



EXECUTIVE SUMMARY

Landscape Scan and Recommendations to Increase the Use of Substance Use Screening, Brief Intervention, and Referral to Treatment in Montana

MONTANA HEALTHCARE FOUNDATION

JUNE 2018



Summary

Substance abuse and addiction—more formally known as “substance use disorders” (SUDs)—are among Montana’s most serious and challenging health problems. Screening, brief intervention and referral to treatment (SBIRT) is a practical tool that can be implemented in primary care offices, emergency departments, and other clinical settings. SBIRT-A is a set of adaptations to SBIRT developed to more effectively serve adolescents.

Multiple studies have shown that SBIRT and SBIRT-A improve SUD outcomes and save on related costs. For example, two large trials found reductions between 35 percent and 75 percent for heavy alcohol use and illicit drug use. Research has also documented cost savings of \$3.66 to \$5.42 per member per month, or in one study, a net annual savings of \$391 per Medicaid adult beneficiary compared to those receiving treatment as usual. To identify ways to increase the use of SBIRT statewide, the Montana Healthcare Foundation (MHCF) conducted this landscape analysis in collaboration with the Montana Department of Health and Human Services Chemical Dependency Bureau (DPHHS) and the Hilton Foundation, through a contract with the National Council for Behavioral Health (National Council).

The analysis revealed a series of actions that DPHHS, MHCF, tribes, and health providers could take to increase the use of SBIRT in Montana. Implementing these components will require system changes that support reconceptualizing how substance use risks and misuse are defined and understood, so that SUDs are identified and treated as a chronic illness, and SBIRT is delivered as part of a well-designed continuum of services.

The National Council used a phased approach to explore the current use of SBIRT in Montana. The project was guided by a steering committee comprising members from state, tribal, and local health leadership (see Box 1). The phases were as follows: 1) steering committee engagement, 2) information gathering and delivery, 3) key informant interviews and survey, and 4) policy landscape analysis. The findings include evidence for the use of SBIRT in various settings, national models for SBIRT implementation, historical and current use of SBIRT in Montana, and the case for further focus on SBIRT across the state.

Following the phased approach, the National Council developed recommendations for actions that stakeholders can take to enhance the use of SBIRT in Montana. The recommendations address three main considerations:

1. Funding and sustainability
2. Workforce and training
3. System adaptability

Appendices in the full report include an annotated bibliography of relevant SBIRT literature, information and resources on the historical use of SBIRT in Montana, an in-depth analysis of the survey portion of the National Council's work, and a summary of various models of SBIRT across the United States.

Overview of Recommendations

Overview of Recommendations Sustainability and Diverse Funding

1. Hold SBIRT Business Model Virtual Roundtable session
2. Explore avenues for SBIRT start-up funding for early adopters to make SBIRT a standard of care for integrated behavioral health
3. Establish SBIRT Advisory Group

Workforce Staffing

4. Engage paraprofessionals in SBIRT implementation
5. Form team to address remote consultation and direct care
6. Increase primary care substance use treatment team capacity

System Adaptability

7. Implement adolescent risk reduction SBIRT pilot
8. Implement culturally appropriate pilot with American Indian/Tribal/Urban leadership
9. Establish two-year learning community for primary care SBIRT implementation

Acknowledgment

This report was commissioned by the Montana Healthcare Foundation and authored by the National Council for Behavioral Health with partial funding from the Conrad N. Hilton Foundation and the Montana Department of Public Health and Human Services. The report was authored by Pam Pietruszewski, MA and Megan Dormond, MPH.

