Impact to Clients

- Faster access to high quality services
- Integrated Coordinated Care
- Superior physical and mental health outcome
INTEGRATION – S∙BI∙RT

**Screening**

Incorporated into the normal routine in medical and other community settings, screening provides identification of individuals with problems related to alcohol and/or substance use. Screening can be through interview and self-report. Three of the most widely used screening instruments are AUDIT, ASSIST, and DAST.

**Brief Intervention**

Following a screening result indicating moderate risk, brief intervention is provided. This involves motivational discussion focused on raising individuals’ awareness of their substance use and its consequences, and motivating them toward behavioral change. Successful brief intervention encompasses support of the client’s empowerment to make behavioral change.

**Brief Treatment**

Following a screening result of moderate to high risk, brief treatment is provided. Much like brief intervention, this involves motivational discussion and client empowerment. Brief Treatment, however, is more comprehensive and includes assessment, education, problem solving, coping mechanisms, and building a supportive social environment.

**Referral To Treatment**

Following a screening result of severe or dependence, a referral to treatment is provided. This is a proactive process that facilitates access to care for those individuals requiring more extensive treatment than SBIRT provides. This is an imperative component of the SBIRT initiative as it ensures access to the appropriate level of care for all who are screened.
Goals of SBIRT

To provide empirically-based and clinically useful practices to prevent alcohol and drug use disorders and intervene when evidence suggests at-risk or harmful consumption patterns and consequences of use.
Elliot Hospital uses the AUDIT, DAST and PHQ2 or CAGE-AID to screen.

Medical provider will use a brief intervention such as Motivational Interviewing or CBT.

BH/LDAC staff will come into medical appointment to be introduced and provide a warm handoff.
Integration

• An integrated model of care:
  ○ Reduces ER visits,
  ○ Improves care coordination and compliance with treatment protocols
  ○ Enhances follow-up care
  ○ Increases awareness of the services provided at other programs
  ○ Connects patients to a primary care physician and necessary behavioral health care
Is It That Easy??

• There’s a difference between a Multi-disciplinary Team and an Interdisciplinary Team

• The Interdisciplinary Team –
  • “People with distinct disciplinary training working together for a common purpose, as they make different, complementary contributions to patient-focused care.”

“HIRE FOR ATTITUDE”

- Staff who are great communicators
- Staff who can collaborate
- Staff who think systemically
Behavioral Health Training

- Motivational Interviewing
- Suicide Prevention
- SBIRT
- Cognitive Behavioral Treatment
- SUD and Psychological Survival
• Be Prepared to be Uncomfortable