

Case #5: SBIRT in Action - The Georgia BASICS Program

Synopsis of a recorded webinar

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Presenter:

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Overview

Georgia BASICS (Brief Assessment, Screening, Intervention Continuum of Care System) was part of the third cohort of SBIRT project grantees. The project was implemented within two primary organizations: Grady Health System (GHS) and the Medical Center of Central Georgia (MCCG). The intent of the project was twofold; 1) to increase the proportion of persons receiving SBIRT services in the emergency department and other clinics affiliated with GHS and MCCG and 2) to develop an expanded workforce with SBIRT competencies.

SBIRT services were implemented in the emergency departments of the state's two largest medical facilities. In year three, the project expanded to include selected primary care sites at each hospital.

Patient Population Served:

Forty percent of patients served were "precariously housed" (without a permanent living situation) and had complex health conditions. During the five years of the project, approximately 2,500 patients were pre-screened each week.

Content Description:

The webinar begins with a description of the Georgia BASICS project and its structure, delivered primarily at the emergency departments of two large hospitals. The presentation goes on to discuss:

- How the project was staffed, including different staff qualifications for different SBIRT functions
- The overall clinical structure and flow of the screening process itself, including how the EMR triggered the process by notifying staff about patients with positive pre-screens

- The breakdown of how many patients received each SBIRT service beyond screening (i.e. brief intervention, brief treatment, referral to treatment); for example, 25% of patients had a positive pre-screen and received the full screen and other SBIRT services as indicated.
- A detailed outline of how clinical fidelity to the SBIRT model was achieved and maintained
- How the health educators who delivered SBIRT services became an integral part of the emergency department and were identified by patients as hospital "healthcare" staff
- The importance of doing follow-up with patients and how it was done
- Results based on a sample analysis that examined data on:
 - Reduction in risky drinking
 - Reduction in drinking days
 - Increase in abstinence
 - Increased engagement in treatment
 - Improvement in mental health
 - Decreased utilization of the emergency room

The webinar concludes that SBIRT makes a meaningful difference in patients' lives, links them to the care they need (including natural support systems), and is good policy.

Screens Used:

NIAAA and NIDA pre-screen questions were administered to all patients at intake. The Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST, version 3.1) was administered to all patients who scored positive on the pre-screen.

Billing information:

No billing information was presented.

Link to Webinar:

<http://ireta.org/node/921>



National Screening, Brief Intervention & Referral to Treatment

ATTC

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Screening, Brief Intervention
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www.attcnetwork.org/sbirt