

# **SBIRT for Education & Faith-Based Settings**

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# Objectives

- **Define important components of SBIRT**
- **Identification of screening tools commonly used when conducting SBIRT**
- **Benefits and challenges of implementing SBIRT**
- **Identify pro/challenges of SBIRT**
- **Provide available SBIRT resources**

# Major Public Health Crisis

- **Misuse**

- **Abuse**

- **Addiction**

- **Overdose**

- **Death**



- **Enormous public health problem**

- **Threat to public health and safety**

- **Productive life lost**

- **Prolonged/Permanent disability**

# Education Settings

- Underage drinking and drug use has an enormous toll on the intellectual and social lives of students
- Alcohol poisoning
- Injury
- Unsafe sex
- Sexual assault
- Academic problems
- Legal
- Experimentation with multiple substances

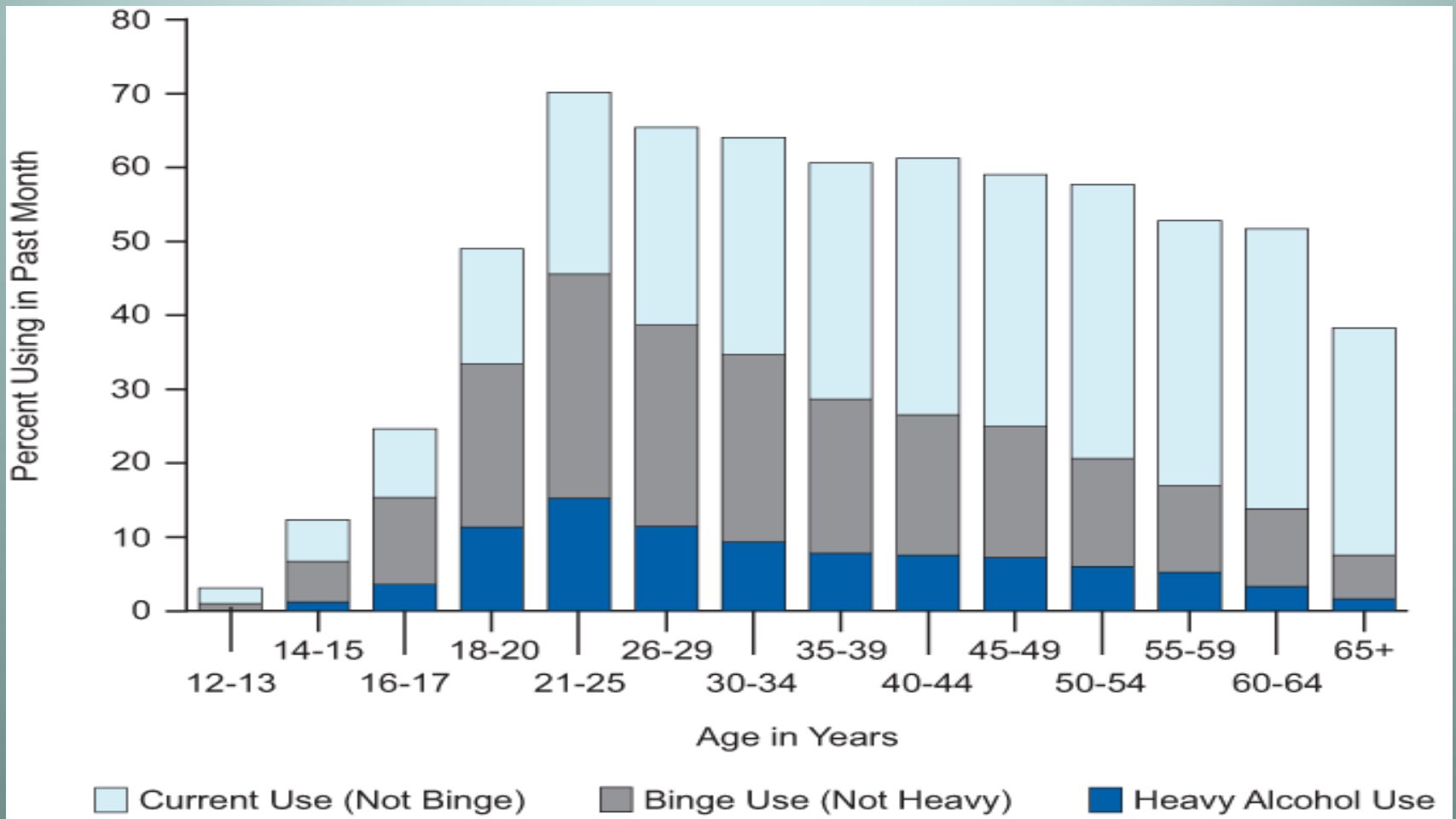
# Faith Based Settings

- People at with or at risk for substance use disorders (SUD) have an opportunity to live rich and rewarding lives. The engagement of the faith community is an integral part of that effort, particularly at the local level
- SUD is a barrier to the spirituality and ability to achieve recovery
  - Marital conflict
  - Family violence
  - Health problems
  - Suicide
  - Legal
  - Homelessness
  - Child neglect

# Epidemiology of Substance Use

(National Study of Drug Use Health)

