



# **GETTING STARTED IN NC SCHOOL- BASED/-LINKED HEALTHCARE**

**SBIRT - Screening, Brief  
Intervention & Referral Into  
Treatment**



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## HOUSEKEEPING ITEMS

- Presentation of two programs not a comparison.
  - Wilmington 2 ½ years
  - Bakersville less than six months

## OBJECTIVES

- Participants will understand the basis for & key components of SAMHSA's Substance Abuse Screening, Brief Intervention, & Referral into Treatment (SBIRT) Program
- Participants will have a working knowledge of two alcohol & substance abuse screening strategies (CRAFFT & CAGE AID).

## OBJECTIVES

- Participants will examine and be able to identify key elements of SBIRT Program in two school-linked and one school-based SBIRT Program models.
- Participants will be able to identify key strategies for a successful SBIRT Program rollout.



## OBJECTIVES

- Participants will examine key outcome data reported by the programs thus far.
- Participants will examine key lessons learned thus far by the two SBIRT programs.

## BACKGROUND

- o Nearly half (48%) of all adolescents have tried an illicit drug by the time they finish high school (SAMHSA News 2008)

## BACKGROUND

- o 10.39% of adolescents in North Carolina between the between the ages of 12 & 17 have used an illicit drug in the past month & 19.08% of young adults ages 18 through 25 report similarly (NC YRBS 2007).

## BACKGROUND

- o 18.7% of NC high school students reported having five or more drinks of alcohol in a row (within a couple of hours) on one or more of the past 30 days (NC YRBS 2007).

## BACKGROUND

- o Further, 19.8% of NC high school students reported using marijuana one or more times during the past 30 days (NC YRBS 2007)

## BACKGROUND

- Adolescents who use alcohol are more likely to be at risk for STDS & teen pregnancy (American Academy Of Pediatrics Committee On Substance Abuse, 2001).
  - Adolescent binge drinking has been implicated with health risk behaviors such as reckless driving, aggression, & unprotected sex (SAMHSA, 1999; Johnson et al, 2008).

## BACKGROUND

- The negative relation between academic performance & substance abuse is consistently noted throughout the literature (SAMHSA, 1999; Johnson et al, 2008).
- The association between substance abuse disorders & mental health illness is also well documented (NIDA 2007; SAMHSA 2007).

## BACKGROUND

- Many studies concerned with adolescent psychopathology have found evidence of a relationship between emotional or behavioral problems & substance use (Kelleher, 2000).
- Substance abuse screening & brief intervention occurring in the primary care setting is both cost effective & efficacious treatment (SAMHSA 2008, 2007; Solberg, I, Maciosek, I, & Edwards, n 2008).

## Program Overview (directly from SAMHSA )

- Screening, Brief Intervention, & Referral Into Treatment – SBIRT
  - Comprehensive, integrated, public health approach to the delivery of early intervention & treatment services for persons with substance use disorders, as well as those who are **at risk** of developing these disorders.

# Program Overview

- SBIRT
  - Primary care centers, hospital emergency rooms, trauma centers, & other community settings provide opportunities for early intervention

## Overview

- **SCREENING QUICKLY ASSESSES THE SEVERITY OF SUBSTANCE USE & IDENTIFIES THE APPROPRIATE LEVEL OF TREATMENT.**
- **BRIEF INTERVENTION FOCUSES ON INCREASING INSIGHT & AWARENESS REGARDING SUBSTANCE USE & MOTIVATION TOWARD BEHAVIORAL CHANGE.**

# Overview

- **Referral into treatment** provides those identified as needing more extensive treatment with access to specialty care.

## Overview

- A key aspect of SBIRT is the integration & coordination of screening & treatment components into a system of services.
- This system links a community's specialized treatment programs with a network of early intervention & referral activities that are conducted in medical & social service settings.

## SBIRT Efficacy (directly from SAMHSA website)

- SBIRT research has shown that large numbers of individuals at risk of developing serious alcohol or other drug problems may be identified through primary care screening.

## SBIRT Efficacy

- Interventions such as SBIRT have been found to:
  - Decrease the frequency & severity of drug & alcohol use
  - Reduce the risk of trauma
  - Increase the % of patients who enter specialized substance abuse treatment.

