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
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

Contact:
Stacy.Hull@AlliantQuality.org
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 Heath 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.

Contact: debbiestrotz@highlandrivers.org
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.

Contact: semcintosh@ua.edu
SBIRT: An Integrated Healthcare Approach

Shanna McIntosh MS, AADC
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.
Compared to 1 in 25 Americans who first drank, smoked or used other drugs at age 21 or older.
Compared to 1 in 25 Americans who first drank, smoked or used other drugs at age 21 or older
1 in 4 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.

1 in 10 people who need treatment receive it.

40 million or >1 in 7 ages 12 and older have a substance problem...
1 IN 4 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

...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...}
WHY SBIRT?

At-risk drinking and alcohol problems are common

Alcohol and other drugs significantly impact patients and public health

SBIRT is proven to be effective

Substance use is one of America’s top preventable health issues
WHAT IS SBIRT?

Screening, Brief Intervention, and Referral to Treatment
WHAT IS SBIRT?

• **Screening:** quickly assess use and severity of alcohol, illicit drugs, and prescription drug abuse.

• **Brief Intervention:** a 3-5 minute motivational and awareness-raising intervention given to risky or problematic substance users and/or a brief sessions of treatment.

• **Referral to Treatment:** referrals to specialty care for patients with substance use disorders.
Polling Question
SCREENING

*universally screen everyone*

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Drugs</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• US-AUDIT C</td>
<td>• NIDA Quick Screen</td>
<td>• PHQ-2,9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• GAD-2,7</td>
</tr>
<tr>
<td>• US-AUDIT</td>
<td>• DAST 10</td>
<td></td>
</tr>
</tbody>
</table>
SCREENING RESULTS

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

- Dependent: Referral (5%)
- Harmful: Refer to Brief Treatment (8%)
- Risky (9%)
- Low Risk or Abstain (78%)

- No intervention; Provide positive feedback
- Brief Intervention
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
Prescreen & demographics

DAST, AUDIT, PHQ, and usage data

Significant Mental Health

Refer to Mental Health Center

Brief Intervention Indicated

1-5 Brief Intervention Sessions

Discharge & post-test assessments

Brief Treatment Indicated

1-12 Brief Treatment Sessions

Discharge & post-test assessments

Psychosocial assessment

Referral Indicated

Brief Intervention /Treatment Sessions

Refer to Intensive Treatment

Provide Feedback and Educational materials

Brief Intervention Indicated

1-5 Brief Intervention Sessions

Discharge & post-test assessments

Brief Treatment Indicated

1-12 Brief Treatment Sessions

Discharge & post-test assessments
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?

<table>
<thead>
<tr>
<th>Referral</th>
<th>Co-Located</th>
<th>Integrated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Element:</strong> Communication</td>
<td><strong>Key Element:</strong> Physical Proximity</td>
<td><strong>Key Element:</strong> Practice Change</td>
</tr>
</tbody>
</table>
| Level 1
 Minimal Collaboration | Level 2
 Basic Collaboration at a Distance | Level 3
 Basic Collaboration On-Site |
| Level 4
 Close Collaboration On-Site with Some System Integration | Level 5
 Close Collaboration Approaching an Integrated Practice | Level 6
 Full Collaboration in a Transformed/ Merged Integrated Practice |

Behavioral health, primary care and other healthcare providers work:

<table>
<thead>
<tr>
<th>Referral</th>
<th>Co-Located</th>
<th>Integrated</th>
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</thead>
<tbody>
<tr>
<td>In separate facilities.</td>
<td>In separate facilities.</td>
<td>In same space within the same facility, sharing all practice space (one clinic/one team).</td>
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Adapted from the National Council for Behavioral Health
SBIRT BILLING