# Current, Binge, and Heavy Alcohol Use among Persons Aged 12 or Older, by Age: 2010



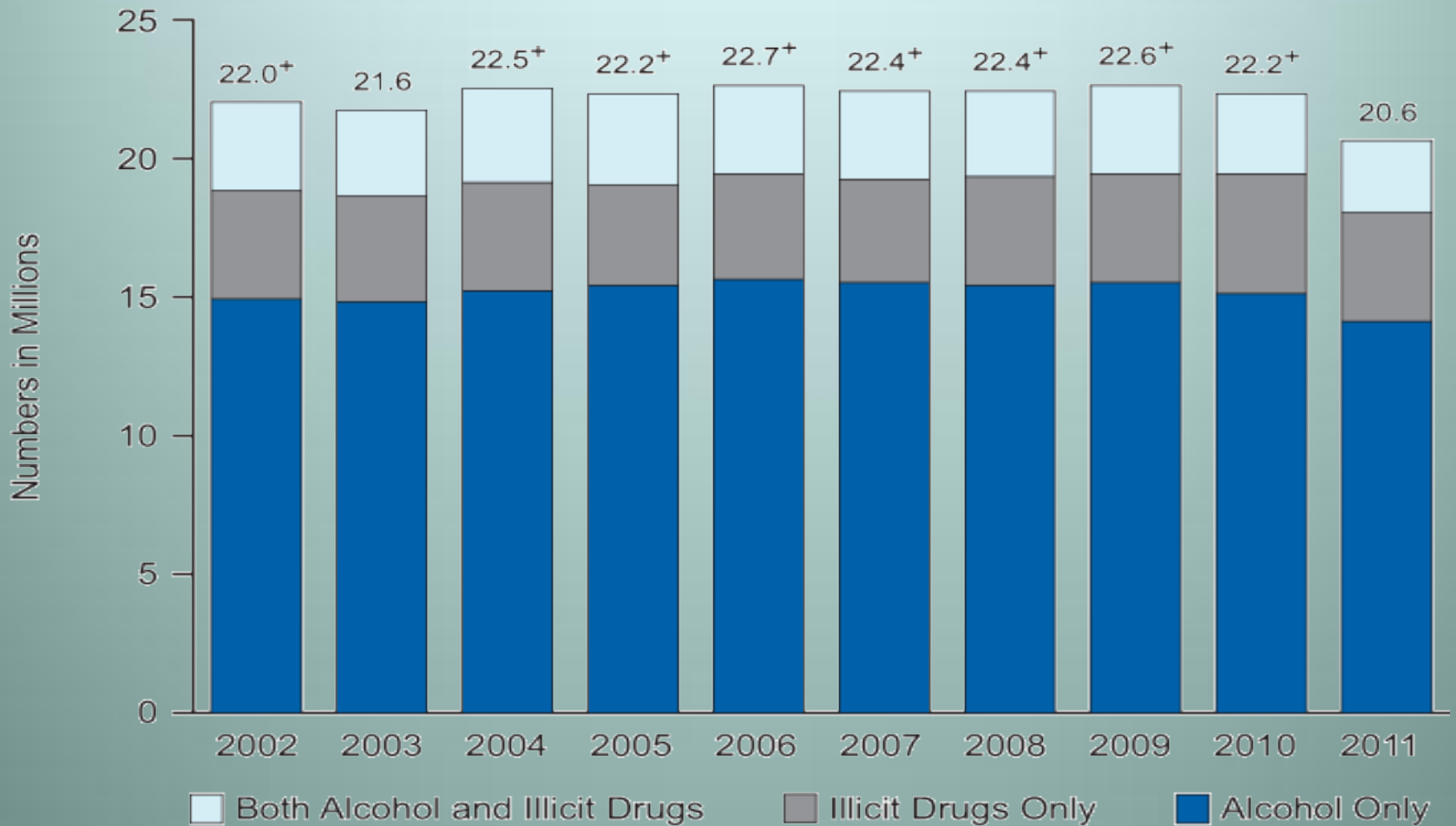
# Binge Drinking



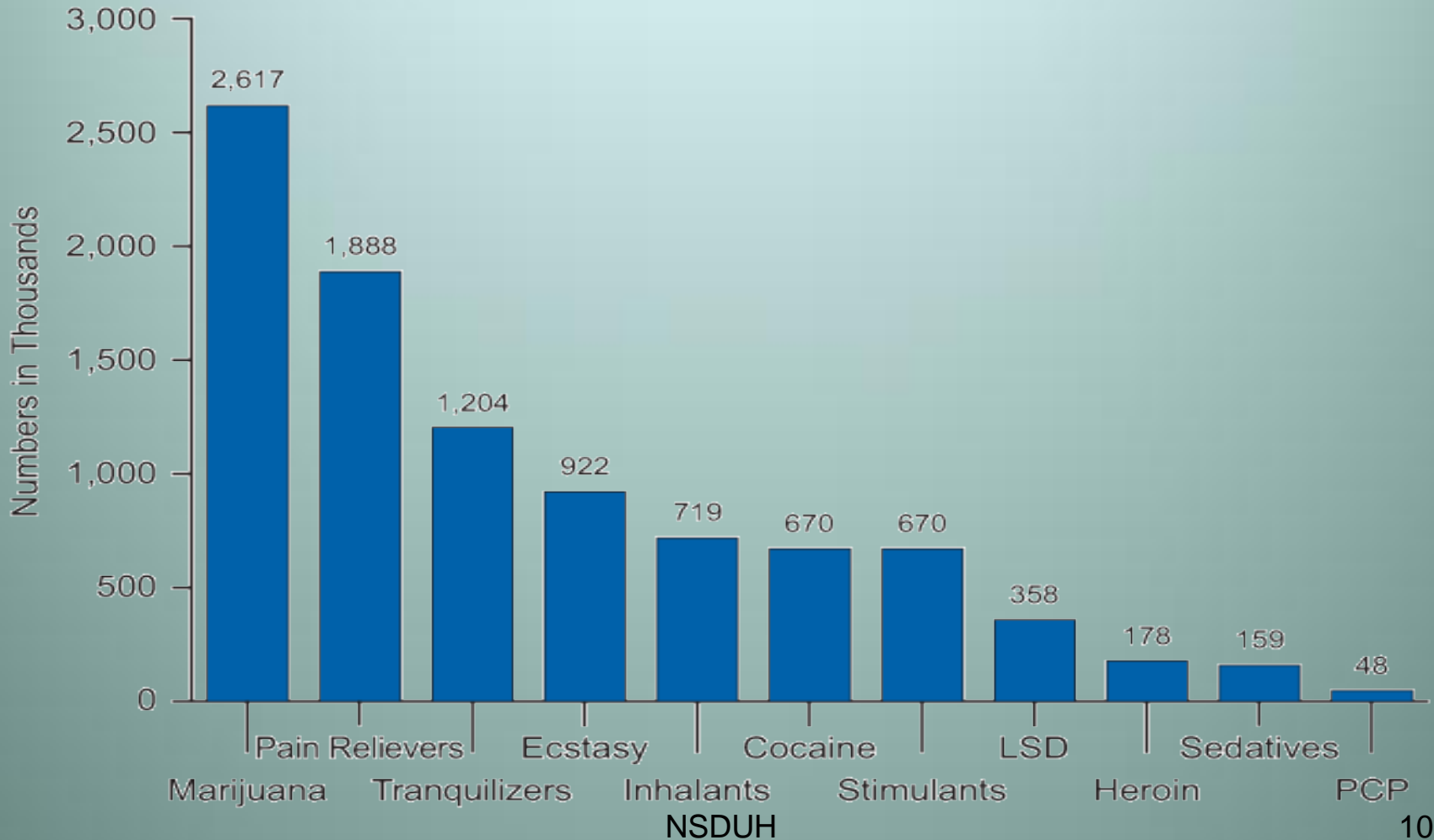
- A “binge” is a pattern of drinking alcohol that:
  - Brings blood alcohol concentration (BAC) to 0.08 or above
  - **Typical adult**, this pattern corresponds to consuming alcohol within 2 hours
    - 5 or more drinks (male)
    - 4 or more drinks (female)
  - Binge drinking is clearly dangerous for the drinker and society



# Substance Dependence or Abuse in the Past Year among Persons Aged 12 or Older: 2002-2011

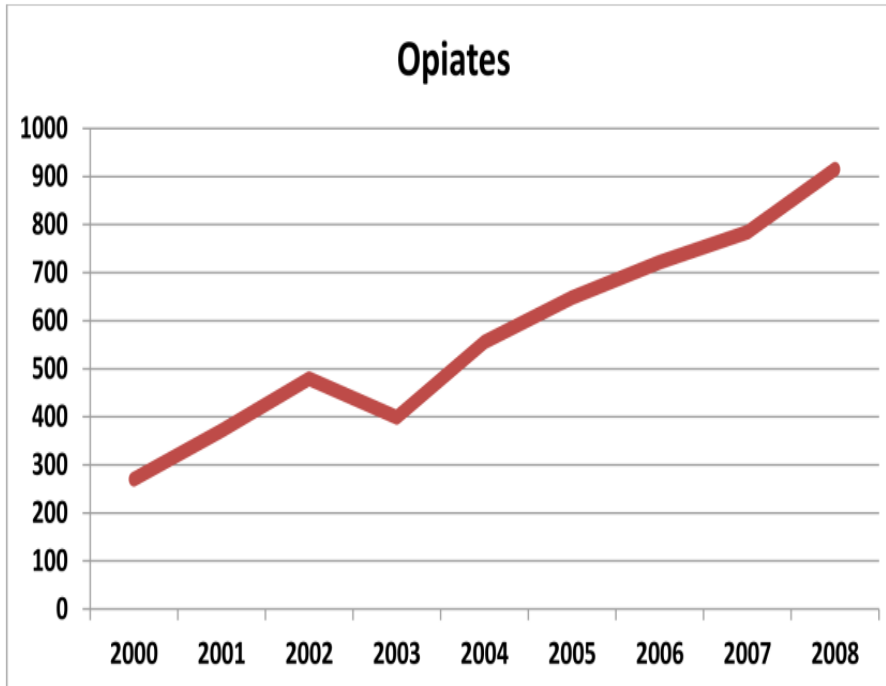


# Past Year Initiates of Specific Illicit Drugs among Persons Aged 12 or Older: 2011



NUMBER OF DEATHS BY SPECIFIC DRUGS MENTIONED ON DEATH CERTIFICATES

Specific Drugs	2000	2001	2002	2003	2004	2005	2006	2007	2008
Opiates+	270	371	479	399	556	648	722	784	915



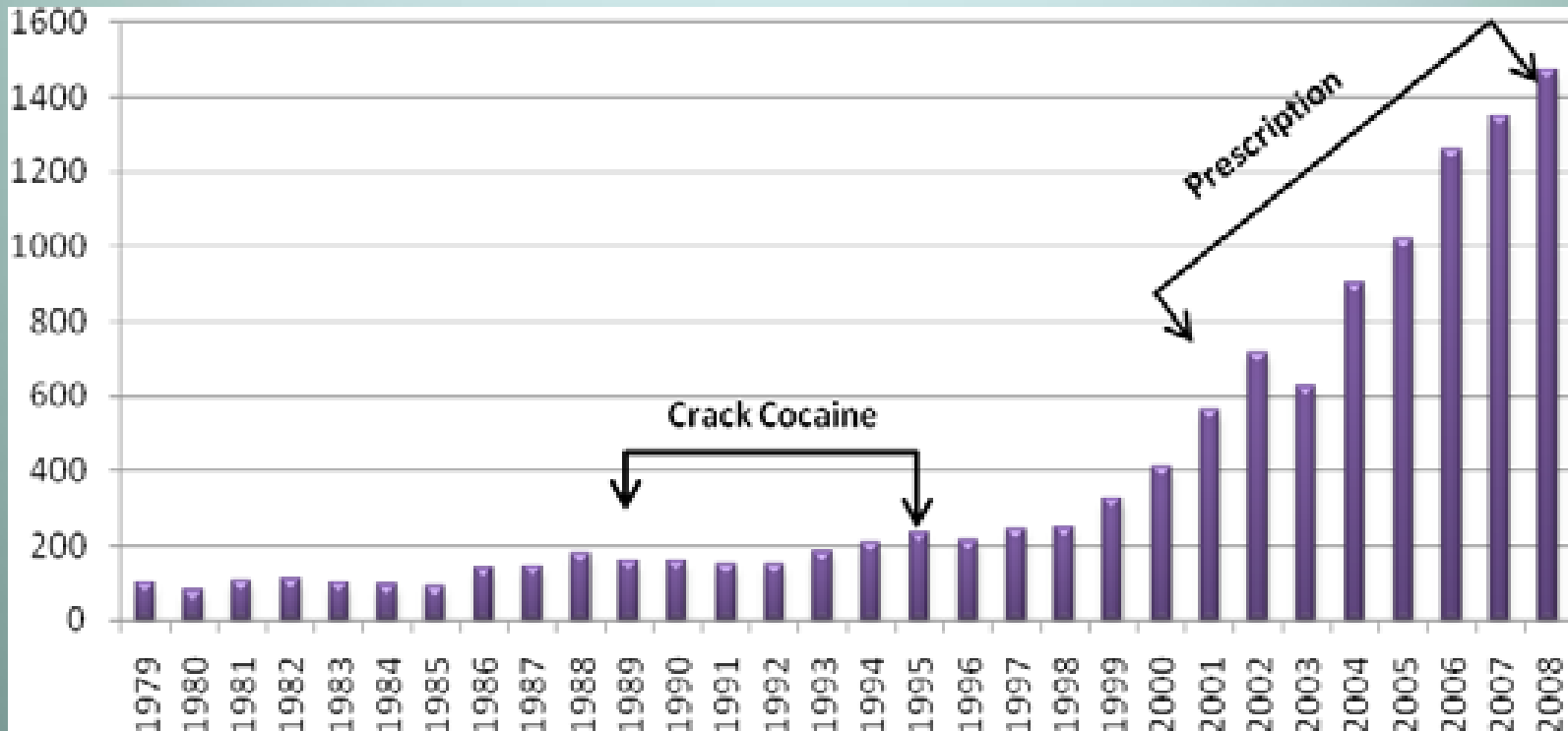
+ Opiates group includes heroin, other opioids, methadone, other synthetic narcotics, other narcotics and psychodysleptics

Source: Ohio Department of Health: Center for Public Health Statistics and Informatics

- More than a 300% increase in overdose deaths where opiates are listed on death certificates from 2000-2008

