

SBIRT Implementation in Medical Settings

Christina Boyd, LCSW, LCAC



**ENHANCED PROFESSIONAL
LEARNING SERIES**



ATTC

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

SBIRT Workflow

Week #4

Welcome

- Check in
- Resource Review/Johann Hari Video Discussion

Presentation

- Implementation of SBIRT
- Creating an open environment
- Utilizing SAMHSA-TAP 33 -Strategies

Summary

- Preview of next week
- Review Next Week's Learning Activity-View Video-Review and Reflect on your own workflow
- Questions

Let's Talk about your Learning Activity!

- What do the referrals look like in your community?
- How do you share those referrals with patients?
- What is one thing that stood out from the talk by Johann Hari?

**LET'S TALK
ABOUT IT**

Other TED Talks by Johann Hari

- This could be why your depressed or anxious

https://www.ted.com/talks/johann_hari_this_could_be_why_you_re_depressed_or_anxious?language=en

- Everything you think you know about Addiction is wrong.

https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong?language=en



A Key Point...

We have to create an open environment to discuss substance use before handing out the first screen!

Words are important

Creating a non-judgmental atmosphere for participants

WORDS MATTER

Stigmatized Language



<https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

Use...	Instead of...	Because...
<ul style="list-style-type: none">• Testing positive (on a drug screen)	<ul style="list-style-type: none">• Dirty• Failing a drug test	<ul style="list-style-type: none">• Use medically accurate terminology the same way it would be used for other medical conditions.• These terms may decrease a person's sense of hope and self-efficacy for change.

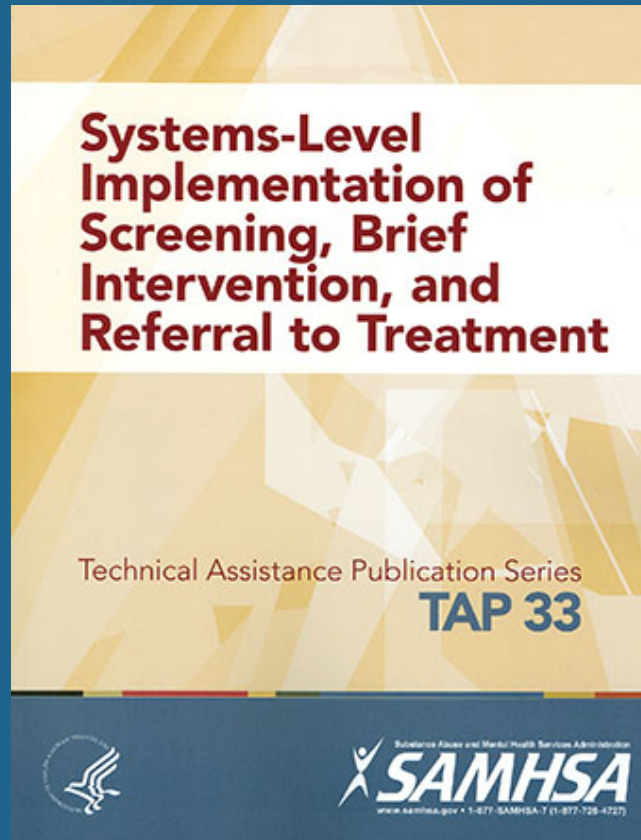
Stigmatizing Language	Current Language
Addict	Person with a substance use disorder
Addicted infant	Infant with Neonatal Abstinence Syndrome (NAS)
Addicted to [alcohol/drug]. . .	Has a [alcohol/drug] use disorder
Alcoholic	Person with an alcohol use disorder
Clean	Abstinent
Clean screen	Substance-free
Crack Babies	Substance-exposed infant or Substance-affected infant
Lapse / Relapse / Slip	Resumed/experienced a recurrence
Medication-Assisted Treatment (MAT)	Medications for Addiction Treatment (MAT)
Opioid replacement	Medications for Addiction Treatment (MAT)
Opioid Replacement Therapy (ORT)	Medications for addiction treatment (MAT)
Pregnant Opiate Addict	Pregnant woman with opioid use disorder
Reformed addict or alcoholic	Person in recovery
Substance Abuse	Substance use disorder
Substance abuse/abuser	Person with a substance use disorder
Substance Misuse	Substance use / non-medical use
Victims / “tiny victims”	Prenatally exposed to [drug name]

Words Have Power. People First.

USING AFFIRMATIVE LANGUAGE TO INSPIRE HOPE AND ADVANCE FAMILY RECOVERY.



