

## **Pioneering SBIRT Implementation in Wyoming**

Residents of Wyoming have always found new ways to help family, friends and neighbors in this frontier state. The SBIRT Wyoming program is a new approach to continue this pioneering tradition while reducing the rate of risky substance use among the people of Wyoming.

The facts of Wyoming's substance use problems speak for themselves. According to data from a 2005 BRFSS survey, Wyoming had an estimated

- 40,000 residents dependent on or abusing alcohol
- 12,000 residents were abusing, dependant or addicted to drugs
- 38,000 did not receive required alcohol rehab treatment
- 11,000 did not receive required drug addiction treatment
- 12,000 Wyoming children now under the age of 18 will die from smoking

In addition

- According to the Wyoming Highway Patrol, DUI arrests accounted for 31.4% of all arrests statewide in 2009
- Tobacco use is the number one cause of preventable death nationwide (CDC)
- The American College of Surgeons Committee on Trauma says more than half of patients who come into ERs are intoxicated at the time of injury
- Every pack of cigarettes sold in Wyoming costs \$7.26 in health costs and loss of productivity due to health related issues from smoking. (Wyoming BRFSS)
- 19.4% of Wyoming adults report current cigarette smoking, which represents 78,000 Wyoming residents. (2008 BRFSS)

These statistics are alarming in that the numbers are growing and few people are being helped. Our communities are affected by the rising number of alcohol and drug abusers with an equal rise in crime rates and violence. More public awareness and better health education will benefit not only the alcohol, tobacco or drug user and their families, but it will benefit the greater good of our Wyoming communities as a whole.

SBIRT is a screening process designed to target individuals with non-dependant use and provide effective strategies for intervention prior to the need for more extensive treatment. The program uses the deceptively simple concept of motivational interviewing to empower patients to take control of their own health care. The foundational principles of SBIRT are easy to learn and each medical facility can implement the program using methods best suited to their individual resources and style.

SBIRT Wyoming is an initiative of the Mental Health and Substance Abuse Services Division of the Wyoming Department of Health. SBIRT is supported by the World Health Organization and SAMHSA with proven results in drastically lowering substance use in individuals found to have risky behaviors. Dr. H. Westley Clark, the director for SAMHSA's Center for Substance Abuse Treatment (CSAT) says, "Promoting services

like SBIRT to all parts of the nation is a crucial part of SAMHSA's mission to reach everyone struggling with substance abuse issues."

## How is Wyoming Unique?

To date, at least 17 states have received federal grants to implement SBIRT programs. Wyoming is *not* one of those states. However, officials at the Wyoming Department of Health became aware of the extremely positive data released from the federally granted projects. They determined Wyoming could greatly benefit from state financial and educational support of SBIRT training and implementation.

The Department of Health sees many ways in which Wyoming can be a pioneer and bring new insight into developing cost effective and efficient methods for implementing and getting the best results from SBIRT.

These pioneering developments include:

1. Financial support provided by the Wyoming Department of Health  
Limited funds have been set aside to provide SBIRT and motivational interview training to medical professionals interested in developing SBIRT programs. To date, this is the only program initiated from a State-run Department of Health in the nation.
2. Wyoming SBIRT implementation using current medical staff  
The federally funded grant programs hired health educators into medical institutions to perform SBIRT screenings. Now that those federal grants are up, we all face the same question: How do we economically implement the SBIRT program with our current staff, payroll and time constraints? Wyoming can pave the way as a model for other states to support direct implementation.
3. Tobacco QuitLine and SBIRT synergy  
According to 2008 Wyoming BRFSS data, the rate of tobacco quit attempts have remained constant but unfortunately there is a decline in advice by health professionals about tobacco cessation. This evidence also states almost half of tobacco users in Wyoming want to quit but medical professionals may be getting weary of 'pushing' them to stop. In pilot programs conducted in Cheyenne, screeners found that 64%-72% of patients coming in for free or emergency health care were tobacco users. SBIRT interventions in conjunction with the Wyoming QuitLine can help take the burden from medical providers who are trying to 'make' patients stop tobacco use. The use of screening and brief motivation helps find many more tobacco users who are ready to contemplate cessation. The QuitLine is a very effective program to which these patients can then

immediately receive a referral and follow-up help with tobacco cessation, including financial assistance for nicotine cessation aids and medications.

4. Tobacco cessation data captured

Even though the ASSIST tool used in the SBIRT interview asks about tobacco use, there are as yet no statistics available for the effectiveness of SBIRT for tobacco cessation. The data supporting reduction of alcohol and illicit drug use with SBIRT is almost unbelievable and we believe SBIRT can also greatly help to reduce tobacco use rates as well.

5. Collaborative implementation involving all healthcare entities

The Wyoming Department of Health is supporting statewide implementation of SBIRT across the medical spectrum: Hospitals, EDs, Public Health, University of Wyoming Residency program, community tobacco and substance use coordinators, private clinics, pregnancy care offices, Indian health Services and Community Health Centers.

6. Equality Care reimbursement codes have been established

In January 2009, even before SBIRT Wyoming was in use, the Wyoming Department of Health established Medicaid billing codes for SBIRT services. Brief intervention around risky alcohol use, drug use and tobacco cessation is a billable service under Wyoming Medicaid codes.

7. Implementation during an economic downturn

The cost effectiveness of SBIRT Wyoming speaks for itself. There is no financial start up cost for the program and medical institutions can benefit from Medicaid and private insurance reimbursement. When patients are motivated to cut back or stop substance use, there will be less recidivism of patients who cannot pay resulting in decreased future health costs.

8. SBIRT implementation based on high success rates

The federal grantees paved the way to show the healthcare industry that the SBIRT program is not only justified but extremely needed! This is an evidence based practice, proven effective in improving individual health while being extremely cost efficient.

In Wyoming we have the unique opportunity to come on the heels of the supporting data gathered through hundreds of thousands of screenings while we learn how to support direct implementation into healthcare settings. No other state has initiated and supported widespread use of SBIRT without the aid of federal funds. The Wyoming Department of Health not only believes it can be done but also believes Wyoming can be a pilot state to pave the way for other states.

