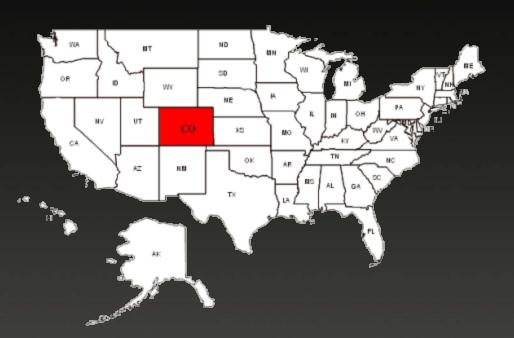
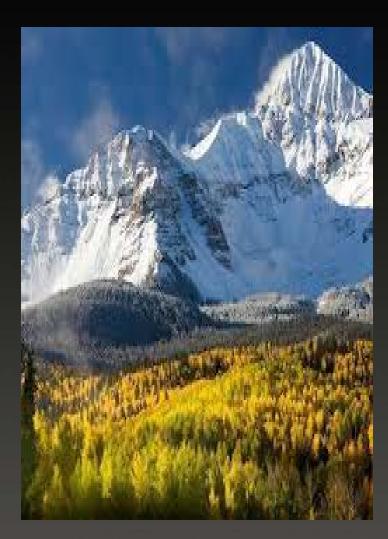
Linking SBIRT to Colorado's Winnable Public Health Battles: Innovative approaches to statewide dissemination of screening, brief intervention, and referral to treatment.

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C JESSE SPEER

Welcome to the Mile High City! Did you know Denver is home to over 100 breweries? Having a good time is our business!

Substance Use in Colorado

• 5th in per capita alcohol consumption

• 15th in non-medical use of pain relievers

• 1st in teen depression

- 9th in alcohol dependence
- 6th in illicit drug dependence
- 7th in cocaine use
- 10th in marijuana use

- 50th in spending on alcohol rehabilitation
- Higher substance dependence rates in rural areas than in Metro Denver

United States Preventive Services Task Force

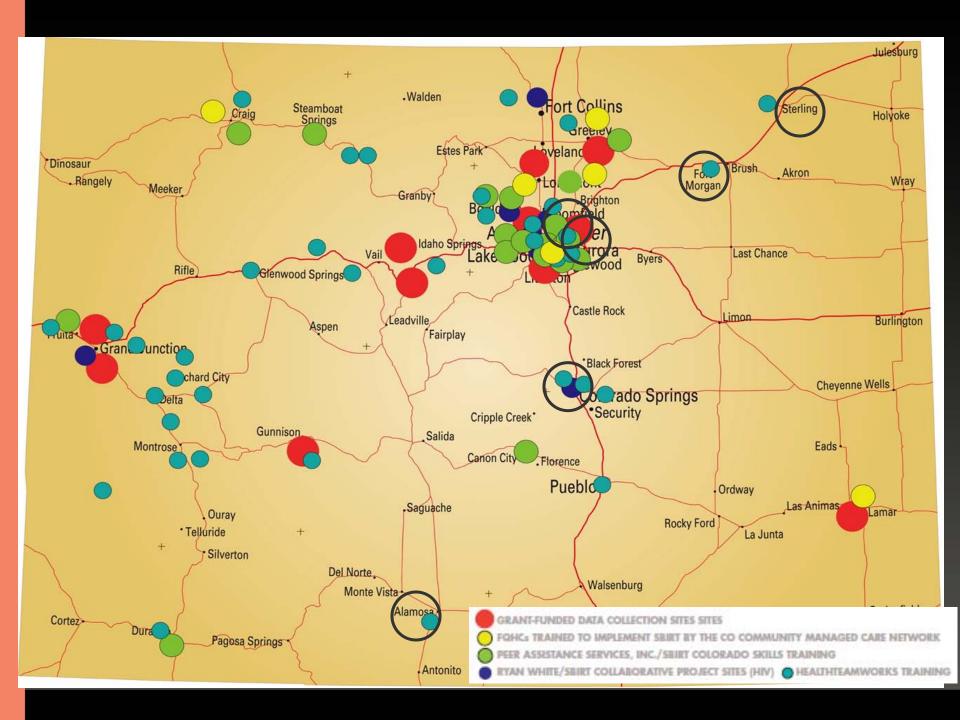
#	SERVICE F	PREVENTABLE BURDEN	COST EFFECTIVENESS
1	ASPIRIN: MEN-40+, WOMEN-50+	5	5
2	CHILDHOOD IMMUNIZATIONS	5	5
3	SMOKING CESSATION ADVICE	5	5
4	ALCOHOL SCREENING & BRIEF COUN	ISELING 4	5
5	COLORECTAL CANCER SCREENING	4	4
6	HYPERTENSION SCREENING & TX	5	3