## SBIRT Efficacy

- In addition to decreases in substance abuse, screening & brief interventions have also been associated with fewer hospital days & fewer emergency department visits.
- Cost-benefit analyses & cost-effectiveness analyses have demonstrated net-cost savings from these interventions.



# Questions?



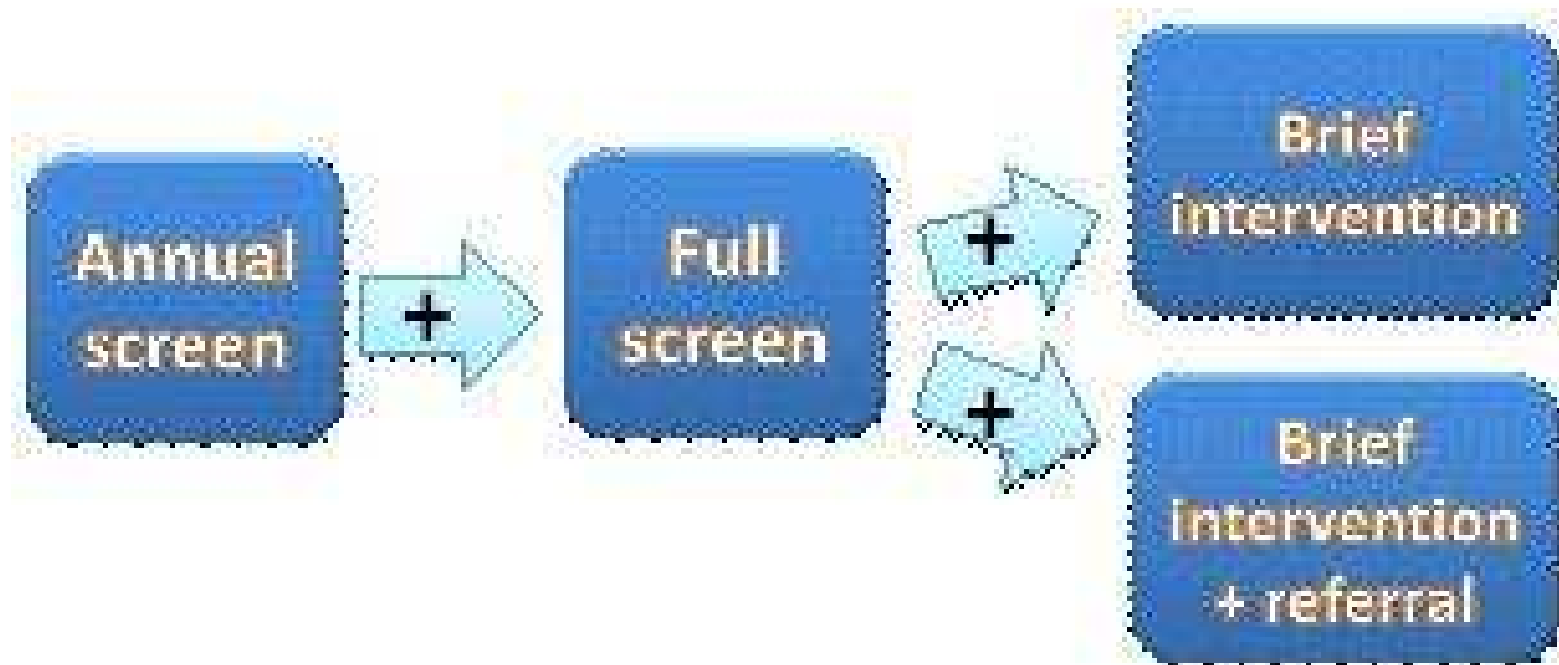


# Nuts & Bolts

How does it flow?  
Show me the flow!



# Nuts & Bolts - How Does It Flow?





# Nuts & Bolts – Show Me The Flow

- [Oregon Project](#)
- Bakersville Project
- Wilmington Project

## N&B - Bakersville Flow

- Screenings given during 20% of primary care visits at clinic.
- Nurse provides paper screening at beginning of visit.
- MD or FNP reviews with patient, if positive screen, discusses options for referral.
- Behavioral Health Provider brought in at time of visit or patient schedules follow up appointment if BH provider is not on site at time of visit.