<https://www.youtube.com/watch?v=bqoEtUn0Agw>



Let's Take a Look

<https://www.samhsa.gov/resource/ebp/tap-33-systems-level-implementation-screening-brief-intervention-referral-treatment>

Great Resource!

Assess What is Needed

TAP 33

- A careful assessment of current system resources (both physical and personnel) can save time and money.
 - Is it possible to use existing staff members to provide at least some SBIRT services?
 - If so, what training will they need?
 - If not, for what SBIRT services must new staff members be hired?
 - What qualifications must they have?
 - Is existing space adequate, or can space be reconfigured for more privacy?

**Considerations
BEFORE
screening**

Protocols

Scheduling

Staffing

Training

Implementation Support

Policies

Reporting with Special Populations (pregnant/adolescent)

Legal Implications

**Resource to find
information on
Pregnancy
regulations by state.**

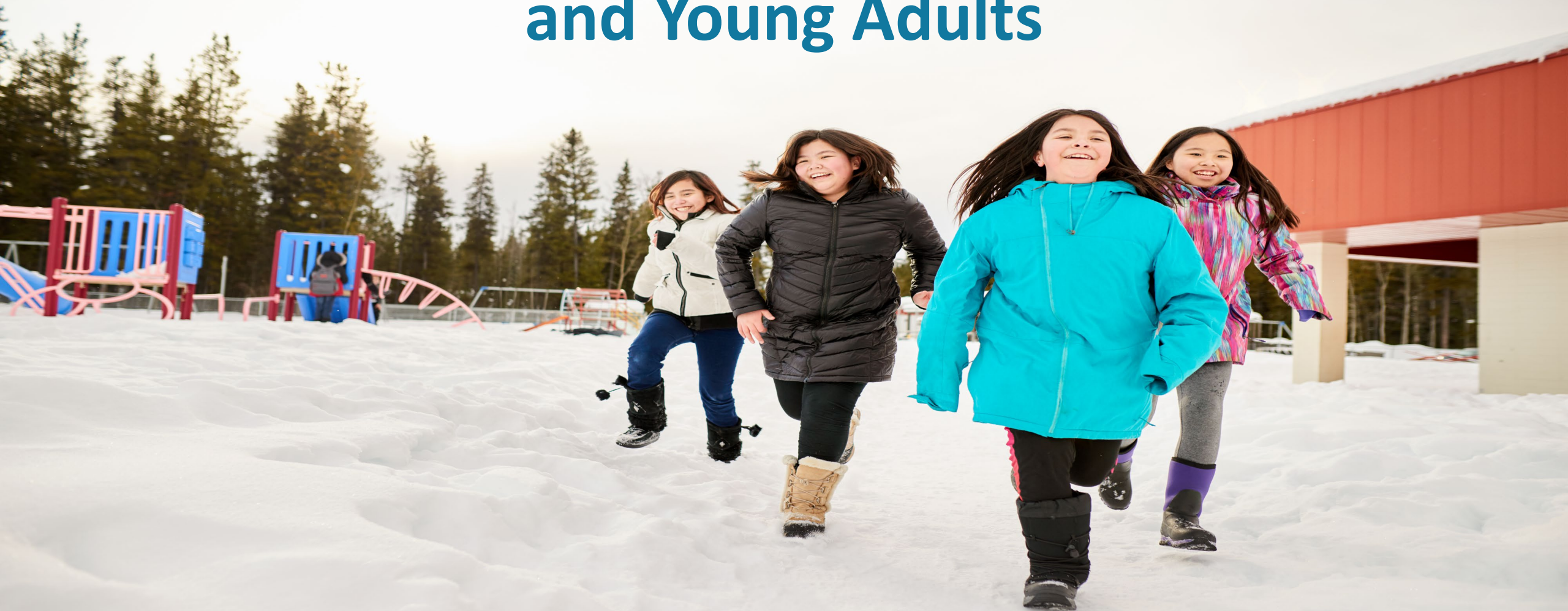
**GUTTMACHER INSTITUTE-
MARCH 2023**

<https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy>

-Services for Teens-
Getting Candid:
**Framing the Conversation Around
Youth Substance Use Prevention**

<https://www.thenationalcouncil.org/program/getting-candid/>

Implementation Tools-Getting Candid Teens and Young Adults





Set Clear Goals TAP 33

- It is important to know exactly what is to be accomplished and within what timeframe.
- What is realistic given the resources available or that can be obtained?

What is the goal in your agency?

- What outcomes are you trying to affect?
- How are you measuring that?
- What steps are being taken to collect data before and after implementation of these services?
- Who is going to collect the data?
- What are you going to do with it?

