

Using SBIRT for Effective Screening and Referral to Treatment

Welcome!

- All lines are muted, so please ask your questions in chat
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in the poll that will pop up on the lower righthand side of your screen at the end of the presentation



Southeast (HHS Region 4)

ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Stacy Hull, LPC, MAC

AIM LEAD, BEHAVIORAL HEALTH

Stacy Hull is a Licensed Professional Counselor and holds a certification as a Master Addiction Counselor. Stacy has worked in outpatient and residential settings providing mental health and substance use treatment to adults and children. These experiences help Stacy to excel at Alliant.

Additionally, Stacy has more than 25 years of clinical experience in service delivery and administrative leadership in the public behavioral health sector. She has also worked in hospitals, with physicians and inpatient psychiatric facilities to improve behavioral health outcomes in healthcare settings.

Stacy spends her time at Alliant focusing on behavioral health improvement.

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

– Maya Angelou

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Deborah Strotz, MPA, CPS-AD

DIRECTOR OF RECOVERY ORIENTED CARE AT HIGHLAND RIVERS HEALTH



Deborah has worked in the mental health and addictive disease field for over 25 years. Most recently, she joined Highland Rivers Health in 2016 as the Chief Operating Officer and has since transitioned to the agency's Director of Recovery Oriented Care where she has the opportunity to share her passion for recovery.

Previously, Deborah worked in mental health services at Cobb Community Services board for close to 15 years focusing on rehabilitation and recovery services. Through her passion for recovery, Deborah has the ability to advocate for partnerships with individuals, organizations and communities to ensure that all have the opportunity to live to their capacity based on strengths, hope and commitment. Deborah received her BA from Colgate University and her Master in Public Administration (non-profit) from Kennesaw State University.

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Shanna McIntosh, MS, AADC, ICAADC

UNIVERSITY OF ALABAMA VITAL DIRECTOR

Shanna is the Vital Director in the School of Social Work at the University of Alabama. She earned a Master's Degree in Counseling and Psychology. Shanna has more than 10 years of experience as a Substance Use Treatment Director, Substance Use counselor, Mental Health therapist, and a certified case manager.

In her current role as the Vital Director, she oversees the implementation of four federal funded grants, one of which is a statewide SBIRT implementation grant. She serves as an advisor to the board for the Parent Resource Institute of Drug Education of Tuscaloosa, as well as the Tuscaloosa Mental Health Alliance, and is a co-founder of the West Alabama Recovery Coalition. Vital is committed to improving the wellness of Alabamians through training, education, service, implementation, research, evaluation, and community engagement.



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SBIRT: An Integrated Healthcare Approach

Shanna McIntosh MS, AADC



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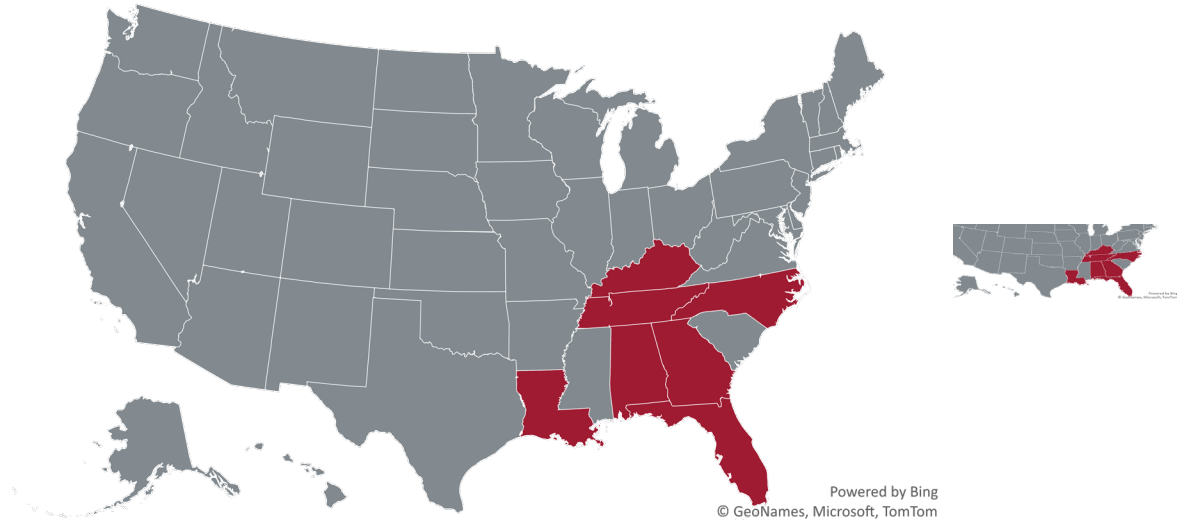


