

WHY SBIRT?

SBIRT COLORADO

**IMPROVING HEALTH.
CHANGING LIVES.**



Why SBIRT?

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach to identifying patients who use alcohol and other drugs at risky levels, with the goal of reducing and preventing related health consequences, disease, accidents and injuries.

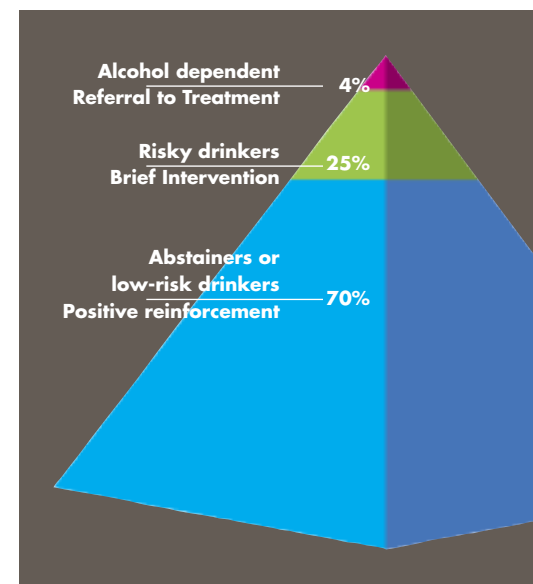
SBIRT is unique in that it screens for all types of substance use, not just dependencies. Each part of the SBIRT process provides information and assistance tailored to the individual patient and his or her needs.

The primary goal of SBIRT is not to identify alcohol- or other drug-dependent individuals. SBIRT is intended to meet the public health goal of reducing the harms and societal costs associated with risky use. The goal of SBIRT Colorado is to integrate SBIRT into the standard delivery of healthcare.

While most of the attention given to alcohol and drug issues has been focused on alcohol and illicit drug users who meet the clinical criteria for substance dependence, risky users incur more adverse consequences and costs at the population level. Even if they are not dependent on alcohol, people who drink above the recommended guidelines—up to one drink per day for women and up to two drinks per day for men¹—face a number of health risks. A risky drinker is someone who is not dependent on alcohol, but who has a drinking pattern that can lead to a variety of health consequences, alcohol-related traffic and other accidents, and alcohol-involved violence. Risky drinkers, though individually less likely to experience alcohol-related problems than those who are alcohol-dependent, make up the greater portion of the general population; thus more harm is caused by the population of risky drinkers. SBIRT provides the opportunity to intervene with this group to prevent serious consequences.

In Colorado and many other states, SBIRT has emerged as a critical strategy for targeting the large but often overlooked population that exceeds low-risk use. Research demonstrates that intervening early with individuals at moderate risk is effective in reducing substance use, in preventing health and other related consequences, and in saving healthcare costs.

SBIRT places risky substance use where it belongs—in the realm of healthcare. It focuses on identifying risky substance use to help prevent the onset of the more costly disease of addiction. Similar to preventive screenings for chronic diseases such as cancer, diabetes, and hypertension, SBIRT is an effective tool for identifying risk levels related to substance use and for providing the appropriate intervention.



Source: Substance Abuse and Mental Health Services Administration. (2006) Results from the 2005 National Survey on Drug Use and Health: National findings Rockville (MD): Office of Applied Studies



1. (2005) Helping Patients Who Drink Too Much, A Pocket Guide for Alcohol Screening and Brief Intervention. National Institute on Alcohol Abuse and Alcoholism.



For more than two years, Summit Community Care Clinic in Frisco, Colorado has participated in offering SBIRT Colorado services to our patients. SBIRT has enhanced patient care, improved treatment outcomes and increased provider and patient satisfaction. It is cost-effective care that truly belongs in the primary care setting as a key element of the patient-centered medical home. There are numerous examples of patients who have received a benefit from our instituting SBIRT. From young college students who want to be healthy and are eager to learn about safe limits of alcohol consumption; to older, more habitual users who are finally ready to talk about changing their lifestyle, SBIRT offers a solution for each patient, meeting them right where they are and accompanying them through the stages of change. It is easy to say this type of care should be taking place even without a program such as SBIRT Colorado, because it is clearly the best possible healthcare. The most important change being fostered by the implementation of SBIRT is a shift in the culture of primary care providers—encouraging open and honest dialogue in the exam room, removing judgment and stigma, treating each patient as a whole person and integrating behavioral healthcare into the healthcare setting.

