CT Screening, Brief Intervention & Referral to Treatment (CT SBIRT) Program

State Offices of Rural Health
Region A Grantee Meeting
June 18, 2014

Alyse Chin, DMHAS
Bonnie McRee, UCHC

CT SBIRT Program

• Funded by SAMHSA-CSAT through the Office of the Governor, State of Connecticut Department of Mental Health and Addiction Services (DMHAS)
• 5-year grant (September 2011 – 2016)
• $8.3 million
CT SBIRT Program Purpose & Goals

PURPOSE
To increase identification and treatment of people who are at-risk for substance misuse or diagnosed with a substance use disorder through implementation of SBIRT services in partnering community health center and other sites.

GOALS
- Develop an expanded and trained workforce with SBIRT competencies through state-of-the-art SBIRT training/technical assistance to sustain these practices.
- Implement and sustain SBIRT services at the targeted FQHC sites.
- Identify systems/policy changes that will ensure continuity of SBIRT in CT.
- Conduct a comprehensive evaluation of the CT SBIRT Program.

CT SBIRT Program Services

Evidence-based practices for the following modalities:
- Routine screening for tobacco, alcohol & other drug use,
- Brief Intervention using manual-guided procedures recommended by the World Health Organization (WHO);
- Outpatient Brief Treatment protocol modeled on a CSAT clinical trial; and
- Referral to Treatment based on ASAM criteria.

CT SBIRT Partners

- Department of Mental Health and Addiction Services
- Project Leadership and Management
- 9 Community Health Centers
- SBIRT Implementation Sites
- Licensed Substance Abuse Treatment Agencies
- Brief Treatment provision
- Community Health Center Association of CT
- Program support for CHC participation
- University of Connecticut Health Center
- Training, TA and program evaluation
Partnering Health Center Sites

- Community Health Services, Inc. - Hartford
- CIFC Greater Danbury Community Health Center - Danbury
- Fair Haven Community Health Center - New Haven
- Cornell Scott Hill Health Center - New Haven
- Optimus Health Care, Inc. - Bridgeport and Stamford
- StayWell Health Care, Inc. - Waterbury
- Southwest Community Health Center, Inc. - Bridgeport
- United Community & Family Services - Norwich/Jewett City/Plainfield
- First Choice Health Centers, Inc. - East Hartford

Expanding and Sustaining CT SBIRT

- Expand services within and beyond health centers
  - Formalizing performance of SBIRT procedures by generalist staff
  - DMHAS Military Support Program and CT National Guard
  - Hospitals, primary care physicians and other interested agencies such as State Department on Aging and CT Community Care, Inc. (CCCI)
- Determine comparative effectiveness of SBIRT services, including impact on Medicaid PMPM costs for patients receiving SBIRT services;
- Continue to explore reimbursement mechanisms for screening and brief interventions.

Upstream Approach
**What is SBIRT?**

- Screening is method for identifying someone at risk for a condition
- Validated assessments include ASSIST, AUDIT, DAST, FTND
- Screening score provides an assessment of patients’ risk levels
  - Lower, moderate, high
- CT SBIRT utilizes Health Educators to conduct screening in general medical, dental or other departments
- Annual screening

---

**What is SBIRT?**

- Pre-Screening or trigger questions may be used prior to full screening assessment.

**Alcohol:** In the past 12 months, how often did you have:

<table>
<thead>
<tr>
<th>Alcohol Use</th>
<th>Standard drinks Per occasion</th>
<th>Standard drinks Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>&gt;6 drinks</td>
<td>&gt;14 drinks</td>
</tr>
<tr>
<td>Women (and those &gt;65 age)</td>
<td>&gt;3 drinks</td>
<td>&gt;7 drinks</td>
</tr>
</tbody>
</table>

**Drug Use:** In the past 12 months, how often did you use a prescription painkiller, stimulant or sedative for a non-medical reason OR smoke pot OR use a street drug?
What is SBIRT?

- Brief Intervention is low-intensity, short-duration counseling for those who screen positive
  - Builds commitment to change through motivational interviewing
  - Learn about risks and consequences important to the patient
  - Provide advice about recommended use limits
  - Weighing pros and cons of behavior in light of goals and values
  - Making and strengthening arguments for change
  - Supports change by helping patients design change plans
- Health Educator conducts immediately following screening or after the patient’s medical or dental exam

What is SBIRT?

- Referral to Treatment facilitates access to care for individuals with more serious signs of substance use disorders
  - Health Educator refers patient to substance abuse therapist within behavioral health dept.
  - Diagnostic assessment
  - Brief Treatment (MET, CBT)
  - More intensive treatment

SBIRT Program Rationale

- Use of tobacco, alcohol and other drugs is a leading cause of preventable death in the U.S.
- Most affected individuals receive no treatment
- Early identification and intervention works
- SBIRT programs are putting early intervention into practice
Actual Causes of Death in the United States

- Heart disease, cancers, cerebrovascular disease, chronic lower respiratory tract disease, unintentional injuries, etc. are leading causes of death in the U.S.
- Modifiable risk factors are the “actual” causes of mortality in the U.S.
  1. Tobacco use
  2. Poor diet and physical inactivity
  3. Alcohol consumption
- Other actual causes: microbial agents, toxic agents, motor vehicle crashes, firearms incidents, sexual behaviors and illicit use of drugs.

