



SBIRT: Reaching Beyond Primary Care

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Today's session will:

- **Introduce a state-wide Home Visiting Collaborative and its goals, tasks & visions**
- **Inform you and your state on steps to develop cross-agency collaborations**
- **Demonstrate expanding SBIRT to home visiting programs**
- **Introduce you to a gender-specific, behavioral health screening tool**

What is SBIRT?

- National initiative to detect and intervene with patients in healthcare settings who use and abuse substances
- **Screening:** identification of risk
- **Brief Intervention/Treatment:** provide to identified patients
- **Referral to Treatment**



- Identify “risky” substance use before it becomes problem or dependent use
- Prevent Fetal Alcohol Spectrum Disorders: no drinking during pregnancy

Utilizing Home Visiting Services



Virginia's Home Visiting Consortium (HVC)

- **Promote closer relationships and sharing of resources among state-funded home visiting programs**
 - **Serve pregnant women and children up to age 5**
 - **Build upon, rather than replace, each community's existing home visiting resources**
 - **Foster collaboration**
 - **Create quality improvement processes**

Home Visiting Consortium Members

- **Department of Medical Assistance:** BabyCare
- **Virginia Department of Health:** Resource Mothers and Healthy Start/Loving Steps
- **Prevent Child Abuse Virginia:** Healthy Families Virginia
- **Comprehensive Health Investment Project of Virginia:** CHIP of Virginia
- **Department of Behavioral Health and Developmental Services:** Project Link and Part C Early Intervention
- **Department of Education:** Early Childhood Special Education
- **Department of Social Services:** Healthy Families and Head Start/Early Head Start

Home Visiting Consortium

- Reports to Virginia's Early Childhood Advisory Council (ECAC)
- Developed:
 - Vision statement
 - Key values
 - Logic model for the Virginia home visiting infrastructure
- Promotes:
 - Improved home visiting linkages
 - Increased awareness among early childhood professionals about the role of home visiting in improving health and school-readiness outcomes

Interagency Collaboration

- **State policies & procedures**
- **Training & Technical Assistance**
- **Screening**
- **Referral and collaboration**
- **Data**



Home Visiting Consortium Priorities

- **Maintain current continuum services**
- **Identify common training needs and provide training**
- **Screen and refer women for:**
 - Substance use
 - Emotional health including perinatal depression
 - Intimate partner violence
- **Screen and refer children for:**
 - Developmental delay
 - Emotional health

Training Workforce Development

- HVC training, outreach and engagement coordinated and tracked by James Madison University (JMU)
 - 1,115 home visitors enrolled
- <http://homevisitingva.com>

HVC's 12 Core Trainings

- **Community Collaboration
Maximizing Resources
through Effective Referrals**
- **Mental Health – Adults**
- **Mental health – Children**
- **Confidentiality (HIPAA,
42cfr; IDEA;)**
- **Child Development (0-3
and 3-6)**
- **Identifying Risks Using
Screening Tools**



HVC's 12 Core Trainings

- **Substance Use, Effects in Pregnancy and Early Child Development**
- **Intimate Partner Violence**
- **Creating Home Environments that Promote Healthy Development**
- **Conducting Effective Home Visits**
- **Child Abuse and Neglect, Risks Recognition, Reporting**
- **Bright Futures Concept Working with the Medical Home**

SBIRT: DMAS & DBHDS

- DMAS approved reimbursement for SBIRT services using the Audit and/or DAST
- DBHDS requested that DMAS approve tools for special populations e.g. **pregnant women**, adolescents, older adults

Screening and Brief Intervention (SBI) Website

- DBHDS website
<http://www.dbhds.virginia.gov/Screeners.htm>
- Identifies SBI tools and includes guidance regarding
 - Adolescents
 - Adults
 - Older adults
 - Pregnant women and women of child-bearing age

Co-Occurrence of Substance Abuse & Mental Health Disorders

- **20-50% of mental health clients reported to have co-occurring substance use disorders**
(Sacks et al, 1997)
- **50% of those with severe mental illness develop a substance abuse disorder**
(Drake, et al., 2004)
- **As many as two-thirds of substance-abusing women may have a co-occurring mental health problem**
(Alexander, 1996; Beckman, 1994; Brown et al., 1995)

Violence Prevalence

- **31% of women report physical/sexual abuse by husband/boyfriend in lifetime**
- **Pregnant/recently pregnant women are more likely to die of homicide than any other cause**



Virginia's Pregnancy Risk Assessment Monitoring System (PRAMS), 2007- 2008:

- 4.8% women were physically abused during their pregnancy
- 26% who gave birth reported depression
- 12.5% smoked during their pregnancy

Virginia's High Risk Screening Tool

- **VA stakeholders wanted a “high risk tool”**
- **Asked DMAS to approve IHR's High Risk Screen for reimbursement**
- **HVC adapted IHR's tool for use with home visitors**
- **VA's tool endorsed by DBHDS, VDH and DMAS and also approved for Medicaid**

Enter: IHR

- The Institute for Health and Recovery (IHR) is a statewide service, research, policy, and program development agency. IHR's mission is to develop a comprehensive continuum of care for individuals, youth, and families affected by alcohol, tobacco, and other drug use, mental health problems, and violence/trauma, based on the principals of:
 - Establishing collaborative models of service delivery
 - Integrating gender-specific, trauma-informed and relational/cultural models of prevention, intervention, and treatment
 - Fostering family-centered, strength-based approaches
 - Advancing multicultural competency within the service delivery system