—KAREN M. WYATT, MD

SBIRT treats alcohol and drug use as the healthcare issue it is.

Just as checking a patient's blood pressure can reveal health issues and guide recommendations for a healthier lifestyle, universal screening for substance use gives healthcare providers insight to recognize a potential health problem, or to address an existing problem before it worsens or becomes fatal. Evidence-based brief interventions focusing on health and other consequences give healthcare providers the tools they need to promote awareness regarding risky substance use.

Alcohol is the most commonly used drug in the United States and is a factor in the majority of crimes, motor vehicle crashes and other fatal injuries. People who exceed the recommended guidelines for alcohol consumption face increased health risks even if they are not dependent on alcohol: risk increases for depression, high blood pressure, anemia, heart failure, liver damage, ulcers, inflammation of the pancreas and some types of cancer.

Universal screening creates awareness about the number-one preventable health issue—substance abuse.² SBIRT provides the tools, counseling and coaching that healthcare providers and patients need to understand the potential negative health consequences of substance abuse. SBIRT targets the large population of risky to harmful users before they become dependent.

SBIRT Colorado, an initiative of the Office of the Governor, began in 2006 with federal grant assistance from the Substance Abuse and Mental Health Services Administration. Through the initiative, SBIRT was implemented in 22 settings in 12 different sites throughout Colorado and screens more than 3,000 people each month in these settings. Six-month follow-up interviews of those patients screened indicate that alcohol use fell by 51 percent and overall illegal drug use fell by 36 percent—results consistent with national data.

In Colorado, SBIRT is now practiced in numerous other healthcare settings. To date, more than 4,000 healthcare providers have received the SBIRT evidence-based guideline developed by SBIRT Colorado through Health TeamWorks (formerly Colorado Clinical Guidelines Collaborative) introducing the practice to primary care settings. SBIRT Colorado also collaborates with the Colorado Department of Public Health and Environment, utilizing Ryan White Part B funding, to expand SBIRT to clinics and AIDS service organizations serving people living with HIV.

SBIRT teaches patients and healthcare workers alike to view risky substance use as a healthcare issue that can be addressed by changes in habits and behavior. The result is improved healthcare and healthier patients.

As a nation we must face the fact that substance abuse is a public health problem and addiction is a medical problem and respond accordingly.³

—JOSEPH A. CALIFANO, JR., FOUNDER
AND CHAIRMAN, CASA COLUMBIA

2.The Robert Wood Johnson Foundation, Schneider Institute for Health Policy, Brandeis University (2001). Substance Abuse, the Nation's Number One Health Problem.

3. Califano, J. A., et al. (2009). Shoveling up II: The Impact of Substance Abuse on Federal, State and Local Budgets. The National Center on Addiction and Substance Abuse at Columbia University, 1-8.



SBIRT is a standard of care that, just like other standard screenings, can inform the patient of health risks and give the provider the opportunity to talk about how to minimize risks. Universal screening encourages the patient to make changes and improve their health—whether in the ED or the doctor’s office.

—EARL CARSTENSEN, MD

SBIRT. A standard of practice resulting in better healthcare.

The American College of Surgeons Committee on Trauma, the accrediting body for the nation's trauma centers, requires that all Level I and Level II trauma centers screen patients for risky alcohol use and provide a brief intervention to those who screen positive. Nationally, more than 20,000 people enter emergency rooms each day for alcohol-related injuries and illnesses.³

SBIRT has proven effective in changing the behavior of risky substance users and reducing emergency room usage.