Colorado's Winnable Public Health Battles

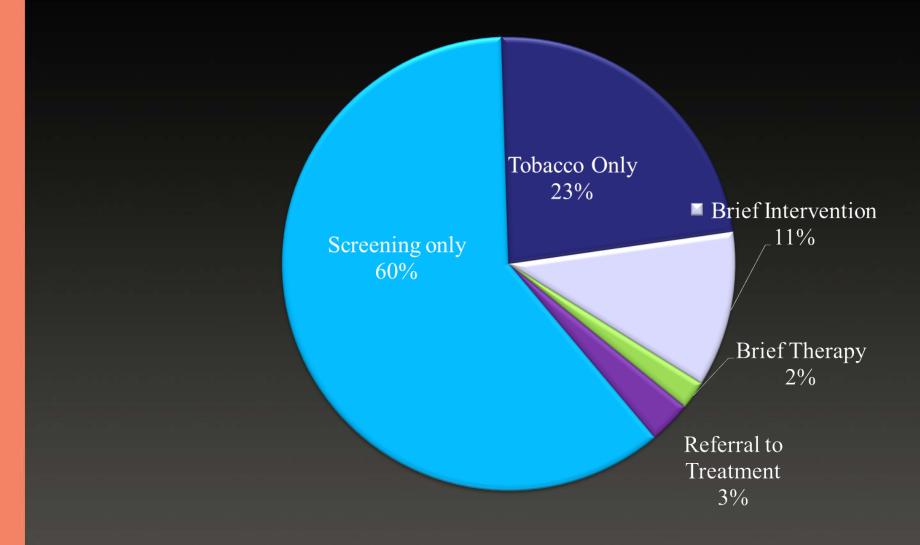
- 1. Clean Air
- 2. Clean Water
- 3. Infectious Disease Prevention
- 4. Injury Prevention
- 5. Mental Health and Substance Abuse
- 6. Obesity
- 7. Oral Health
- 8. Safe Food
- 9. Tobacco
- 10. Unintended Pregnancy

SBIRT dissemination in Colorado

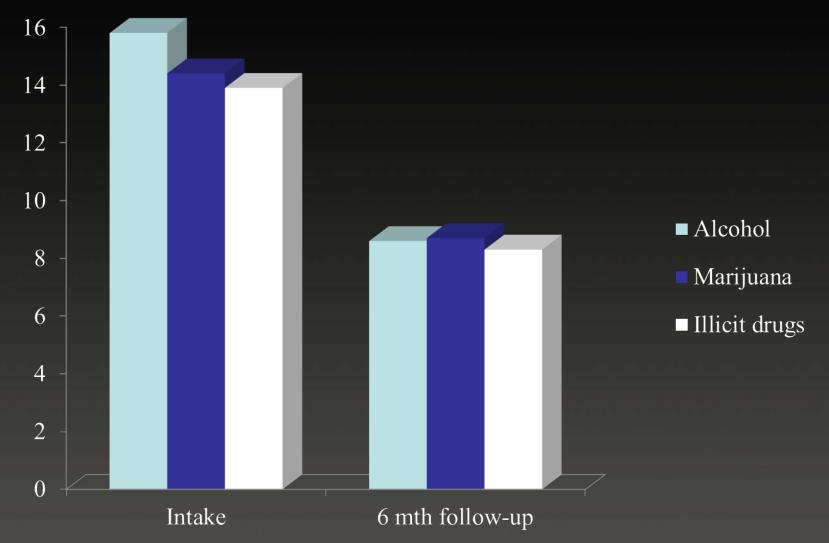
- Primary care clinics
- HIV clinics and prevention programs
- Hospitals:
 - Emergency departments
 - Inpatient units
- Public health departments
- Dental clinics
- Mental/Behavioral health clinics
- Military health services
- Community-based settings



Colorado Data



Colorado Data





💭 HealthTeamWorks

mWorks
ImmediateGuideline for Alcohol and Substance Use Screening,
Brief Intervention, Referral to Treatment (SBIRT)

Why screen for alcohol and drug use?