OBJECTIVES

- Introduce participants to the SBIRT Model
- Introduce participants to best practices for care
- Develop an understanding of the dynamics of SBIRT and the needs of the health care team for implementation
- Develop an understanding of the systems that are needed to adopt a tiered service delivery model



A primary issue contributing to the health care crisis in the United States is the scarcity of resources, including mental health professionals.





**AMERICANS WHO FIRST
SMOKED, DRANK OR USED
OTHER DRUGS BEFORE AGE 18
HAS A SUBSTANCE PROBLEM**

**Compared to 1 in 25 Americans who
first drank, smoked or used other
drugs at age 21 or older**



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1 IN 4

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1 IN 10

**PEOPLE WHO NEED
TREATMENT RECEIVE IT.**



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**PEOPLE WHO NEED
TREATMENT RECEIVE IT.**



**{ 40 Million
or >1 in 7**

**AGES 12 AND OLDER HAVE
A SUBSTANCE PROBLEM...**



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1 IN 4

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**Compared to 1 in 25 Americans who
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**...THIS IS MORE THAN THE
NUMBER OF AMERICANS WITH:**



HEART CONDITIONS
(27 Million)



DIABETES
(26 Million)



CANCER
(19 Million)



1 IN 10

**PEOPLE WHO NEED
TREATMENT RECEIVE IT.**



**{ 40 Million
or >1 in 7**

**AGES 12 AND OLDER HAVE
A SUBSTANCE PROBLEM...**



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WHY SBIRT?





WHAT IS SBIRT?

Screening, **B**rief **I**ntervention, and **R**eferral to **T**reatment



WHAT IS SBIRT?

- **S**creening: quickly assess use and severity of alcohol, illicit drugs, and prescription drug abuse.
- **B**rief **I**ntervention: a 3-5 minute motivational and awareness-raising intervention given to risky or problematic substance users and/or a brief sessions of treatment.
- **R**eferral to **T**reatment: referrals to specialty care for patients with substance use disorders.



