



VIRTUAL
**2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT**

Proactive Clinic-Based Substance Abuse Screening and Treatment: Helping to Advance in New Directions (Helping HAND)

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- Demographics of the clinic includes >2000 active patients
 - 88% African American
 - 32% of those being MSM
 - 1% transgender
 - 35% female.

- Practice for addressing substance abuse was *ad hoc*, provider- or case manager-based referrals, only when substance abuse was identified as a problem
- > 85% clinic viral suppression, BUT
 - many individuals were not benefiting from traditional care and adherence counseling, and
 - substance abuse was identified as one of the root causes
- Motivational Interviewing (MI) desired, but
 - difficult to train all case managers and providers, and
 - even more difficult to do the needed reinforcements to keep it up
- Purpose – to provide proactive in-house substance abuse screening and treatment in order to make it more of a one-stop shop

Addressing the Problem



- Wrote an application to SAMHSA for “Targeted Capacity Expansion-HIV Program: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS” (TI080682)
 - **“Provision of Treatment for Substance Use Disorders and Mental Health Disorders in Mississippi to Reduce Transmission and Improve Clinical Outcomes in People Living with HIV”**
 - Goals to reduce transmission through increased viral suppression and decreased substance use
- Proactive screening of all patients attending the clinic for HIV or Hep C treatment
 - based on Screening, Brief Intervention, and Referral for Treatment (SBIRT)
 - an evidence-based practice endorsed by SAMHSA
- If positive screen, they receive a brief intervention if agree
 - if high risk or dependent, they can enroll in the Helping to Advance in New Directions (Helping HAND) treatment program.
- Helping HAND began in February 2018 and has conducted more than 3600 screening assessments, with 49% being positive for substance abuse as of 7/1/2020, including those done by phone during the pandemic



HELPING HAND SCREENING PROCESS

Tablet Screening

- Check-in procedure
- Screening, Brief Intervention, Referral to Treatment (SBIRT)
- Research Specialist/Provider interaction
- Monitor progress via RedCap
- Errors (missed questions, technical issues)

SBIRT Screening

Record Status Dashboard (all records)

Displayed below is a table listing all existing records/responses and their status for every data collection instrument (and if longitudinal, for every event). You may click any of the colored buttons in the table to open a new tab/window in your browser to view that record on that particular data collection instrument. Please note that if your form-level user privileges are restricted for certain data collection instruments, you will only be able to view those instruments, and if you belong to a Data Access Group, you will only be able to view records that belong to your group.

Legend for status icons:

- Incomplete
- Incomplete (no data saved) ?
- Unverified
- Partial Survey Response
- Complete
- Completed Survey Response

Dashboard displayed: [Create custom dashboard](#)

Displaying record of **3,700** records records per page

[+ Add new record](#)