Brief motivational conversations with patients can promote significant, lasting reduction in risky use of alcohol and other drugs. Nearly 30% of adult Americans engage in unhealthy use of alcohol and/or other drugs, yet very few are identified or participate in a conversation that could prevent injury, disease or more severe use disorders.^{*}

Brief Screening

Frequency:

1

2

- » Tobacco: Every visit.
- > Alcohol and Drugs: At least yearly; consider screening at every visit.[‡] Consider more frequent screening for women who are pregnant or who are contemplating pregnancy; adolescents; and those with high levels of psychosocial stressors.

Youth (ages 11-17 years)

See CRAFFT Toolkit for youth information, talking points, tools and more at http://healthteamworks-media.precis5.com/sbirt-crafft-toolkit

Adults (18+ years old)

	Questions	Positive Screen	Negative Screen
Alcohol: Assess frequency	1. How many drinks do you have per week?	 All women or men >65 years: More than 7. More s65 years old: More than 14. OR 	Reinforce healthy
and quantity	 When was the last time you had 4 or more (for men >65 years and all women) or 5 or more (for men ≤65 years) drinks in one day? 	2. In the past 3 months.	behaviors.
Drugs‡	In the past year, have you used or experimented with an illegal drug or a prescription drug for nonmedical reasons?	Yes	"For all patients, consider:"
Tobacco	Do you currently smoke or use any form of tobacco?	Yes	
For all pati	ents, consider:	A standard drink is	
under 21 Potential women	Alcohol/medication interaction intera	autions. ression and other One drink = 12 oz. beer,	S oz. wine, 1% oz. liquor
	Tobacco use only: see page 2 for T		
	Screening		n each tool
Patients with a	Screening positive brief screen should receive further screening/assessment using a s in English and Spanish available at <u>www.healthteamworks.org/guidelines</u>	validated screening tool. Scoring instructions are o	
Patients with a Screening tool Screening	positive brief screen should receive further screening/assessment using a is in English and Spanish available at <u>www.healthteamworks.org/guidelines</u> tools:	validated screening tool. Scoring instructions are o /sbirt.html Low risk: Provide po	sitive reinforcemen
Patients with a Screening tool Screening • AUDIT (ad	positive brief screen should receive further screening/assessment using a is in English and Spanish available at <u>www.healthteamworks.org/guidelines</u>	validated screening tool. Scoring instructions are o <u>(sbirt.html</u> Low risk: Provide po Moderate risk: Provid	sitive reinforcemen le brief interventior
Patients with a Screening tool • AUDIT (ad http://hea • DAST-10 [©]	positive brief screen should receive further screening/assessment using a is in English and Spanish available at <u>www.healthteamworks.org/guidelines</u> tools: ut alcohol use)	validated screening tool. Scoring instructions are o /sbirt.html Low risk: Provide po	sitive reinforcemen le brief interventio

STEP 3 \longrightarrow (page 2)

**Helping Patients Who Drink Too Much: A Clinician's Guide, "U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcohol smull controls www.niaaa.nih.gov/guide

† See Clinical Preventive Health Recommendations for the General and Targeted Populations Guideline at: www.healthteamworks.org/guidelines/prevention.html

3 see Prexis (pition Drug Misues supplement at <u>www.healthicamworks.em/galdelines/sbirthtmi.</u> 5 see Fetal Acchol Spectrum Disorder (FASD) supplement. Preconception and Interconception Care Guideline, and Contraception Guideline at <u>www.healthitmamworks.org</u>. 5 see Depression in Adults: Diagnois and Treatment Guideline at <u>www.healthitmamworks.org</u>/guidelines/depression.html.

This guideline is designed to assist clinicians with alcohol and subtance use scenering and management. It is not intended to replace a clinician's judgment or establish a protocol for all patients. For national recommendations, references and additional copies of the guideline, go to exemploabilitatamenda.cog or call (203) 446-7203. This guideline was supported with funds from SBRT Coloada. Approved September 2011.

