



National Screening, Brief Intervention & Referral to Treatment

ATTC

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

SBIRT (Modified)

Orange County Pilot project



SBIRT: Key Terms

Screening: Very brief set of questions to identify risk for substance use problems.

Brief Intervention: Brief counseling that raises awareness of risks and motivates client toward acknowledgement of problem.

Referral to Treatment: Procedures to help patients access specialized care.



Development of SBIRT Pilot project

Purpose:

- Identify patients in primary care settings who are at risk for Substance Use and Mental Health Disorders
 - Included mental health, trauma, and domestic violence in tool, as well as substance use questions (modified SBIRT)
 - Partly driven by funding – MHSa Prevention & Intervention
- To begin a process for integrating our behavioral health services into primary care



Implementation of Project

- Search for partners - began in 2010
 - Competing priorities with hospitals:
 - Many ER/trauma centers wanted to hire own staff
 - We wanted to integrate our services into primary care
 - Refocused on community health clinics
 - Beginning at UCI Family Health Clinic (an FQHC)
- Hired staff (LCSW, LMFT) – January 2012
- Waiting for MOU
 - Negotiating details (clinician details, legal issues)
 - Barriers to MOU (clinic administration turnover)
 - Making use of waiting time (licensing, County training and experience, developing resource directory)
- Project started in June 2013



Modified SBIRT Tool

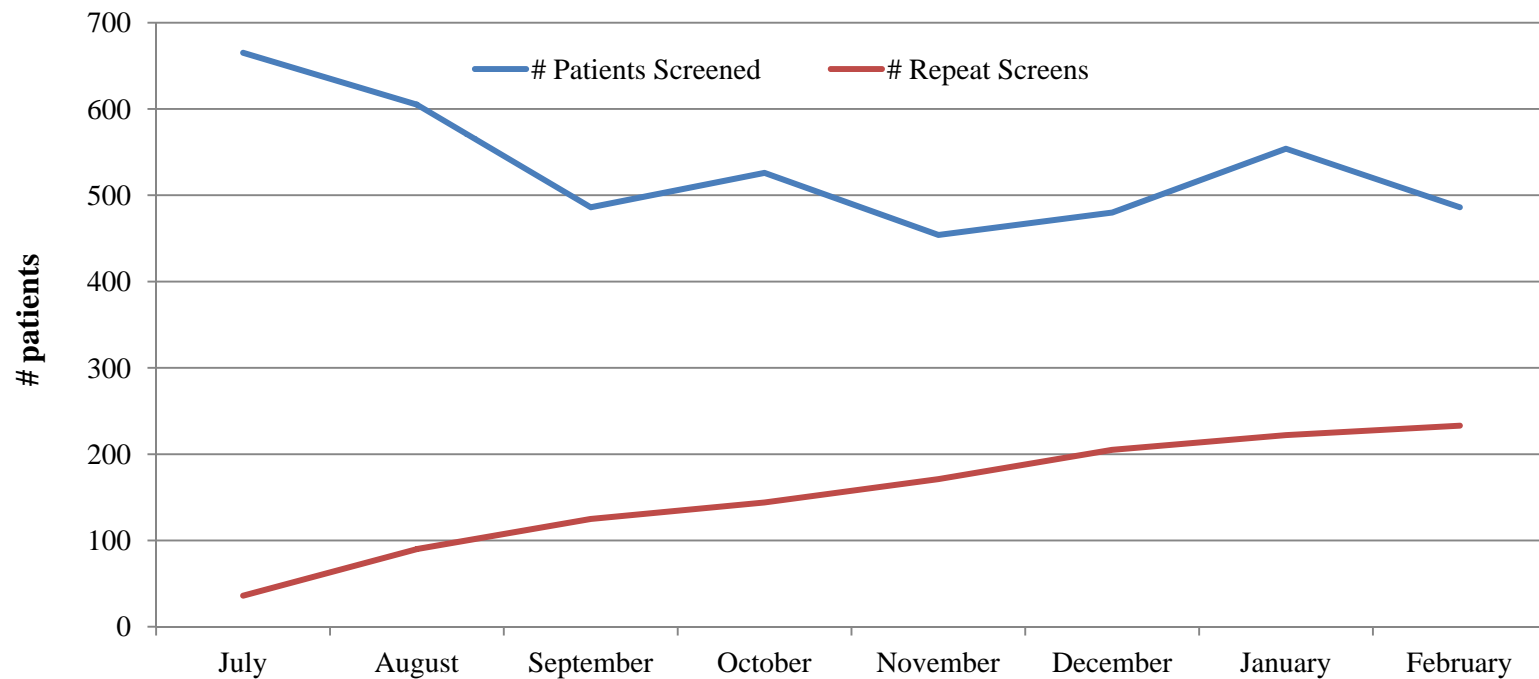
- Current: 10 item initial screen using validated tools