In 2009, the Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations) released for comment a list of proposed hospital performance measures for SBIRT universally administered to patients for problems related to or exacerbated by alcohol, tobacco and other drug use.⁴

Introducing SBIRT to a wider range of healthcare settings beyond hospitals and trauma centers increases the likelihood of SBIRT becoming a standard of care. Universal screening can take place in primary care offices, HIV clinics, community health centers, dental offices and other healthcare settings. An evidence-based guideline and training in standardized screening and brief interventions ensure that the SBIRT practice can be administered by nearly every type of healthcare provider.

In Colorado, SBIRT is implemented using the Health TeamWorks Alcohol and Substance Use Guideline. Developed in 2008 by SBIRT Colorado through Health TeamWorks, the guideline outlines the process for universal screening and brief interventions. The guideline can be accessed at www.healthteamworks.org/guidelines/sbirt.asp.

While SBIRT is not a new approach, it is not yet incorporated universally into medical and healthcare education. Health TeamWorks and SBIRT Colorado provide screening and brief intervention training to healthcare providers who want to learn how to incorporate the practice as a standard of care. Ensuring SBIRT is implemented universally in all healthcare settings is the best way for SBIRT to become a standard healthcare practice.

Excessive use of alcohol
and other drugs contributes
to more than 70 diseases
and leads to expensive,
long-term health problems.⁵

—JOSEPH A. CALIFANO, JR., FOUNDER
AND CHAIRMAN, CASA COLUMBIA

3.(2008) Screening, Brief Intervention and Referral to Treatment. Institute for Research, Education and Training in Addictions. Gentilello, Larry. "Screening and Intervention in Acute Healthcare Settings." SBIRT Colorado Substance Abuse and Healthcare Policy Summit, Denver. 2009.

4. (2009) ASAM Supports Proposed Accreditation Standards for SBIRT, ASAM News, 24(4), 1-4.

5. Califano, J. A., et al. (2009). Shoveling up II: The Impact of Substance Abuse on Federal, State and Local Budgets. The National Center on Addiction and Substance Abuse at Columbia University, 1-8.



I have a patient who didn't know about the harmful effects of alcohol and other drugs although he had experienced the negative consequences many times. He put it all together sitting in my office during an appointment and he was shocked and dismayed at his discovery. Along with making sense of the ways in which drinking and drugs have affected his health, his job, his mind and his relationships, we figured he spent \$16,000 in one year on alcohol and drugs. Over the course of 20 years he spent about \$320,000. The news was upsetting to him because he lives in a compromised financial state, even though he holds a decent job. I tried to focus on what he'll have when he makes changes, not on what he's lost. He thanked me repeatedly for taking the time to talk with him. We worked out a change plan he was determined to keep.

—A HEALTH EDUCATOR

What exactly is SBIRT?

SBIRT—Screening, Brief Intervention, Referral to Treatment—is a comprehensive, integrated, public health approach based on universal screenings which create awareness about America’s number one preventable health issue—substance abuse.

THE SBIRT PROCESS

SCREENING Universal pre-screening of all patients for alcohol and other drug use is incorporated into the normal routine in healthcare settings and identifies people with risky substance use. For those with a positive screen, further screening identifies the appropriate level of intervention that is required.

Screening can be through interview and self-report using validated screening tools such as the AUDIT, DAST, ASSIST for adults and the CRAFFT for adolescents.

BRIEF INTERVENTION Provided when a screening indicates moderate risk. A brief intervention utilizes motivational interviewing techniques focused on raising a person’s awareness of his or her substance use and its consequences, and then motivating them toward positive behavioral change. A typical brief intervention takes from five to 15 minutes to conduct. Brief interventions, required in approximately 15 percent of screenings*, work in two ways: (1) to educate people at low risk about moderate drinking limits and health risks if limits are exceeded; and (2) to encourage those at risk of health and other consequences to think differently about their use and make changes to improve their health.

