

SBIRT Implementation in Medical Settings



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Mountain Plains ATTC (HHS Region 8)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Integration of Behavioral Health into Medical Settings

Week #5



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Welcome

- Check in
- Review Learning Activity-Workflow in your agency

Presentation

- Integration of Behavioral Health into Medical Setting
- Behavioral health Interventions
- Lessons Learned

Summary

- Preview of next week
- Review Next Week's Learning –Article and Observation Checklist
- Questions



**Let's Talk about your
Learning Activity!**

What does the
Workflow look
like through the
eyes of your
patients?



CARE TO SHARE!

1. Who is the first point of contact in the SBIRT process in your agency's workflow?
2. What does your process look like?
3. What are your agency's next steps?



Integration=Opportunity



When should we try to do something?



Integration or Integration?

- Mental Health and Substance Use Disorder Integration
- VS.
- Behavioral Health and Medical Health Integration

Discuss

Discuss SBIRT services as an introduction towards integration

Identify

Identify routes of communication between Medical Providers and Behavioral Health providers

Strengthen

Strengthen referral mechanisms between agencies

Develop

Develop multidisciplinary teams

Offer

Offer consultation services to local BH providers to include psychiatrists or therapists, brown bag lunches

Offer

Offer to swap training or staff for educational experiences

Integrating Behavioral Health into Medical Settings

A start to Integration...

- Education/Awareness of staff, patients, public
- Reduce the Stigma
- Secure Feedback loops between BH providers and medical providers
- Being conscience of the powerful words we use (BH consultant)(not crazy, psycho, wackadoodle)
- Partnering with local BH providers to provide consult (BHC or psychiatry)
- Development of multidisciplinary teams
- Participate in Webinars-free, less time
- Use staffing time to bring in a BH topic-quarterly or monthly
- Pamphlets available in the waiting room
- Help sponsor community efforts for awareness
- Participate on coalitions in community
- Start asking the question and opening that can of worms-Screens



How Comfortable
are you talking
about substance
use/mental
illness?

What do we expect to see?

How important is self awareness in treatment?

What Biases do we bring into the room?



SCREENS

Maternal Behavioral Health

www.brightfutures.org



<https://www.postpartum.net/>

ASQ-Ages and Stages Questionnaire

- Developmental Screen 4-60 months

Edinburgh Post Natal Depression Scale

- Post Natal Depression Screen

PHQ-9

- Universal Depression Screen

*Referrals could be made in house,
Developmental Service Providers or
other BH providers in community

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered
 by any of the following problems?
 (Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

GAD-7

Screening tool for Anxiety

GAD-7				
Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T___ = ___ + ___ + ___)

BENEFITS OF INTEGRATION

SBIRT delivered in Medical settings

- 47% reduction in new injuries requiring ER treatment
- 48% reduction in new injuries that required hospital admission
- For every \$1.00 spent on SBIRT approximately \$3.81 was saved
- The Brief Intervention cost \$205 per unit and saved \$712 in healthcare costs.
- Patients recommended for Brief Therapy and Referral to treatment reported **significant improvements** in general health, mental health, employment and housing status. (TAP #33)

