

Improving health. Changing lives.

Acknowledgements

Goals

<u>Universal Prescreen</u>

Negative

Provide positive reinforcement



Low risk:
Provide
positive reinforcement

Further screening: ASSIST/AUDIT DAST/CRAFFT Moderate risk: Provide Brief Intervention

Moderate-high risk: Provide Brief Therapy

High risk: Refer to Treatment

- 1. Raise the subject
- 2. Provide feedback
- 3. Enhance motivation
- 4. Negotiate and advise

Data Collected

- 6 infectious disease clinics
- 2 AIDS Services Organizations

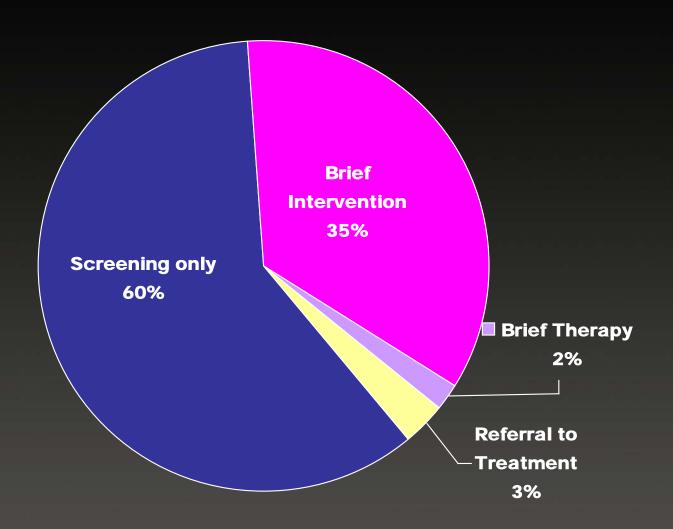
2,500 clients screened

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46\% = \text{no/low risk}
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17% = brief intervention for alcohol/drug

14% = brief intervention for tobacco

23% = referral to therapy or treatment



Challenges

- Misperception of target population
- Treatment referrals
 - Funding
 - Cultural competency
- Difficulty prioritizing SBIRT within clinic/office flow
- Limited stakeholder buy-in
 - "offensive"
 - Fear of unintended consequences

Successes

- Improved, systematic service delivery
- Stronger relationships with clients
- Greater collaboration and communication among staff
- Increased attention to tobacco use
- Decrease in use and increase in treatment

Client Perspectives

I am glad that my alcohol/drug/tobacco use was discussed at this appointment.

	Positive		Negative	
Responses	N	%	N	%
Strongly Agree	22	51.2	21	42.0
Agree	19	44.2	26	52.0
Disagree	2	4.7	1	2.0
Strongly Disagree	0	0	2	4.0
Total	43	100	50	100.0

Positive = moderate risk or higher on SBIRT screening

Negative = low or no risk on SBIRT screening

Recommendations

- Build buy-in
 - "I thought I knew"

- Establish clear processes and protocols
- Bridge communication with referral resources
- Integrate with retention and adherence efforts

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