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Screening, Brief Intervention and Referral to Treatment (SBIRT): Process Improvement in a Nurse-Managed Clinic Serving the Homeless

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PURPOSE

The Johnson City Downtown Day Center (JCDDC) provides integrated inter-professional primary care, mental health, and social work case management services to homeless and under-served persons who have difficulty accessing traditional systems. Because of the exponential rise in substance abuse in the Appalachian region, the JCDDC providers and staff initiated SBIRT as recommended standard of care, as endorsed by SAMHSA, United States Public Health Services Task Force, and the National Institute on Alcohol Abuse and Alcoholism. The JCDDC has two mechanisms by which patients can choose to participate in substance abuse treatment: SMART Recovery ®, and psychiatric mental health nurse practitioner (PMHNP) referrals. The purpose of the project evaluates use of SBIRT at the JCDDC by determining process of (1) referral and (2) follow-up rates of those who received SBIRT; analyzing outcomes by measuring numbers of: (1) screens administered; (2) brief interventions; (3) positive screens; (4) referrals to either SMART Recovery ® or to the PMHNP; (5) participation in one follow-up.

OBJECTIVES

- Review the correlation between substance use disorder and homelessness
- Explain the methods, results, data analysis, and conclusions from the project
- Discuss ways to improve SBIRT implementation and sustainability in clinics that serve the homeless population

SUBSTANCE USE AND HOMELESSNESS

Almost 65% of homeless people reported that drugs and alcohol were a significant reason for their sporadic housing

People who are homeless often use drugs or alcohol to cope with their situation

Incidence of substance use disorder:
U.S. population vs. U.S. homeless

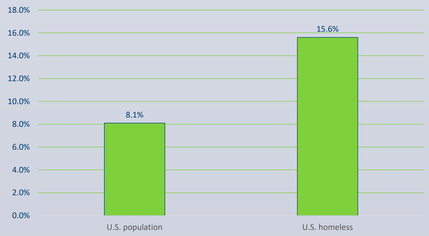


Figure 1. U.S. population and U.S. homeless population: Substance use disorder
Note: Data source U.S. population (SAMSA, 2018) and U.S. homeless (U.S. Department of Housing and Urban Development, 2018).

METHODS

A process improvement project took place in a nurse-managed clinic in Northeast Tennessee that implemented SBIRT as a standard of care on February 12th, 2018

Screening modalities included the Alcohol Use Disorder Identification Test (AUDIT) and Drug Abuse Screening Test (DAST-10)

A convenience sample (*N*=244) was obtained using aggregate data of the total number of patients screened between March and October 2018

Inclusion criteria: adult age > 18, willingness to be screened, results adequately documented by the licensed practical nurse

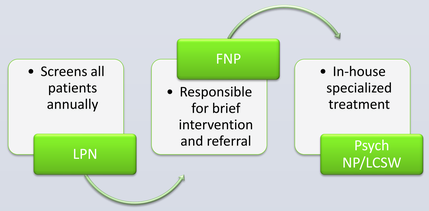
Exclusion criteria: <18 years of age, refusal to be screened, results not documented

CURRENT PROCESS

The LPN employed at the clinic administers the screening tests annually to all patients

If a patient screens positive, the LPN relays that information verbally to the provider who will see that patient

The provider then conducts a brief intervention and referral to treatment as needed



DATA COLLECTION

Aggregate data were obtained from the LCSW, LPN, and PMHNP regarding the outcome measures

Descriptive statistics were used to analyze the data and make suggestions on how to improve the process

RESULTS

- Total number of patients screened – 244
- Total number of positive screens – 45
- Total number of different patients who attended SMART Recovery ® – 20
- Total number of patients who had at least one substance-related visit with the PMHNP– 22
- Total number of patients who attended both – 9

NOTE: Unable to quantify the number of brief interventions rendered by the FNP's

Table 1. Number and percentage of patients screened, received SBIRT and resulting outcome criteria: March-October 2018 (*N* = 244).

Outcome	n (%)
Total number of positive screens	45 (18.4)
Positive screen attended SMART Recovery *	20 (44.4)
Positive screen who saw PMHNP	22 (48.8)
Positive screen participated in both	9 (20.0)

LIMITATIONS

Issues related to staffing

- Death of a primary care provider
- LPN worked in other clinics when there was no provider coverage in the designated clinic

Additional factors

- IRB approval as a quality improvement process: no sensitive chart data was accessed by the project team
- The current process does not suggest any correlation between SBIRT and SMART Recovery ® or PMHNP appointment attendance
- Non- participants in screening may have influenced outcome measures

IMPROVING THE PROCESS

Annual competency training for staff regarding the SBIRT process, documentation, and billing

Add a line on the intake form for SMART Recovery ® asking "How did you hear about SMART Recovery ® ?"

Streamline PMHNP and LCSW referral process

Discuss ways to ensure screening is done annually even without regular LPN coverage

Address SBIRT barriers and facilitators during monthly interprofessional meetings

IMPLICATIONS FOR RESEARCH AND PRACTICE

This project provided baseline data about the use of SBIRT at the clinic which can be used to trend the effectiveness over time

More research is needed to evaluate the brief intervention component within the clinic

More research is needed to determine if SBIRT can identify and reduce substance use in the homeless population

A population needs assessment could help identify a preferred treatment modality

REFERENCES

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