BRIEF THERAPY After a screening result of moderate to high risk (approximately 3.2 percent of those screened*), a referral to brief therapy is recommended. Similar to brief intervention, brief therapy involves

motivational discussion and client empowerment, and includes assessment, education, problem-solving, coping mechanisms and building a supportive social environment—all centered around client goals. Brief therapy consists of four to six sessions, each one treated as if it could be the last. It encourages a shift in thinking for therapists, engaging clients in the development and implementation of their therapy.

REFERRAL TO TREATMENT Following a screening result of high risk (around 3.7% of those screened*), a referral to treatment is provided. This is a proactive process that facilitates access to speciality care for those requiring more extensive assessment.

Screening programs have repeatedly proven to be extremely cost-effective by interrupting drug-use patterns before severe addiction develops.

R. GIL KERLIKOWSKE, DIRECTOR,
OFFICE OF NATIONAL DRUG CONTROL POLICY

	MAXIMUM DAILY LIMITS	MAXIMUM WEEKLY LIMITS
WOMEN	3	7
MEN UNDER 65	4	14
MEN OVER 65	3	7
LESS IS BETTER		

Source: National Institute on Alcohol Abuse and Alcoholism

*These figures are based on the national average.



It wasn't that I drank all of the time or got drunk every night, so I didn't think I was doing any harm...but I did drink a couple of glasses of wine or more with dinner. After a screening at my doctor's office, the nurse explained that even though I wasn't alcohol dependent, and I couldn't see any harm in drinking my wine, there were health consequences to my drinking.

She explained the moderate drinking guidelines and how if I stayed within these guidelines I would be healthier...which is something I was glad to know. I didn't realize that drinking just a little too much could contribute to all kinds of health issues. I am grateful for the information that she shared with me, and have made changes in my drinking habits because of it.

—A PATIENT

SBIRT reduces healthcare usage and costs.

The majority of federal and state substance-related spending—95.6 percent, or \$357.4 billion in 2005—went to carry the burden of government programs, a fact that points out the failure in our healthcare system to prevent and treat the problem of substance abuse. Only 1.9 percent is spent on preventing or treating addiction. If substance abuse and addiction were its own budget category, it would rank second behind elementary and secondary education. States spend more on substance abuse and addiction than Medicaid, higher education, transportation or justice.⁶

Individual state governments have spent \$135.8 billion in previous years to deal with substance abuse and addiction. In Colorado, 15.6 percent of the entire state budget went to substance abuse and addiction.⁷ The current breakdown of spending in Colorado for every \$100 spent on substance abuse and addiction is as follows—

- prevention, treatment and research: \$3.23
- burden to public programs: \$96.54
- regulation/compliance \$0.23⁶

Considering the potential for long-term cost savings, it is clearly important to invest in prevention. Quality, evidence-based prevention services can help lower the ever-increasing costs in our healthcare system, criminal justice system and in the workplace. Whether in the emergency room, trauma center, primary care or school, offering SBIRT as a universal standard of care is the key to preventing negative health consequences and their related cost.