*Source: Ohio Department of Health*

# Epidemics of unintentional drug overdoses in Ohio, 1979-2008 <sup>12,13,14</sup>

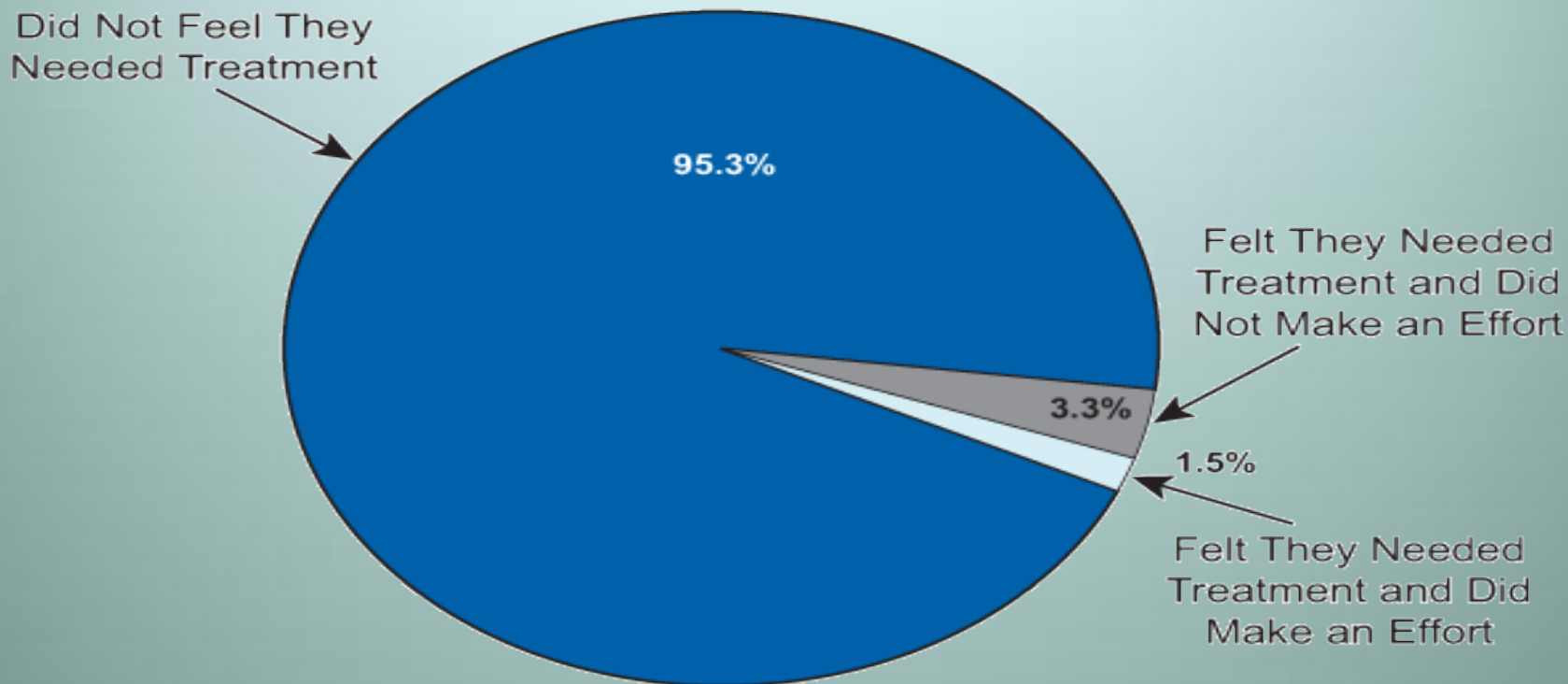


<sup>12</sup> WONDER (NCHS Compressed Mortality File, 1979-1998 & 1999-2005).

<sup>13</sup> Ohio Department of Health, Office of Vital Statistics, Analysis by Injury Prevention Program.

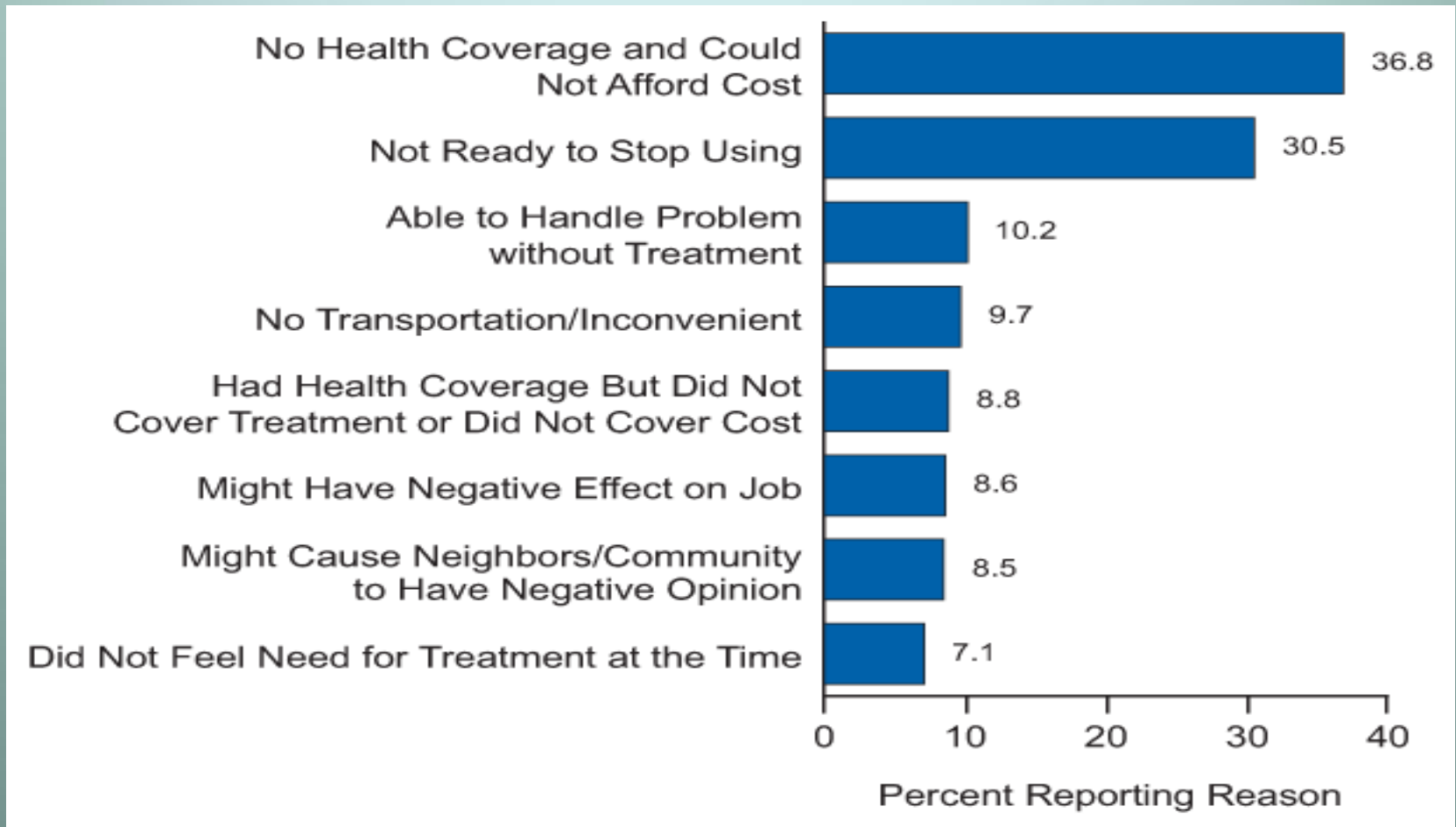
<sup>14</sup> Change from ICD-9 to ICD-10 coding in 1999 (caution in comparing before and after 1998 and 1999).

# Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2011



19.3 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

# 2006-2009: Reasons for Not Receiving Substance Use Treatment



A group of diverse individuals, including men and women of various ages, are seated in a circle on chairs. They appear to be in a supportive or therapeutic setting, possibly a support group or a community meeting. The background is slightly blurred, focusing attention on the group.

# Stigma and Discrimination

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The stigma associated with addiction is one of the greatest challenges to recovery. Each year only 10 percent of Americans who need alcohol and drug treatment get the help they need. Yet with treatment and support, people with addiction can lead productive lives.





# SBIRT

- Screening
- Brief Intervention
- Referral
- Treatment
- Comprehensive, integrated, public health approach to the identification, early intervention and treatment services for persons with substance use disorders, as well as those who are at risk developing these disorders

# Goals of SBIRT

## SCREEN

Quickly Assess

Identifies the appropriate treatment

## BRIEF INTERVENTION

Increasing insight & awareness

Explore motivation to change

## REFERRAL TO TREATMENT

Access specialty care for those patients identified as needing extensive treatment

# SBIRT Cost Savings

## Wisconsin Studies:

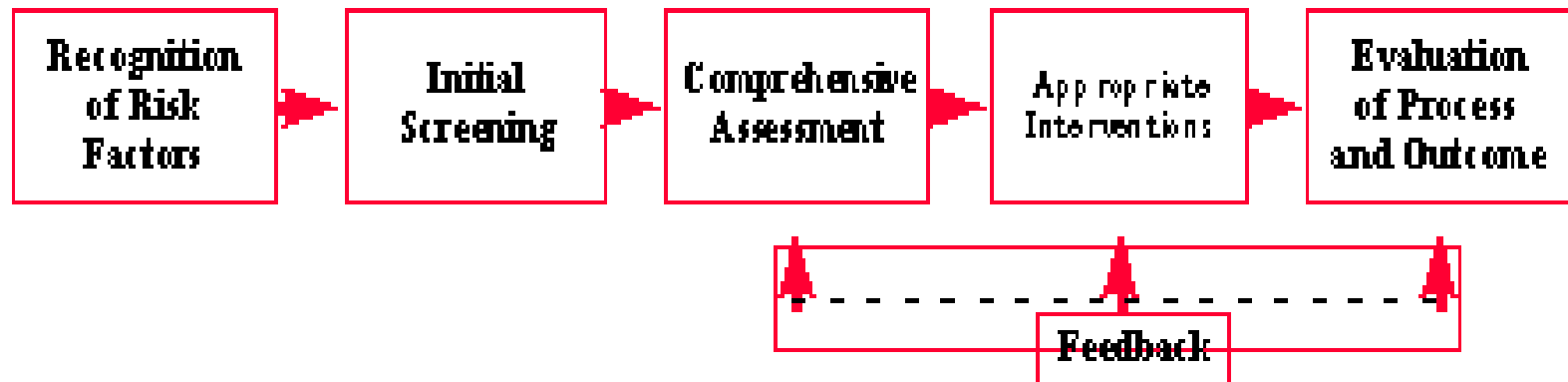
- **Reduction in Hospital costs, ED visits, & associated costs resulted in \$1000/person** screened
- **Saved \$4 in ED costs for every \$1 invested** in SBIRT screening and brief intervention
- ED saw **50% reduction** in recurrent alcohol-related injuries.