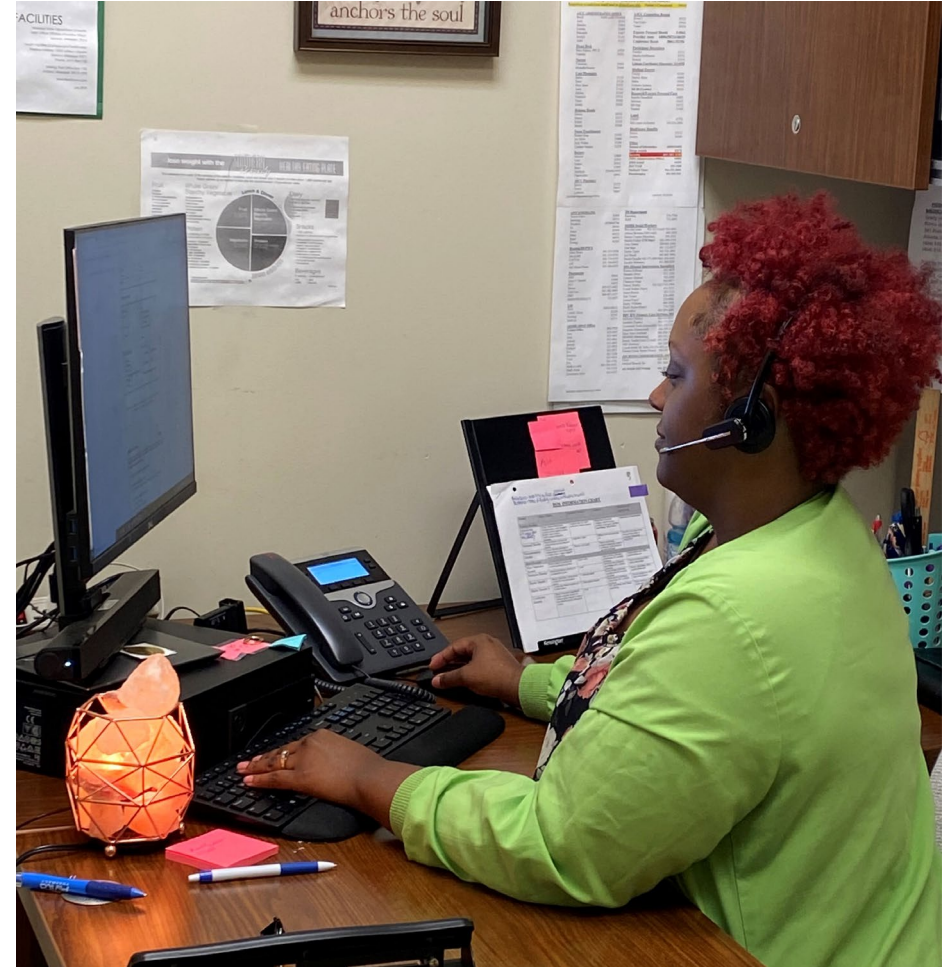
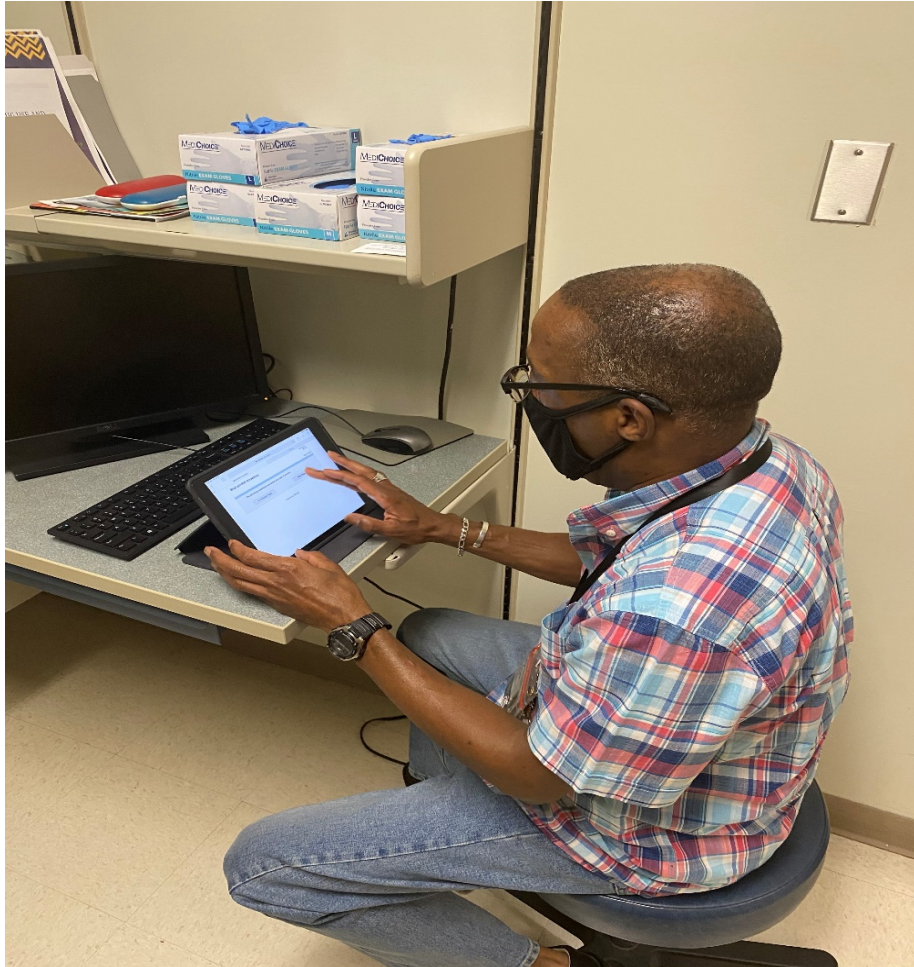
Displaying: [Instrument status only](#) | [Lock status only](#) | [All status types](#)