## N&B Wilmington Flow

- Prior to patient being seen - prescreen.
- Medical Assistant collects prescreen information as part of comprehensive visit workup (can include TQ - GAPS like tool):
  - During the past 12 months, did you:
    - Drink any alcohol (more than a few sips)?
    - Smoke any marijuana or hashish?
    - Use anything else to get high?

## N&B Wilmington Flow

- If adolescent answers "No" to all three opening questions, the medical provider only needs to ask adolescent first question - Car question of CRAFFT.
  - NOTE: Answer is on risk behavior survey (TQ) which is reviewed as part of comprehensive visit.
- If adolescent answers "Yes" to any one or more of three opening questions, provider asks all six CRAFFT questions.

## N&B – Wilmington Flow

- Referrals & brief intervention based on results of CRAFFT.
- If possible SBIRT Specialist / MH Provider brought into exam room.
- SBIRT Specialist provides TA and training to medical and mental health providers.
- Agency MH providers substance abuse focus is on early intervention.
  - Standardized, manualized, short-term, SAMHSA approved.

# CHECK IN

- True or False
  - SBIRT stands for Specific Brief Intervention & Referral Into Treatment.
  - SBIRT is a substance abuse treatment program.
  - SBIRT requires a substance abuse counselor to be on staff.



# Key Elements of Our Programs

Alcohol & Substance Abuse Screening,  
Screening Strategies & Coding



## CRAFFT

- Recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents.
- Assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted.

## CRAFFT

- 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 or drugs to RELAX, feel better about yourself, or fit in?
- A - Do you ever use alcohol/drugs while you are by 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 drug use?
- T - Have you gotten into TROUBLE while you were using alcohol or drugs?

# Screening Protocols

- CRAFFT Score of 0 or 1
  - If all answers to the CRAFFT are negative (score = 0), the adolescent will receive anticipatory guidance from the servicing provider.
  - Teens answering one question positively (score = 1) are provided brief intervention & given an informative brochure.

# Screening Protocols

- CRAFFT Score of 2 or Greater
  - Provider may administer up to 6 brief interventions and/or refer internally or to specialty agencies in the community for further assessment and/or treatment.
  - Referral does not need to occur unless the youth is open to it.

## CAGE-AID

- Used to screen adult population in school linked Primary Care Clinic.
- Prescreen: In the past 12 months, did you drink any alcohol or use any drug (legal or illegal) to “get high”? If “yes” then continue
- 1) Have you ever felt you ought to cut down on your drinking or drug use?
- 2) Have people annoyed you by criticizing your drinking or drug use?

## CAGE-AID

- 3) Have you ever felt bad or guilty about your drinking or drug use?
- 4) Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?
- 5) Would you like to reduce or eliminate your alcohol or drug use?

# Screening Protocols

- CAGE-AID Scoring
  - If all answers to the CAGE-AID are negative (score = 0), no action is taken by the servicing provider.
  - Adults answering one or more question positively (score  $\geq$  1) are provided brief intervention & referral to BHS is offered.
  - BHS provides ongoing treatment and/or referral.

## Screening Strategies

- Use existing information collected during visit such as:
  - Teen Questionnaire (GAPS like instrument)
  - Comprehensive visit risk behavior or other clinical information
- Once data is given review or summarize risk behavior information for the client
  - Pause, allow the youth to expand

## Screening Strategies

- Use open ended questions like:
  - Please tell me about yourself.
  - When do you use \_\_\_\_\_?
  - What’s good about it?
  - Please tell me more about \_\_\_\_\_?
  - Is there a down side to your using \_\_\_\_\_?
  - How do your parents or others feel about your using \_\_\_\_\_?

## Screening Strategies

- Show appropriate empathy
- Be sure to summarize when you have finished the interview.
  - What's next? Or where do we go from here?
- If you are ready to suggest referral, tell them that it is to learn more about their needs.

## Screening Strategies

- Above all:
  - Be collaborative – respect their wishes
  - Listen actively – reflect & pause (2:1)
    - Listen for reasons to use & reasons to quit
    - Listen for their motivations
  - Summarize
  - Collaborate
    - Don't rush the referral
    - Resist the righting reflex

## CPT Codes for SCREENING

- 99420 Health Risk Screening
  - Medicaid
  - NC Health Choice
  - BCBS
  - UHC
  - Cigna
- All Other Insurance see coding administrators.