## Washington State study:

- **Reduction in Medicaid expenditures \$185/month/pt** who received SBIRT screening and brief intervention

Figure 4-A

## COMPREHENSIVE ASSESSMENT PROCESS



# Evolution of SBIRT In Trauma Centers

- **2002** - Conference Planning Committee
- **May 28-30, 2003** - 1<sup>st</sup> Conference  
“Alcohol Problems Among Hospitalized Trauma Patients”
- **2005** – Journal of Trauma publication  
“Alcohol and Other Drug Problems Among Hospitalized Trauma Patients”
- **2006** – ACS Resources For Optimal Care Of The Injured Patient

# Settings/Locations

- Primary Care Centers

“These settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur” (SAMHSA)

- Hospitals

- Trauma Centers

- Other Community Settings

# Multidisciplinary Approach



# Substance Abuse Advisory Committee

- Addictionologist
- Substance Abuse Coordinator
- Substance Abuse Counselor
- Customer Service Manager
- OB/GYN
- Trauma Educator
- Spine Educator
- Pain Management NP



# SCREENING

# Universal



Because drug and alcohol use affects your health, we need to ask everyone about their use. We do this in order to provide you the best care possible. And that's why we ask - everyone.

WE ASK EVERYONE.



WISBIARD  
AN OFFICE OF WISCONSIN  
J. SAMPSON

# Screening Basics

- Screening ≠ Assessment/Diagnosis
- Screening → assessment/diagnosis **if** criteria is met
- Opportunity for prevention efforts
- To provide more intensive services where specifically needed

# DRINKING LIMITS FOR HEALTHY ADULTS (MAXIMUM)

## Men up to age 65

- No more than 4 drinks (**recommend 2**) in a day
- No more than 14 drinks in a week

## Women (and healthy men over age 65)

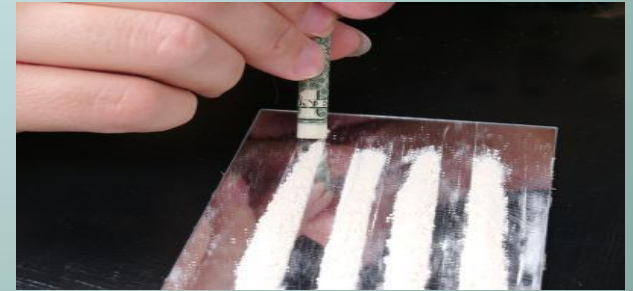
- no more than 3 drinks (**recommend 1**) in a day
  - No more than 7 drinks in a week
- Depending on health status, physician may advise to drink less or abstain

# TYPE & METHOD OF SUBSTANCE USE

- ORAL



- NASAL



- SMOKE



- IV



# **DSM IV-TR Substance Use Disorders**

- **Substance Intoxication**
- **Substance Withdrawal**
- **Substance Abuse**
- **Substance Dependence**

# SUBSTANCE ABUSE

- FAILURE TO FULFILL IMPORTANT ROLES
  - PARENT
  - SPOUSE
  - COWORKER
- REPEATED USE DESPITE
  - PHYSICAL DANGERS
  - LEGAL PROBLEMS
  - SOCIAL/INTERPERSONAL PROBLEMS

# SUBSTANCE DEPENDENCE

- TOLERANCE
- WITHDRAWAL
- AMOUNT/DURATION
- ATTEMPTS TO CONTROL USE
- OBTAIN/CONSUMPTION
- REDUCTION IN ACTIVITIES
- MEDICAL/MENTAL HEALTH WARNINGS IGNORED



# **Factors to Consider**

# Identification of Risk Factors

- Alcohol & Drug Labs
- Clinical indications (biomarkers)
- ER documentation
- H&P documentation
- Consultation Note
- Nursing Triage/Admission Assessment
- Quick Screen
- OARRS Report
- Purpose for referral
- Family/Friend concerns

<b>Men</b>									
	Approximate Blood Alcohol Percentage								
Drinks	Body Weight in Pounds								
	100	120	140	160	180	200	220	240	
0	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
1	.04	.03	.03	.02	.02	.02	.02	.02	Impairment Begins
2	.08	.06	.05	.05	.04	.04	.03	.03	Driving Skills Affected
3	.11	.09	.08	.07	.06	.06	.05	.05	
4	.15	.12	.11	.09	.08	.08	.07	.06	Possible Criminal Penalties
5	.19	.16	.13	.12	.11	.09	.09	.08	
6	.23	.19	.16	.14	.13	.11	.10	.09	Legally Intoxicated
7	.26	.22	.19	.16	.15	.13	.12	.11	
8	.30	.25	.21	.19	.17	.15	.14	.13	Criminal Penalties
9	.34	.28	.24	.21	.19	.17	.15	.14	
10	.38	.31	.27	.23	.21	.19	.17	.16	

Your body can get rid of one drink per hour.  
One drink is 1.5 oz. of 80 proof liquor, 12 oz. of beer, or 5 oz. of table wine.

<b>Women</b>										
	Approximate Blood Alcohol Percentage									
Drinks	Body Weight in Pounds									
	90	100	120	140	160	180	200	220	240	
0	.00	.00	.00	.00	.00	.00	.00	.00	.00	Only Safe Driving Limit
1	.05	.05	.04	.03	.03	.03	.02	.02	.02	Impairment Begins
2	.10	.09	.08	.07	.06	.05	.05	.04	.04	Driving Skills Affected
3	.15	.14	.11	.10	.09	.08	.07	.06	.06	
4	.20	.18	.15	.13	.11	.10	.09	.08	.08	Possible Criminal Penalties
5	.25	.23	.19	.16	.14	.13	.11	.10	.09	
6	.30	.27	.23	.19	.17	.15	.14	.12	.11	Legally Intoxicated
7	.35	.32	.27	.23	.20	.18	.16	.14	.13	
8	.40	.36	.30	.26	.23	.20	.18	.17	.15	Criminal Penalties
9	.45	.41	.34	.29	.26	.23	.20	.19	.17	
10	.51	.45	.38	.32	.28	.25	.23	.21	.19	

Your body can get rid of one drink per hour.  
One drink is 1.25 oz. of 80 proof liquor, 12 oz. of beer, or 5 oz. of table wine.

## What do these numbers mean?

Blood Alcohol  
Concentration

0.01 — 0.06

Changes in Feelings  
and Personality

Relaxation  
Sense of Wellbeing  
Loss of Inhibition  
Lowered Alertness  
Joyous

Physical and Mental  
Impairments

Thought  
Judgment  
Coordination  
Concentration

0.06 — 0.10

Blunted Feelings  
Disinhibition  
Extroversion  
Impaired Sexual Pleasure

Reflexes Impaired  
Reasoning  
Depth Perception  
Distance Acuity  
Peripheral Vision  
Glare Recovery

0.11 — 0.20

Over-Expression  
Emotional Swings  
Angry or Sad  
Boisterous

Reaction Time  
Gross Motor Control  
Staggering  
Slurred Speech

0.21 — 0.29

Stupor  
Lose Understanding  
Impaired Sensations

Severe Motor  
Impairment  
Loss of Consciousness  
Memory Blackout

0.30 — 0.39

Severe Depression  
Unconsciousness  
Death Possible

Bladder Function  
Breathing  
Heart Rate

= > 0.40

Unconsciousness  
Death

Breathing  
Heart Rate

# What does testing not tell us?

- **Patterns of use**
  - Use, abuse, physical dependence, addiction,
  - legitimate prescribed medications
  - Heroin falls under opiate category
  
- **Use of substances not tested**
  - Alcohol (varies), tobacco, newer illicit drugs



# Alcohol & Drug Labs

## Legal

- Alcohol
- Amphetamine
- Oxycodone
- Methadone
- Opiates
- Benzodiazepine
- Barbiturates

## Illegal

- Alcohol
- **Amphetamine**
- Oxycodone
- Methadone
- Opiates (**Heroin**)
- **Pot**
- Benzodiazepine
- Barbiturates
- **Cocaine**

# Risk Factors for Opioid Abuse

- Personal history of substance abuse
- Family history of substance abuse
- Age
- Mental Disease (Webster & Webster, 2005)
- Polysubstance abuse
- Poor social support (Dunbar & Katz, 1996)
- History of repeated AOD rehabilitation

# Screening Tools



# Pre-Screen

**1. In the past 3 months have you had more than:**

- \* (Men) 4 drinks in one day or 14 drinks in one week?
- \* (Women) 3 drinks in one day or 7 drinks in one week?
- \* (Age 65+) 3 drinks in one day or 7 drinks in one week?

**2. In the last 12 months:** Did you ever drink alcohol or use drugs more than you meant to?

**3. In the last 12 months:** Did you ever feel you should cut down on your drinking or drug use?

**4. In the last 12 months, did you use:**

- \* Marijuana?
- \* Another recreational drug?
- \* A prescription pain killer, stimulant or sedative more than recommended?

# Substance Use Screening Tools

Tool	Format	Administer/Time	Training
ASSIST	1 item for lifetime use, 6 items for each of 10 substances used, and 1 item on injection use	Depends on number of substances used	Yes
AUDIT-C	3-item screening questionnaire	Less than 1 minute to administer and score	Yes
AUDIT	10-item screening questionnaire	2 minutes to administer/ 1 minute to score	Yes
CAGE (alcohol)	4 yes/no questions	Less than 1 minute/ not scored	No
CAGE-AID (drugs)	4 yes/no questions	Less than 1 minute/ not scored	No
DAST	20 yes/no questions about current and past use	1-2 minutes to administer / not scored	No
MAST	24 yes/no questions	10 minutes to administer/ 5 minutes to score	No

# Selection of Screening Tool

- Patient population
- Setting/Facility
- Length of time
- Volume of patients
- Screening process
- Self report (paper vs computerized)
- Interview protocol
- Personnel to conduct SBIRT
- Inclusion vs Exclusion

# CRAFFT

## CRAFFT Scoring:

- ❖ Each “yes” response in **Part B scores 1 point.**
- ❖ A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

Figure1. The CRAFFT questions

- C** Have you ever ridden in a *car* driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- R** Do you ever use alcohol to *relax*, feel better about yourself, or fit in?
- A** Do you ever use alcohol/drugs while you are yourself, *alone*?
- F** Do you ever *forget* things you did while using alcohol or drugs?
- F** Do your family or *friends* ever tell you that you should cut down on your drinking or alcohol use?
- T** Have you gotten into trouble while you were using alcohol or drugs?

