

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 SBIRT CO healthcare sites. For more information about SBIRT models and settings throughout the state, visit the SBIRT CO website at:

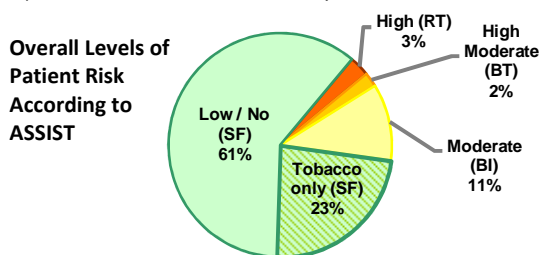
www.improvinghealthcolorado.org

As of November 1, 2010 over 95,000 screens have been completed. In 2009 and 2010, about 3,000 patients were screened each month throughout the state.¹

About 45% (42,037) of patients screened to date were male and about 55% (50,808) were female. The most frequently screened age group was between 25 and 34 years old. About 57% (53,174) of patients identified as White, 9% (8,614) identified as Black/African American, and 30% (27,718) 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.



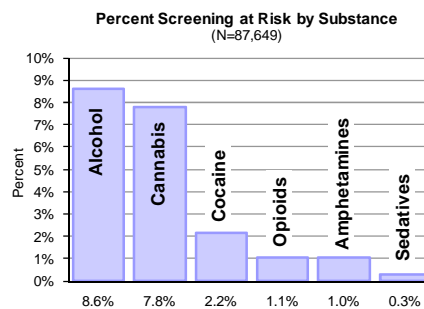
¹ Data provided represent screens through September 30, 2010.

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.

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%, 22%, 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, 8.6% 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

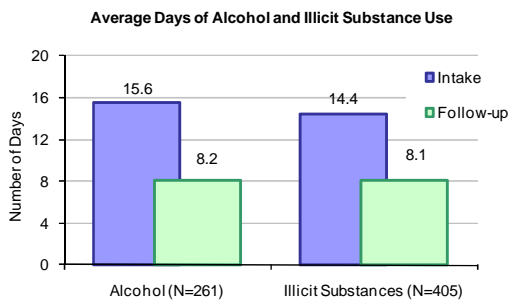
As of September 30, 2010, 1,027 six-month follow-up interviews had been completed.

Change in Use

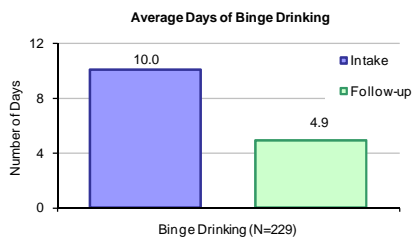
Participants in the SBIRT CO follow-up study were asked the number of days they used alcohol and illicit substances in the last 30 days. It is possible that it is more difficult to locate patients to participate in the follow-up study who are using substances than those who reduced their use, which may 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.

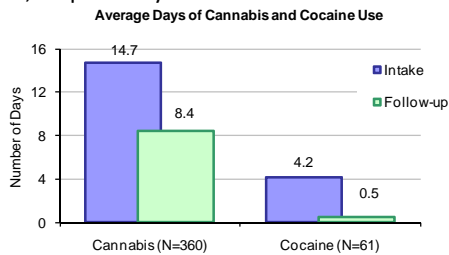
- Days of alcohol use fell by 48% and overall days of illicit substance use fell by 44%.



- Days of binge drinking (consuming 5 or more drinks in a single sitting) fell by 51%.



- 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.

Funded by Substance Abuse and Mental Health Administration and the Center for Substance Abuse Treatment.

Administered by the Colorado Department of Human Services - Division of Behavioral Health.

Managed by Peer Assistance Services, Inc.

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³ Madras, B.K., Compton, W.M., Avula, D., Stegbauer, T., Stein, J.B., & Clark, H.W. (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. *Drug and Alcohol Dependence*, 99(1-3), 280-295.

SBIRT Spotlight: Sustainability

SBIRT services are making a difference in the health of thousands of Colorado citizens, as demonstrated in the outcomes presented in this report.

Federal grant funds for implementing SBIRT services in Colorado have been instrumental in establishing a solid foundation for continuing to expand SBIRT services into a variety of healthcare settings across the state. A broad partnership of state government, non-profit, and private stakeholders has ensured that SBIRT CO is now one of the most successful federally-funded SBIRT projects in the nation.

As the federal grant period comes to an end in October 2011, SBIRT CO is well-poised for sustaining SBIRT services at various existing grant sites while also promoting the practice of screening for high-risk use of alcohol, tobacco and other drugs in other non-grant funded sites.

Attention to sustaining the practice of SBIRT beyond federal grant funding started during the first year of the grant with the vision of improving the health of Coloradans by fostering SBIRT as a standard of care practice in healthcare settings.

The SBIRT Guideline developed by the Colorado Clinical Guidelines Collaborative, now Health TeamWorks, provides specific guidance to primary care practitioners for conducting alcohol and substance use screenings and interventions. In addition, SBIRT practice management and quality improvement guidelines, based on experience of implementing SBIRT in different primary care settings, serve to promote fidelity of the delivery of SBIRT services. Information about these and other resources are available on-line at www.improvinghealthcolorado.com.

SBIRT CO has also established the foundation for a strong SBIRT training and technical assistance system that can best be sustained with support from state government, non-profit, and private sector collaborative partners.

In addition to the recent activation of the SBIRT Medicaid codes for reimbursement, private insurance plans in Colorado are required by state law to pay for alcohol screenings. Under Colorado Medicaid, SBIRT services performed by health educators under the supervision of a licensed, eligible provider can be billed for reimbursement.

You, or your organization, are invited to build on the success of SBIRT CO to ensure SBIRT services are broadly implemented as a standard of care practice in Colorado beyond the federal grant period. An open invitation is extended to any individual who cares to be an active champion of SBIRT and to any agency or organization to be an active, supporting partner in continuing to address training, practice, policy, and financing aspects of SBIRT in Colorado.

Contact José Esquibel, SBIRT Project Director (j.esquibel@state.co.us), or Brie Reimann, SBIRT Program Director (BREimann@peerassist.org), to discuss your interest in being a champion and/or partner.