Issue	Brief Screen	Follow-Up
Depression	PHQ-2	PHQ-9
Anxiety	GAD-2	GAD-7
Alcohol Misuse	AUDIT-3	AUDIT-10
Drug/Rx Abuse	NIDA Quick Screen (adapted)	DAST-28
Domestic Violence	Stanford Medical School question: In the past year, has anyone close to you threatened or hurt you?	PVS-3
Trauma	In the past year, have you experienced any traumatic events? (followed by NLM defin. of traumatic event)	PCL-C



Findings: Number of Screenings

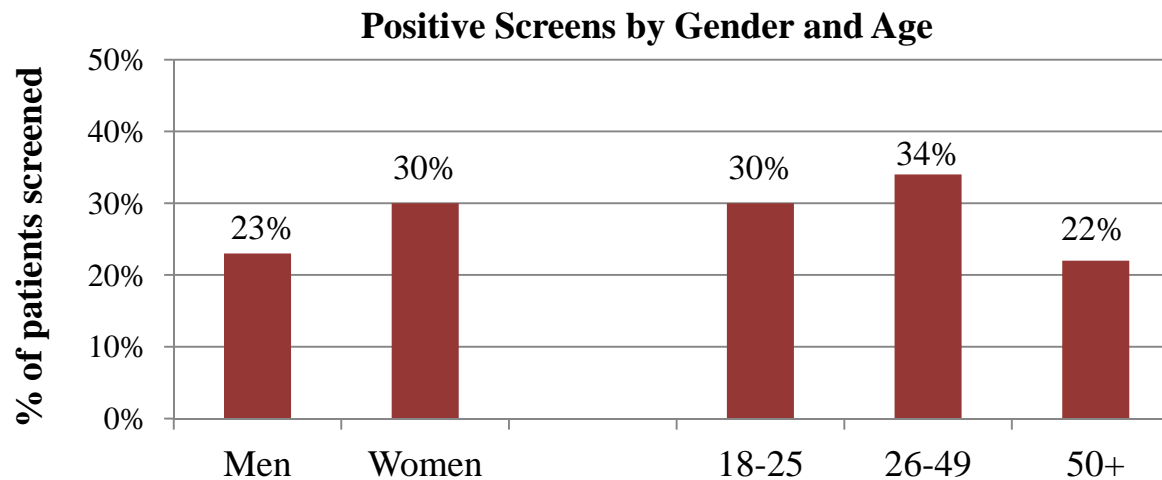
Number of Patients Screened and Re-Screened (July 2013 to February 2014)





Findings: Positive Screens

- 28% (n=1,186) screened positive
 - 86% mental health disorder (MHD)
 - 9% substance abuse disorder (SUD)
 - 5% domestic violence issues (DV)
 - 9% screened positive for more than one issue, mostly MHD and SUD

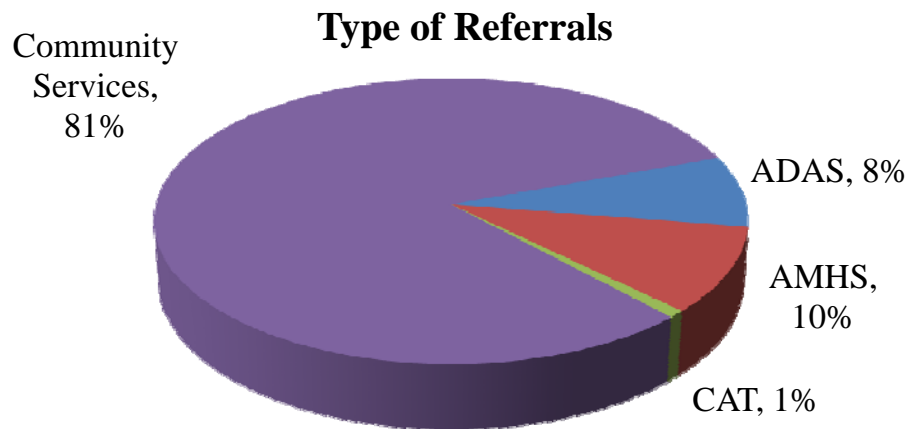


- 54% of positive screens identified an “untreated” issue!