REDCAP ID	Brief alcohol screening
3835 [mrr]	
3836 [mrr]	
3837 [mrr]	
3838 [mrr]	
3839 [mrr]	
3840 [mrr]	
3841 [mrr]	

In-Person Visits vs. Telehealth visits



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Demographics/AUDIT/DAST Scores



Brief alcohol screening

Survey response is editable

Edit response

Survey options

Response was completed on 06/01/2020 2:44pm. You have permission to edit this survey response from its original values. In order to begin editing the response, you must click the Edit Response button above. [View all contributors](#) to this response.

REDCAP ID 3835 [mrn]

REDCAP ID	3835
Date and Time:	06-01-2020 14:35
Medical Record Number: <small>* must provide value</small>	0098532
Room Number:	Telehealth
<p>In order to provide the best medical care, we are asking all patients in our clinic to complete a brief screener which includes questions about use of alcohol and other substances. The screening is expected to take 5-10 minutes.</p> <p>At the beginning of your appointment today, please hand this tablet to your provider to briefly discuss the screening.</p>	
What is your age? <small>* must provide value</small>	<input type="radio"/> 12-20 <input checked="" type="radio"/> 21-64 <input type="radio"/> 65+
What is your gender? <small>* must provide value</small>	<input type="radio"/> Female <input checked="" type="radio"/> Male <input type="radio"/> Transgender- Female to Male <input type="radio"/> Transgender- Male to Female
<p>The following questions ask about your use of alcohol.</p>	
When was the last time you had even a single drink of alcohol (including beer, wine, or liquor)? <small>* must provide value</small>	<input type="radio"/> I have NEVER done this <input checked="" type="radio"/> 1 day - 1 week ago <input type="radio"/> 2 weeks - 1 month ago <input type="radio"/> 2 - 3 months ago <input type="radio"/> 4 - 6 months ago <input type="radio"/> 7 - 12 months ago <input type="radio"/> More than 1 year ago

Brief alcohol screening



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In the past year, how many days per week do you typically drink alcohol?
* must provide value

0
 1
 2
 3
 4
 5
 6
 7

reset

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Powered by REDCap

Calculation Equations

Brief alcohol screening

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Identifying Information:

Date and Time: [datetime]
 MRN: [mrn]
 Room Number: [room_number]

Alcohol Brief Screen Results:

Drinking days per week: 3
 Drinks per drinking day: 4
 Drinks per week: 12
 Binge days m and < 65: 0
 Binge days f or >65: _____

Audit Score Male and under 65:

Audit Score Female or over 65:

AUDIT Responses

1. Frequency: _____
 2. Quantity: _____

Sometimes 1 drink means different things to different people. For us, one drink equals one shot (1.5 oz) of liquor, one 12 oz beer, or one 5 oz glass of wine.



Calculation equation for variable "drinks_per_week_v2"

Variable Name: *drinks_per_week_v2*
 Field Label: Drinks Per Week
 Calculation: $[number_days_v2] * [number_drinks_v2]$

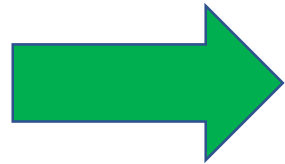
Fields Utilized in Calculation		
Variable Name	Field Label	Form Name
<i>number_days_v2</i>	In the past year, how many days per week do you typically drink alcohol?	Brief alcohol screening
<i>number_drinks_v2</i>	In the past year, on a typical day when you drink, how many drinks do you tend to have?	Brief alcohol screening

Close

In the past year, on a typical day when you drink, how many drinks do you tend to have?

