

MIDD 2 Initiative PRI-01: Screening, Brief Intervention and Referral to Treatment (SBIRT)

How does the program advance the adopted MIDD policy goals?

This initiative impacts the adopted MIDD policy goal of “divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals.”

Individuals who have abused alcohol and/or other drugs have an increased risk of being involved in vehicle and other crashes, as well as a heightened risk for other health problems, which may lead to emergency room admissions. SBIRT is a tool to universally screen and identify people with mild to severe substance use disorders (SUD) and/or who have depression or anxiety. Persons identified by SBIRT screening are given a brief intervention (BI) by a medical professional or counselor. The brief intervention (BI) addresses the individual's substance use, depression, and/or anxiety and assists with establishing a plan to reduce use in the future. When indicated, patients are referred to specialty care for their substance use disorder, depression or anxiety.

In addition to identifying and intervening with people who have mild SUDs, SBIRT also identifies individuals with moderate to severe SUD and works to connect them (Referral to Treatment) to substance use treatment or options. In cases where there is not a SUD but there is an indication of depression or anxiety, patients are referred to a behavioral health specialist. In cases where SUD and depression and/or anxiety are present, depression/anxiety are handled first because often times the SUD is the self-medication for the depression/anxiety symptoms. SBIRT services connect behavioral and primary health care to effectively meet the needs of individuals.

1. Program Description

◇ A. Service Components/Design (Brief)

MIDD SBIRT services have focused on emergency departments (ED) by providing staff support to assist with SBIRT for SUD. Harborview ED, St Francis ED, and Highline ED have staff that assist in SBIRT. Universal screening has not been possible with limited staff resources for an ED that operates 24 hours/seven days per week.

SBIRT is provided to individuals when a patient shows an indication of use of alcohol or drugs; the SBIRT clinician is alerted and will complete a brief screen for alcohol and/or drugs. The tools chosen are the Alcohol Use Disorders Identification Test (AUDIT),²⁵ the Drug Abuse Screening Test (DAST),²⁶ and the Patient Health Questionnaire-9 (PHQ-9)²⁷ and Generalized

²⁵ Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. AUDIT: The Alcohol Use Disorders Identification Test Guidelines for Use in Primary Care. 2nd Edition. World Health Organization. 2001

²⁶ Skinner HA. The Drug Abuse Screening Test. *Addictive Behavior*. 1982, 7(4): 363-371; and Yudko E, Lozhkina O, Fouts A. A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. *J Subst Abuse Treatment*. 2007, 32:189-198.

²⁷ Spitzer RL, Williams JBW, Kroenke K, Linzer M, deGruy FV, Hahn SR, Brody D, Johnson JG. Utility of a new procedure for diagnosing mental disorders in primary care: The PRIME-MD 1000 study. *JAMA* 1994; 272:1749-1756

Anxiety Disorder-7 (GAD-7)²⁸ screens for depression and anxiety symptoms, respectively. Based on screen results, a brief intervention using Motivational Interviewing techniques²⁹ may be completed. The patient is offered assistance in connecting to further assistance with the behavioral health clinician either for a follow-up brief therapy visit or for a referral for an assessment.

◇ *B. Goals*

SBIRT is an evidenced-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and drugs.³⁰ Individuals who have abused alcohol and/or other drugs have an increased risk of being involved in vehicle and other crashes, as well as a heightened risk for other health problems, which may lead to emergency room admissions. Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment. Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

◇ *C. Preliminary Performance Measures (based on MIDD 2 Framework)*

1. How much? Service Capacity Measures

This initiative serves 2,500 unduplicated individuals annually.

2. How well? Service Quality Measures

- Increased use of preventive (outpatient) services

3. Is anyone better off? Individual Outcome Measures

- Reduced substance use
- Reduced behavioral health risk factors
- Reduced unnecessary emergency department use

◇ *D. Provided by: Contractor*

²⁸ Spitzer RL, Kroenke K, Williams JBW, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med 2006; 166:1092-1097.

²⁹ Miller, WR & Rollnick, S. (2013). Motivational Interviewing: Helping People Change (3rd Edition). Guilford: New York. "Motivational Interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion."

³⁰ <http://www.integration.samhsa.gov/clinical-practice/sbirt>

2. Spending Plan

Year	Activity	Amount
2017	Screening, Brief Intervention and Referral To Treatment in EDs continue.	\$ 717,500
2017 Annual Expenditure		\$ 717,500
2018	Screening, Brief Intervention and Referral To Treatment in EDs continue.	\$ 736,155
2018 Annual Expenditure		\$ 736,155
Biennial Expenditure		\$ 1,453,655

3. Implementation Schedule

◇ A. Procurement and Contracting of Services

Current providers will continue through 2017 with existing contract. A Request for Qualifications (RFQ)/Request for Interest (RFI) will be developed and released in the fourth quarter of 2017.

◇ B. Services Start date (s)

Services continue with existing providers through 2017; revised contracts and/or providers in first quarter 2018.

4. Community Engagement Efforts

This initiative is continuing from MIDD 1 with an established program model. Stakeholder engagement is under way regarding planning for the RFQ/RFI, sustainability and expansion opportunities.