# AUDIT

## SCORE:

**ZONE I**                      **0-7**

**(Education)**

**ZONE II**                      **8-15**

**(Advice)**

**ZONE III**                      **16-19**

**(Counseling)**

**ZONE IV**                      **20 -40**

**(Referral for evaluation)**

### The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

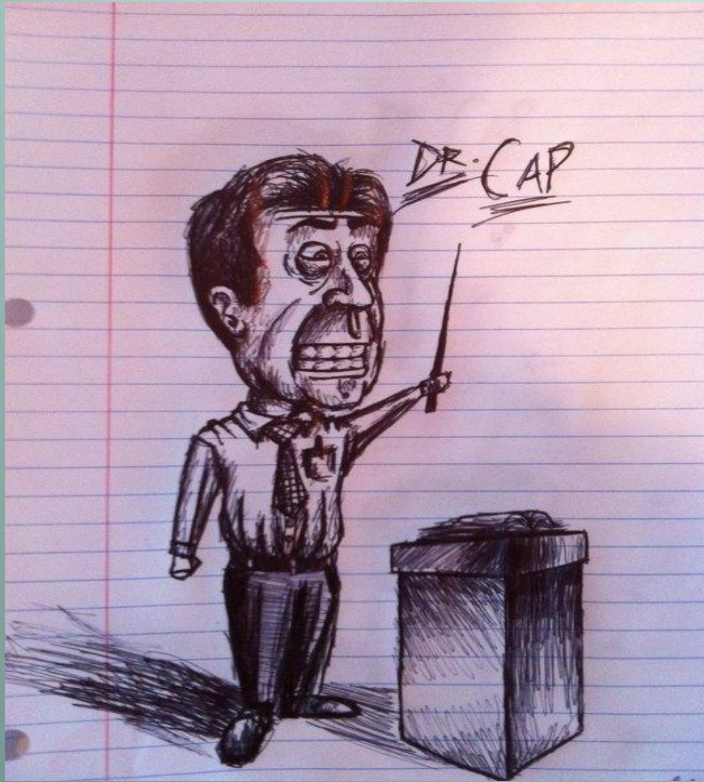
<p>1. How often do you have a drink containing alcohol? (0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week</p> <input type="text"/>	<p>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking? (0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p> <input type="text"/>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>
<p>3. How often do you have six or more drinks on one occasion? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i></p> <input type="text"/>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>	<p>9. Have you or someone else been injured as a result of your drinking? (0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <input type="text"/>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>	<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down? (0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <input type="text"/>
<p style="text-align: right;">Record total of specific items here <input type="text"/></p> <p><i>If total is greater than recommended cut-off, consult User's Manual.</i></p>	

# Prescription Drug Instruments

- Current Opioid Misuse Measure (COMM)
- Prescription Drug Use Questionnaire (PDUQ)
- Prescription Opioid Therapy Questionnaire (POTQ)
- Screener and Opioid Assessment for Patients with Pain (SOAPP)

# Who will conduct the screenings?

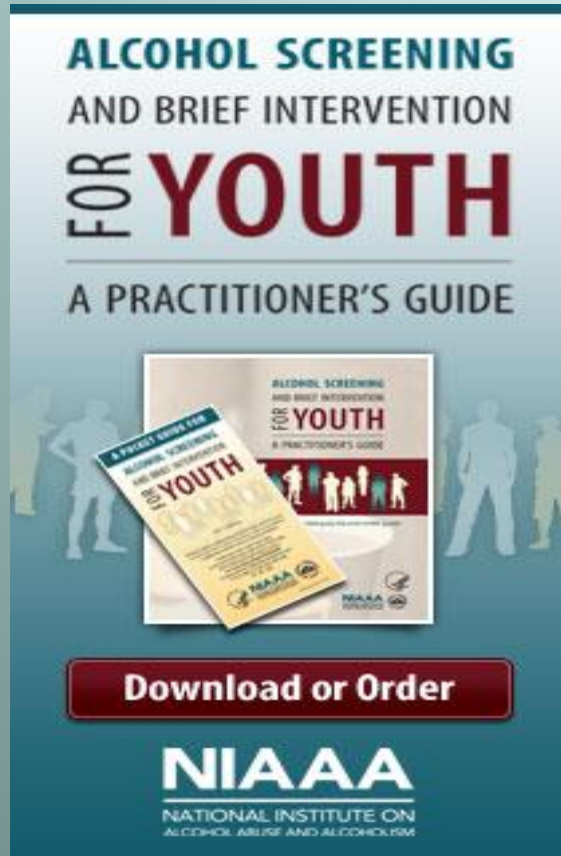
## Education



## Faith-Based



# NIAAA Guide & Pocket Guide



**ALCOHOL SCREENING  
AND BRIEF INTERVENTION  
FOR YOUTH**  
A PRACTITIONER'S GUIDE

Download or Order

**NIAAA**  
NATIONAL INSTITUTE ON  
ALCOHOL ABUSE AND ALCOHOLISM

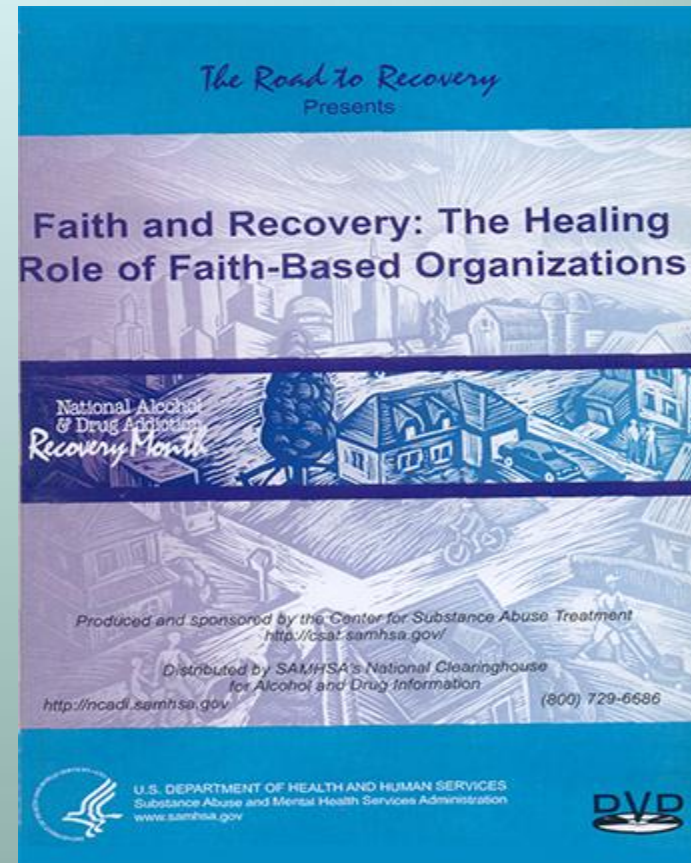
The advertisement features a central graphic of two documents: a larger 'Practitioner's Guide' and a smaller 'Pocket Guide'. The background includes silhouettes of people in various poses, suggesting a focus on human health and behavior. The NIAAA logo is prominently displayed at the bottom.

“Designed to help health care professionals quickly identify youth at risk for alcohol-related problems”



# Faith & Recovery

- Explores the role of faith and faith-based organizations in recovery from alcohol and drug addiction.
- Discusses pastoral counseling, interventions, and other recovery services offered by faith-based organizations as well as the need for pastoral training



# NASW Standards: Clients with Substance Use Disorder

## Standard 3. Screening, Assessment and Placement

- Social workers **shall** screen clients for SUDs
- When appropriate, complete a comprehensive assessment
- If needed, development of a service plan for recommended placement into an appropriate txp program.



# **Brief Intervention**

# Brief Intervention (BI)

- Evidence-based
- Problem specific
- Time limited 5-15 mins
- Variety of settings
- Cost reduction
- **Ability to treat a larger number of patients**
- Continuum of care
- Opportunistic settings

## Clinician barriers to discussing alcohol with patients



- 57.7% Belief that patients lie
- 35.1% Time constraints
- 29.5% Fear that it will question patient's integrity
- 25% Fear of frightening/angering patient
- 15.7% Uncertainty about treatments
- 12.6% Personally uncomfortable with subject
- 11% May encourage patient to see other MD
- 10.6% Insurance doesn't reimburse PCP time

# Brief Intervention Model (FRAMES)



- Feedback
- Responsibility of Patient
- Advice to Change
- Menu of Strategies
- Empathetic Counseling Style  
(Motivational Interviewing)
- Self-Efficacy (Optimism of Patient)



# FRAMES Model

<b>Component</b>	<b>Explanation</b>
<b>Feedback</b>	reason for testing, lab/screening results, recommendations, explore pts response to findings
<b>Responsibility of Pt</b>	Honesty related to substance use, prior txp interventions, follow-up care, abstinence of AOD while taking medications, willingness to sign release of information
<b>Advice to Change</b>	Referral for further evaluation, consult primary care physician, therapist, take meds as prescribed
<b>Menu of Strategies</b>	Treatment levels of care, medication assisted txp, community resources, legal, insurance provider, strategies to cut down drinking
<b>Empathetic Counseling</b>	Compassion, supportive, encourage, validate potential fear, honor decision – plan of action
<b>Self-Efficacy</b>	Non-traditional attempts to address substance use, confidence scale (0-10 scale)

# Five A's Model

5 A's	Description
<b>ASK</b>	Screening is the first A because it asks one or more questions related to drug use.
<b>ADVICE</b>	The second A involves strong direct personal advice by the provider to the patient to make a change, if it is clinically indicated.
<b>ASSESS</b>	The third A refers to determining how willing a patient is to change his or her behavior after hearing the provider's advice.
<b>ASSIST</b>	The fourth A refers to helping the patient make a change if he/she appears ready.
<b>ARRANGE</b>	The final A is to refer the patient for further assessment and treatment, if appropriate, and to set up follow-up appointments.



