicit substance use). If individuals screen positive on the pre-screen (i.e., answer ‘yes’ to one of the pre-screen questions), they are administered the Alcohol Smoking and Substance Involvement Screening Test (ASSIST) by health educators, who also collect data for the Government Performance and Results Act (GPRA). Since 2006, more than 92,000 individuals were screened through SBIRT Colorado as part of the national initiative. An examination of SBIRT Colorado data offers some important lessons learned.

Healthcare providers are in a position to directly impact the health and well-being of the majority of patients engaging in risky substance use. SBIRT Colorado data found that 16% of all patients screened were at risk for alcohol or illicit substance use. The recommended service delivery for most patients was a brief intervention only (11% of all patients screened scored in the moderate risk range, for which the recommended service is a brief intervention only). By administering SBIRT services and utilizing motivational interviewing techniques, healthcare providers are in a position to directly impact the health and well-being of the majority of patients engaging in risky substance use. Although it is important to have resources available for those scoring in need of additional substance use treatment or therapy (about 5% of all patients screened), this finding suggests that healthcare providers can be trained to meet the needs of the majority of individuals engaging in risky use. Rates of risky use are consistent across SBIRT projects^{9,10,11} and support the SBIRT public health approach to prevention.

Don’t forget about tobacco! In addition to screening for alcohol and illicit substances, SBIRT Colorado screens for tobacco use. Tobacco use is the leading cause of preventable death in Colorado and is associated with numerous adverse health outcomes.¹² By far, patients were more likely to screen at-risk for tobacco use than any other substance. About 34% of all patients screened at-risk for tobacco, and 23% screened at-risk for tobacco and no other substances. In every age group examined, and for both men and women, tobacco was the most common substance used. In addition, risky alcohol consumption often co-occurs with tobacco use¹³ and linking the two behaviors may result in even greater benefit to the person who receives SBIRT. In focus groups with providers serving HIV positive individuals, it was noted that SBIRT screening provided an avenue to systematically ask about tobacco use and initiate discussions that had not occurred prior to SBIRT implementation—discussions that healthcare providers believed were needed to help improve the health and well-being of their patients. As tobacco funding for prevention and intervention programs is being cut across states including Colorado,¹⁴ it is important that tobacco screening and services (e.g., referrals to QuitLine and QuitNet) are a part of the SBIRT process to serve the high percentage of patients with tobacco use.

Know your community: Patterns of use may vary across sites and across patient populations. SBIRT Colorado conducted an in-depth evaluation in one primary care clinic in a rural mountain community that serves uninsured and underinsured residents and workers in that community. Data collected from patients screened in this clinic revealed patterns of use that differed from statewide estimates. Specifically, marijuana use was much higher among patients screened in the clinic (19%) than patients screened in the statewide SBIRT Colorado data (8%) or patients screened in other SBIRT states (6%).⁹ In this clinic, 46% of all males identifying as White screened positive for risky marijuana use. The recommended service delivery method for 91% of patients scoring at-risk for marijuana use in the clinic was a brief intervention only (treatment referrals were recommended for only 9% of at-risk marijuana users). Given the relatively high rate of marijuana use in this community, ensuring that providers and other clinic staff are well aware of the health risks of marijuana use and that staff are trained on how to conduct effective brief interventions for marijuana would help this clinic to meet a significant need in the community. Understanding patterns of substance use in any given community and the general needs of

those substance users can help healthcare organizations ensure that staff members are trained and services are available for their specific community needs. To better understand substance use patterns of patients of a healthcare organization as a whole, it is recommended that screening data be collected in such a way that rates of use can be easily calculated and monitored over time.

Understanding patterns of substance use in any given community and the general needs of those substance users can help healthcare organizations ensure that staff members are trained and services are available for their specific community needs.

Know your community, but implement universal screening.

Understanding rates and general patterns of substance use in specific communities is important to ensure that service delivery resources meet community needs, and that staff are prepared to respond to the specific needs within the community. Patterns of risk, however, do not provide information about which individuals are engaging in risky use. Interview and focus group data revealed that patients' responses on screening questions about their use often did not match providers'

expectations of use: providers' initial perceptions of individual patients did not always enable them to effectively identify those at risk. Universal screening helped providers rethink their stereotyping and they reported often being surprised by the number of times the results were different from their assumptions.

