

SOS PROJECT NEWSLETTER

HQP STANDARDIZING AND OPTIMIZING SBIRT (SOS) PROJECT

Screening, Brief Intervention, and Referral to Treatment

Executive Summary

The SOS Project is a five-year initiative that will provide SBIRT services to an estimated **94,000 patients** across five HCP member FQHCs by November 2023. The SOS project is grant-funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT). All data is collected and reported in accordance with the Government and Performance Results (GPRA) Act of 2010.

Five-Year SOS SBIRT Service Targets				
Screening Only	Brief Intervention	Brief Treatment	Referral to Treatment	5-year Total
86,960	4,280	1,224	1,536	94,000

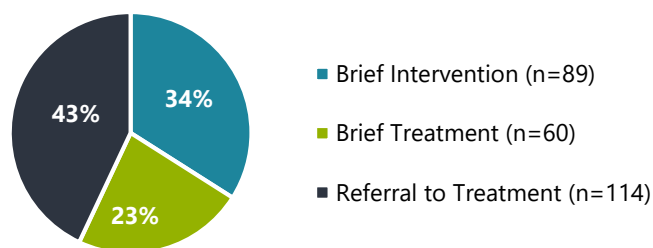
Key project goals are (1) implementing or expanding brief pre-screening practices for **both** drugs and alcohol among primary care patients, ages 12 and above, on an annual basis; (2) administering full AUDIT and DAST-10 assessments for patients who pre-screen positive for those substances; and (3) providing the appropriate level of treatment for patients whose full-screen results indicate moderate, high, or severe risk for substance use disorders. Key to the success of this initiative is the integration of systematic annual pre-screening practices into the primary care workflow and enhancing health center staff capacity to optimize service delivery, including medication assisted treatment (MAT).

The purpose of this newsletter is to highlight selected outcomes from the **first complete year of SOS project data collection** (i.e., March 01, 2019 - February 29, 2020) aggregated across participating health centers: Neighborhood Healthcare, North County Health Services, Imperial Beach Community Clinic, San Ysidro Health, and Clinicas de Salud del Pueblo. These data derive from required GPRA interviews that health centers submit to HQP for entry into SAMHSA’s online database.

Screening Outcomes

During this first full year, **12,978** pre-screen negative records (PSNs) and **416** full-screen positive records (SF, BI, BT, RT) were submitted to SAMHSA.¹ The SBIRT modality distribution for **416** patients completing **full-screen** assessments (AUDIT, DAST-10, or both) ranged from low risk (SF) to severe risk (RT) and is presented below. Only patients screening into higher risk categories receive additional SBIRT services (N=263).

- **37%** - Screening and Feedback (SF)
 - **21%** - Brief Intervention (BI)
 - **14%** - Brief Treatment (BT)
 - **27%** - Referral to Treatment (RT)
- } **N=263**



Screening Recommendations for Year Two

Avoid unnecessary screening. Of the 416 patients, 58 (14%) had full-screen scores of “zero” for alcohol and drugs. Save time and conserve resources by administering full-screens only if pre-screen results flag potential substance use issues.

¹ **Note:** Pre-existing SBIRT capacity varied at each participating health center which, in turn, impacted project data collection activities, including the capacity to conduct full-screen assessments and GPRA interviews with qualifying patients. Therefore, the number of full-screen records (416) collected during this first project year **does not** accurately reflect the rate of patients who may require SBIRT services due to various identified screening gaps, including: (1) not all patients with positive pre-screen results received full-screen assessments; and, (2) not all patients who received full-screen assessments completed GPRA interviews.

Selected Demographics

Among the **263 patients** assigned to an SBIRT modality, 62% were male; 54% were Hispanic; and 11% identified as American Indian. The average age was 39 with a mode of 29. Additional outcomes are presented below.

Figure 1 displays the distribution of assigned SBIRT modalities among males and females.