Polling Question



SCREENING

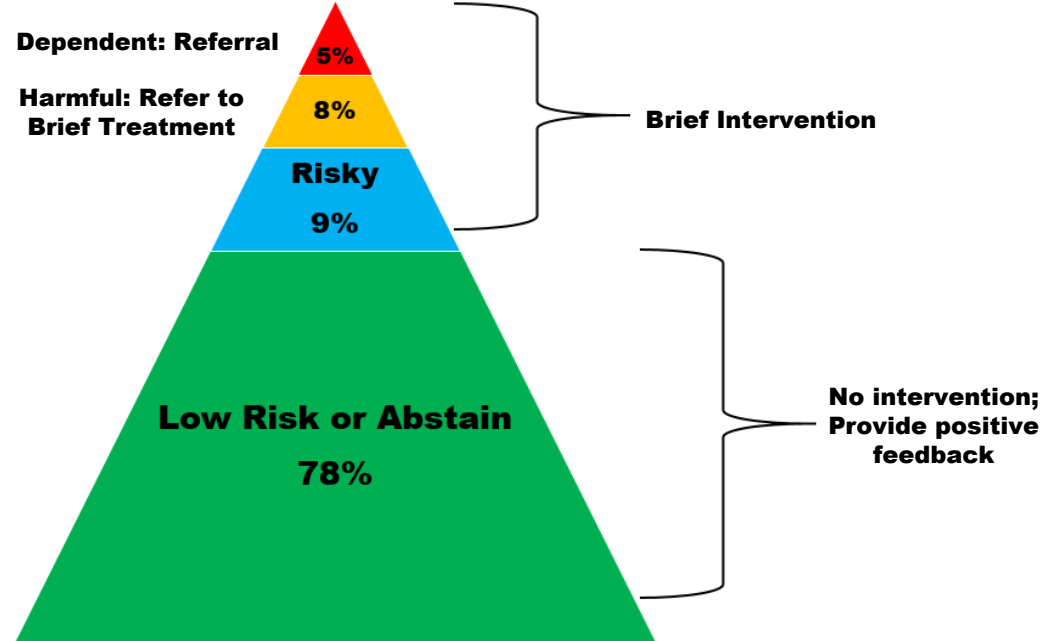
universally screen everyone

| Alcohol | Drugs | Mental Health |
|--|---|---|
| <ul style="list-style-type: none">• US-AUDIT C | <ul style="list-style-type: none">• NIDA Quick Screen | <ul style="list-style-type: none">• PHQ-2,9• GAD-2,7 |
| <ul style="list-style-type: none">• US-AUDIT | <ul style="list-style-type: none">• DAST 10 | |



SCREENING RESULTS

- **LOW/NO RISK= FEEDBACK**
- **MILD=BRIEF INTERVENTION**
- **MODERATE=BRIEF TREATMENT**
- **HIGH/SEVERE=REFERRAL**





BRIEF INTERVENTION

- Is provided when screening indicates **Mild** risk
- It is the core of SBIRT.
- Patients can receive up to 5 sessions.



