

Colorado Screening, Brief Intervention and Referral to Treatment Services and Outcomes, May 2011



Colorado's Screening, Brief Intervention, and Referral to Treatment initiative (SBIRT Colorado) aspires to make screening for alcohol and other substance use a routine practice, similar to blood pressure screening. Since April 2007, patients across Colorado have been screened using validated tools by healthcare professionals. When patients screen at risk for negative health consequences, healthcare professionals provide an immediate brief intervention (BI) and, if needed, a referral to additional substance use treatment services, including brief therapy (BT) or more extensive treatment (RT). When patients do not screen at risk, they are provided screening and positive feedback (SF) about their healthy choices. The following provides information on data collected from SBIRT Colorado grant sites since April 2007. In general, results support the program's efficacy in reducing risky substance use behaviors.

SBIRT Services Provided to Date

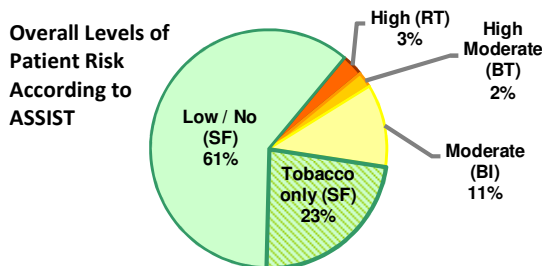
SBIRT Colorado (SBIRT CO) is currently providing services to a broad range of patients in urban, rural, and frontier healthcare settings across Colorado. This report presents data collected by health educators in 26 clinical settings within 12 SBIRT CO healthcare sites. For more information about SBIRT models and settings throughout the state, visit the SBIRT CO website at: www.improvinghealthcolorado.org

As of May 1, 2011 over 108,000 screens have been completed. In 2009 and 2010, about 2,900 patients were screened each month throughout the state.¹

About 46% (48,896) of patients screened to date were male and about 54% (57,667) were female. The most frequently screened age group was between 25 and 34 years old. About 58% (61,526) of patients identified as White, 9% (9,665) identified as Black/African American, and 30% (31,417) identified as Hispanic or Latino. Other races/ethnicities combined accounted for less than 5% of all screens.

SBIRT Patients Scoring at Risk

The SBIRT CO program uses the ASSIST², a screening tool developed by the World Health Organization, to assess patient use of substances and levels of risk associated with each substance. **The ASSIST tool defines patients as at risk if their pattern of substance use indicates hazardous or harmful use that puts them at risk for health and other problems.** Unless noted, at risk refers to alcohol and/or illicit substances.



¹ Data provided represent screens through March 31, 2011.

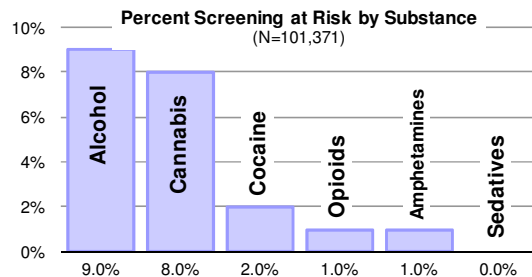
² In cases where a brief screen indicated no use and the ASSIST was not administered, all ASSIST substances were coded as 0. ASSIST data were not available for 5,236 cases.

³ Madras, B.K., et al. (2009). *Drug and Alcohol Dependence*, 99(1-3), 280-295.

Risk by Gender, Race, and Substance

About 22% of males and 10% of females scored at risk for alcohol and/or illicit substances. Males were about 2.5 times more likely than females to score at risk. Those who identified as White, Black/African American, and Hispanic/Latino scored at risk 16%, 23%, and 12% of the time, respectively.

The ASSIST screens for up to 10 substances. The top six substances, excluding tobacco, are included in the chart below. Of all completed screens, 9.0% of patients scored at risk for alcohol.



According to ASSIST criteria about 34% of all patients scored at risk for tobacco. Approximately 40% of males and 29% of females scored at risk for tobacco. In every age group patients were more likely to be at risk for tobacco than any other substance.

Preliminary Outcomes

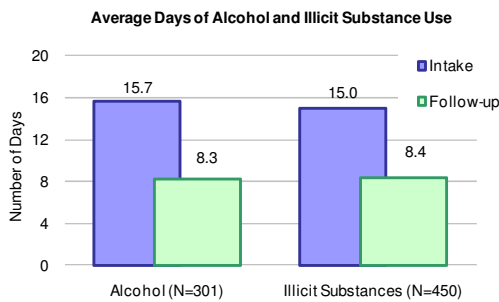
As of March 31, 2011, 1,099 six-month follow-up interviews had been completed.

