IMPLEMENTING SBIRT: Family Planning and Reproductive Health Settings
Tuesday, July 28, 2020

Holly Ireland, LCSW-C
Shelley Miller, MS
Poll Questions

Who is participating in the workshop today? (what is your primary role?)

- Administrator
- Advanced level practitioner
- Counselor
- Medical Assistant
- Nurse
- Support Staff
- Other
ATTCs

Funded by SAMHSA

- **Accelerate** the adoption and implementation of evidence-based and promising addiction treatment and recovery-oriented practices and services;
- **Heighten** the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use and/or other behavioral health disorders; and
- **Foster** regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.
The **ATTC Network** vision is to unify science, education, and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.
Central East Focus Areas

- Health Equity and Inclusion
- Evidence-Based Practices (EBPs)
  - Motivational Interviewing
  - SBIRT
  - Clinical Supervision
- Medication Assisted Treatment (MAT)
- Opioid Crisis
- Peer Workforce
- Tobacco Cessation
Other Resources in Region 3

Central East (HHS Region 3)

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
Central East ATTC Goals

• Collaborate and communicate with key regional stakeholders and develop T/TA responses for the behavioral health and public health workforce

• Increase ongoing implementation of evidence-based SUD interventions, treatment and recovery practices in specialized SUD, HIV, and primary care programs and practices
The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.
Cultural Competence

A set of practice skills, congruent behaviors, attitudes, and policies that come together in a system, or among professionals to work effectively in cross cultural situations.
Cultural Identity Influences the Therapeutic Process

Source: Think Cultural Health
A trauma-informed approach is a promising model for organizational change in health, behavioral health, and other settings that promote resilience in staff and patients.

**SAMHSA’s 6 Key Principles**

1. **SAFETY**
   - Prevents violence across the lifespan and creates safe physical environments

2. **TRUSTWORTHINESS & TRANSPARENCY**
   - Fosters positive relationships among residents, City Hall, police, schools, and others

3. **PEER SUPPORT**
   - Engages residents to work together on issues of common concern

4. **COLLABORATION & MUTUALITY**
   - Promotes involvement of residents and partnership among agencies

5. **EMPOWERMENT VOICE & CHOICE**
   - Ensures opportunities for growth are available to all

6. **CULTURAL, HISTORICAL, & GENDER ISSUES**
   - Values and supports history, culture, and diversity
Substance Use Is

A Public Health Problem
20.7 million Americans ages 12 and older needed treatment for substance use in 2017 (or 1 in 13).

However, only about 2.5 million people received the specialized treatment they needed in the previous 12 months (or 12.2% of those who needed it).

SAMHSA’s National Survey on Drug Use and Health (NSDUH) – 2017 (pgs 46 & 47)
Transtheoretical Model: Stages of Change
Two Poll Questions

When you think about stages of change, where would you place yourself and your agency?

**Self?**
- [ ] Pre-Contemplative
- [ ] Contemplative
- [ ] Preparation
- [ ] Action
- [ ] Maintenance

**Agency?**
- [ ] Pre-Contemplative
- [ ] Contemplative
- [ ] Preparation
- [ ] Action
- [ ] Maintenance
Poll Question

I have received training on the SBIRT model.

__ Yes
__ No
__ Uncertain
The SBIRT Concept

- SBIRT uses a **public health** approach to universal screening for substance use problems
  - **SBIRT provides:**
    - Immediate rule out of **non-problem** users;
    - Identification of levels of **risk**;
    - Identification of patients who would **benefit** from brief advice;
    - Identification of patients who would **benefit** from further assessment; and
    - Progressive **levels** of clinical interventions based on **need** and **motivation** for change.
The SBIRT Model
A Continuum of Substance Use

- Abstinence
- Experimental Use
- Social Use
- Binge Use
- Abuse
- Substance Use Disorder
Implementation Phases

01
Change Project Commitment and Implementation Plan Development

02
SBIRT Training and Technical Assistance

03
Implementing Continuous Quality Improvement and Sustainability
Proposed Overview of Partnership

- **February – June 2020**
  - Planning Meeting(s)
  - PPMD Staff Meeting Presentation (March 2020)
  - Launch Meeting (April 2020)
  - Development of Implementation Plan
  - Virtual Meetings (monthly)
  - SBIRT Staff Training
  - June – August 2020, Training of Trainers
  - Motivational Interviewing Training (as requested)

