



**Office of Alcoholism and
Substance Abuse Services**

SBIRT in Health Homes – It Makes Sense

Alcohol and Drug Use as a Public Health Issue

- Unhealthy and unsafe alcohol and drug use are major preventable public health problems resulting in more than 100,000 deaths each year.
- The costs to society are more than \$600 billion annually.
- Effects of unhealthy and unsafe alcohol and drug use have far-reaching implications for the individual, family, workplace, community, and the health care system.



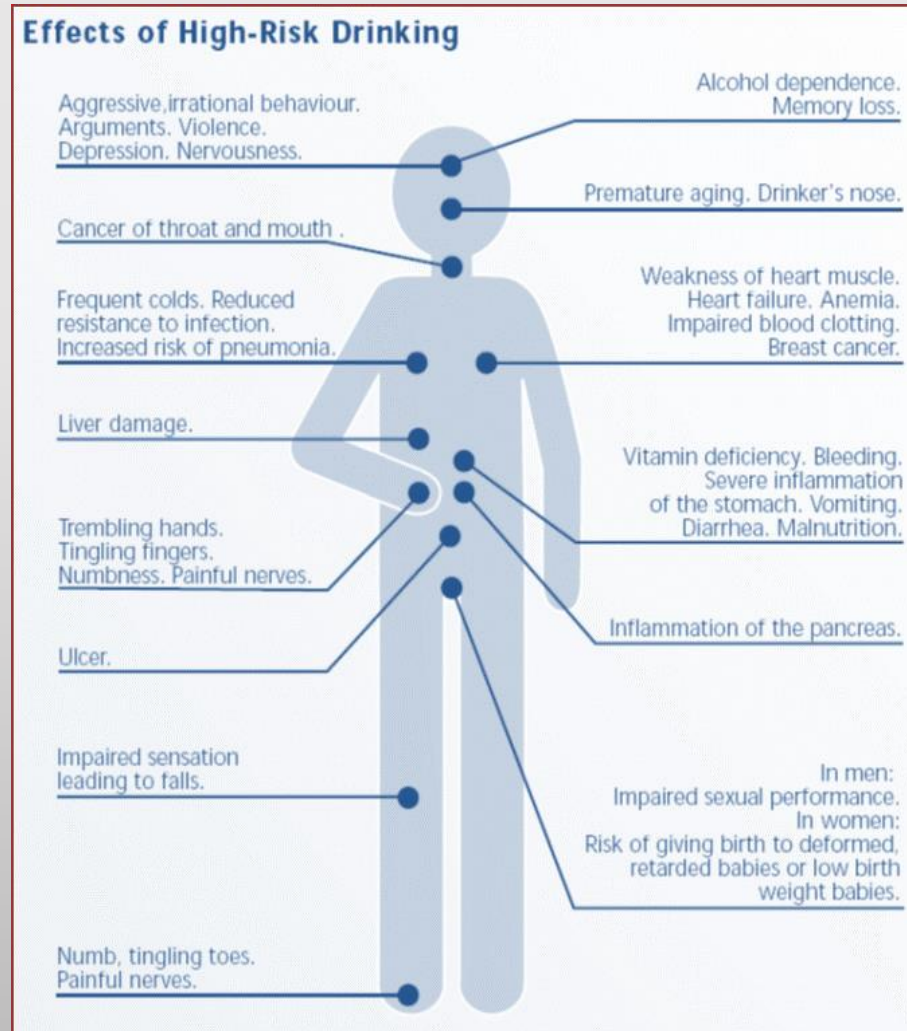
Harms Related to Hazardous Alcohol and Substance Use

Increased risk for—

- Injury/trauma
- Criminal justice involvement
- Social problems
- Mental health consequences (e.g., anxiety, depression)
- Increased absenteeism and accidents in the workplace



Medical and Psychiatric Harm of High-Risk Drinking



Do you see these issues in the
Health Home Population?



Impact of SBIRT on Public Health and Safety

1. Reduce Unhealthy Drinking

Patients who receive BI drink less and engage in less binge drinking

2. Reduce Readmissions to Trauma Centers, EDs and Hospitals

3. Lower Health Care Costs

\$3.81 return for each \$1 invested in SBIRT

4. Improves Public Safety

Fewer injuries, reduced impaired driving, safer community



Do Health Homes have these same
goals?



SBIRT Defined

Screening, brief intervention, and referral to treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services. It is used for—

- Those whose use is at higher levels of risk
- Persons with substance use disorders

Primary care centers, hospitals, and other community settings provide excellent opportunities for early intervention with at-risk substance users and for intervention for persons with substance use disorders.



The SBIRT Model

A Continuum of Interventions

- Prevention – Precluding or delaying the onset of substance use.
- Intervention – Providing time, cost, and labor sensitive care to patients who are at risk for psycho-social or healthcare problems related to their substance use choices.
- Treatment – Providing time, cost, and labor intensive care to patients who are acutely or chronically ill with a substance use disorder.



What is SBIRT?

- **Screening** to identify patients at-risk for developing substance use disorders.
- **Brief Intervention** to raise awareness of risks, elicit internal motivation for change, and help set healthy goals.
- **Referral to Treatment** to facilitate access to specialized services and coordinate care between systems for patients with highest risk.