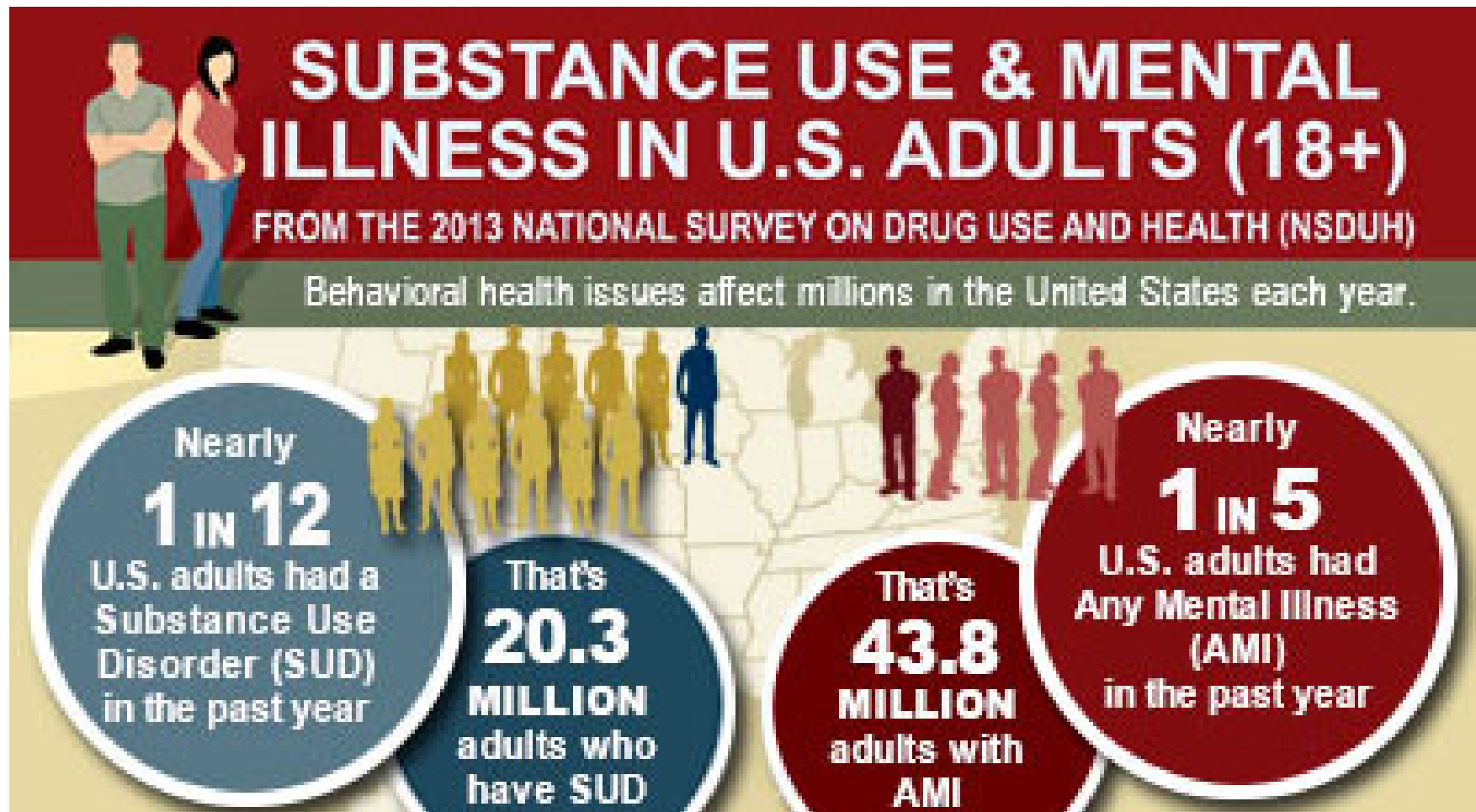
Make them
Powerful....



Some are better
than others!



SAMHA
Has FREE
Posters



WANTED
YOUR
EXPIRED MEDICATIONS



**HELP PREVENT PRESCRIPTION &
OVER THE COUNTER DRUG ABUSE/MISUSE**
BY DISPOSING THEM HERE:

BAYONNE POLICE DEPARTMENT SECAUCUS POLICE DEPARTMENT
GUTTENBERG POLICE DEPARTMENT NORTH BERGEN POLICE DEPARTMENT

Develop Your
own



Center of Excellence for Integrated Health Solutions

Funded by Substance Abuse and Mental
Health Services Administration

Operated by the National Council for
Behavioral Health

ADULT SBIRT CHANGE PACKAGE-

<https://www.thenationalcouncil.org/integrated-health-coe/resources/>

Behavioral Health Interventions



• Mental Health

- Self Help/Support Groups
- Individual Therapy
- Group Therapy
- Family Therapy
- Case Management
- Intensive Outpatient
- Inpatient Psychiatric

• Substance Use Disorders

- Self Help/Support Groups
- Individual Counseling
- Group Counseling
- Intensive Outpatient
- Detox
- Inpatient/Residential



<https://www.youtube.com/watch?v=tMusvDyoIRI>

Innovative Ideas

Professional Consulting Time
(Pharmacist, Psychiatry)

Professional Programs-
Internships

Telehealth-University
Assistance

RX tracking in your state

Interdisciplinary
Initiatives

Technology

Kiosks or tablets for conducting screens



Assist in Warm Handoff Process



Apps to support recovery



Telehealth for referrals to treatment

ASWB-Regulations Related to COVID-19

<https://www.aswb.org/regulatory-provisions>

Lessons From the Field

-Other Considerations-

SBIRT



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I'm running low on overall
enthusiasm.