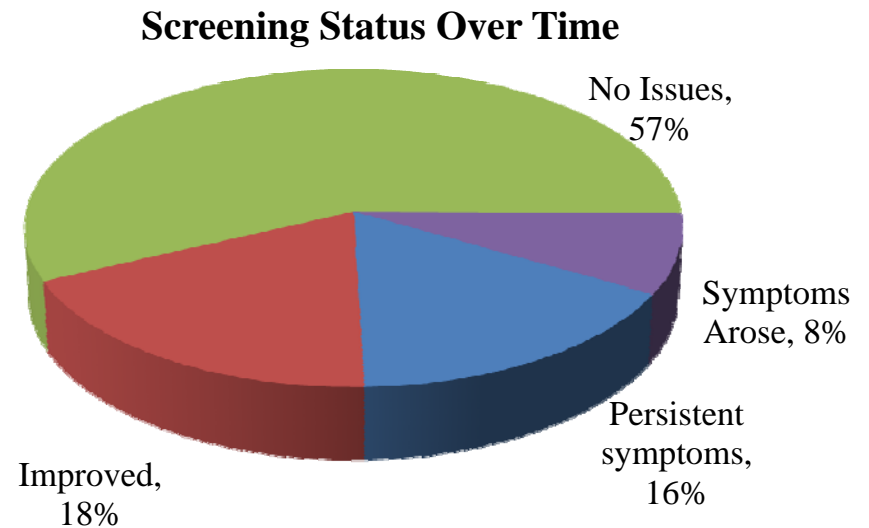


Findings: Referrals & Follow-Ups

- 1,203 referrals were made, mostly to community services



- Upon re-screening, 18% showed improved symptoms





SBIRT In Practice with UCI

Lessons Learned

1. Personality Traits

- Flexible with work duties
- Get along with different personalities and positions (management to maintenance)
- Patience
- Being genuine with personnel

2. Responding to Crisis

- Knowing agency protocol



SBIRT In Practice with UCI

Lessons Learned (continued)

3. Good Clinical Support System

- Having 2 clinicians on site to implement the program and consult with each other onsite
- Attend supervision/ peer consultation

4. Administration of Tool

- Conduct screening in conversational manner
- Use clinical skills to assess other health issues (psychosis, mania)



SBIRT In Practice with UCI

Lessons Learned (continued)

5. Getting Known/Being Involved

- Attending staff, management and resident meetings
- Continuously introducing ourselves to people

6. Become Member of the Clinic Team

- Integrate into clinic culture
- Become part of regular clinic staff and clinic flow



SBIRT In Practice with UCI

Lessons Learned (continued)

7. Support Tools

- Develop tools for daily tasks – e.g., daily tracking sheet, referral half sheet, SBIRT areas of concern, telephone follow ups, etc.

8. Resources

- Identifying resources to match patient need
- Continual networking and touring referral agencies
 - e.g., Saddleback Conferences & CalOptima
- Ongoing revision of resource directory to learn about any changes and length of waitlist, if any.



SBIRT In Practice with UCI

Lessons Learned (continued)

9. Barriers/Issues with Referral Agencies

- Lack of no-cost services in patients' native language
- Lack of appropriate services
 - One-size-fits-all group therapy, regardless of severity/nature of mental health condition
- Barriers within referral agencies
 - Provider saying they don't provide those services
 - Resistant attitude toward patient when calling for service
 - » Sometimes need 3-way call (patient, clinician, provider)



SBIRT In Practice with UCI

Lessons Learned (continued)

10. Barrier – Tracking Client Data

- No ability to write SBIRT notes in patient computer file
 - Clinicians cannot access previous screening results
 - » No details on what the patient screened positive for on previous visit
 - » No details on where patient was referred



UCI Family Health Clinic Perspectives

- Logistical and legal issues
- Our experience of SBIRT
 - The screening clinicians: Tawny and Elaine



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Questions?