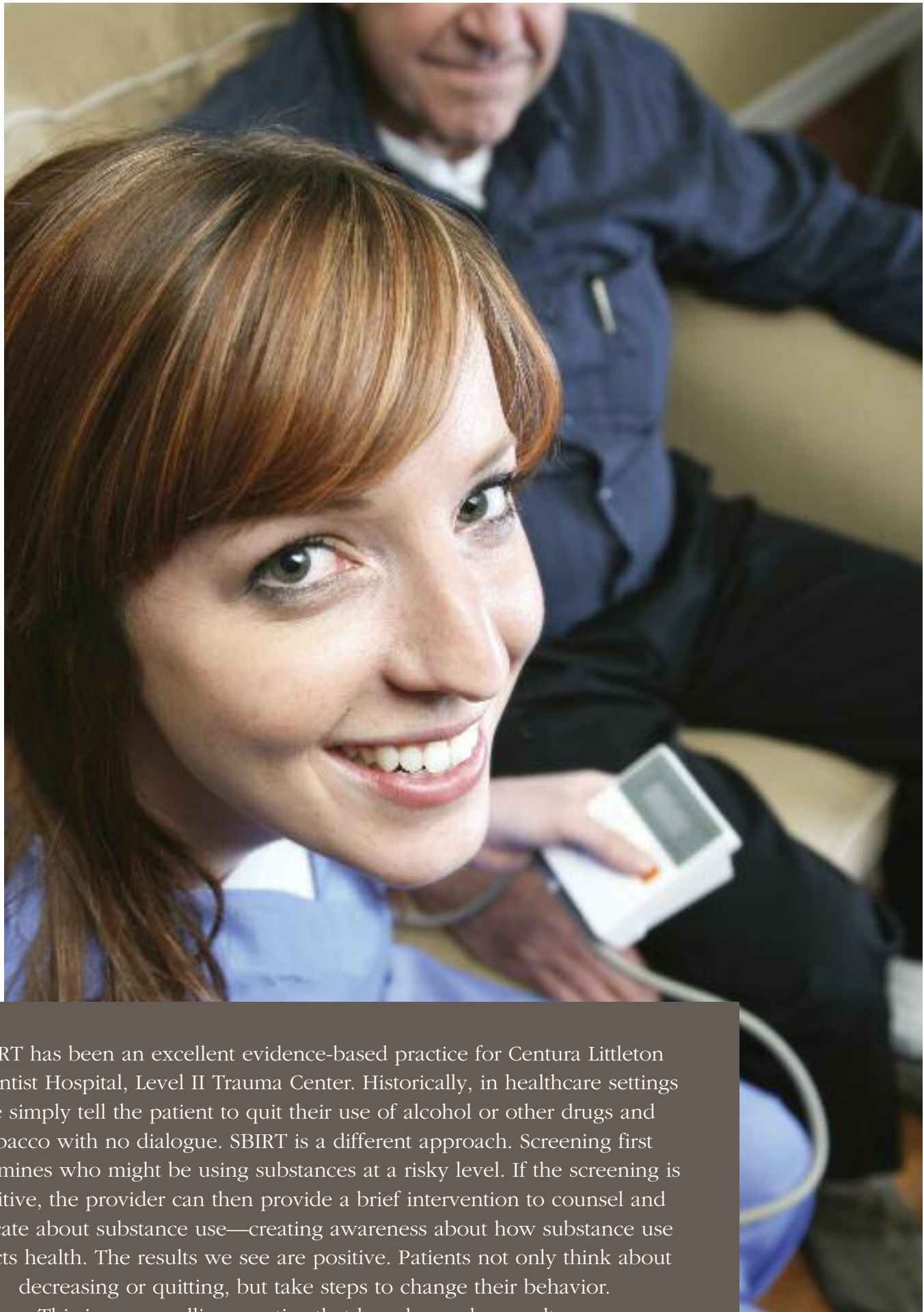
For every dollar spent on screening for substance use and providing early intervention approximately \$4 can be saved in healthcare costs.⁸

—LARRY GENTILELLO, MD, FACS, PROFESSOR OF SURGERY AT THE UNIVERSITY OF TEXAS, SOUTHWESTERN MEDICAL SCHOOL,

6. Califano, J. A., et al. (2009). Shovel up II: The Impact of Substance Abuse on Federal, State and Local Budgets. The National Center on Addiction and Substance Abuse at Columbia University, 1-8.

7. Fleming, M.F., Mundt, M.P., French, M.T., Manwell, L.B., Stauffacher, E.A., Barry, K.L. (2000). Benefit-Cost Analysis of Brief Physician Advice with Problem Drinkers in Primary Care Settings. Medical Care: 7-18.

8. Gentilello L.M., Ebel B.E., Wickizer T.M., Salkever D.S., Rivara F.P. Alcohol Interventions for Trauma Patients Treated in Emergency Departments and Hospitals: A Cost-Benefit Analysis. Ann Surg. 2005; 241:541-550.