* must provide value

Screening Results/Response from Provider



SBIRT Screening Result

No use or low risk use of alcohol and drugs!

[Provide affirmation for the patient's choices and feedback about general guidelines.]

[Say:] It's great that you are choosing to use alcohol in a healthy manner and not to use drugs. Maintaining that pattern will help you to stay clear of substance-related health problems in the future.

General guidelines for someone of your age and biological sex (male, between 21 and 65) for healthy use suggest having no more than 4 standard drinks in a sitting and no more than 14 standard drinks per week.

This information is to be used by the provider as a back-up method only if the feedback is not displayed or multiple versions of feedback are displayed. If you saw 1 and only 1 feedback, just ignore this information and advance the page

Male patients (age 21+): alcohol: [audit_result_m]
if the above is blank, they are negative for alcohol
If the above is between 1 - 7, give booklet for alcohol
If the above is 8 or more, refer for alcohol

(Note for patients under 21, any drinking is considered a higher positive and should be referred for alcohol, so if there is a number above, refer)

female patients (age 21+) / male over 65: alcohol: [audit_result_f]
Use the same rules outlined for males, but the score directly above.

ALL patients: drugs: [dast_result]
If the above is blank, patient is negative for drugs
If it's 1 and they only use marijuana, give booklet
If it's 1 and they use anything else, or if it's 2 or more, refer for drugs

Screening outcome (Provider answer):

- Negative (no drug AND alcohol use)
- Low Positive, received no brochures
- *Low positive alcohol (low use of alcohol, "Rethinking Drinking" booklet)*
- *Low positive marijuana (low use of marijuana, "Easy to Read Marijuana Facts" pamphlet)
- *Low positive for both (give both booklets)*
- Higher positive, declined referral to Helping HAND Specialist, received no brochures
- Higher Positive for alcohol or drugs, declined referral to Helping HAND Specialist, gave appropriate pamphlet(s).
- Higher Positive, refer to Helping HAND Specialist for intervention

Screening Results/Response from Provider



"Based on the information you provided on the screening, I think it may be important for us to focus a bit on your drug use to make sure you can get the most out of your HIV treatment.

What are your thoughts on that?"

"Would you be willing to speak with our in-house specialist about this after our appointment today?"

This information is to be used by the provider as a back-up method only if the feedback is not displayed or multiple versions of feedback are displayed. If you saw 1 and only 1 feedback, just ignore this information and advance the page

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- *Low positive for both (give both booklets)*
- Higher positive, declined referral to Helping HAND Specialist, received no brochures
- Higher Positive for alcohol or drugs, declined referral to Helping HAND Specialist, gave appropriate pamphlet(s).
- Higher Positive, refer to Helping HAND Specialist for intervention

Is the patient willing to speak to the in-house specialist to discuss the use of alcohol and/or drugs (Provider answer):

- No, patient declined to speak to specialist (i.e., declined the intervention)
- Yes, patient will meet with specialist (i.e., accepted the intervention)

RESPONSE TO POSITIVE SCREENING RESULTS

Low Positive screen- Brochures given

Moderate & High Positive screen- Brief Negotiated Intervention (BNI)

Screening results

- Low Positive alcohol- less than 8 on Audit screen for alcohol
- Low Positive marijuana- 1-2 on DAST