## CHECK IN – True or False

- Providing an alcohol/substance abuse screening is a clinical assessment that can only be done by a substance abuse counselor
- Medical assistants can be a part of the screening process.
- Screening is most effective if you don't ask the patient's permission.
- CRAFFT is a misspelling of the word craft



# Questions?







# Key Elements of Our Programs

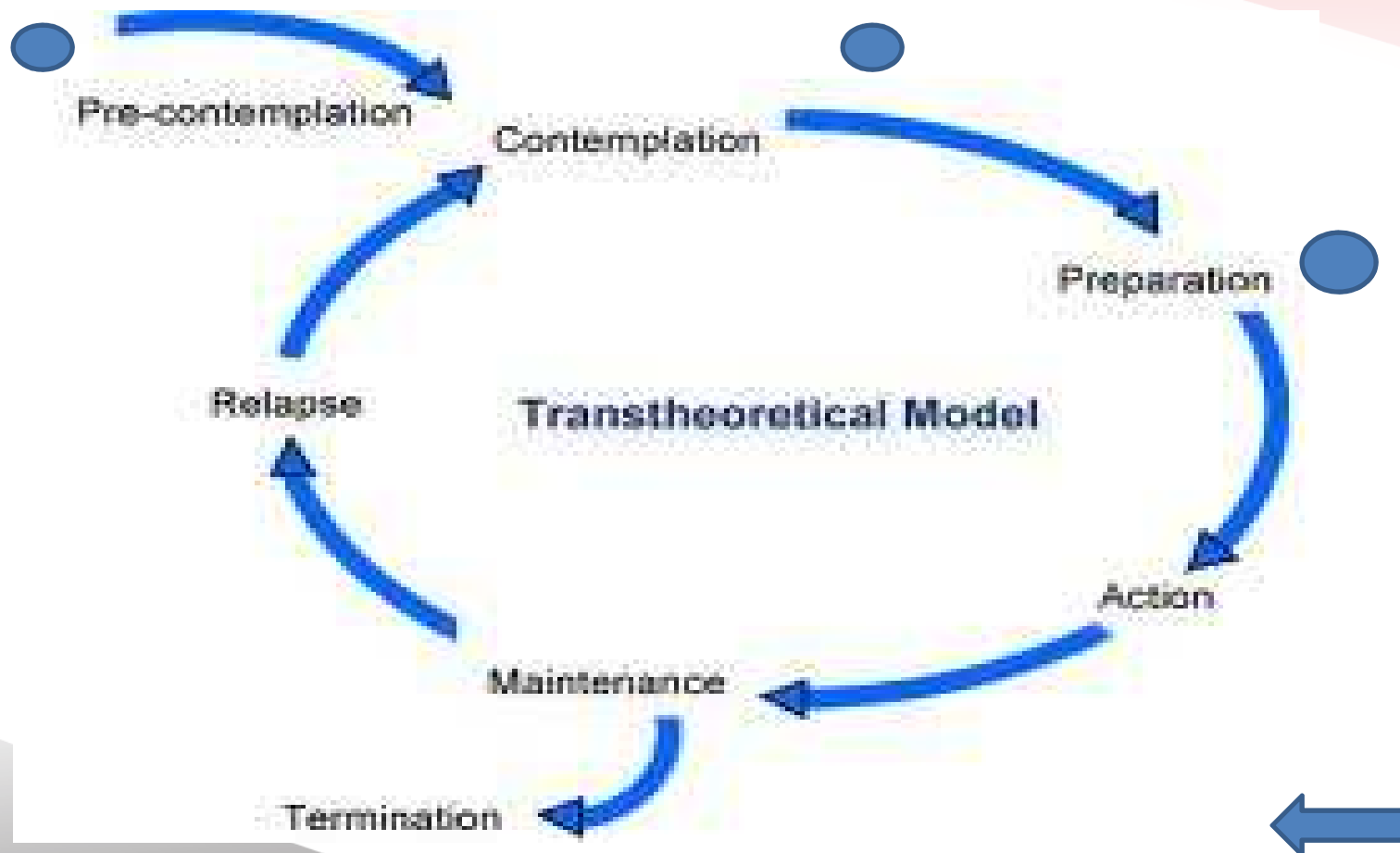
Brief Intervention & Coding



# Brief Intervention

- Brief interventions are those practices that aim to identify a real or potential health problem and motivate an individual to do something about it (Babor & Biddle, 2001).
- Based on Transtheoretical Model of Behavior Change. 
- Relies on use of Motivational Interviewing (MI) Strategies. 