Change in Use

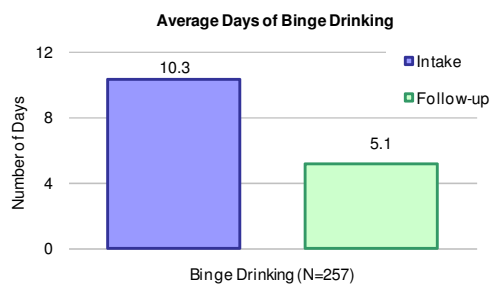
Participants in the SBIRT CO follow-up study were asked the number of days they used alcohol and illicit substances in the last 30 days. It is possible that it is more difficult to locate patients to participate in the follow-up study who are using substances than those who reduced their use, which may affect the findings. In addition, we cannot compare change in use in these patients to change in use in patients with similar patterns of use who did not receive SBIRT services. Thus, we do not know whether these patients would have reduced their use in the absence of receiving SBIRT services.

Results for SBIRT CO are similar to national SBIRT findings³ and indicate that patients experienced a significant drop in overall use during the 30 days prior to follow-up as compared to the 30 days prior to intake.

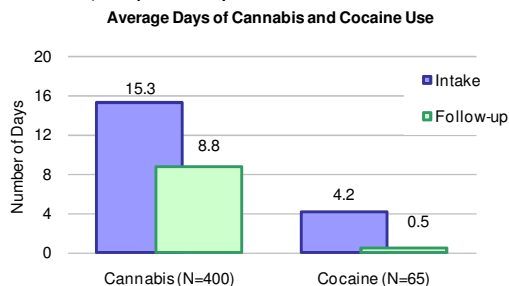
- Days of alcohol use fell by 47% and overall days of illicit substance use fell by 44%.



- Days of binge drinking (consuming 5 or more drinks in a single sitting) fell by 50%.



- Days of cannabis and cocaine use fell by 43% and 88%, respectively.



Summary

- Approximately 16% of patients screened by SBIRT CO were at risk for substance use. Only 5% of patients were identified as in need of additional services beyond a brief intervention.
- Results to date support the SBIRT program's efficacy in reducing patients' substance use.
- Reducing substance use can have dramatic positive effects on individuals' physical, mental, and social health.

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Managed by Peer Assistance Services, Inc.

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SBIRT Spotlight: Colorado Provider's Association

SBIRT Colorado is leading the way for substance use disorder (SUD) services to be included in transforming Health Care in Colorado. It's opened the door for dialogue between primary care and substance abuse and addiction community. It's led to recognition that addiction is a serious chronic disease that is preventable, treatable and a serious burden on health care that can no longer be ignored. It's led to a better understanding of what's needed to move our systems forward. And it's just the beginning of the work and investment that's needed.

The Colorado Providers Association's (COPA) role is to promote, support and assist the SUD Provider Community in transforming itself to meet the demands of a changing marketplace. COPA was instrumental in securing legislative support for SBIRT (HB10-1033) that added SBI to Medicaid. COPA will soon offer a Prevention Specialist Certification to ensure the professional development and recognition of prevention and early intervention.

COPA is a 501c6 membership association with a mission to reduce barriers, coordinate and improve existing substance abuse services, and develop new programs to improve the availability, quality and comprehensiveness of these services for the people of Colorado.

The membership represents a broad statewide cross-section of prevention, intervention, treatment and recovery support providers and COPA participates on a variety of state initiatives including SBIRT, CORHIO's Behavioral Health Project, Adults without Dependent Children Advisory Council (for Medicaid Expansion Populations), CO Health Insurance Exchange workgroups, the Regional Care Collaborative Organizations (RCCO's), ATR, the State Meth Task Force, as well as the state's Behavioral Health Transformation Council.

With the implementation of Colorado's Health Care plan, the Affordable Care Act and the changes to the SAMHSA Block Grants SUD providers will need to make significant changes to service provision. COPA envisions the need for SUD providers to adapt in a number of areas including, the modification of service approaches, adapting to new and expanded access and referral systems, adapting to new information system requirements, preparing for billing procedures and partnering with other organizations in the health care arena to name a few.

COPA has convened a Health Care Committee and is in a strong position to help support, direct and prepare the SUD provider community with the following goals:

- Integrate SUD into Health Care Reform Agenda
- Create new Alliances and Partnerships
- Build SUD Provider Capacity
- Build Workforce Development and Training

SBIRT Colorado opened the door. COPA will continue to foster system and policy changes to improve access, quality and program services. As we partner with primary care we will continue to promote effective best-practices for SUD and prepare the SUD Provider Community to participate fully.