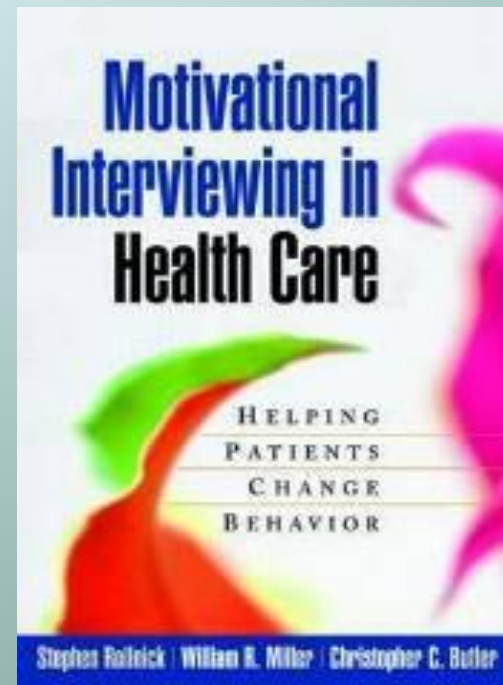
# Brief Negotiated Interview (BNI) Model

<b>I Healthy</b> <b>AUDIT: 0-7</b> <b>DAST: 0</b>	<b>II Risky</b> <b>AUDIT: 8-15</b> <b>DAST: 1-2</b>	<b>III Harmful</b> <b>AUDIT: 16-19</b> <b>DAST: 3-5</b>	<b>IV Dependent</b> <b>AUDIT: 20-40</b> <b>DAST: 5+</b>
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<b>Raise The Subject</b>	<b>“If it’s okay with you, let’s take a minute to talk about the annual screening form you’ve filled out today”</b>
<b>Provide Feedback</b>	<b>“As your doctor, I can tell you that drinking (drug use) at this level can be harmful to your health and may play a role in the health problem you came in for”</b>
<b>Enhance Motivation</b>	<b>Ready scale :“On a scale of 0-10, how ready are you to cut back your use”</b>
<b>Negotiate Plan</b>	<b>“How would your drinking (drug use) have to impact your life in order for you to start thinking about cutting back”?</b>  <b>“What steps can you take to cut back your use”?</b>

# Motivational Interviewing

- Patient-centered
- Collaborative
- Focus on motivation
- Explore ambivalence
- Individual feedback
- Elicit reasons to change
- Listen, Listen, Listen



# Pros versus Cons



# WHY DRINK & USE DRUGS ??

1. TO FEEL GOOD
2. TO FEEL BETTER
3. TO DO BETTER
4. CURIOSITY
5. PEER PRESSURE
6. TO PARTY
7. NORMALITY

## 3 PEOPLE TAKE DRUGS TO GET RID OF UNWANTED FEELINGS.

Anyone who takes drugs does it to get rid of some pain or unwanted feelings, including boredom. To understand why someone takes drugs now, you need to know what was wrong before he or she took them.

He may have had some physical problem which was causing him pain.



She may have been trying to calm down.



Maybe he was unable to sleep.



She may have wanted to feel happier.



Or maybe he was just bored.



The drugs were a temporary solution to the unwanted feelings. To get a real solution, the person would have to handle what was causing the problem in the first place.

# Readiness Ruler: front

SBIRT Primary Care Residency Initiative

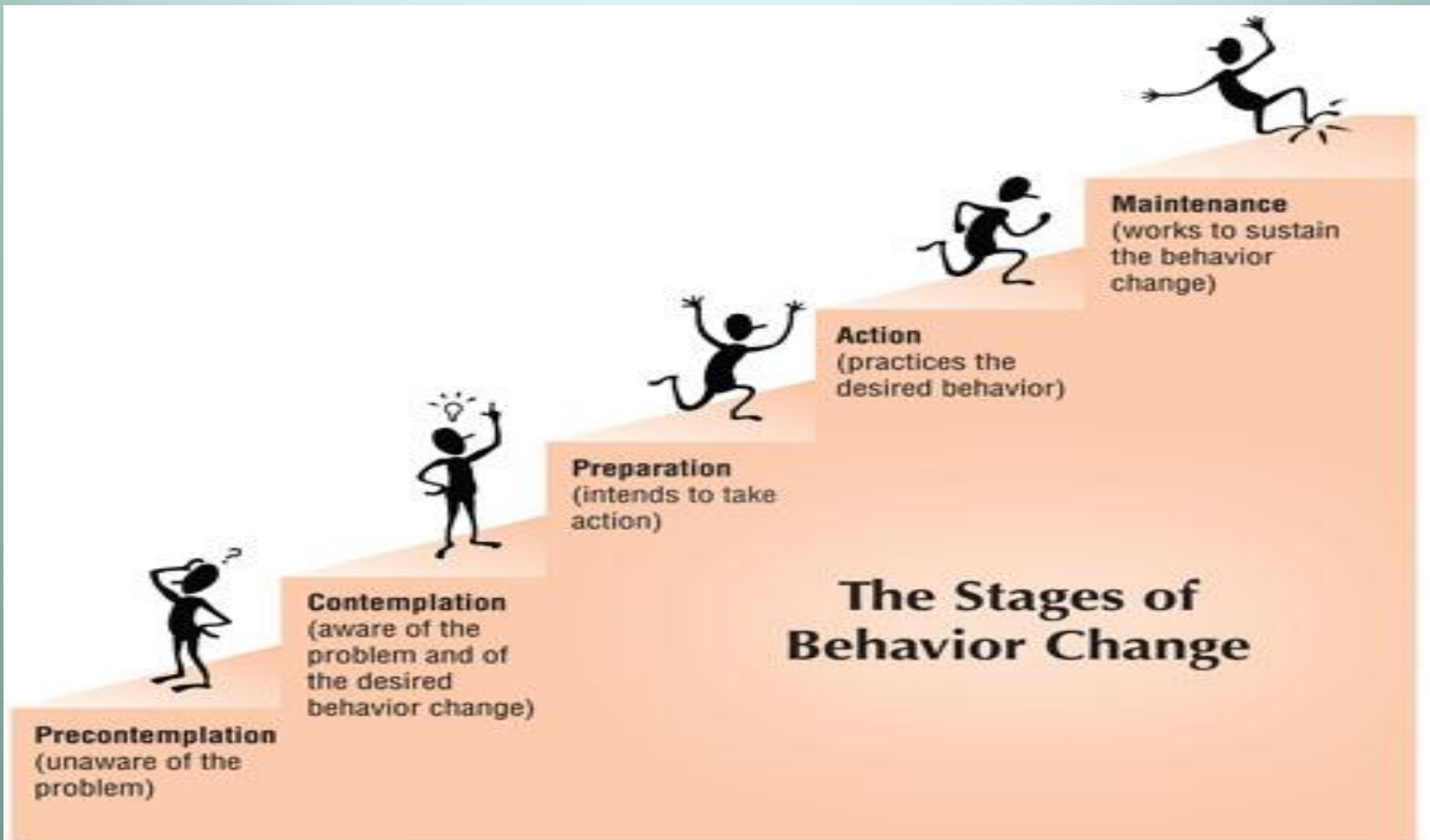
[www.sbirtoregon.org](http://www.sbirtoregon.org)

### Low-risk drinking limits

	Drinks Per week	Drinks Per day
Men	14	4
Women	7	3
All age >65	7	3

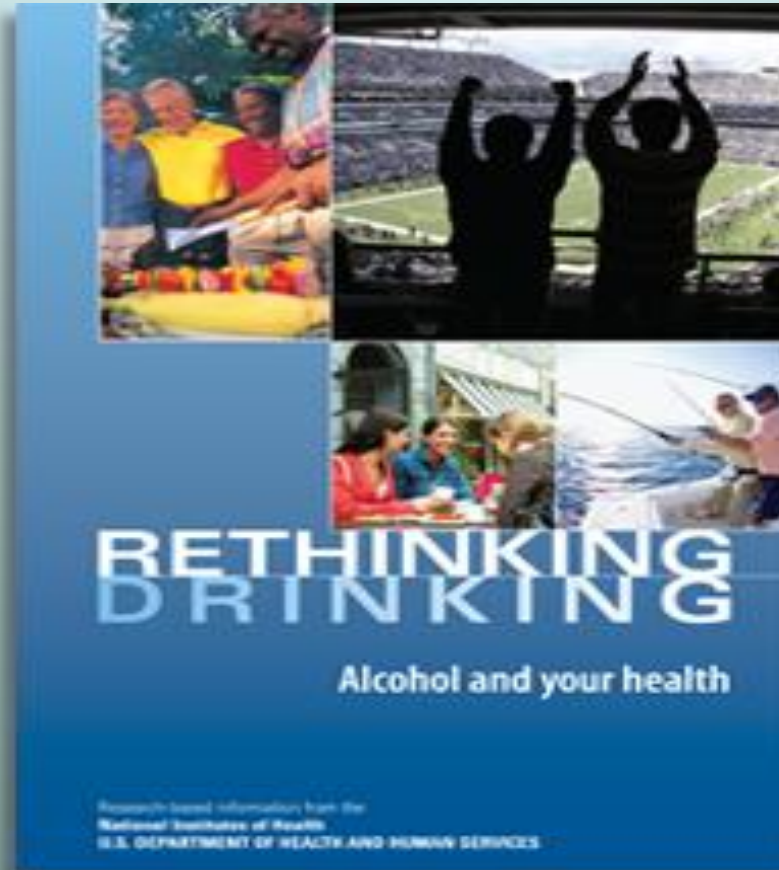
### Categories of drinking





Sources: Grimley 1997 (75) and Prochaska 1992 (148)