“Incredible, but is it billable?”
# SBIRT BILLING

<table>
<thead>
<tr>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
<th>Fee Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Insurance</td>
<td>CPT 99408</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes</td>
<td>$33.41</td>
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<tr>
<td></td>
<td>CPT 99409</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes</td>
<td>$65.51</td>
</tr>
<tr>
<td>Medicare</td>
<td>G0396</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes</td>
<td>$29.42</td>
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<tr>
<td></td>
<td>G0397</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes</td>
<td>$57.69</td>
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<tr>
<td>Medicaid</td>
<td>H0049</td>
<td>Alcohol and/or drug screening</td>
<td>$24.00</td>
</tr>
<tr>
<td></td>
<td>H0050</td>
<td>Alcohol and/or drug screening, brief intervention, per 15 minutes</td>
<td>$48.00</td>
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### SBIRT BILLING

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<td>E &amp; M Codes</td>
<td></td>
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<td></td>
<td>1 billable encounter per day. RN can bill EPSDT services and the following family planning services: 88205, 99214, 99213, 99215</td>
</tr>
<tr>
<td>99201-99205 New Pt</td>
<td>May be used for behavioral health or physical health services</td>
<td>Yes</td>
<td>MD, PA, ANP</td>
<td>Yes</td>
<td>99201-99205 New Pt</td>
<td></td>
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<tr>
<td>99211 - 99215 Est. Pt.</td>
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<td>Health and Behavior (HABI)</td>
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<tr>
<td>96150 Assessment</td>
<td>Services are secondary to a physical health diagnosis</td>
<td>Yes</td>
<td></td>
<td>PhD Psychologist at this time; excludes LMSW</td>
<td>No</td>
<td></td>
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<tr>
<td>96151 Reassessment</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td>No</td>
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<tr>
<td>96152 Individual TX</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td>No</td>
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<td></td>
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<tr>
<td>96153 Group TX</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td>No</td>
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<tr>
<td>96154 Family TX w/ PT</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td>No</td>
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<tr>
<td>96155 Family TX w/o PT</td>
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<td>No</td>
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<td>No</td>
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Referral Resources
NATIONAL HOTLINES AND WEBSITES

https://www.samhsa.gov/find-treatment
NATIONAL HOTLINES AND WEBSITES

Find a treatment facility near you

City or zip code

Search

www.findtreatment.gov (SAMHSA)
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
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

https://www.crisistextline.org/
NATIONAL HOTLINES AND WEBSITES

Alcoholics Anonymous
www.aa.org

Narcotics Anonymous
www.na.org

Al-Anon
www.al-anon.org

Celebrate Recovery
www.cebraterecovery.com

Virtual Recovery Resources
https://vitalalabama.com/covid-19-resources/covid-19-resources/
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
Contact Information:

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Email: semcintosh@ua.edu

Deborah Strotz
MPA, CPS-AD
Email: debbiestrotz@highlandrivers.org
| **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 optical 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 |
Making Health Care Better *Together*

**Program Directors**

Georgia, Kentucky, North Carolina, or Tennessee
Leighann Sauls
Leighann.Sauls@AlliantHealth.org

Alabama, Florida, or Louisiana
Jeana Partington
Jeana.Partington@AlliantHealth.org
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 Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
## Upcoming Events

### Nursing Homes
**Tuesdays, 2pm ET/1pm CT**

- **September 15th, 2020**: High risk medication use and quality practices to prevent ADE
- **October 20th, 2020**: Understanding and using QAPI elements in day to day care processes
- **November 17th, 2020**: Preventing and Managing C. difficile
- **December 15th, 2020**: Preventing Healthcare Acquired Infections (including immunization stats)

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

- **September 24th, 2020**: Opioid Use in the Aging Population  *Special 60-minute Presentation*
- **October 29th, 2020**: Blood Glucose Targets And Adapting Treatment Goals For Special Populations
- **December 17th, 2020**: Gear up for the New Year! Positioning your Organization to Gather, Track, and Use Data in 2021
- **January 2021**: TBD
This material was prepared with slides courtesy of Vital Improving Wellness in Alabama and by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Medicare Quality Innovation Network - Quality Improvement Organization for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. 12SOW-AHSQIN-QIO-TO1CC-20-289