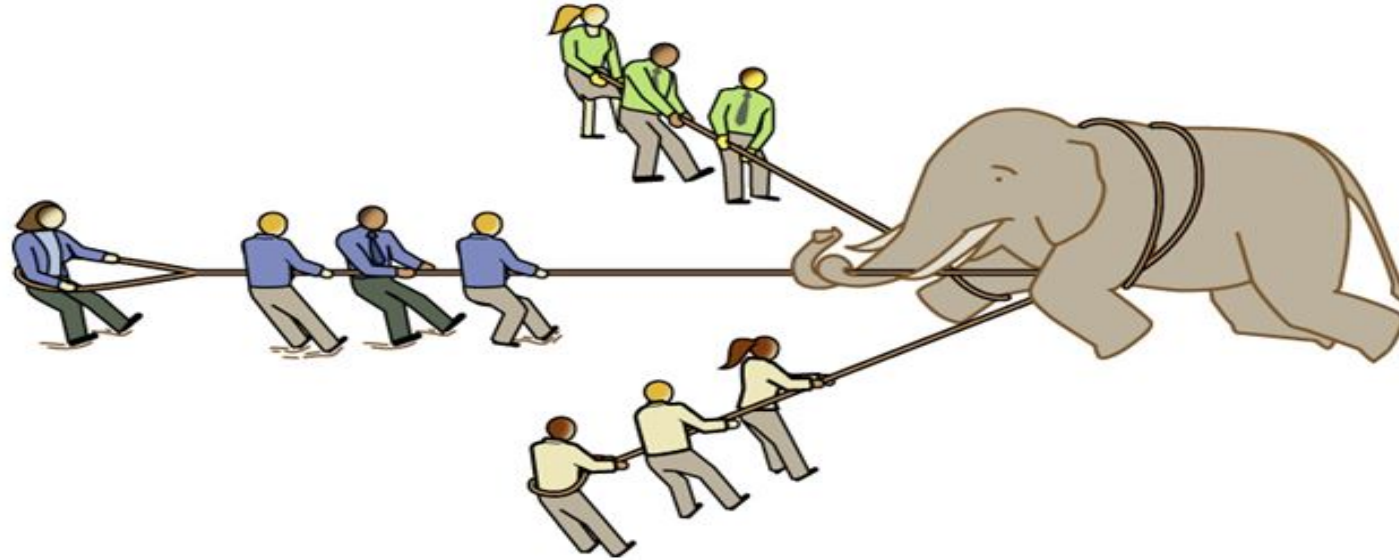
your  cards
someecards.com

Lesson #1-These
practices work best
when they are part of
what we do not in
ADDITION to what
we do.



- You can take it one step further and have a representative from the population that will be receiving the services involved too!

Lesson #2-Have people providing the service involved in the process of implementing the service...



Lesson #3- Buy in and Training are key elements to changing the culture...that means everyone!!



Lesson #4-Implementation works best when it makes sense in your setting.



Lesson #5- The skills used to provide SBIRT work really well with other human beings for other things.



- Funding
- Training
- People
- Technology
- Time

Break out Rooms:
**How will you address your
challenges?**



Last Week...
**Cultural
Considerations
and Co-Occurring
Disorders**

***Sneak Peek at
next week***

- Please review the following article: and consider questions.

Manuel, J., Satre, D., Tsoh, J., Moreno-John, G., Ramos, J., McCance-Katz, E., & Satterfield, J. (2015). Adapting screening, brief intervention and referral to treatment (SBIRT) for alcohol and drugs to culturally diverse clinical populations. *Journal of Addiction Medicine, 9*(5), 343-351. doi:10.1097/ADM.0000000000000150.

Complete the following exercise:

Please complete the Proficiency Checklist below while observing a colleague conducting SBIRT in your clinical setting or watching a video of a SBIRT service. Take notice of things that are done well and what are things that could use improvement. Did cultural concerns arise during the interview? Change roles with your colleague and repeat if applicable to your setting.

After the interview(s), review your findings with your colleague. Discuss how your agency has decided to approach cultural competence during SBIRT screening. Do you have culturally appropriate resources available for easy access in your clinical setting? What are they and where are they stored?

Please be prepared to discuss your experience with the proficiency checklist exercise.



QUESTIONS?


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