Integrating Substance Use Services in Ryan White Settings - Intro to SBIRT

2010 HRSA Grantee Meeting Workshop

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20 Years of Leadership
A LEGACY OF CARE

Agenda

- Rationale for integration of substance use programming into care settings
- Overview of SBIRT
- Building the SBIRT skill set
- Implementation issues
- Resources and questions

Substance use among PLWH/A

HSCUS[1] survey results:

- 38% of respondents used illicit drugs in past year
- 13% were classified as drug dependent
- 19% reported heavy alcohol use in past 4 weeks
- Significantly exceeded estimates for general US

[1]HIV Cost and Services Utilization Study, a survey of a nationally representative sample of HIV-positive patients receiving care in the United States, last published in 2002.

Substance Use and HIV Care

- Screening is a standard of care for PLWH/A (DHHS, 2009)
- Substance use is associated with non-adherence
- Direct effect on immune function
- Prevention implications

Integration issues

- How would you define full integration of substance use and HIV services?
- How common is full integration?
- What are the barriers?

What is SBIRT?

Screening: To identify people at risk for a condition

Brief Intervention: Low-intensity, short-duration counseling for those who screen positive based on Motivational Interviewing techniques

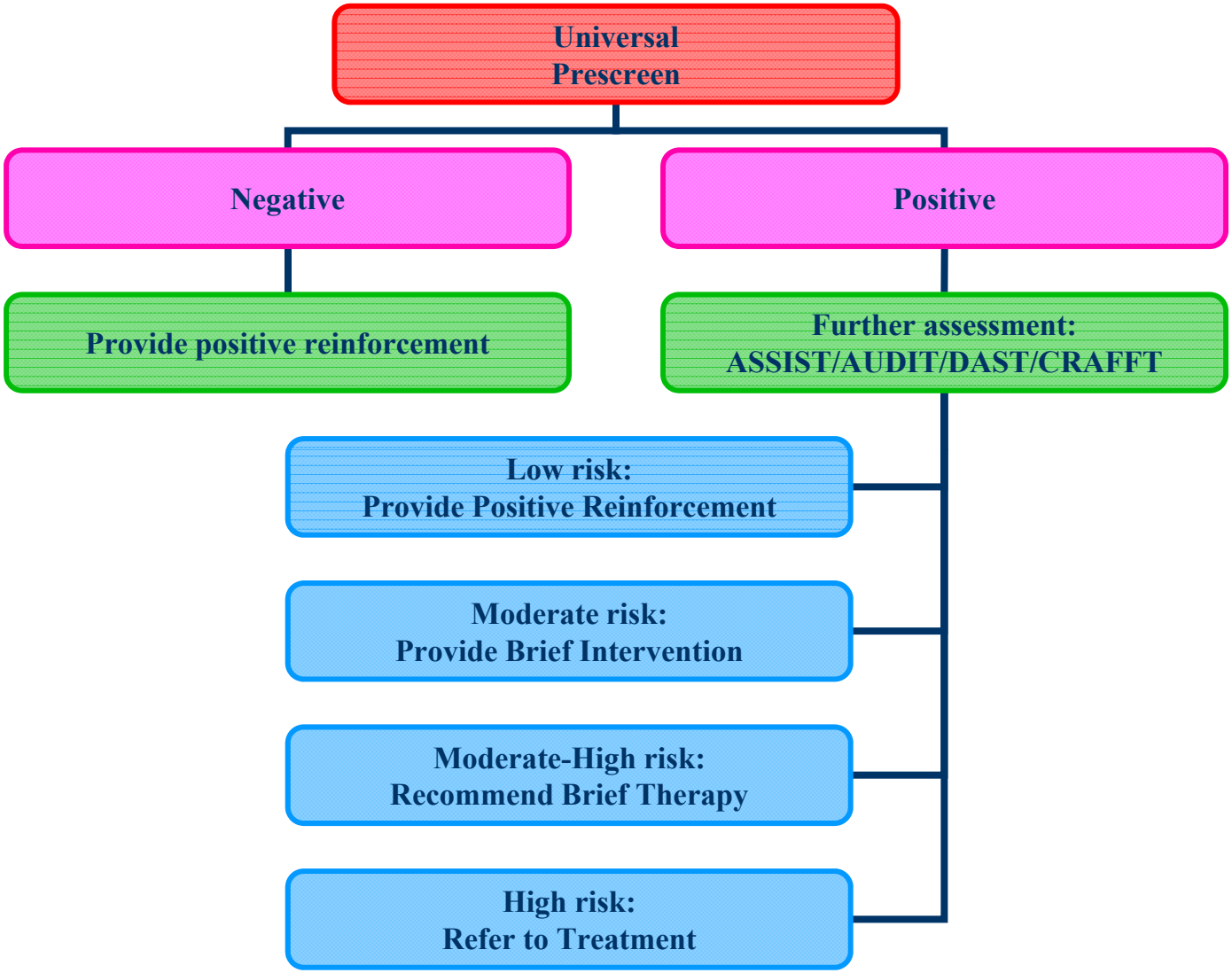
Referral to Treatment: For those who have more serious problems

What is SBIRT?