IHR Home Visiting: Engaging Families Affected by Substance Use

- Reluctant to meet with yet another provider
- Assessment – whole person, family-based, resiliency approach
- Children
 - Present during assessment
 - Focusing on children's needs
- Balancing treatment and concrete needs



IHR Early Recovery Treatment & Resource Coordination

- Family-based, “home visiting” interventions
 - Going where the family is located
 - Driving family to relevant treatment appointments
- Tools integrated from:
 - MI, Stages of Change, CBT, Care Coordination, SUD psycho-education, SUD treatment, Pre-Vocational, Well Child, Seeking Safety & Nurturing Program



IHR's Integrated 5 P's

- **Based on Dr. Hope Ewing's 4 P's**
 - Parents
 - Partner
 - Past
 - Present

(Ewing, 1990)
- **Utilizes the Relational Model**

Relational Model

- Women's sense of self is organized around making & maintaining affiliations
- Self In-Relation – stresses development through connections

Toward a New Psychology of Women,
1976, Jean Baker Miller

- Women: rooted in relationships & attachments to other people
- Men: shaped by rules, authority & autonomy

In a Different Voice, 1982, Carol
Gilligan

Relational Model

- Multigenerational & relational focus
- Women in relationships
 - As Daughters
 - As Partners
 - As Parents
 - As Peers
- Screening Preamble:
Women and their children's health can be affected by emotional problems, alcohol, tobacco, other drug use, and violence. Women's health is also affected when those same problems are present in people close to us. By "alcohol," we mean beer, wine, wine coolers, or spirits.



IHR 5 P's

- **SMOKING** Have you smoked any cigarettes in the past three months?
- **PARENTS** Did any of your parents have a problem with alcohol or other drug use?
- **PEERS** Do any of your friends have a problem with alcohol or other drug use?
- **PARTNER** Does your partner have a problem with alcohol or other drug use?
- **PAST** In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?
- **PRESENT** In the past month, (or before you knew you were pregnant), have you drunk any alcohol or used other drugs?
 - How many **days per month** do you drink? _____
 - How many **drinks on any given day**? _____
 - How often did you have **4 or more drinks per day** in the last **month**? _____

Evolution of IHR's 5 P's

- 1999-2005, *Alcohol Screening Assessment in Pregnancy*
 - HRSA/MCHB funding
 - Kennedy, C., et al. (2004). Improving screening for alcohol use during pregnancy: The Massachusetts ASAP program. *Maternal and Child Health Journal*, 8, 137-147.
- 2004-2006, *Project FAST*
 - SAMHSA FASD Center for Excellence funding
- 2006-present, *Massachusetts Department of Public Health*
 - Integrated 5 P's implemented through SBIRT training at 32 community health centers
 - Integrated 5 P's included in *MDPH FASD Prevention Toolkit*
 - *Massachusetts Health Quality Partnership Guidelines for Pregnant Women*
- California, North Carolina, and Louisiana: current adaptations

5 P's Behavioral Risk Screening Tool

National Sites

- **Santa Clara County, California Perinatal Screening: Electronic Medical Records**
- **Virginia Behavioral Health Risk Screening and Medicaid**
- **Community Care of North Carolina, Pregnancy Home Model: Medicaid and Public Health**
- **Louisiana Department of Health and Hospital's Birth Outcomes Project: Implementation & Validation study**

Watson, E. (2010) The Evolution and Application of the 5 P's Behavioral Risk Screening Tool. Fall, 2010. The Source, AIA.

Introducing SBIRT to Virginia's Home Visitors

- **Healthy Families (36)**
- **Virginia Healthy Start/Loving Steps (3)**
- **Project LINK (8)**
- **CHIP of Virginia (9)**
- **Resources Mothers (21)**
- **Part C Early Intervention (40)**
- **Early Head Start /Head Start (51)**
- **VA Medicaid managed care**
- **Baby CARE**
- **Early childhood special education**

Virginia's Behavioral Health Risks Screening Tool

- **Approved for Medicaid reimbursement**
- **Adopted by DMAS's BabyCare program and piloted in January 2011**
- **DBHDS will pilot tool with 4 Project LINK sites and evaluate**
 - **Implementation of tool**
 - **Ease of use**
 - **Training and preparation for use**



**A journey of
a thousand
miles begins
with a single
step.**

-Lao Tzu

The Miles We've Traveled

Trainings available:

- Confidentiality: HIPAA, 42cfr; IDEA
- Substance Use: It's Impact on Pregnancy and Early Child Development
- Mental Health: Adult
- Intimate Partner Violence
- Identifying Risks Using Screening Tools



Where We Still Need to Go

- **The “nitty gritty” of implementation**
- **How to facilitate referrals and linkages**
 - **Educate HV programs & community service boards (CSBs) regarding their respective services, referral & linkage procedures**
 - **Promote use of the Virginia Home Visiting Consortium Universal Referral Form**
 - **Promote 2-1-1 Virginia, the state’s information and referral system**

Challenges & Supports Along the Way

- Federal *Maternal, Infant and Early Childhood Home Visiting Block Grant* (MIECHV) awarded Spring 2011
 - Will add new HV EBP's and new sites
- Applied for additional, competitive home visiting expansion & infrastructure funds, including support to evaluate implementation of the tool