Assign Clear Roles and Responsibility

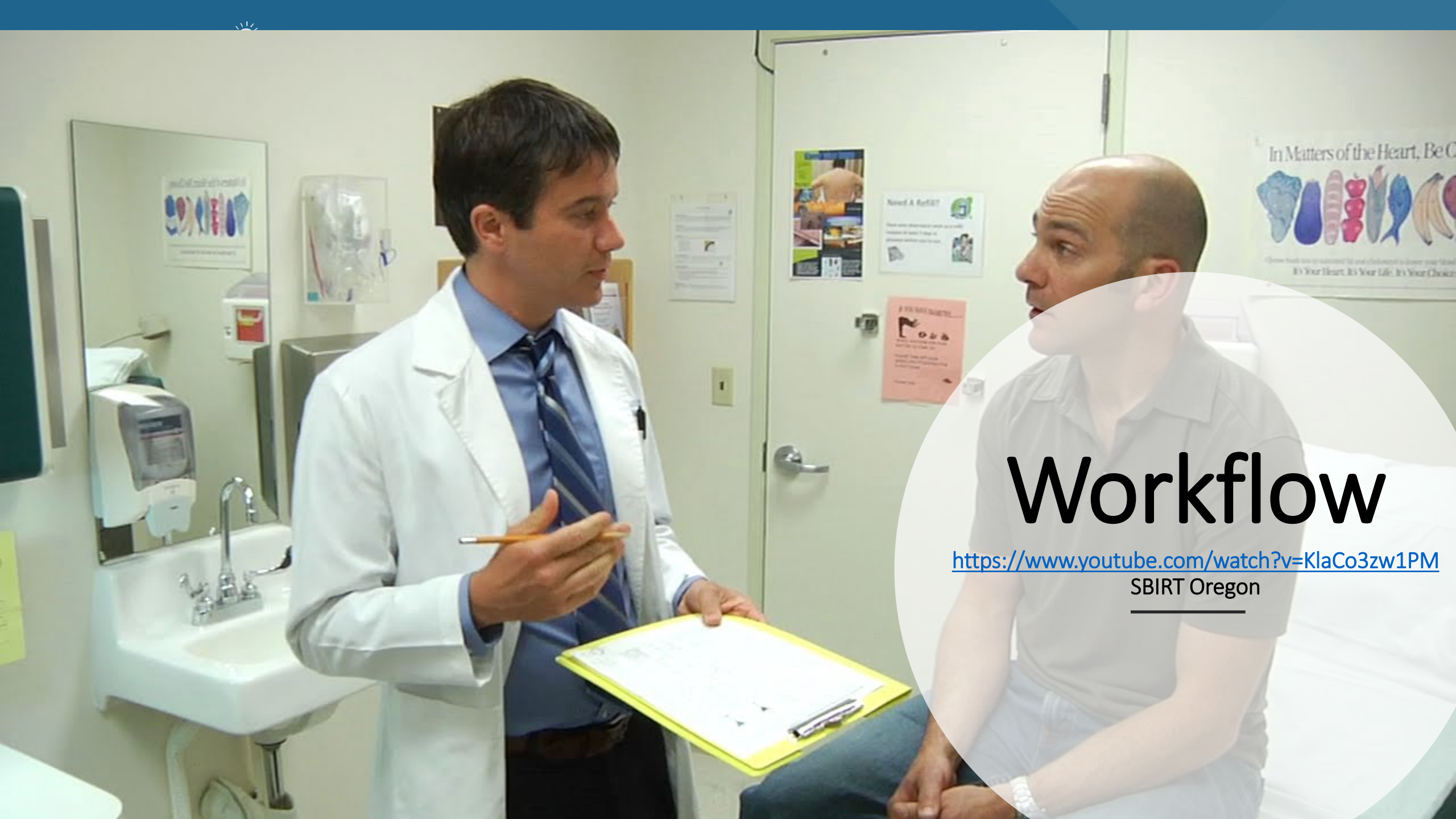
TAP 33

- Appointing one staff member as the SBIRT coordinator may be helpful. This person can ensure that all staff members understand their roles and responsibilities and that all necessary planning tasks are completed.
 - Who is doing what/when?
 - Who is following up with outcomes? Reporting?
 - Who is responsible for training new staff?

WHEN PEOPLE ASK,
“WHAT DO YOU DO?”