BRIEF TREATMENT

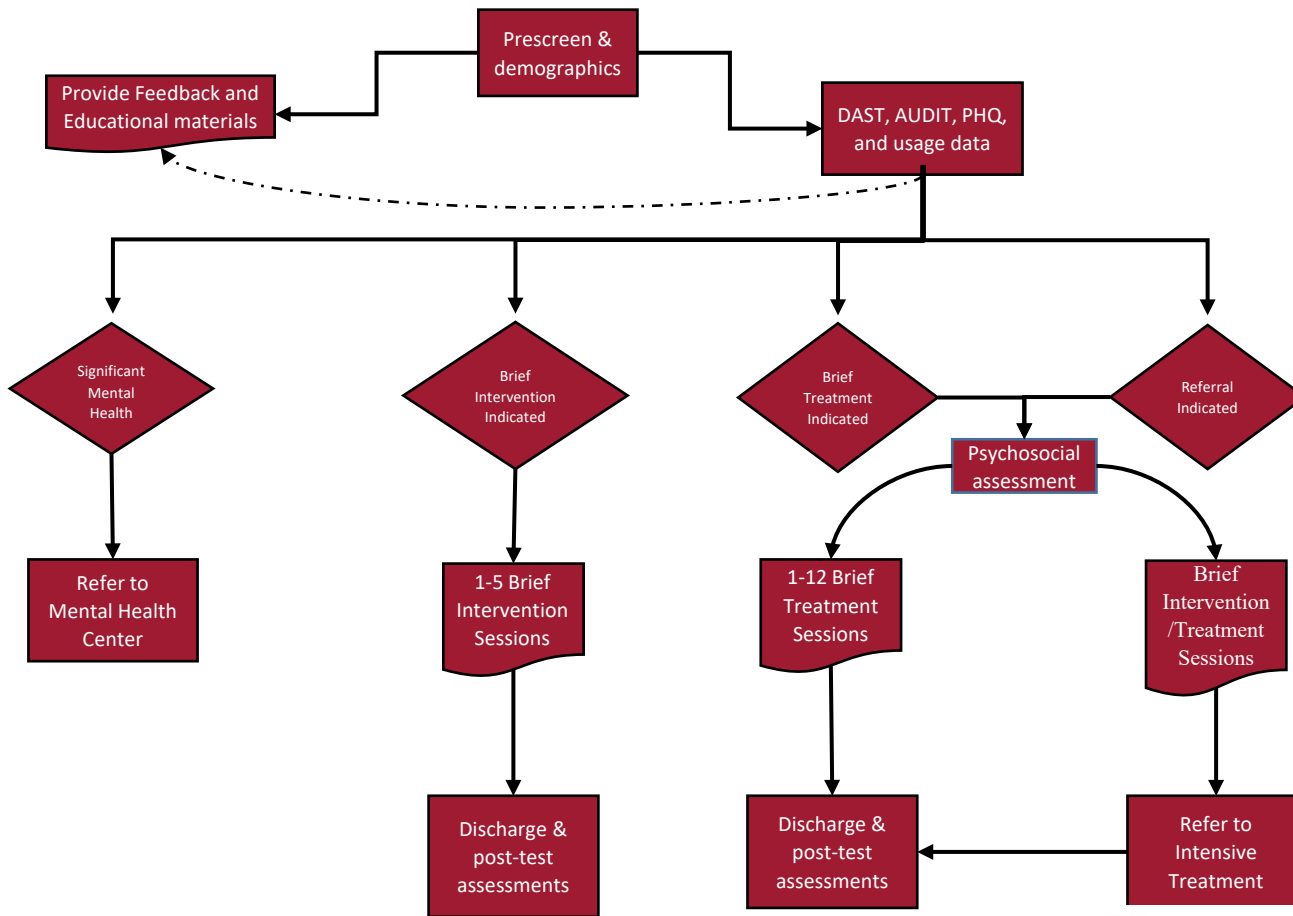
- Is provided when screening indicates **Moderate** risk
- Most often patients will receive up to 12 sessions



REFERRAL TO TREATMENT

- Is provided when screening indicates **Severe** risk
- Can receive Brief Intervention or Brief Treatment
- Warm Handoff
- Services Activation







WHAT IS INTEGRATED CARE?

“At the simplest level, integrated behavioral & physical health care occurs when mental health specialty & primary care providers work together to address the physical & behavioral health needs of their patients.”

“Integration can be bi-directional: either (1) specialty behavioral health care introduced into primary care settings, or (2) primary health care introduced into specialty behavioral health settings.”





WHAT IS INTEGRATED CARE?

| Referral | | Co-Located | | Integrated | |
|--|---|--|--|--|---|
| Key Element: Communication | | Key Element: Physical Proximity | | Key Element: Practice Change | |
| Level 1 <i>Minimal Collaboration</i> | Level 2 <i>Basic Collaboration at a Distance</i> | Level 3 <i>Basic Collaboration On-Site</i> | Level 4 <i>Close Collaboration On-Site with Some System Integration</i> | Level 5 <i>Close Collaboration Approaching an Integrated Practice</i> | Level 6 <i>Full Collaboration in a Transformed/ Merged Integrated Practice</i> |
| Behavioral health, primary care and other healthcare providers work: | | | | | |
| In separate facilities. | In separate facilities. | In same facility not same offices/clinic (e.g., separate waiting areas). | In same space within the same facility but separate work flows/teams. | In same space within the same facility regular teaming & cross staffing. | In same space within the same facility, sharing all practice space (one clinic/one team). |



SBIRT BILLING



"Incredible, but is it billable?"