- **July 2020 – June 2021**
  - Build Capacity
  - On-going Training and Technical Assistance

The End Goal ... a sustainable SUD Program
## Estimated Time Investment

<table>
<thead>
<tr>
<th>Activity</th>
<th>February – June 2020</th>
<th># of Hours</th>
<th>Frequency</th>
<th>Total Hours</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Interest Meeting</td>
<td></td>
<td>1.0</td>
<td>1</td>
<td>1.0</td>
<td>ATTC and MDH Members and Leaders</td>
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<tr>
<td>Planning and Implementation</td>
<td></td>
<td>8.0</td>
<td>1</td>
<td>8.0</td>
<td>ATTC, MDH, and PPMD</td>
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<tr>
<td>Launch Meeting</td>
<td></td>
<td>10.0</td>
<td>1</td>
<td>10</td>
<td>SBIRT Trainer &amp; MDH and PPMD staff</td>
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<tr>
<td>SBIRT In-Person Training</td>
<td></td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>ATTC, TA Consultant, MDH and PPMD</td>
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<tr>
<td>Intensive TA Sessions (Virtual)</td>
<td></td>
<td>1.0</td>
<td>3 - 5</td>
<td>3.0 - 5.0</td>
<td>ATTC, TA Consultant, MDH and PPMD</td>
</tr>
<tr>
<td>Coaching TA</td>
<td></td>
<td>1.5</td>
<td>1</td>
<td>1.5</td>
<td>ATTC, TA Consultant, MDH and PPMD</td>
</tr>
<tr>
<td>FINAL TA (Virtual) &amp; Project</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ATTC, TA Consultant, MDH and PPMD staff</td>
</tr>
<tr>
<td>Conclusion Meeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td>12 - 14</td>
<td></td>
<td>47.5 - 49.5</td>
<td></td>
</tr>
</tbody>
</table>

Training of Trainers – 3 full day training with selected staff (Date to be determined)
Technology Transfer Strategies

VIRTUAL
Attend remotely using virtual technology such as Zoom, Adobe Connect, or GoToWebinar

HYBRID
## Evidence-Based Screening Tools/For Pregnant Woman and Adults

<table>
<thead>
<tr>
<th>Screening Tool</th>
<th># of Items</th>
<th>Substances Addressed</th>
<th>Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIST-2 (Alcohol Smoking and Substance Involvement Screening Test)</td>
<td>8 Questions</td>
<td>Tobacco, Alcohol, Drugs, Inhalants</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>4Ps</td>
<td>4 Questions</td>
<td>Drugs and alcohol</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>Single-item Drug Frequency</td>
<td>1 Question</td>
<td>Illegal Substances and Prescription Medication</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>SUBS (Substance Use Brief Screen)</td>
<td>4 Questions</td>
<td>Tobacco, Alcohol, Drugs, Prescription Medications</td>
<td>Self-administered (electronic)</td>
</tr>
<tr>
<td>TAPS-1</td>
<td>4 Questions</td>
<td>Tobacco, Alcohol, Illegal Drugs (including cannabis), Prescription Medications</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>ASSIST-Drug (Alcohol Smoking and Substance Involvement Screening Test Drug)</td>
<td>2 Questions</td>
<td>Drugs</td>
<td>Face-to-face interview</td>
</tr>
<tr>
<td>DAST-2 (Drug Abuse Screening Test)</td>
<td>2 Questions</td>
<td>Drugs</td>
<td>Face-to-face interview</td>
</tr>
<tr>
<td>DAST-10 (Drug Abuse Screening Test)</td>
<td>10 Questions</td>
<td>Drugs (Can also be used with Pregnant Women)</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>Single Item HED Frequency</td>
<td>1 Question</td>
<td>Alcohol</td>
<td>Face-to-face interview</td>
</tr>
</tbody>
</table>
## Screening Tools For Adolescents