PART II: SBIRT IMPACT

Substantial research has been conducted on SBIRT over the last few decades and most research findings favor the practice. The evidence-base for SBI for risky alcohol use in primary care has been well established.^{15,4} There is some discussion among SBIRT researchers on whether the evidence-base for SBI is strong enough to recommend for illicit drug use and in settings outside of primary care (Saitz¹⁶ and commentaries from Gentilello and Goplerud¹⁷ and Madras¹⁸). Thus, it has been recommended that additional research activities focus on the efficacy of SBIRT in these areas.¹⁹ The following lessons learned come from evaluating the impact of the SBIRT Colorado initiative using data collected from a random sample of patients interviewed approximately six months after screening, as well as from interviews and focus groups with healthcare providers and leaders in state agencies and organizations dedicated to promoting the health and well-being of Colorado citizens.

Patients in Colorado reduced their substance use after receiving SBIRT services. Analysis of six month SBIRT Colorado follow-up data from a random sample of patients engaging in risky use at intake indicated significant decreases in days using alcohol, binge-drinking episodes (more than 5 drinks in one setting), marijuana use, and other illicit substance use. Reductions in use were generally found for all subgroups examined: for patients in rural and urban locations; for patients screened in clinics and in hospital settings; for males and females; for patients identifying as White or Hispanic (there were too few patients of other ethnicities to examine); for patients of different age groups; and for patients of varying levels of risky use at intake. Similar reductions in use after receiving SBIRT services have been found in other SAMHSA-funded initiatives.^{9,10} The evaluation design for SBIRT Colorado and the other SAMHSA-funded projects, however, did not allow for comparisons in reductions in use to patients who needed but did not receive services. Specifically, it could not be ascertained whether reductions in risky substance use would have been seen in the absence of receiving SBIRT services or whether they were due to bias associated with the follow-up sample. Nevertheless, a systematic review of studies on the impact of brief interventions for alcohol use reported that individuals receiving good quality brief interventions reduced their alcohol use more than controls approximately 6 to 12 months later.⁴

Providers identified improved quality of care as the primary motivator of participating in SBIRT. Interviews and focus groups with staff in one primary care clinic indicated that improved quality of care was one of the greatest successes of SBIRT. Healthcare providers indicated that patients received better care because providers had a more complete picture of the patient and were able to provide more accurate diagnoses, treatment, and services. Providers believed that SBIRT services positively influenced patients' behaviors, and not only those with substance dependency issues. In addition, primary care providers implementing SBIRT

after receiving training from HealthTeamWorks indicated that when providers recognized the association between alcohol misuse and common health problems (e.g., poorly controlled diabetes, depression, hypertension, weight loss, GI problems) and the interaction of substance use with many prescription and over-the-counter medications, SBIRT implementation was more likely to be successful. Thus, educating healthcare providers on the research-base of SBIRT and the public health, preventive approach of SBIRT appears to increase the likelihood of successful integration of SBIRT into healthcare practice.

Patients were appreciative of, rather than resistant to, the SBIRT process. Follow-up interviews with patients about six months after receiving SBIRT services indicated that the majority of patients remembered their interaction with the health educator, thought SBIRT services were informative, and believed that SBIRT raised their awareness

about the health consequences of drug and alcohol use. In addition, over 90% of surveyed patients receiving SBIRT in HIV clinics and AIDS service organizations responded that they were treated with respect when asked screening questions, were glad that they had been asked the questions, were comfortable discussing their substance use, and agreed that others would benefit by discussing substance use with site staff. A study set in sexually transmitted infection clinics assessing patient satisfaction with SBIRT similarly found that over three-fourths of patients viewed the information as useful and beneficial.²⁰

SBIRT is changing perceptions about substance use and its place in healthcare. Leaders in state agencies and organizations dedicated to the health and well-being of Colorado citizens remarked on the positive impact of SBIRT in healthcare settings and as a means to further

the integration of behavioral and primary health in Colorado. Specifically, SBIRT Colorado was noted as providing a standardized, evidenced-based method to intervene before the point of addiction, bringing a new group of risky, non-dependent users to the forefront in primary care. SBIRT has helped destigmatize substance use in primary care settings and shown that most individuals who screen positive are not alcoholics or dependent users and can be helped in the primary care context. This finding is critical because it has enhanced awareness of a primary preventable health issue—substance use, which has not historically been recognized in healthcare. Some agency officials noted that before SBIRT there were generally low rates of detection of substance use issues in primary healthcare, and SBIRT has helped raise awareness that substance misuse is a public health issue.