SBIRT has been an excellent evidence-based practice for Centura Littleton Adventist Hospital, Level II Trauma Center. Historically, in healthcare settings we simply tell the patient to quit their use of alcohol or other drugs and tobacco with no dialogue. SBIRT is a different approach. Screening first determines who might be using substances at a risky level. If the screening is positive, the provider can then provide a brief intervention to counsel and educate about substance use—creating awareness about how substance use affects health. The results we see are positive. Patients not only think about decreasing or quitting, but take steps to change their behavior.

This is a compelling practice that has changed our culture.

—KIM MURAMOTO, BS, RN, DIRECTOR, TRAUMA PROGRAM, CENTURA LITTLETON ADVENTIST HOSPITAL

SBIRT. A small investment with a large return.

SBIRT is more than a health screening technique—it offers a simple and cost-effective way to reform healthcare in America. The return on investment for substance screening and intervention is significant: according to the National Commission on Prevention Priorities, alcohol screening and intervention provides the fourth greatest return on medical investment, behind only aspirin, childhood immunizations and tobacco cessation.

Although the federal government has committed \$260 million in matching funds to support SBIRT reimbursement codes at the state level, reimbursement for SBIRT is not consistently provided. Momentum and support from the healthcare industry leans toward the universal implementation of reimbursement codes for SBIRT services across the country. The Current Procedural Terminology (CPT) issued by the American Medical Association and other codes from the Center for Medicine and Medicaid Services have provided a way for healthcare providers to bill for SBIRT.

Currently, federal employees are the first large group of people who are seeing the positive effects of SBIRT. These services are now a guaranteed part of the health plans that cover federal employees. Large employers are also purchasing SBIRT in their bulk plans and recognize the value provided to their employees.⁹

The Preventive Services Bill, Colorado House Bill 09-1204, passed through the legislature and was signed by the Governor in April 2009. This legislation mandates private

PAYER	CODE	DESCRIPTION	FEE SCHEDULE*
COMMERCIAL INSURANCE	CPT 99408	Alcohol and/or substance abuse structured SBI services; 15 to 30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured SBI services; greater than 30 minutes	\$65.51
MEDICARE	G0396	Alcohol and/or substance abuse structured SBI services; 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured SBI services; greater than 30 minutes	\$57.69
MEDICAID	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug service, brief intervention; per 15 minutes	\$48.00

health insurance plans provide coverage for high priority preventive services including SBIRT without imposing higher copays or deductibles. This will help insurance clients reduce healthcare costs and ensure a healthier workplace environment. Employers investing in these services will see a healthier workforce.¹⁰

For more information, visit www.ensuringsolutions.org.

Screening and brief intervention are among the few things in medicine that not only improve patient outcomes, but also save money.

—LARRY GENTILELLO, MD, FACS, PROFESSOR OF SURGERY AT THE UNIVERSITY OF TEXAS, SOUTHWESTERN MEDICAL SCHOOL

9. Anderson, P., et al. (2008) Screening and Brief Intervention: Making a Public Health Difference. Join Together.

10. Ensuring Solutions to Alcohol Problems (2008). Many Health Plans Will Now Pay for Substance Use and Screening and Brief Intervention [press release]. Washington, D.C.: George Washington University Medical Center.



Years ago, helping professionals were taught that the job was always the last to go, that people could hide addictions and mental health problems at work for decades, and that very little could be done about it except to “deal with” severe cases through disciplinary measures and expensive treatment. Today, the message is changing to one of prevention: through awareness, education, and employee resources like EAPs, employers can create working environments that recognize employees as human beings who sometimes need help, that embrace effective prevention programs, and that understand the connection between employee health, employee behavior, and the bottom line. The Colorado State Employee Assistance Program is committed to SBIRT for both substance abuse and depression—on a permanent basis.

—RANDI C. WOOD, LCSW, DCSW, CEAP, DIRECTOR,
COLORADO STATE EMPLOYEE ASSISTANCE PROGRAM

SBIRT. A proven approach that motivates individuals to make changes now.

SBIRT is good for business. If you are an employer, risky substance use is your concern. Why? Because 67.3 percent of individuals who use substances at a risky level are employed full-time. Employers pay the price of employee substance abuse in the form of healthcare premiums for related injuries and illnesses, tardiness, absenteeism, workers' compensation and disability claims, turnover and decreased productivity.