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SBIRT BILLING

| Payer | Code | Description | Fee Schedule |
|----------------------|-----------|--|--------------|
| Commercial Insurance | CPT 99408 | Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes | \$33.41 |
| | CPT 99409 | Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes | \$65.51 |
| Medicare | G0396 | Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes | \$29.42 |
| | G0397 | Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes | \$57.69 |
| Medicaid | H0049 | Alcohol and/or drug screening | \$24.00 |
| | H0050 | Alcohol and/or drug screening, brief intervention, per 15 minutes | \$48.00 |





SBIRT BILLING

| CPT Code | | Diagnostic Code | Community Health Center | | | | | |
|----------------------------|---------------------------|---|-------------------------|--|----------------|---------------------------|---|---|
| | | | Medicare | | State Medicaid | | | |
| | | | Paid? | Credentials | Paid? | Code | Credentials | Comments |
| E & M Codes | 99201-99205 New Pt | May be used for behavioral health or physical health services | Yes | MD, PA, ANP | Yes | 99201-99205 New Pt | Physician, PA, NP, Nurse Mid-wife, Clinical Social Worker, Clinical Psychologist, CNS | 1 billable encounter per day. |
| | 99211 - 99215 Est. Pt. | | | | | 99211 - 99215 Est. Pt. | | RN can bill EPSDT services and the following family planning services: 88205, 99214, 99213, 99215 |
| Health and Behavior (HABI) | 96150 Assessment | Services are secondary to a physical health diagnosis | Yes | PhD Psychologist at this time; excludes LMSW | No | | | |
| | 96151 Reassessment | | Yes | | No | | | |
| | 96152 Individual TX | | Yes | | No | | | |
| | 96153 Group TX | | Yes | | No | | | |
| | 96154 Family TX w/ PT | | Yes | | No | | | |
| | 96155 Family TX w/o PT | | No | | No | | | |
| | | | | | | | | |



Referral Resources





NATIONAL HOTLINES AND WEBSITES



Substance Abuse and Mental Health
Services Administration

[Find Treatment](#) [Practitioner Training](#) [Public Messages](#) [Grants](#)

Find Treatment



Substance Use Treatment Locator

Millions of Americans have a substance use disorder. Help is available.
[FindTreatment.gov](#).

Behavioral Health Treatment Services Locator

Find alcohol, drug, or mental health treatment facilities and programs around the country at [findtreatment.samhsa.gov](#).

Buprenorphine Practitioner & Treatment Program Locator

Find information on locating practitioners and treatment programs authorized to treat opioids, such as heroin or prescription pain relievers, at [www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator](#).

Early Serious Mental Illness Treatment Locator

Find treatment programs in your state that treat recent onset of serious mental illnesses such as psychosis, schizophrenia, bi-polar disorder, and other conditions at [www.samhsa.gov/esmi-treatment-locator](#).

Opioid Treatment Program Directory

Find treatment programs in your state that treat addiction and dependence on opioids, such as heroin or prescription pain relievers, at [dpt2.samhsa.gov/treatment/](#).

<https://www.samhsa.gov/find-treatment>



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NATIONAL HOTLINES AND WEBSITES

An official website of the United States government

FindTreatment.gov

For help finding treatment 1-800-662-HELP (4357)





[Search for treatment](#) [Treatment options](#) [Paying for treatment](#) [Understanding addiction](#) [Understanding mental health](#)



Millions of Americans have a substance use disorder. Help is available.

The Substance Abuse and Mental Health Services Administration (SAMHSA) collects information on thousands of state-licensed providers who specialize in treating substance use disorders, addiction, and mental illness.

[Find treatment](#) [Learn more](#)



Find a treatment facility near you

[Search](#)

www.findtreatment.gov (SAMHSA)



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NATIONAL HOTLINES AND WEBSITES

SAMHSA's National Helpline

(800) 662-HELP (4357) or (800) 487-4889 (TDD)

National Suicide Prevention Lifeline

(800) 273-TALK (8255)

Disaster Distress Helpline

1-800-985-5990

Website: www.samhsa.gov/find-help/disaster-distress-helpline

Veteran's Crisis Line

1-800-273-TALK (8255)

TTY: 1-800-799-4889

Website: www.veteranscrisisline.net





NATIONAL HOTLINES AND WEBSITES

CRISIS TEXT LINE |

+ GET HELP

VOLUNTEER

+ LEARN

+ SHARE

+ DONATE



Text Us

Or, message us on Facebook.