U.S. Prevalence Rates
CDC, BRFSS, 2009-2012, SAMHSA, NSDUH, 2012

Medical, Economic and Social Costs of Behavioral Risk Factors
http://www.hospitalsbirt.webs.com/

April 5, 2002
Tobacco Use Conditions
http://www.hospitalstiff.waeb.com/

- Heart Disease
- Stroke
- Chronic lung disease
- Respiratory infections
- Reproductive health
  - Miscarriage, stillbirth
  - Prematurity
  - Low birthweight
- Cancers
  - Lung
  - Mouth, lips, nose
  - Larynx, pharynx
  - Esophagus, stomach
  - Pancreas
  - Kidney, bladder
  - Uterine cervix

Alcohol and Drug-related Conditions
http://www.hospitalstiff.waeb.com/

- Alcohol & Drug Use Cause:
  Accidents, injury & disability
  Viral hepatitis
  HIV/AIDS
  Other STDs
  Unplanned pregnancies
  Poor birth outcomes
  Psychiatric Disorders
- Alcohol Use Causes:
  Hypertension
  Dyslipidemia
  Heart disease
  Stroke
  Neuropathy Dementia
  Cancers
  Oropharynx
  Esophagus
  Breast
  Liver
  Colon
  Hepatitis
  Pancreatitis

Broadening the Base of Treatment

- Early intervention vs. traditional treatment
- At-risk use vs. dependence
- Public health vs. individual perspective
- Risk factors vs. disease conditions
Early Detection/Intervention Trend

- No real effort prior to 1980’s to target risky behaviors
- Smoking before lung cancer developed
- At-risk alcohol use before liver cirrhosis
- Progress in preventive services for early detection of diseases increased popularity of early interventions
- Cervical cancer and hypertension screening
- “Broadening the base of treatment” by screening for behavioral risk factors in medical patients likely to develop any number of preventable medical conditions occurred.

SBIRT Research Base

- Since 1980, several hundred empirical studies on screening, brief intervention, referral and integration of SBIRT into health care settings
- Over 25 screening tests developed and validated
- Scores of randomized controlled trials of brief intervention in a wide range of countries
- 20+ integrative literature reviews
- A growing literature on provider training, program implementation, and new applications

Summary of Brief Intervention Evidence With At-risk Drinkers, Reduction in Use

- Patients receiving brief interventions reduced average number of drinks/week by 13% to 34% compared to controls
- Proportion of participants in intervention condition drinking at moderate or safe levels was 10% to 19% greater than controls

Babor et al., 2008; Whitlock, et al., 2004
### Summary of Brief Intervention Evidence

**With At-risk Drinkers, Health and Related Outcomes**

- **Quality of life measures**
  - Improved quality of life related to alcohol problems for those who decreased consumption by 20% or more

- **Health outcomes**
  - Decreased ED visits (20%), injuries (33%), hospitalizations (17%), arrests (46%), car crashes (50%)

- **Lower total mortality**
  - Lower total mortality (24/100,000 person years) than controls (30/100,000; p<.02), and significantly reduced alcohol-related mortality after 3 and 21 years

(Berglund, et al., 2000; Fleming, et al., 2002; National Business Group on Health, Guide to Preventive Services)

---

### Brief Intervention Evidence for Other Substances

- **Significant literature for brief smoking cessation counseling (Fiore et al., 2008)**
  - Cessation rates increase significantly with pharmacotherapy use


- **Copeland et al. (2001) - cannabis (Australia)**

- **Heather et al. (2004) – benzodiazepines (UK)**

- **McCann and Strang (2004) - cigarettes and cannabis (UK)**

- **Bernstein et al. (2005) - cocaine and heroin (US)**

- **Madras et al. (2008) – 4 categories of drugs**

- **WHO ASSIST Working Group (2011) – 4 categories of drugs (Brazil, Australia, India, US).**

---

### Summary of the Referral to Treatment Evidence Base

- **SA Treatment Literature**
  - Many substance dependent individuals do not seek treatment on their own
  - Many do not follow through on treatment recommendations
  - Prognosis is strongly related to a patient’s motivation to enter treatment as well as to change drinking or drug-using behavior
  - The earlier substance-dependent individuals engage in treatment, the faster and more beneficial the outcomes

(Babor, et al., 2008; DelBoca et al., in press)
Summary of the RT Evidence Base (Medical Literature)

- Co-location of specialty care in the same setting as the referring provider increases treatment initiation
- Long wait lists and lack of insurance coverage are associated with poorer imitation rates
- Provider variables related to treatment compliance include enthusiasm, confidence in the outcome of the referral, and duration of provider-patient relationships
- Patient characteristics including perceived susceptibility, knowledge of disease factors and external pressure from outside sources affect specialty treatment initiation.