# Transtheoretical Model









## Brief Intervention - Examples

- Providing & reviewing an informative brochure regarding alcohol or substance abuse.
- Using pictures or models of internal organs to help explain the effects of smoking, or drinking harmfully
- Offering information about careful drinking to someone who has just started to drink alcohol

## Brief Intervention - Examples

- Talking with a person to find out if they are drinking in a harmful way. If so, talking about the need to cut down; giving information about careful drinking and the health effects of alcohol. This may be done over several sessions
- Asking open ended questions about a person's known use of cannabis or kava; passing on information about health effects and, if he or she is receptive, talking about social/family well-being as it relates to his or her drug use.

## Brief Intervention Examples

- Seeking a person's permission and referring him or her to the BHS Provider.
  - Including other family members in the discussion and referral process (with consent) may be helpful.

## Coding Brief Intervention

- Medicaid (Medical provider non FHCQ)
  - 99408 Brief Intervention 15-30 minutes
  - 99409 Brief Intervention greater than 30 minutes
- All Other Insurance
  - See your coding administrator
- Brief intervention codes may be used in addition to E & M codes (non FHCQ).

## Coding For Brief Intervention

- If brief intervention is being provided by a Behavioral Health Provider – therapy codes can be used
  - 90804, 90806, etc....
  - Therapy codes cannot be billed on the same day by the same provider who bills E&M code (FHCQ).



# Key Elements of Our Programs

## Referral



## Key Elements - Referral

- Referral to MH provider / SBIRT Specialist does not mean rehabilitation, only referral to examine patient's needs.
- Referral results used to help the referring provider better understand the patient's needs as they continue to provide services.

# Key Elements – Referral

- When a patient is referred to a specialty agency or is already being treated at one
  - SBIRT Specialist maintains bidirectional communication between specialty care provider and medical home
    - Ensuring reports to medical home
    - Results of assessment and treatment plan
    - Participant in treatment team meet

## Check In – True or False

- Brief Interventions are the domain of the substance abuse counselor.
- BI does not require an understanding of MI
- Once the patient goes to a specialty provider hallelujah!
- An example of a brief intervention is providing a brochure and discussing it with the patient.



# Questions?





# Key Elements of Our Program

How Did This Get Started?

How We Rolled SBIRT Out



## Bakersville - How Did This Get Started?

- Growing concern about substance abuse issues.
- Providers particularly concerned about prescription medication abuse.
- Kate B. Reynolds SA & Medical Home
  - Bakersville Clinic was awarded funds
- Use SBIRT system to screen primary care patients for substance abuse problems.

# Bakersville Rollout

- BHP met with each medical provider individually to discuss program
  - Provided basic training on screening
  - Discussed desired outcomes
  - Attempted to quell anxiety/concerns about extra time/hassle of completing screenings.

# Bakersville Rollout

- BHP met with nurses as a group
  - Discussed their role in process
  - Documentation
  - How to handle a variety of expected patient responses.
- Set date to begin.
- Began.

## Wilmington How Did This Get Started?

- May of 2008 Medical Director at WHAT
- June 2008 – Consult with Paul Savery of DHHS
- July 2008 - Sara McEwen, MD of Governor's Institute on Alcohol & SA
  - Contracted to provide SBIRT services at WHAT
- Richard Ogle PhD of UNC Wilmington
- November 2008 began

# Wilmington How Did This Get Started?

- July 2009
  - Training & Technical Assistance Contract for SBIRT thru Governor's Institute on Alcoholism & SA
- July 2010
  - Funding to hire SBIRT Specialist and Training through Kate B Reynolds Charitable Trust
  - Hired an SBIRT Specialist in September 2010!

## Wilmington Rollout - Training Focus

- Coordinated CRAFFT screening and MI training in waves thru June 2009
- Three-fold
  - Lecture and discussion held by Dr. Ogle
  - Study groups led by SBIRT Specialist based on “Motivational Interviewing in Health Care” (Rollnick et al)
  - Designated individual time with SBIRT Specialist for training and TA.

# Wilmington Rollout – UNCW SATP

- Graduate Intern and Practicum Students from UNCW Graduate SATP
  - Key component
    - Supported all trainings and TA
  - Students received a stipend through the funder.