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PART III: CRITICAL FACTORS FOR SUSTAINING SBIRT IN COLORADO

To identify factors that promote successful integration and sustainability of SBIRT in healthcare settings in Colorado, information was collected from various staff members of sites implementing SBIRT. Data were collected using three methodologies: focus groups; key informant interviews; and SBIRT Colorado site sustainability plans in which grant-funded sites describe their plans for sustaining SBIRT after the cessation of grant funding. Hospital and clinic sites in urban and rural settings were represented. In addition, data from key informant interviews with agency leaders dedicated to healthcare and substance use prevention/treatment were examined. Critical factors that were identified through these evaluation efforts are summarized. Some of these factors have also been found through other research, supporting their validity across settings.^{3,21,22}

Staff support for SBIRT is critical for successful implementation. Staff indicated that obtaining buy-in at all levels of the organization was critical for successful SBIRT implementation. Barriers were encountered when some staff members and providers were not knowledgeable or supportive of SBIRT, when an SBIRT champion was not “on board,” and when upper level management was not supportive of the approach. Conducting more education, training, and outreach with providers, staff, management, and the broader community about the purpose, effectiveness, and evidence supporting the SBIRT approach can help increase staff understanding and support. In addition, when initially skeptical staff members begin to see the impact of SBIRT through their own personal experiences, they often increase their sponsorship of SBIRT, suggesting that it may take time to build staff support.

Establishing clear protocols for clinic flow to reduce demands on staff will help eliminate confusion and strengthen sustainability. Across healthcare sites in Colorado, the staff responsible for administering each component of the SBIRT model varies widely. For example, in some sites, health educators conduct screenings, brief interventions, and provide referrals. In other sites, medical assistants conduct screenings, while nurses or other medical providers conduct brief interventions. In general, brief screens are conducted during intake/admissions procedures and further screening/assessments, brief interventions, and referrals are provided during patient appointments. Although SBIRT can be successfully implemented with fidelity using different models, staff indicated that it is critical that sites establish clear protocols for its integration into clinic flow. Focus group and interview data reveal that when first implementing SBIRT, staff often felt that they did not have time to conduct screening and assessment activities; that it did not fit neatly into existing clinic flow and practices; and there was concern that staff might not be available to provide adequate internal oversight to ensure that the process was running smoothly. Creating concrete protocols around screening, integrating screening questions into electronic medical records, clearly allotting time for SBIRT in clinic flow, and ensuring that all staff members are aware of the protocols and their specific roles will help to eliminate confusion and increase chances of successful integration. In addition, using brief validated screening tools and having quick access to referral resources is suggested to help reduce staff burden.

Adequate referral systems and resources are needed for providers to ask the questions. The referral process was often noted as a barrier to SBIRT implementation. Healthcare providers were concerned about limited availability of alcohol and drug treatment providers accepting referrals, limited treatment options that met specific patient needs, and long wait lists for alcohol or drug treatment services. These concerns were especially noted in rural locations and in sites serving HIV positive individuals. Healthcare providers were hesitant to implement SBIRT when they believed that treatment services could not meet the needs of their patients. In places where treatment services and resources are notably lacking, system-level improvements to meet community needs are critical. Nevertheless, the following were identified as efforts that could help improve the referral process: 1) Developing geographically specific resources (websites, brochures, etc.) with information about providers accepting referrals; 2) Conducting more relationship-building/outreach with treatment providers and other community resources to enhance their willingness to accept referrals; 3) Identifying intermediary service providers that offer transitional support to clients while they wait for admission to treatment; 4) Developing or using web-based systems that provide quick, easy, up-to-date resource and referral information; and 5) Creating standard printable referral forms.

The importance of identifying champions to keep educating and moving SBIRT forward was highlighted as critical for sustaining success.

Planning for trainings is recommended for successful long-term sustainability. Sites recognized the need for on-going training and education for individuals responsible for sustaining the SBIRT model, including both providers and support staff. The primary goals of training and education were to raise awareness of and commitment to the SBIRT approach and to enhance the quality of the program. The following on-going trainings were identified for successful implementation: 1) General education around SBIRT (model components, program logic); 2) Motivational interviewing as a technique; and 3) How to conduct effective brief interventions. Trainings that promote fidelity to the SBIRT model were noted by leaders in the state as critical to ensure the program is being implemented according to the evidence-base. Individuals described the importance of having a sustainable training model that both integrates SBIRT training in the academic preparation of healthcare providers, and emphasizes that motivational interviewing techniques can be used for issues outside of substance use.

