Lessons Learned from a Multi-site Screening, Brief Intervention, and Referral to Treatment (SBIRT) Program

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Background

- SBIRT is an integrated public health model for early detection and treatment services for alcohol and substance use.
- The goal is to provide the opportunity for care before conditions become more severe.
- In 2014, Interact for Health, a health improvement nonprofit located in Cincinnati, OH, funded SBIRT demonstration projects at ten organizations including school-based health centers, hospital sites, and outpatient primary care offices.
- Each project lasted from 9 to 18 months.
- Organizations selected what condition(s) to screen for and which instrument(s) they would use that included the following:
  - alcohol (AUDIT, NIAAA)
  - depression (PHQ-9)
  - anxiety (GAD-7)
  - substance use (DAST-10, NM-ASSIST)
  - alcohol and substance use together (CRAFFT)
  - tobacco
  - child safety (SEEK)

Methods

An evaluation team from the University of Cincinnati's Department of Family and Community Medicine Research Division:
- Developed process models and data collection forms for each grantee.
- Collected process data quarterly that included the number of patients:
  - Eligible to be screened
  - Completing a screen
  - Scoring positive on a screen
  - Receiving a brief intervention
  - Referred to treatment
- Surveyed each site quarterly regarding process strengths and barriers, changes made to improve process flow and data collection
- Followed up with a brief quarterly conference with each grantee to discuss the data and how the process might be improved.

Results

Figure 1. Quantitative results for all sites

<table>
<thead>
<tr>
<th>Full screens completed by</th>
<th>Age</th>
<th>Setting</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adults</td>
<td>1,635</td>
<td>3,854</td>
</tr>
<tr>
<td></td>
<td>Adolescents</td>
<td>16,146</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition</th>
<th>Full Screens Completed</th>
<th>% Positive Full Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>7,361</td>
<td>25%</td>
</tr>
<tr>
<td>Substance Use</td>
<td>7,303</td>
<td>18.3%</td>
</tr>
<tr>
<td>Alcohol &amp; Drugs</td>
<td>794</td>
<td>6.9%</td>
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<tr>
<td>Depression</td>
<td>3,706</td>
<td>61.9%</td>
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<tr>
<td>Tobacco</td>
<td>1,340</td>
<td>31.2%</td>
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<tr>
<td>Child Safety</td>
<td>1,057</td>
<td>23.7%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>74</td>
<td>13.5%</td>
</tr>
</tbody>
</table>

Acknowledgements

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Conclusions

Practice implementation, maintenance, and sustainability challenges reported here and in the literature, most notably in data tracking, billing, and staff support, may be mitigated in the planning phase by including inter- and intraorganizational partners and providing adequate, sustained training.