Screening

Screening is systematic way of identifying potential for problems using a standardized, reliable and valid tool



Screening

- Who can conduct a screening?
- What do you use to screen?
 - Use OASAS approved tool (i.e. AUDIT, DAST) available on OASAS website
 - DAST 1 pre-screen
 - "In the past 12 months, have you used drugs other than those required for medical reasons?"
 - AUDIT – C pre-screen is three questions
- How long does it take to screen?
 - Pre-screen 45 seconds
 - Full screen 3-4 minutes



DAST-10

In the past 12 months...

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you unable to stop abusing drugs when you want to?
4. Have you ever had blackouts or flashbacks as a result of drug use?
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse (or parents) ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?

Scoring: Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point. **Score:**

AUDIT C

1. How often do you have a drink containing alcohol?
2. How many standard drinks containing alcohol do you have on a typical day?
3. How often do you have six or more drinks on one occasion?



Brief Intervention

A Brief Intervention is a time limited, individual counseling session that motivates patients to be aware of their patterns of use, understand the associated risks, and make their own decisions.

- CDC, 2014



Brief Intervention

Who can do the brief intervention?

Anyone who is trained in SBIRT.

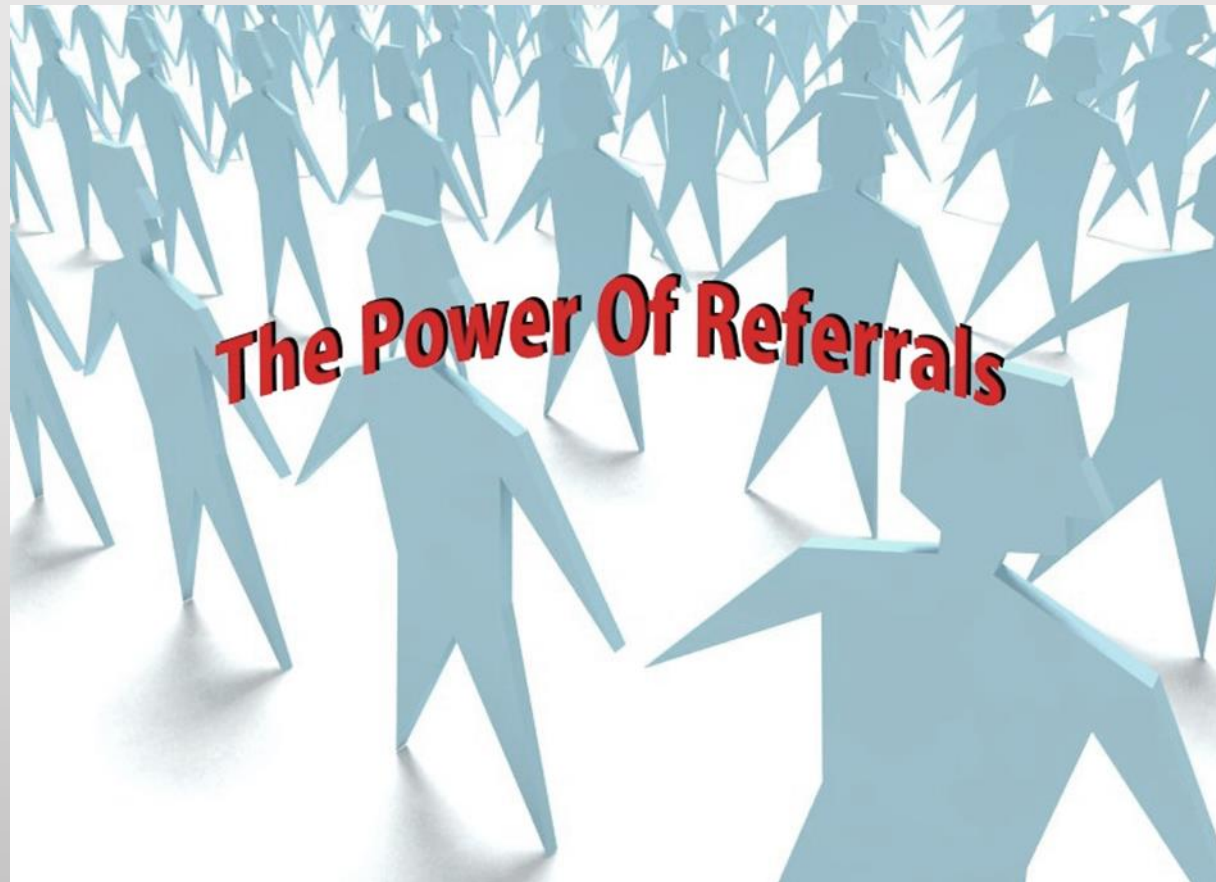
What are the skills you need to do this?

The same skills you use everyday as a care coordinator – client engagement, motivational interviewing, open two-way dialogue.

What does a brief intervention entail?

A conversation about use, motivation to change and patient identified goals.

Referral to Treatment



Referrals to Treatment

Referrals and linking individuals to needed services are what Care Coordinators do!

This is one of your strengths!



Why use SBIRT in Health Homes?

- In keeping with the need to assess the whole person;
- Encourages open dialogue between Care Manager and Health Home participant;
- Normalizes conversation and reduces stigma around alcohol and substance use;
- Improves the quality of care you provide;
- Better participant outcomes.



OASAS Training and Technical Assistance

OASAS SBIRT staff available to assist with implementation and training.

Regional SBIRT trainings beginning with Albany in February. (Schedule to follow.)

Additional training opportunities available upon request.

For questions and training inquiries email:

SBIRTNY@oasas.ny.gov

For more information on SBIRT visit:

<https://www.oasas.ny.gov/adMed/sbirt/index.cfm>



Thank you for your time and attention!