Babor, et al., 2008; DelBoca et al., in press

Successful Referral to Treatment Models

- Coordinated linkages are more effective for treatment initiation
- Using community care coordinators for navigating the lengthier process of RT and provision of "warm hand-offs" from medical to treatment facility
- Co-locating services where possible
- Addressing logistical barriers
- Using peer mentors to assist patients by providing education and support form the point of view of those in recovery

Babor, et al., 2008; DelBoca et al., in press

Research to Practice Gap

- Large research base supporting the efficacy of SBIRT services for general medical patients, especially for interventions targeting at-risk alcohol and tobacco use
- Growing evidence for efficacy of SBIRT for other substance use
- However, technology from SBIRT clinical trials has not being widely adopted by medical professionals in the field

Babor, et al., 2008; DelBoca et al., in press
Federal SBIRT Implementation Program

- Federal program was initiated in 2003 with cooperative agreements to 7 grantees
- 33 States/Territories/Tribal Organizations have been funded over 6 cohorts
- 12 Campus-based programs at colleges and universities
- 17 Medical residency cooperative agreements
- 13 Training grants for nursing, social work, other medical staff

- CT SBIRT Program funded in 2011 as part of Cohort 4.

Federal SBIRT Purpose

- Coordinated effort to promote widespread adoption of SBIRT by
- Supporting clinically appropriate treatment services for persons who are at risk for substance misuse
- Expanding the continuum of care to include SBIRT in non-traditional treatment settings
- Improving linkages among community agencies (medical and substance abuse) that are implementing SBIRT
- Identifying and sustaining systems and policy changes to increase access to treatment

CT SBIRT Data: Percentage of Patients Screened who Scored in the Moderate to High Risk Category, Top 5 Substances of Use (n=28,911)
CT SBIRT Data: Percentage of Patients who Screened Positive* (Scored in the Moderate to High Risk Category), Top 5 Substances of Use (n=9,159)

*Screened positive for tobacco, alcohol or other drug use.

CT SBIRT Data: Percentage of Patients who Screened Positive* who Scored in the Moderate to High Risk Category, Top 5 Substances of Use (n=3,518)

*Screened positive for alcohol and/or other drug use.

Screened Patients: At-risk Substance Use by Age

<table>
<thead>
<tr>
<th>18-24 %</th>
<th>25-34 %</th>
<th>35-44 %</th>
<th>45-54 %</th>
<th>55+ %</th>
<th>Total n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Tobacco Use</td>
<td>7.2%</td>
<td>20.3%</td>
<td>20.6%</td>
<td>20.8%</td>
<td>22.2%</td>
</tr>
<tr>
<td>At-risk Alcohol Use</td>
<td>8.8%</td>
<td>17.5%</td>
<td>21.4%</td>
<td>31.5%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>18.3%</td>
<td>27.4%</td>
<td>19.6%</td>
<td>23.9%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2.6%</td>
<td>11.0%</td>
<td>29.7%</td>
<td>44.3%</td>
<td>20.4%</td>
</tr>
<tr>
<td>Heroin</td>
<td>8.5%</td>
<td>17.5%</td>
<td>20.4%</td>
<td>37.3%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Totals n (%)</td>
<td>2,520 (100%)</td>
<td>5,171 (100%)</td>
<td>5,486 (100%)</td>
<td>6,755 (100%)</td>
<td>28,484 (100%)</td>
</tr>
</tbody>
</table>
Screened Patients:
Race and Ethnicity by Gender

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American</td>
<td>32.2</td>
<td>33.4</td>
<td>32.9</td>
</tr>
<tr>
<td>White</td>
<td>63.9</td>
<td>62.6</td>
<td>63.1</td>
</tr>
<tr>
<td>Asian, American Indian, Alaskan Native, Hawaiian, Other, Refused, Unknown</td>
<td>3.9</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Hispanic

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>44.9</td>
<td>50.2</td>
<td>48.3</td>
</tr>
<tr>
<td>Not Hispanic</td>
<td>55.1</td>
<td>49.8</td>
<td>51.7</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Patient Outcomes, Days of Use Past 30 Days (n=182)

Binge Drinking
- 5 - 60% decrease
- 3 - 48% decrease
- 8 - 45% decrease

Illegal Drug Use
- 4 - 48% decrease
- 7 - 45% decrease

Marijuana Use
- 4 - 45% decrease

Questions?

- Contact Information
  - Alyse Chin, CT SBIRT Project Director: Alyse.Chin@ct.gov
  - Bonnie McRee, CT SBIRT Training Institute Director: Mcree@uchc.edu
- DMHAS Website: http://www.ct.gov/dmhas
- Major Initiatives
  - CT Screening, Brief Intervention and Referral to Treatment (CT SBIRT)