Box 1: 2017 SBIRT Steering Committee

Alexus Smith, Helena Indian Alliance
Anne Rich, Bozeman Health
Bobbi Perkins, Montana Department of Public Health and Human Services
Bren Lowe, Livingston Healthcare
Carla Cobb, RiverStone Health
Christine Bates, Mental Health Oversight and Advisory Council
Cindy Stergar, Montana Primary Care Association
Dan Aune, Mental Health of America
David Schuldberg, University of Montana - Department of Psychology
Dawn Norcross, RiverStone Health
Earl Sutherland, Bighorn Valley Health Center
Eric Arzubi, Billings Clinic
Eric Higginbotham, Children's Mental Health Bureau, DPHHS
Isaac Coy, Addictive and Mental Disorders Division, DPHHS
Jean Branscum, Montana Medical Association
Jennifer Robohm, University of Montana - Family Medicine Residency of Western Montana
Jessica Cotton, Southwest Montana Community Health Center
Jessica Rhoades, Montana Governor's Office
Jill-Marie Steeley, PureView Health Center
Jo Thompson, Mental Health Services Bureau, DPHHS
Joan Kenerson King, National Council for Behavioral Health
Joclynn Ware, Children's Mental Health Bureau, DPHHS
Jodi Daly, Western Montana Mental Health Center
Jonathan Griffin, Blue Cross Blue Shield of Montana
Lenette Kosovich, Rimrock
Megan Dormond, National Council for Behavioral Health
Molly Molloy, Southwest Montana Community Health Center
Pam Pietruszewski, National Council for Behavioral Health
Pat Van Wyk, Veterans Administration
Pepper Henyon, Montana Chapter of the American Academy of Pediatrics
Sandi Larsen, RiverStone Health
Scott Malloy, Montana Healthcare Foundation
Sydney Blair, Center for Mental Health
Victoria Cech, Montana Health Research and Education Foundation (MHREF)
Zoe Barnard, Addictive and Mental Disorders Division - DPHHS

About the Montana Healthcare Foundation

The Montana Healthcare Foundation (MHCF) makes strategic investments to improve the health and well-being of all Montanans. Created in 2013, MHCF has approximately \$150 million in assets, making it Montana's largest health-focused private foundation. MHCF contributes to a measurably healthier state by supporting access to quality and affordable health services, conducting evidence-driven research and analysis, and addressing the upstream influences on health and illness. To learn more about the Foundation and its focus areas, please visit www.mthcf.org.

About the National Council for Behavioral Health

The National Council for Behavioral Health is the unifying voice of America's health care organizations that deliver mental health and addictions treatment and services. Together with 2,900-member organizations serving more than 10 million adults, children, and families living with mental illnesses and addictions, the National Council is committed to all Americans having access to comprehensive, high-quality care that affords every opportunity for recovery. A not-for-profit 501(c)(3) association, the National Council for Behavioral Health's mission is to advance their members' ability to deliver integrated health care. They advocate for policies that ensure people who have mental health and substance use disorders have access to comprehensive, evidence-based health care services. To learn more, please visit www.thenationalcouncil.org.

About the Conrad N. Hilton Foundation

The Conrad N. Hilton Foundation was created in 1944 by international business pioneer Conrad N. Hilton, who founded Hilton Hotels and left his fortune to help the world's disadvantaged and vulnerable people. The Foundation currently conducts strategic initiatives in six priority areas: providing safe water, ending chronic homelessness, preventing substance use, helping young children affected by HIV and AIDS, supporting transition age youth in foster care, and extending Conrad Hilton's support for the work of Catholic Sisters. In addition, following selection by an independent international jury, the Foundation annually awards the \$2 million Conrad N. Hilton Humanitarian Prize to a nonprofit organization doing extraordinary work to reduce human suffering. In 2017, the Humanitarian Prize was awarded to icddr,^b an international health research institute dedicated to solving the most serious health issues facing low- and middle-income countries. Since its inception, the Foundation has awarded more than \$1.6 billion in grants, distributing \$114.9 million in the United States and around the world in 2017. The Foundation's current assets are approximately \$2.8 billion. For more information, please visit www.hiltonfoundation.org.

About the Montana Department of Public Health and Human Services

The Department of Public Health and Human Services (DPHHS) strives to improve and protect the health, well-being, and self-reliance of all Montanans. Through various public health programs, DPHHS monitors and responds to disease outbreaks, works with businesses to ensure food safety, assures clean indoor air and safe drinking water, and provides community programs to support healthy living. Agency human service programs help children, families, seniors, and people with disabilities. These programs ensure families in need have adequate food and health coverage, keep children and adults safe, and help heat and weatherize homes.

ⁱ Paltzer, J., et al., "Substance Use Screening, Brief Intervention, and Referral to Treatment Among Medicaid Patients in Wisconsin: Impacts on Healthcare Utilization and Costs," *Journal of Behavioral Health Services and Research* 44 (January 2017): 102-112.



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