<table>
<thead>
<tr>
<th>Screening Tool</th>
<th># of Items</th>
<th>Substances Addressed</th>
<th>Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSTAD (Brief Screener for Tobacco, Alcohol, and other Drugs)</td>
<td>6 Questions</td>
<td>Tobacco, Alcohol, Drugs</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>CAST (Cannabis Abuse Screening Test)</td>
<td>6 Questions</td>
<td>Cannabis</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)</td>
<td>6 Questions</td>
<td>Alcohol and Drugs</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>POSIT (Problem Oriented Screening Instrument for Teenagers, substance use and abuse subscales)</td>
<td>17 Questions</td>
<td>Alcohol and Drugs</td>
<td>Face-to-face interview</td>
</tr>
<tr>
<td>SDS (Severity Dependency Scale)</td>
<td>5 Questions</td>
<td>Cannabis</td>
<td>Self-administered (paper only)</td>
</tr>
<tr>
<td>AUDIT-C (Alcohol Use Disorders Identification Test Consumption)</td>
<td>3 Questions</td>
<td>Alcohol (use with adults or adolescents)</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>AUDIT (Alcohol Use Disorder Identification Test)</td>
<td>10 Questions</td>
<td>Alcohol (use with adults or adolescents)</td>
<td>Self-administered or Face-to-face interview</td>
</tr>
<tr>
<td>NIAAA Youth Screen (National Institute on Alcohol Abuse and Alcoholism Screening Guide)</td>
<td>2 Questions</td>
<td>Alcohol</td>
<td>Face-to-face interview</td>
</tr>
<tr>
<td>CAGE-AID</td>
<td>5 Questions</td>
<td>Alcohol and Drugs (use with adults or adolescents)</td>
<td>Face-to-face interview</td>
</tr>
</tbody>
</table>
CAGE-AID Questionnaire
The CAGE Adapted to Include Drugs (CAGE-AID) Questionnaire is an adaptation of the CAGE for the purpose of conjointly screening for alcohol and drug problems. The CAGE-AID focuses on lifetime use. When thinking about drug use, include illegal drug use and the use of prescription drugs other than prescribed.

Points/Questions

**C**: Have you ever felt that you ought to Cut down on your drinking or drug use?
Yes+1  No+0

**A**: Have people Annoyed you by criticizing your drinking or drug use?
Yes+1  No+0

**G**: Have you ever felt bad or Guilty about your drinking or drug use?
Yes+1  No+0

**E**: 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 (Eye opener)?
Yes+1  No+0

0 points

**Interpretation**:
One or more "yes" responses is regarded as a positive screening test, indicating possible substance use and need for further evaluation.
Brief Intervention

- Ask permission to discuss the results
- Review the results and the implications
- Use Motivation Conversations to move people along the stages of change as appropriate

THE STAGES OF BEHAVIOR CHANGE

- Pre-contemplation: unaware of the problem
- Contemplation: aware of the problem and of the desired behavior change
- Preparation: intends to take action
- Action: practices the desired behavior
- Maintenance: works to sustain the behavior change
Motivational Conversations and MI

- Motivational Interview: An Evidenced-Based Practice
- Engagement that is person-centered, trauma-informed, and culturally inclusive
Millions of Americans have a substance use disorder. Help is available.

The Substance Abuse and Mental Health Services Administration (SAMHSA) collects information on thousands of state-licensed providers who specialize in treating substance use disorders, addiction, and mental illness.

Find treatment
Sample SBIRT Flow Chart

CLINIC SAMPLE
SBIRT Screening: Flow Chart

SCREEN

+ 
Brief Intervention

Referral to treatment

- 
Offer positive message and document

Referral to treatment not needed

Repeat screening as determined by protocol

Declined

Accepted

- Document
  - Repeat/check &/or Brief Intervention at next visit

- Warm Handoff off high risk patients
  - Paper referral for low risk patients
  - Obtain consent if needed
  - Document:
    - Outcome?
    - Appointment made/attended?
    - Recommendations?
    - Further Care?
Discussion

- Where do you believe you need to begin?
- What concerns do you have?
- What do you anticipate being your biggest hurdle?
- What do you need to begin your process?
MDH – SBIRT Workgroup

- Chair: Melissa Beasley
- Linda Alexander
- Betsy Bridgett
- Michael Bridgett
- Diane Hanlon
- Valina Hartman
- Holly Ireland
- John McCauley
- Courtney McFadden
- Shelley Miller
- Gretchen Nettle
- Victoria Stinson
- Alena Troxel
Questions?
Thank You
Communications

- **Sign up** for our newsletter and training notices

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Central East (HHS Region 3)

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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a program managed by

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