Brief Intervention - Brief Therapy - Referral to Treatment

3

For more information, demonstration videos, an online training module and the CRAFFT Toolkit with adolescent talking points, go to <u>www.healthteamworks.org</u>.



A Brief Intervention is a short motivational conversation to educate and promote health behavior change. Important: Recognize a person's readiness to change and respond accordingly.

1.	rief Intervention (Brief Negotiated Interview model ¹): This model ma			
	Raise the subject.	"What makes you a 5 and not a lower number?"		
	» "Would you mind if we talked for a few minutes about your alcohol use?			
	 Ask permission. 	"What would make you more ready to make a change?"		
	 Avoid arguing or confrontation. 	 Assess readiness to change. 		
2.	Provide feedback.	 Discuss pros and cons. 		
	» "We know that drinking above certain levels can cause problems such a			
	 Review reported substance use amounts and patterns. 	4. Negotiate and advise.		
	 Provide information about substance use and health. 	» "What's the next step?"		
	 Advise to cut down or abstain. 	"What are the barriers you anticipate in meeting this goal? How		
	 Compare the person's alcohol use to general adult population (s 			
	drinking pyramid below).	"On a scale from 0-10, how confident are you that you will be ab make this change?"		
	"What do you think about this information?"	 "What might help you feel more confident?" 		
	 Elicit patient's response. 	 What might help you reel more conndent? Negotiate goal. 		
3.	Enhance motivation.			
	What do you like about your current level of drinking? What do you not charter and a standard of drinking?	t like > Provide advice and information. > Summarize next steps and thank the patient.		
	about your current level of drinking?" » "On a scale from 0-10, how Important is it for you to decrease your drin.			
_	 On a scale nom 0-10, now important is it for you to decrease your ann. 	iking:		
	0 1 2 3 4	5 6 7 8 9 10		
	Importance — R	eadiness — Confidence		
	J.S. Adult Alcohol Use Estimate	Tobacco Advise and Refer:		
	otential consequences of risky drinking: multiple health, work and mily issues	Ask permission, then advise every tobacco user to guit with a		
10		personalized health message.		
	Alcohol dependent Referral to Treatment 5%	personalized heardin message.		
		Colorado QuitLine and Other Programs		
	Risky drinkers 25%	Refer individuals age 15+ to the Colorado QuitLine		
	Brief Intervention	(1-800-QUIT-NOW [1-800-784-8669] or www.coquitline.org):		
		Personally tailored guit program		
		Five scheduled, telephone-based coaching sessions		
	Abstainers or			
	low-risk drinkers	 May include free nicotine replacement therapy (age 18+ and medically elig 		
	Positive reinforcement 70%			
	Positive reinforcement	Information on programs for specific populations and ages: www.myquitpath		
		Order free tools and materials: www.cohealthresources.com		
		Pharmacotherapy options: HealthTeamWorks Tobacco Cessation and Second		
		Smoke Exposure Guideline at <u>www.healthteamworks.org/guidelines/tobacco</u>		
	ferral to treatment			
Ref	Spectrum: Screening Brief Interve	ention Brief Therapy Specialty Tre		
٦ef	second second			
		Substance Use Disorder Treatment: For high risk alcohol or drug use		
Bri	ief Therapy: For moderate to high risk use of alcohol or drugs	Substance Use Disorder Treatment: For high risk alcohol or drug use		
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LinkingCare.org



Recovery support



Dedicated to strengthening the health, resiliency and recovery of Coloradans through quality and effective behavioral health prevention, early intervention and treatment service, the <u>Colorado Division of</u> <u>Behavioral Health</u>(DBH) is responsible for a wide array of programs, services and mission-critical functions.

DBH operates with <u>six overarching goals</u> such as to continually improve the quality of prevention, intervention, and treatment services and to enhance knowledge, understanding, and awareness of behavioral health disorders. The creating of LinkingCare.org supports these important goals for the benefit of all Coloradans. LinkingCare.org is a referral resource providing easy statewide access to information and services for substance use prevention, treatment and recovery in Colorado.