- Developed and endorsed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)
- Funded seven pilot sites in 2003 (CA, IL, NM, PA, TX, WA, Cook Tribal Council)
- Four additional states in 2006 (CO, FL, MA, WI)
- Four more sites in 2008 (GA, MO, WV, Tahana tribe)

SBIRT Target Population

SBIRT is designed to target people with *nondependent use* and to provide effective strategies for intervention prior to the need for more intensive treatment.



Why SBIRT?

- Clinically effective and cost efficient
- Associated with decreased alcohol consumption and reduced risk of recidivism
- In a busy, resource-starved system, it offers an evidence-based, reasonable solution

Purpose of Screening

- Identify a problem or potential problem that would not otherwise be detected
- Capitalize on a teachable moment
- Create a window of opportunity
- Produce reliable, valid results if carried out with standardized instruments

But I'm sure I would know if my client were addicted . . .

- Drug use is highly stigmatized
- Fear loss of benefits, housing, child custody
- Busy staff are not as good at "informal screening" as they think they are
- Waiting until clients are desperate is not clinically appropriate and unnecessary.

Prescreening

- Important when client volume is high
- Usually based on self-reported use of alcohol and other drugs
  - Last time you had more than ___ drinks in one day in the past three months
  - Number of drinks per week
  - Use of drugs other than those for medical reasons
- Could include tobacco

Moderate drinking guidelines

	MAXIMUM DAILY LIMITS	MAXIMUM WEEKLY LIMITS
WOMEN	3	7
MEN	4	14
MEN (OVER 65)	3	7
LESS IS BETTER		

Source: National Institute on Alcohol Abuse and Alcoholism (NIAAA), *The Physicians' Guide to Helping Patients with Alcohol Problems*

What is a standard drink?

Screening Tools

- AUDIT: Alcohol Use Disorders Identification Test
- DAST-10: Drug Screening Test (not including alcohol)
- CRAFFT: Adolescent drug and alcohol screening
- ASSIST: Alcohol, Smoking, and Substance Involvement Screening Test

What is Brief Intervention?

- A brief motivational conversation
- Single 3-5 minute to multiple 15-30 minute sessions
- Most effective with at-risk clients who are not addicted
- Educating clients about the health risks
- BIs are low cost, quick, client friendly, easy to do

Brief Intervention Steps

Step 1: Raise the Subject

Step 2: Provide Feedback

Step 3: Enhance Motivation

Step 4: Negotiate and Advise

Raise the Subject

- Explain that all clients are being screened (de-stigmatize)
- Briefly describe the process
- Gain permission from the client to proceed

Provide Feedback

- Do the pre-screen
- Explain why you are (or aren't) going on to do the full screening based on the pre-screen
- After the full screening, briefly explain the results (people who score as you did on this screening often benefit from a longer conversation about . . . .)

Enhance Motivation

- This is the focus of the SBIRT training in Colorado
- Basic steps:
  - Transition from screening to brief intervention
  - Assess client's reaction to the screening
  - Understand client's views on substance use and why they might want to change
  - Listen for "discordance" and ask for clarification
  - Ally yourself with the part of the client that wants to change