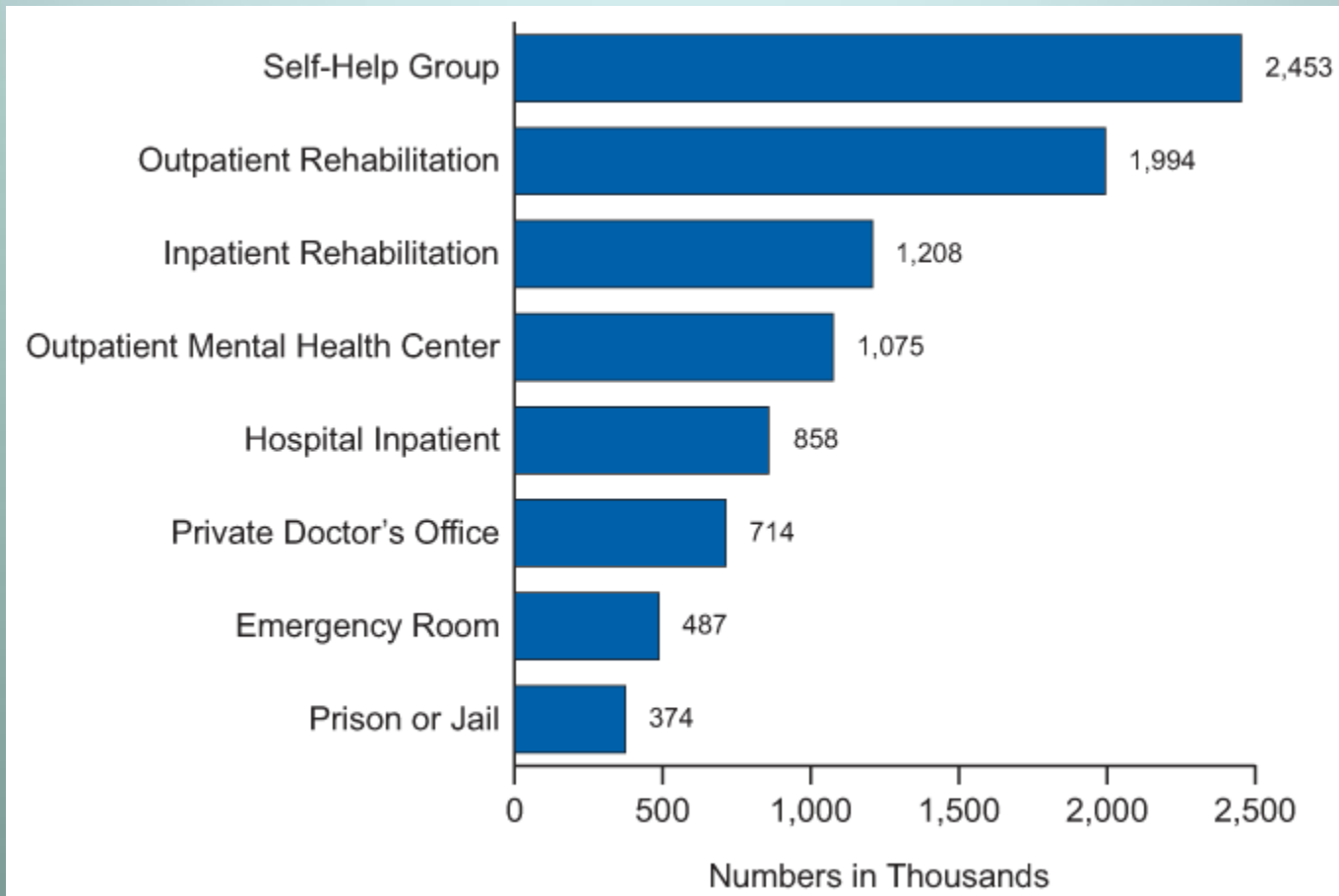
# Educational Material



# Referral



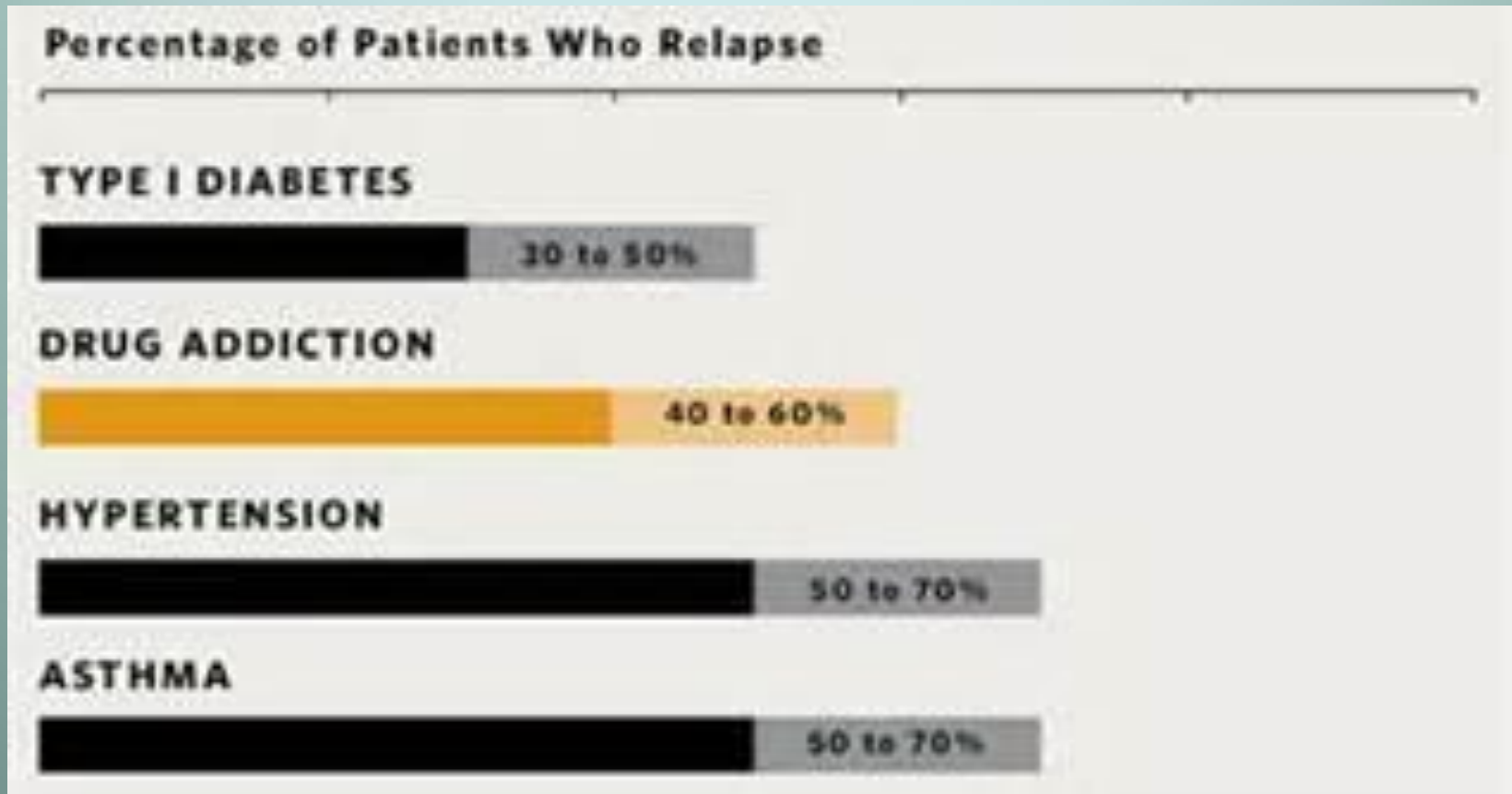
## 2009: Locations Where Past Year Substance Use Treatment Was Received