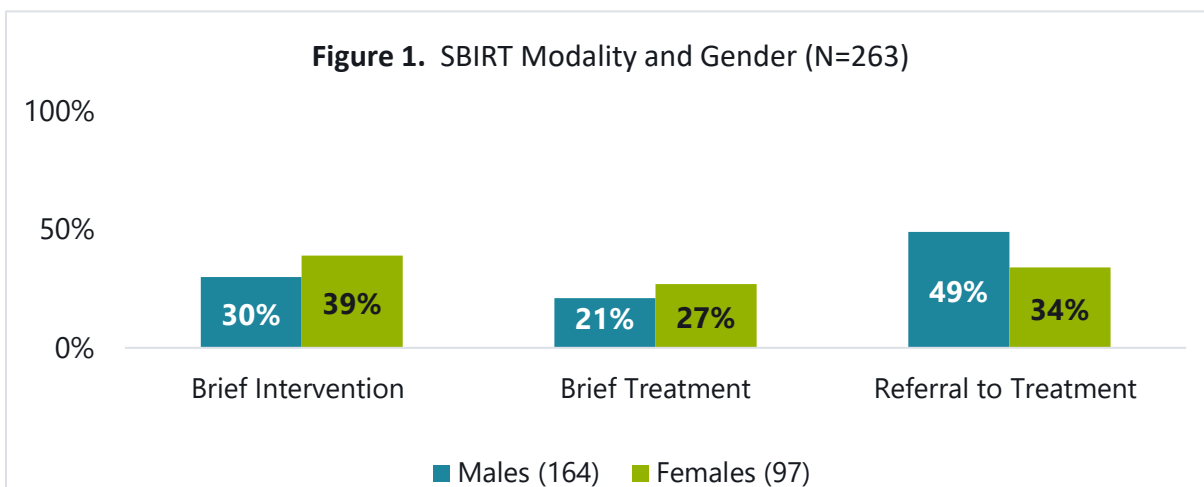


Figure 2 displays the distribution of assigned SBIRT modalities among patients with identified co-occurring mood disorders (COMD). (Note: not all SBIRT patients were screened for COMD, but among those who were (n=210), 75% also had mood disorders).

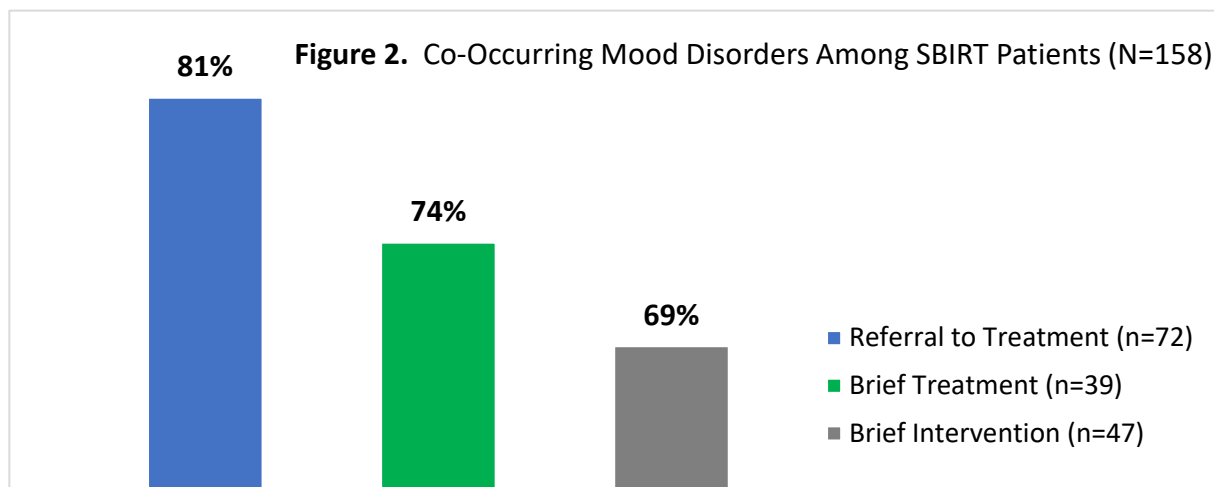
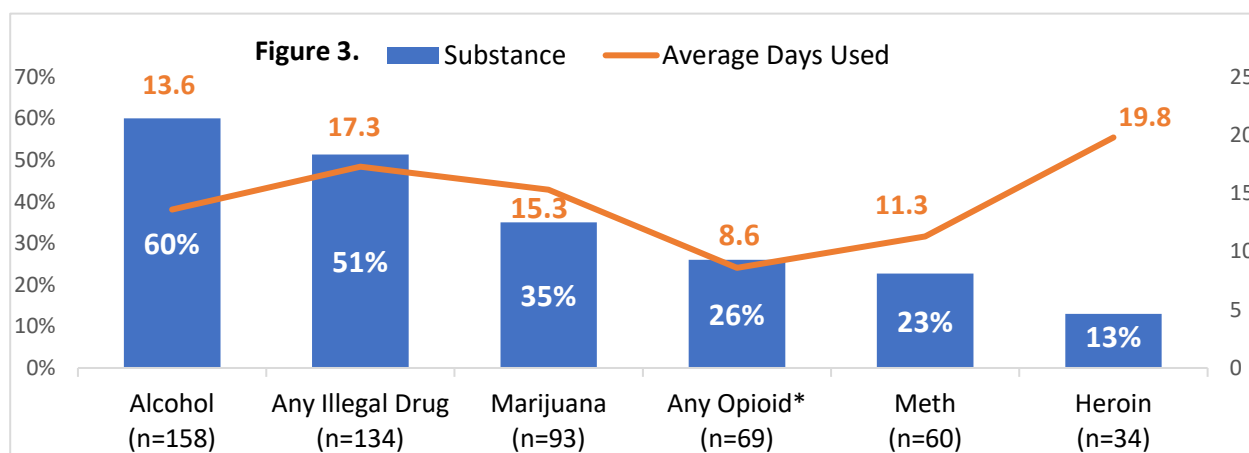


Figure 3 displays the most frequently reported substances used by these SBIRT patients (N=263).



*Includes heroin, Oxycontin/Oxycodone, Tylenol 2,3,4 (with Codeine), Fentanyl, Norco, morphine, codeine, Dilaudid, non-prescription methadone, Percocet, and Darvon