# Wilmington Rollout - Accreditation

- Arranged for clinical supervision for provision of Licensed Clinical Addiction Specialist (LCAS) accreditation for:
  - SBIRT Specialist
  - MH Provider

# Wilmington Rollout – Training Focus

November 08-June 09

| <b>Training</b>           | <b>Contact Hours Each</b> | <b>Average Number Attended</b> | <b>Number</b> |
|---------------------------|---------------------------|--------------------------------|---------------|
| Face to Face with Dr Ogle | 2                         | 8                              | 6             |
| Study Group               | 1.5                       | 4                              | 4             |
| One on One Trainings/TA   | 1                         | NA                             | 35            |



# Wilmington Rollout – Training

July 1, 2009 thru June 30, 2010

- NCFADS summer school for MH provider and SBIRT Specialist
- Continued LCAS Supervision
- Continued in house MI training strategy through Specialist and UNCW (3)
- Continued TA provision to medical providers



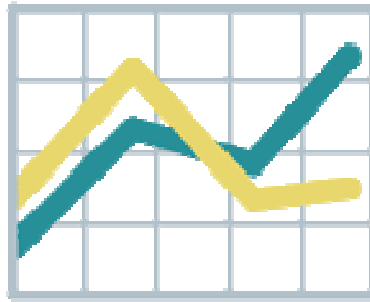
# Wilmington Rollout – Training

July 1, 2010 thru Present

- Funded Training and Supervision for LCAS accreditation for SBIRT Specialist & School-Based MH Staff.
- Continued commitment to TA through integrative care model.
- Continued commitment to provider MI training by Richard Ogle, PhD (SEAHEC).



# Outcomes Data Thus Far



# Outcomes – Bakersville

- Outcomes thus far
  - 500 screens
  - 6% positive (about 30) that resulted in brief intervention by medical provider
  - 10 referrals that have resulted in further treatment

# Outcomes Wilmington

- YE June 30 2009
  - 1640 CRAFFT screens delivered
  - 140 = 1; 221  $\geq$ 2
  - 141 referrals followed through with
    - 141 of 221 = 64%
  - 29 received treatment at WHAT
  - 9 from specialty service agency

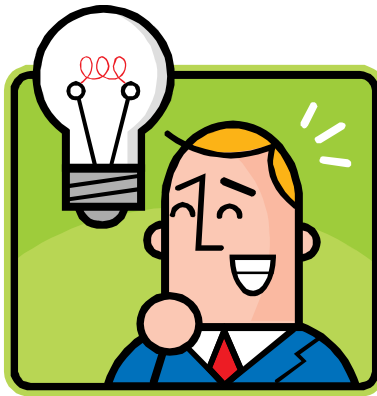
# Outcomes Wilmington

- YE June 30 2010
  - 1583 CRAFFT screens delivered
  - 114 = 1; 107  $\geq$ 2
  - 75 referrals followed through with
    - 75 of 107 = 70%
  - 116 Brief Interventions

# Outcomes Wilmington

- Quarter End September 30, 2010
  - 462 CRAFFT screens delivered
  - 23 = 1; 34  $\geq$  2
  - 33 referrals followed through with
    - 33 of 34 = 97%
  - 41 Brief Interventions
  - 6 receiving treatment at WHAT currently
  - 1 receiving services from specialty provider

# Barriers Faced / Lessons Learned



# Barriers to Success

- Many competing agendas for time during medical visit
- General difficulty with EHR taking extra time in visits
- Difficulty with consistent documentation in EHR
- Provider turnover
- Stigma surrounding substance abuse
- Need better outcome measures i.e., two years later did teen still report no use

# Lesson Learned

- In order to implement SBIRT successfully you have to change organization culture
  - Moving away from directive to collaborative
  - Buy-in at all levels is a must
- Instruction cards and brochures work for providers
- Start with one MI strategy, get the medical providers using it. Count it.