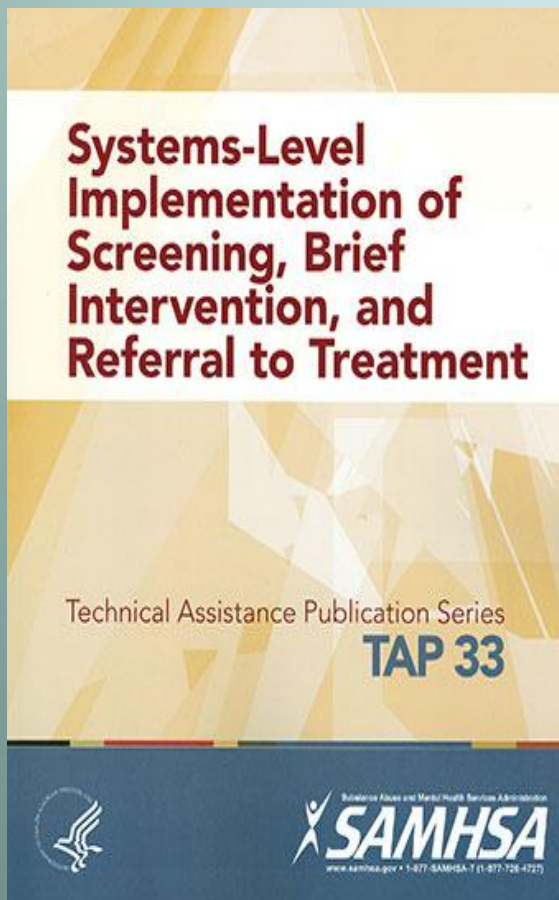
# Barriers to Change



# Comparison of Relapse Rates Between Drug Addiction & Other Chronic Diseases

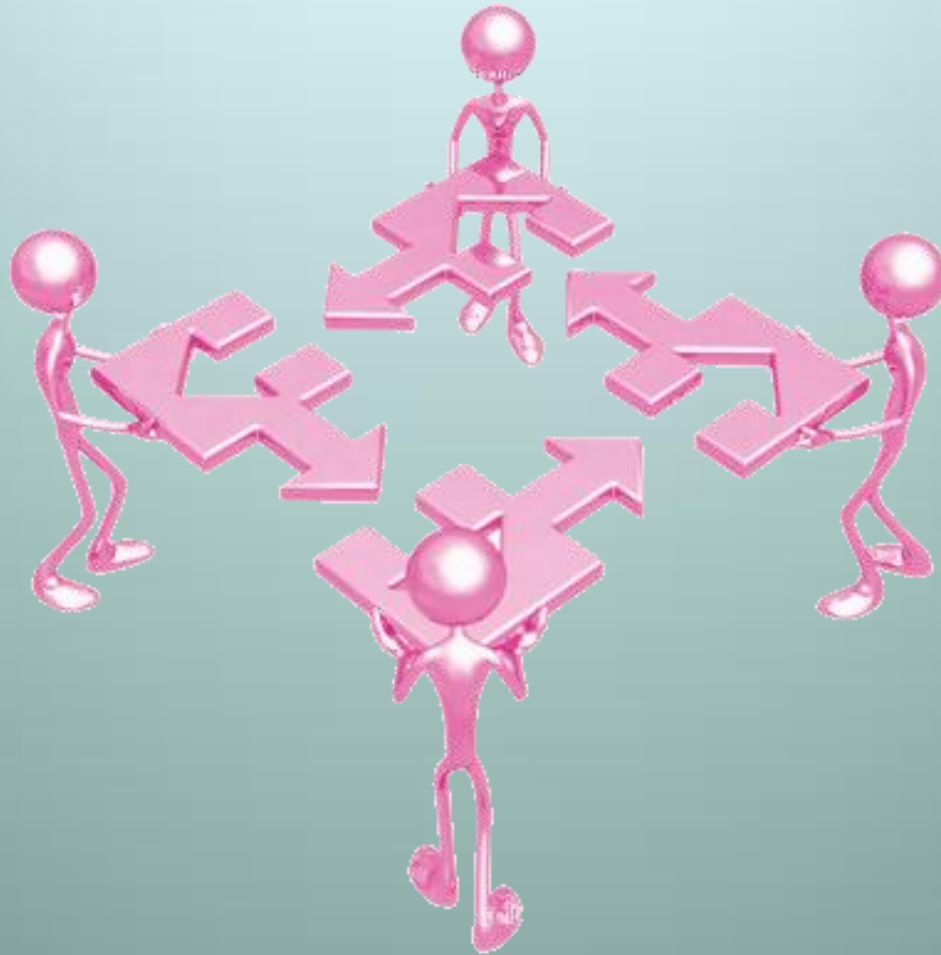


# Establishing Referral Process



- **Identify pts that meet substance abuse and dependence criteria**
- **Ability to identify appropriate treatment (txp) programs**
- **Facilitate engaging pts into txp programs**
- **Develop a strong referral linkage through proactive collaboration efforts with specialty txp facilities**
- **Opportunity to engage pts in appropriate levels of care**
- **If a referral process is not developed, it can be a significant barrier to the adoption of SBIRT**
- **Lack of proper referral will and can prevent access to txp and opportunity for pts to address other psychosocial and medical issues.**

# Collaboration (Internal & External)



# Population Specific Referrals

- Adolescent
- Adult
- Older Adult/Seniors
- Dual-Diagnosis (IDDDT)
- Pregnant
- Long-term Txp
- Traumatic Brain Injury
- Homeless
- Incarceration
- Legal



# Treatment (TXP)



# Treatment Levels of Care

## Five Levels of Care Assessed Over Six Dimensions

Level 0.5	Early Intervention
Level I	Outpatient Services
Level II	Intensive outpatient/partial hospitalization services
Level III	Residential/inpatient services
Level IV	Medically managed intensive inpatient services



1. Acute intoxication and/or withdrawal
2. Biomedical conditions and complications
3. Emotional, behavioral, or cognitive conditions and complications
4. Readiness to change
5. Relapse, continued use, or continued problem potential
6. Recovery environment



# Outpatient Services

## Outpatient (OP)

- Afternoon/Evening/weekend programming
- Attend program at a specific location
- Weekly attendance, 1 to 2 times per week, 2 months or longer
- Substance use monitoring (urine tests)
- Individual/Group counseling
- Family Education/Support

## Intensive OP/Partial Hospital

- (IOP) - Weekly attendance, 9 to 20 hours of program activities, 2 months or longer
- (Partial) – daily attendance, 4 to 8 hours,
- Substance use monitoring (urine tests)
- Individual/Group counseling
- Family Education/Support groups

# Inpatient Services

## Inpatient

- Located at special facilities or units of hospitals or specialty clinics
- 7 to 28 days inpatient
- Daily programs/activities
- Earn weekend passes to transition back into the community and home setting
- Substance use monitoring
- Individual/Group counseling

## Residential

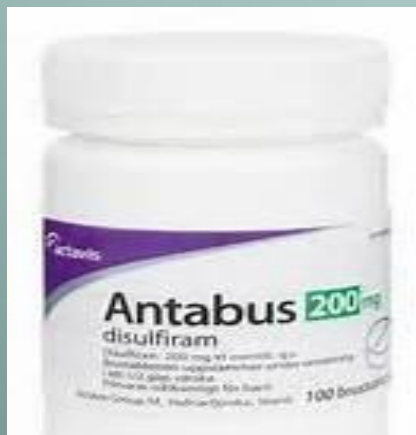
- Living environment with treatment services
- Duration: 1 to 12 months or longer
- Daily programs/activities
- Phases of treatment to determine restrictions & privileges
- Substance use monitoring (routine urine test)
- Vocational Trainings, etc.

# Medically Managed Intensive Inpatient Services

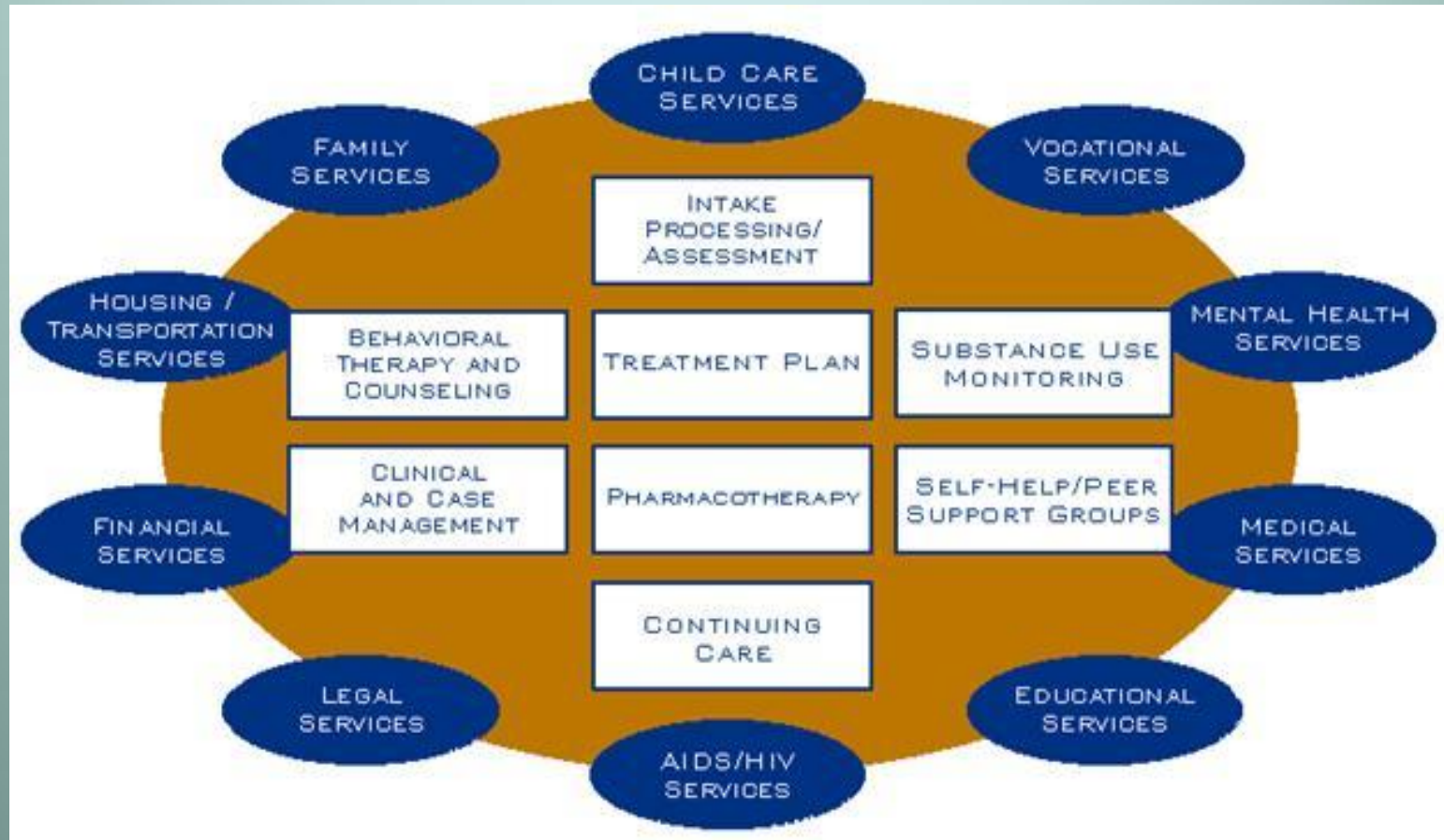
- **Setting:** Freestanding facility, hospital setting or outpatient basis
- **Duration:** 3 to 7 days or longer depending on withdrawal protocol
- **Utilization of medications to assist patients withdrawing from alcohol and/or drugs**
- **Program:** medication management, individual counseling, educational groups, speakers, videos
- **Patient stays at the facility until medically cleared for discharge**
- **Introduction to 12-step programming on site**
- **Medically supervised withdrawal**



# Medication-Assisted Txp (MAT)



# Components of Comprehensive Drug Addiction Txp



# Principles of Drug Addiction Treatment



# SBIRT

## Pros

- Prevention
- Early identification
- Treatment
- Patient education
- Provider education
- Address stigma
- Pain management
- Withdrawal potential

## Challenges

- Culture of stigma
- Ongoing training with staff turnover
- Confidentiality EMR
- Implementing SBIRT
- Bridging the gap between healthcare and treatment providers
- Treatment waiting list
- Billing/Providers

# Training Resources

- NIAAA (online)
- NidaMed (online)
- IRETA (online, [ireta.org](http://ireta.org))
- NCSACW
- AddictionPro.com
- [www.samhsa.gov](http://www.samhsa.gov)
- [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- [www.cdc.gov](http://www.cdc.gov)
- [www.drugabuse.gov/nidamed](http://www.drugabuse.gov/nidamed)
- PainEdu.org
- Naabt.org