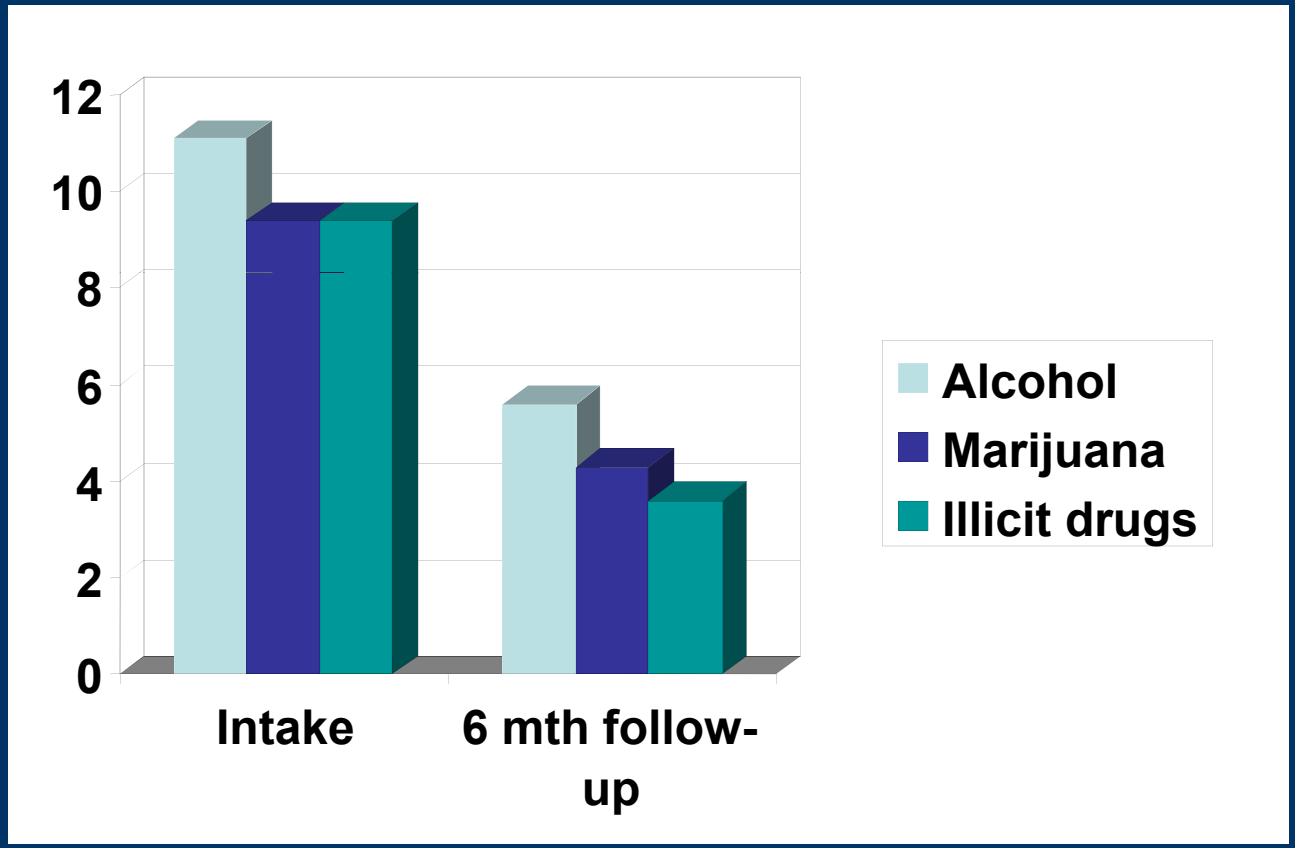
Negotiate and Advise

- Find something that the client is motivated to do
- Provide encouragement
- Refer to specific resources

DOES IT WORK?

IS IT ENOUGH?

Days used at 6 month follow-up



Brief Intervention Sample

- Read the sample BI script
- Group discussion
  - How often does the conversation happen this way?
  - What gets in the way?

Brief Intervention Exercise

- Number off in pairs
- Everyone will practice being the client AND being the health educator
- Read the case scenario
- Practice the 4 brief intervention skills

Challenges in Implementing SBIRT

- Lack of appropriate treatment providers
- Difficulty prioritizing SBIRT in a busy site when clients are in “crisis”
- Resistance from providers to address the culture of substance use

Colorado Experience – SBIRT in HIV Care

Original Colorado issues, before SBIRT:

- discomfort with the issue
- inconsistency
- not using evidence-based models
- reluctance to put clients on a waiting list for substance abuse treatment

Attempts at earlier models (CDQ, SAMISS) had mixed results and little or no follow up.

Colorado HIV SBIRT Timeline

- 2008, piloted SBIRT in a community-based AIDS Service Organization and a rural clinic.
- 2009, released an RFP and expanded SBIRT to eight HIV settings, including large urban Infectious Disease Clinics and AIDS Service Organizations.
- Tailored the SBIRT model for each setting.

Colorado SBIRT Ryan White Collaborative

1. Northern Colorado AIDS Project
2. Southern Colorado AIDS Project
3. Infectious Disease Clinic- Denver Health
4. University Hospital Infectious Disease Clinic
5. Beacon Center
6. Children's Hospital Immunodeficiency Program
7. HIV Primary Care Clinic at Denver Health
8. St. Mary's Specialty HIV Care, Grand Junction Clinic

Data collected in Colorado

Non-HIV SAMHSA data collection sites ~ 80,000 patients

- Screening only = 58%
- Brief Intervention = 11%
- Brief Therapy or Treatment Referral = 5%
- *Tobacco only BI = 26%*

Ryan White Part B funded data collection sites ~ 2,500 patients

- Screening only = 46%
- Brief Intervention = 35% *
- Brief Therapy or Treatment referral = 19% *

* Includes tobacco

Source: SBIRT data set collected by Peer Assistance Services on behalf of CDPHE through 6/30/2010.

Recommendations

- Collaborate with HIV testing and prevention programs
- Bridge communication
  - Providers
  - Pharmacists
  - Case managers
- Integrate with retention and adherence efforts
- Link data and health outcomes
- Share results with state and federal partners

Useful SBIRT links

http://sbirt.samhsa.gov

http://www.improvinghealthcolorado.org

QUESTIONS ?

Thank you!

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