Continuing to spread the word about SBIRT will help garner support and promote sustainability. SBIRT Colorado has worked hard to disseminate information about the SBIRT model and its demonstrated efficacy. Interview respondents noted the positive work conducted to date to build recognition and develop partnerships across government, primary care, behavioral health, and other organizations. However, it was also noted that it is important to continue to build on these existing relationships, continue to demonstrate program impact, continue to educate on the benefits of early intervention, and to engage new partners. Some of the challenges noted in this

area were that SBIRT supporters tend to be a small core group that may find getting their voices heard in the larger healthcare debates difficult; despite progress, there continues to be a lack of recognition in the primary health arena that substance use is a public health concern; and there is still a need for education and collaboration across primary care and behavioral health. The importance of identifying champions to keep educating and moving SBIRT forward was highlighted as critical for sustaining success.

Funding remains a challenge for sustainability. Funding was frequently identified as a challenge for ongoing sustainability of SBIRT services in Colorado. Budget cuts in state government and an under-funded healthcare system in Colorado were noted as clear barriers to obtaining funding for SBIRT. Some of the individuals interviewed would like to see funding to continue the health educator or patient navigator model of SBIRT, while others mentioned expanding the pool of providers who are trained in brief intervention techniques. Funding possibilities include leveraging discretionary SAMHSA grants for Federally Qualified Healthcare Centers and Medicaid dollars via healthcare reform. Other ideas were also identified: moving beyond public funding and proving the case to private insurance companies; looking for opportunities from private foundations focused on community health issues; and seeking to integrate SBIRT training into existing training systems.

Healthcare reform provides an opportunity for SBIRT. Interviewees noted the opportunities for SBIRT in healthcare reform through the law's emphasis on preventive care and wellness and its focus on the integration of primary and behavioral health. Medicaid in Colorado may be moving towards a care management structure and screening tools like SBIRT can help support case managers. Healthcare reform will expand Medicaid and insurance that can help fund services that were previously unavailable to many patients. SBIRT can be promoted as a cost-effective service that improves health outcomes.

SUMMARY

Since 2006, health educators in SBIRT Colorado sites have provided substance use screenings to more than 92,000 individuals. On average, more than 500 individuals are screened each week. In addition, HealthTeamWorks and SBIRT Colorado have trained primary care practices, local health departments, clinics and AIDS service organizations serving HIV positive individuals, employee assistance programs, and other healthcare organizations in SBIRT protocols and practices, expanding its reach throughout the state. The evaluation of SBIRT Colorado was designed to 1) provide information on patterns of substance use behaviors in healthcare settings, 2) provide data on the impact of SBIRT services on patients, providers, and communities, and 3) identify critical factors for sustaining SBIRT as a standard of healthcare in Colorado. This publication presented some of the key lessons learned from our evaluation efforts, many of which mirror what has been found in the literature to date. It is hoped that this information will prove useful for decision makers and staff of state government and healthcare organizations seeking to implement SBIRT or to sustain and expand its implementation.

APPENDIX

www.ImprovingHealthColorado.org
www.JoinYogether.org
www.sbirtTraining.com
www.EnsuringSolutions.org
www.cdc.gov
www.who.int/substance_abuse/en/
www.rethinkingdrinking.niaaa.nih.gov
www.alcoholscreening.org
www.HealthTeamWorks.org

HEALTHTEAMWORKS SBIRT GUIDELINE AND RESOURCES

www.HealthTeamWorks.org/guidelines/sbirt.asp

- Fetal Alcohol Spectrum Disorder Supplement
- Strategies for Implementing SBIRT in Clinical Practices
- Frequently Asked Questions by Healthcare Providers
- Medications for Alcohol and Substance Use Disorders
- Diagnostic Criteria for Substance Abuse and Substance Dependence
- Resources for Healthcare Providers
- CRAFFT Toolkit
- Brief Conversations Using Motivational Interviewing Techniques for the Primary Care Provider
- Descriptions of Brief Intervention and Brief Therapy
- Sample Brief Intervention
- AUDIT (Alcohol Use Disorders Identification Test)
- AUDIT, Spanish (Alcohol Use Disorders Identification Test)
- DAST-10® (Drug Abuse Screening Test)
- Online SBIRT (Screening Brief Intervention Referral to Treatment) and Tobacco Training Module

Other HealthTeamWorks guidelines that point to the SBIRT guideline:

- General Preventive Services for the General and Targeted Populations Guideline
- Preconception and Interconception Care Guideline
- Hepatitis B and C Guideline
- Depression in Adults: Diagnosis and Treatment Guideline

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SBIRT Colorado is a statewide initiative of the Office of the Governor

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Managed and implemented by Peer Assistance Services, Inc.

Our mission is to motivate Coloradans

to make changes to improve their health and life

through universal screening and

early substance use intervention.

2170 South Parker Road, #229 | Denver, Colorado 80231

tel 303.369.0039 | toll-free 1.866.369.0039

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