ANSWER:
“WHATEVER IT
TAKES”

— COMPETEEVERYDAY.COM —



Workflow

<https://www.youtube.com/watch?v=KlaCo3zw1PM>

SBIRT Oregon



- Collaboration is critical, no matter the size of a system. System (or program) leaders should identify potential public and private collaborators and partners early on and begin developing relationships. –Tap 33

Lessons learned from SAMHSA SBIRT grantees provide insights into effective ways to overcome the challenges:

- Implement SBIRT in ways that minimize the time burden for staff.
- Develop strong “champions” of SBIRT.
- Provide time for staff to “buy into” activities.
- Provide adequate training, ongoing direct supervision and monitoring, and regular feedback.
- Institute SBIRT training as a regular part of employee orientation.
- Collect and share aggregate and patient-level outcomes data so that staff members can see the help they provide to patients.
- Combine SBIRT with other behavioral interventions (e.g., smoking cessation).

Lessons Learned: SAMHSA Tip 33



Break Out Room Discussion

1. How will you address any stigma or bias that may be present in your agency or community when it comes to addressing substance use as part of your SBIRT services?
2. What will you do to assist with “buy in” for staff at your agency when implementing SBIRT services?
3. Who are “champions” that may need to be part of these implementation discussions? Who might you include to be part of the team?



Resources

- **SAMHSA SBIRT**
 - <https://www.samhsa.gov/sbirt>
- **IRETA Online Training and Toolkit and Webinars**
 - <https://ireta.org/resources/sbirt-101/>
 - <https://ireta.org/resources/sbirt-toolkit/>
 - <https://ireta.org/?sfid=243& sft resource type=webinar>
- **SBIRT Oregon**
 - <https://www.sbirtoregon.org/>
- **On-line Training and other Resources-UMKC SBIRT**
 - <http://www.sbirt.care/>



Adopt SBIRT

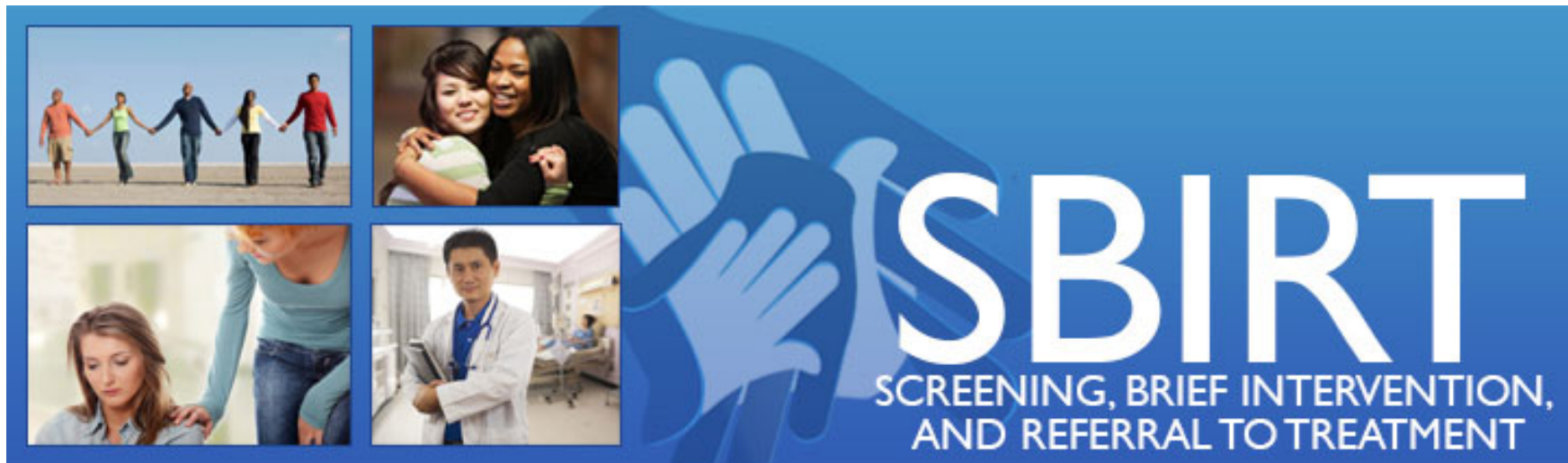
Screening, Brief Intervention & Referral
to Treatment for Opioid Use Disorders

<https://www.nvopioidresponse.org/adopt-sbirt/>

- [Reference Guide for Reproductive Health Complicated by Substance Use](#)
- [Reference Guide for Labor and Delivery Complicated By Substance Use](#)

Helpful Resource on Billing-SAMHSA

<https://www.samhsa.gov/sbirt/coding-reimbursement>





Integration of Behavioral Health and Medical Care

*Sneak Peek at
next week*



Learning Activity Week #4

Questions to Consider

Reflect on your current workflow or what it might look like in the future if you have not implemented yet.

Draft a Diagram of the Workflow

-From the patient's perspective, diagram what the workflow looks like.



QUESTIONS?