Each year, untreated alcohol problems cost American businesses an estimated \$134 billion. National statistics reveal the magnitude of the problem:

- Healthcare costs for employees who have alcohol problems are about twice as high as for an average employee.¹¹
- Each untreated substance-abuse issue among employees costs the employer an estimated \$640 annually.¹²
- One in five employees report that their co-workers' alcohol problems caused them to fear injury, work harder, redo work or cover for the drinker.¹³
- Heavy drinkers have high rates of absence due to injuries, illness, unexcused absences and job turnover.¹⁴
- In a company that employs 200 workers, employees and family members make 40 alcohol-related emergency room visits per year and 121 alcohol-related ambulatory care visits per year.¹⁵

In addition to SBIRT implementation saving money for the employer, SBIRT services are an employee benefit. SBIRT provides the employees opportunity to improve their health by realizing how substance use affects their health.

SBIRT can be incorporated in the workplace EAP and covered in the company health plan. A residual benefit of providing SBIRT in healthcare facilities is the off-site assistance that can be provided to employees in confidential settings, alleviating concerns about stigma or privacy at the workplace, which might otherwise discourage them from seeking assistance in the first place.

SBIRT can help employers save a significant amount of money annually. To learn exactly how much alcohol abuse is affecting your business, visit the Alcohol Cost Calculator at Ensuring Solutions (www.AlcoholCostCalculator.org).

Brief intervention among heavy drinkers in one workplace study yielded a three-to-one return on investment.¹⁶

—M.F. FLEMING

11. The Robert Wood Johnson Foundation, Schneider Institute for Health Policy, Brandeis University (2001). Substance Abuse, the Nation's Number One Health Problem.
12. Center for Substance Abuse Treatment, (1999). Substance Abuse in Brief.
13. Mangone, JSI Research and Training Institute, (1998), New Perspectives for Worksite Alcohol Strategies.
14. Zhang, (1999). Worker Drug Use and Workplace Policies and Programs.
15. CDC, (2000). Alcohol Problems Among Emergency Department Patients; MacDonald, (2004). Archives of Internal Medicine.
16. Fleming, M.F., Mundt, M.P., French, M.T., Manwell, L.B., Stauffacher, E.A., Barry, K.L. (2000). Benefit-cost Analysis of Brief Physician Advice with Problem Drinkers in Primary Care Settings. Medical Care: 7-18.



The way we treat alcohol problems is to wait until it's malignant substance use and someone has addiction. It's as if we didn't treat high blood pressure until someone had a stroke or a heart attack. Broadening the base (for alcohol problems) means that we don't just look at the top of the pyramid and wait until someone comes to the hospital with acedias or jaundice, we focus lower on the pyramid when people are just drinking too much. Just like high blood pressure, it is simpler, easier to treat and more responsive when you go after it early. It is harder to treat, more expensive and chronic if you wait until it's ingrained and present for many years...

I certainly have to tell medical audiences that in terms of evidence of efficacy in brief interventions, there is almost nothing in medicine that has as much evidence behind it.

—LARRY GENTILELLO, MD, PROFESSOR OF SURGERY AT THE UNIVERSITY OF TEXAS, SOUTHWESTERN MEDICAL SCHOOL

SBIRT. Integrating substance abuse into healthcare.

For SBIRT to become a standard of care in Colorado, changes in national and local policies must occur to enhance the bridge between multiple healthcare disciplines.