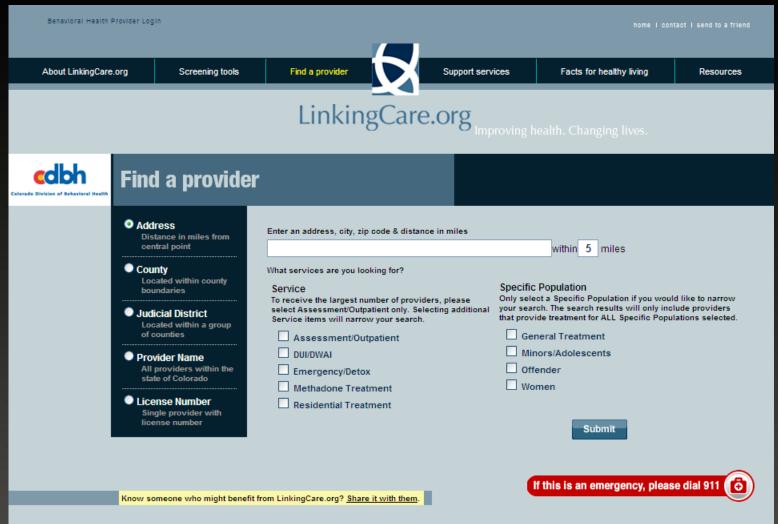
Understanding that risky substance use affects an individual's overall health, LinkingCare.org was created by the Division of Behavioral Health to encourage whole person care, improving the health and changing the lives of Coloradans by quickly connecting healthcare providers and individuals to substance use services. Future expansion will include a full continuum of behavioral health resources such as mental health and recovery support services.

Why LinkingCare.org?

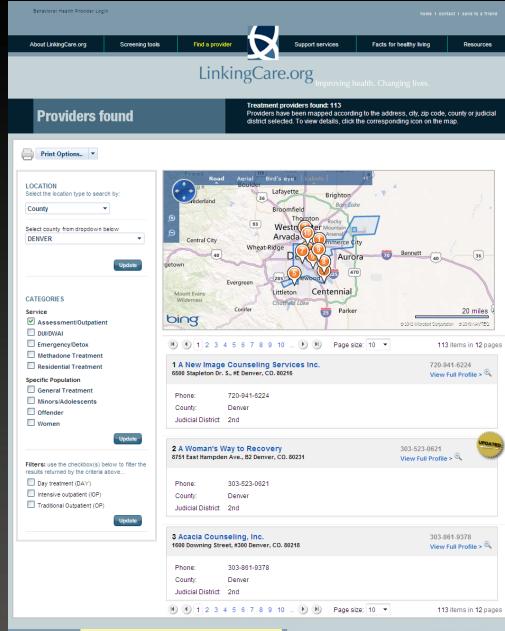
- · Searching for a substance use provider?
- · You want to find out if you drink too much?
- · Looking for help in your recovery?
- · Need information on the risks of substance use?

You'll find comprehensive substance use resources right here.

Know someone who might benefit from LinkingCare.org? Share it with them.



WE WILL NOT SHARE YOUR SEARCH or any information about you with anyone. This site does not provide a diagnosis of substance dependence or any other medical condition. The information provided here cannot substitute for a full evaluation by a healthcare professional, and should only be used as a guide to understanding your substance use and the potential health issues involved with it. LinkingCare.org does not verify the accuracy of the community-generated content. The Colorado Division of Behavioral Health or sponsors do not endorse providers, services or resources on the site.



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Lessons Learned

- 1. SBIRT provides an important mechanism for the identification and intervention in tobacco use
- 2. The availability of medical marijuana may be contributing to an increase in harmful marijuana use
- 3. SBIRT supports healthcare providers in meeting public health goals; it doesn't put them in the treatment business
- 4. Adequate referral systems and resources are necessary for providers to conduct the screenings
- 5. Know your community, but implement universal screening
- 6. Improved quality of care is the primary motivator to do SBIRT
- 7. Patients are appreciative rather than resistant to the SBIRT process
- 8. Patients reduced use after participating in SBIRT
- 9. Staff and institutional support is critical for successful implementation and sustainability

Sustainability

- Identify an internal champion
- Flexibility in how SBI can be implemented
- Use the entire team!
- Combine with other preventive health screening and education to enhance integrated care

www.improvinghealthcolorado.org www.healthteamworks.org

Acknowledgements

6) sbirt colorado

Improving health. Changing lives.