In a crisis?

**Text HOME to 741741 to
connect with a Crisis
Counselor**

Free 24/7 support at your fingertips

US and Canada: text **741741**

UK: text **85258** | Ireland: text **50808**

Text Us

Or, message us on Facebook.



<https://www.crisistextline.org/>



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NATIONAL HOTLINES AND WEBSITES

Alcoholics Anonymous

www.aa.org

Narcotics Anonymous

www.na.org

Al-Anon

www.al-anon.org

Celebrate Recovery

www.celebraterecovery.com

Virtual Recovery Resources

<https://vitalalabama.com/covid-19-resources/covid-19-resources/>



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Necessary Conditions for Implementation





A WORKING LIST OF CONDITIONS

- Vision
- Capacity
- Funding
- Infrastructure & Staff Capacity
- Provider Network



A WORKING LIST OF CONDITIONS

- Staffing
- Building Design
- Partnerships/Contracting
- Financing
- Clinical Practice
- Health Information Technology/Use of Data
- Quality Assurance & Improvement





SBIRT SUMMARY

- It is brief.
- The screening is universal.
- One or more specific behaviors are targeted.
- The services may occur in a public health, or other non-substance use treatment setting.
- It is comprehensive.
- Strong research or substantial experiential evidence supports the model.



Polling Question

Questions



Discussion

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Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings



Chronic Disease Self-Management

- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes



Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events



Nursing Home Quality

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents

CMS 12th SOW AIMS

Making Health Care Better *Together*



Georgia, Kentucky, North
Carolina, or Tennessee

Leighann Sauls

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Alabama, Florida, or Louisiana

Jeana Partington

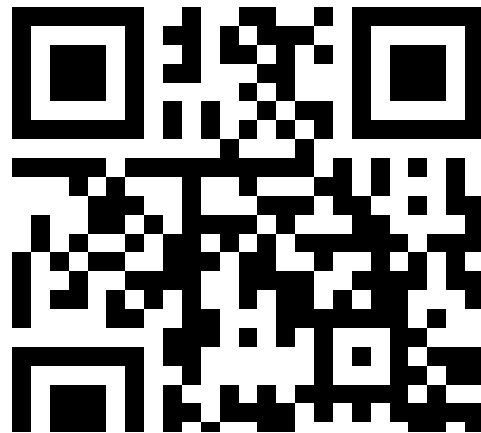
Jeana.Partington@AlliantHealth.org

Program Directors

Post Event Survey for SATTC:

<https://ttc-gpra.org/P?s=783078>

One CEU hour is available upon completion of the GPRA evaluation from NAADAC.



Southeast (HHS Region 4)

ATTC

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Upcoming Events

Nursing Homes
Tuesdays, 2pm ET/1pm CT

Community Coalitions
Thursdays, 12:30 pm ET/11:30am CT

| | |
|--|--|
| September 15 th , 2020: High risk medication use and quality practices to prevent ADE | September 24 th , 2020: Opioid Use in the Aging Population *Special 60-minute Presentation* |
| October 20 th , 2020: Understanding and using QAPI elements in day to day care processes | October 29 th , 2020: Blood Glucose Targets And Adapting Treatment Goals For Special Populations |
| November 17 th , 2020: Preventing and Managing C. difficile | December 17 th , 2020: Gear up for the New Year! Positioning your Organization to Gather, Track, and Use Data in 2021 |
| December 15 th , 2020: Preventing Healthcare Acquired Infections (including immunization stats) | January 2021: TBD |

Making Health Care Better *Together*



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