The present political environment offers a perfect opportunity to initiate effective polices to address existing gaps in service delivery. President Obama's 2010 National Drug Control Strategy demonstrates the administration's commitment to implementing a balanced approach of evidence-based prevention, treatment and enforcement to address substance use issues. Emphasized in the plan are

- Increasing SBI for substance use in all healthcare settings
- Increasing healthcare providers' knowledge of SBI techniques in medical school and continuing education programs

- Expansion of reimbursement for SBI in primary care¹⁷

The White House Office of National Drug Control Policy (ONDCP) is dedicated to addressing the issues of substance abuse and the disease of addiction with attention to the full spectrum of substance use; and identifying the need for effective programming in prevention, treatment and recovery support services. ONDCP is committed to implementing a strategy that emphasizes evidence-based programs, balance and collaboration. The plan includes the need to integrate SBIRT in a variety of settings.¹⁸

In Colorado, many strategies can be implemented to further support SBIRT as a best practice to prevent risky substance use. Examples of these strategies include

- Engaging private and public insurers to recognize SBIRT as a best practice and reimburse providers for delivering screening and brief interventions
- Offering training and support for providers to adopt SBIRT as a standard of care in their practices maintaining fidelity to the model
- Assuring adequate resources and efficient tools are in place to assist providers in referring to behavioral health providers
- Reducing existing barriers and promoting collaboration between healthcare and behavioral health providers
- Recognizing as a community the importance of addressing substance abuse as a healthcare issue in the general population
- Promoting, developing and implementing a systems cross-training model to insure that healthcare and behavioral health providers recognize how they can work together to improve healthcare.

One out of four deaths in the U.S. is caused by problem use of an addictive substance. Isn't it time for medical professionals to give these problems the attention they deserve?

—LARRY GENTILELLO, MD, FACS, PROFESSOR OF SURGERY AT THE UNIVERSITY OF TEXAS, SOUTHWESTERN MEDICAL SCHOOL,

18. Office of National Drug Control Policy. 2010 National Drug Control Strategy Executive Summary.

17. Office of National Drug Control Policy (2010). Opening Statement of the Government of the United States of America before the 53rd UN Commission on Narcotic Drugs. Delivered by R. Gil Kerlikowske, Director, Office of National Drug Control Policy.

SBIRT. What can you do?

Every person in Colorado benefits from SBIRT services. Implementation of SBIRT lessens the burden shared by everyone in our healthcare, social services and criminal justice systems. As Colorado residents, we stand to gain by making SBIRT a standard of care and encouraging all interested individuals and organizations to engage in this initiative.

HEALTHCARE PROVIDERS: Tell your workplace associates and the communities you're a part of about the value of SBIRT. SBIRT Colorado offers training, support and technical assistance in a number of ways.

BEHAVIORAL HEALTH PROVIDERS: Provide training and education to your employees. Invite SBIRT Colorado representatives to host training and offer answers to questions of concern to behavioral health providers.

COMMUNITY-BASED ORGANIZATIONS: Make sure your employees and the members of your organization are aware of SBIRT and are educated about the benefits of universal screening and the positive effects it could have on the local community.

BUSINESSES: Find out whether your company's health insurance plan covers SBIRT and whether your providers administer the service. If not, inform your insurance purchaser and provider that such services are important to your employees' health and your company's success.

INSURANCE COMPANIES: Understand the importance of SBIRT and reimburse healthcare providers for SBIRT.

POLICY MAKERS: Educate yourself and local citizens about the cost benefit of SBIRT to the community as well as the lasting health benefits for individuals. Support local initiatives that promote sustainability of the SBIRT practice.

CITIZENS, PATIENTS AND VOTERS: Ask whether your insurance coverage includes SBIRT—and if it doesn't, let your insurance provider know you want the service covered.

- Encourage healthcare purchasers to demand health insurance plans include SBIRT.
- Communicate your support to your local political representatives.
- Stay connected to the latest news on the SBIRT Colorado facebook page.
- Let us you know about your interest and support by calling SBIRT Colorado at **303.369.0039 x245**.
- Continue to stay educated by visiting **www.improvinghealthcolorado.org**.



SBIRT Colorado is an initiative of the State of Colorado Office of the Governor

Funded by Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

Administered by Colorado Division of Behavioral Health

Managed by Peer Assistance Services, Inc.

Our mission is to motivate Coloradans
to make changes to improve their health and life
through universal screening and
early substance use intervention.

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Improving health. Changing lives.