# Lesson Learned

- Having the exam rooms set for the providers to provide a brochure helps
- Being introduced to the patient at the time the referral is made helps.
- Pocket cards and cheaters help



# Questions?



## Resources

- Motivational Interviewing in Health Care: Helping Patients Change Behavior (Applications of Motivational Interviewing) Stephen P Rollnick PhD, William R. Miller Phd, MD Christopher C. Butler
- CEASER – CRAFFT Cards & Manual  
[http://www.mass.gov/Eeohhs2/docs/dph/substance\\_abuse/sbirt/crafft\\_provider\\_guide.pdf](http://www.mass.gov/Eeohhs2/docs/dph/substance_abuse/sbirt/crafft_provider_guide.pdf)

# Resources

- SAMHSA – SBIRT Website  
<http://sbirt.samhsa.gov/about.htm>
- Building a Recovery- Oriented System of Care: A Report of the NCIOM Task Force on Substance Abuse Services January 2009 North Carolina Institute of Medicine
  - Report by the NC Institute of Medicine to the NC General Assembly endorsing the funding and use of SBIRT in the state.

## Resources

- Enhancing Motivation for Change in Substance Abuse Treatment: Treatment Improvement Protocol (TIP) Series 35 William R. Miller, Ph.D., Substance Abuse & MH Services Administration, 1999
  - <http://www.ncbi.nlm.nih.gov/books/NBK14856/>
  - Excellent free publication regarding the use of Motivational Interviewing Techniques in brief substance abuse intervention.

## Resources

- Motivational interviewing: preparing people for change, by William R. Miller, Stephen Rollnick
- The CAGE & CAGE AID Questions
  - <http://www.partnersagainstpain.com/printouts/A7012DA4.pdf>
- The Oregon Project
  - <http://www.sbirtoregon.org/>



# Evaluation



# References

- Kim-Godwin, Y, Clements, C, Bullers, S, (2007). Sexual Behaviors and Drinking Patterns Among Middle and High School Students in Southeastern North Carolina. *Journal of School Nursing*, Volume 23, Number 4
- Committee on Substance Abuse, American Academy of Pediatrics. Alcohol Use and Abuse: A Pediatric Concern. *Pediatrics* Vol. 108 No. 1 July 2001, pp. 185-189
- Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007). *Monitoring the Future: national results on adolescent drug use: Overview of key findings, 2006.* (NIH Publication No. 07-6202). Bethesda, MD: National Institute on Drug Abuse.

# References

- Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2008). Monitoring the Future national results on adolescent drug use: Overview of key findings, 2007 (NIH Publication No. 08-6418). Bethesda, MD: National Institute on Drug Abuse.  
<http://monitoringthefuture.org/pubs/monographs/overview2007.pdf>
- Kelleher, K. J., McInerney, T. K., Gardner, W. P., et al. (2000). Increasing identification of psychosocial problems: 1979-1996. *Pediatrics*, 105(6), 1313-1321
- N.C. Youth Risk Behavior Survey (YRBS) 2007  
<http://www.nchealthyschools.org/docs/data/yrbs/2007/highschool/regional/eastern/tables.pdf>
- National Institute on Drug Abuse October 2007. Comorbid Drug Abuse and Mental Illness. <http://www.nida.nih.gov/pdf/tib/comorbid.pdf>

# References

- Physician Leadership on National Drug Policy, 2002 Adolescent Substance Abuse: A Public Health Priority. An evidence-based, comprehensive, and integrative approach.. PLNDP National Project Office, Center for Alcohol and Addiction Studies. Brown University, Providence, RI 02912
- SAMHSA National Survey on Drug Use & Health , 2006  
<http://oas.samhsa.gov/2k6State/NorthCarolina.htm> - Tab2
- SAMHSA Office of Applied Studies, The Relationship Between Mental Health and Substance Abuse Among Adolescents.. 2007  
<http://www.oas.samhsa.gov/NHSDA/A-9/comorb3c-05.htm>
- SAMHSA SBIRT News 2007. <http://sbirt.samhsa.gov/news/index.htm>
- SAMHSA SBIRT News 2008. <http://sbirt.samhsa.gov/news/index.htm>
- SAMHSA SBIRT Website 2006.

# References

- <http://sbirt.samhsa.gov/index.htm>
- SAMHSA The National Household Survey on Drug Abuse (NHSDA) 1999 Report. <http://www.safeyouth.org/scripts/facts/substance.asp>
- Solberg, L, Maciosek, L, & Edwards, N 2008. Primary Care Intervention to Reduce Alcohol Misuse Ranking Its Health Impact and Cost Effectiveness. American Journal of Preventive Medicine;34(2):143–152) 2008