Provider is prompted to provide Booklet/Brochures for education

EDUCATION INTERVENTION



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Educational material given

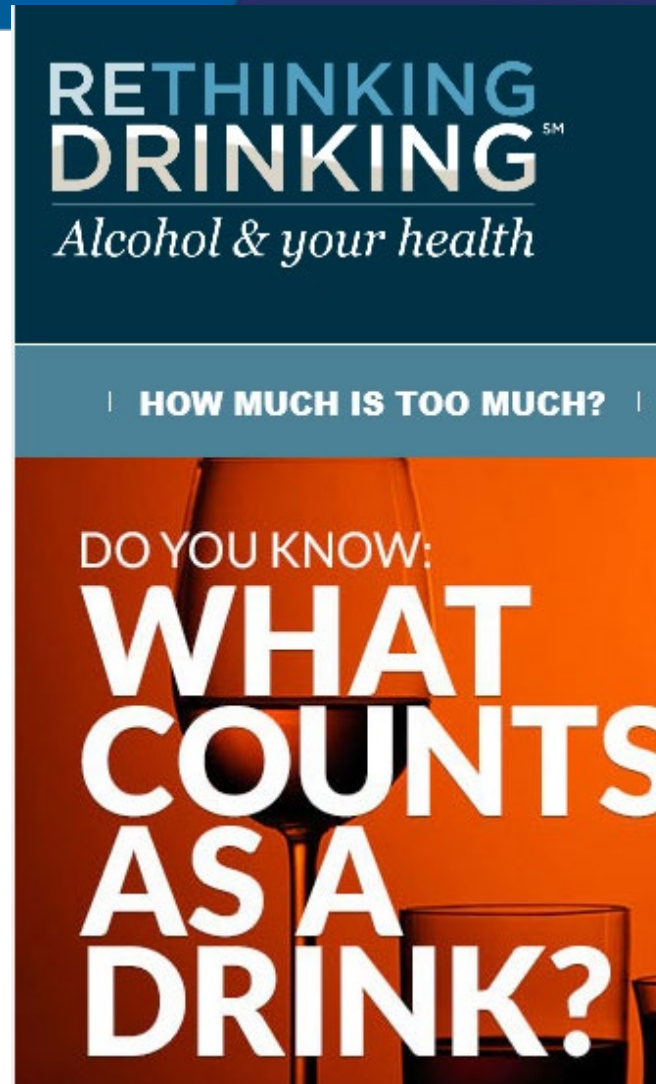
- ***Rethinking Drinking***

National Institute of Health

<https://www.rethinkingdrinking.niaaa.nih.gov/>

- ***Drug use and your health***

University of Mississippi Medical Center



Moderate-High Screening

MODERATE – HIGH POSITIVE SCREENING

- Provider is prompted on tablet to ask the individual if they are willing to talk with specialist today
- If yes, Brief Negotiated Intervention (BNI) is provided by Helping HAND staff trained in Motivational interviewing skills

9:56 AM Mon Jun 29 redcap.umc.edu 88%

Low Positive, received no brochures

Low positive alcohol (low use of alcohol, "Rethinking Drinking" booklet)

*Low positive marijuana (low use of marijuana, "Easy to Read Marijuana Facts" pamphlet)

Low positive for both (give both booklets)

Higher positive, declined referral to Helping HAND Specialist, received no brochures

Higher Positive for alcohol or drugs, declined referral to Helping HAND Specialist, gave appropriate pamphlet(s).

Higher Positive, refer to Helping HAND Specialist for intervention [reset](#)

Is the patient willing to speak to the in-house specialist to discuss the use of alcohol and/or drugs (Provider answer):

No, patient declined to speak to specialist (i.e., declined the intervention)

Yes, patient will meet with specialist (i.e., accepted the intervention) [reset](#)

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What is the BNI

- SCRIPTED INTERVIEW WITH STEPS
- MOTIVATIONAL INTERVIEWING SKILLS

Use open questions to invite discussion

Elicit, look for, comment on, and affirm client strengths and successes

Intentionally use reflections to expand the change discussion

Deliberately use collecting, linking and transition summaries to talk about change

Raise Subject and ask permission

- Introduce self
- Ask permission

“Would you mind taking a few minutes to talk with me about your use of alcohol and drugs?”

Pros and Cons of Substance use

- Ask individual to name the things you like about using alcohol and other specific drugs
- Ask individual to name the things you don't like very well about using
- Reflect and summarize the pros/cons back to individual

FEEDBACK

- Ask permission to share guidelines for alcohol and drug use
- Share screening results from tablet

Possible Screening level results

- Low risk (for developing problem)
- Exceeding recommended guidelines for alcohol (consuming more than is recommended)
- At risk (for developing problem)
- High risk (possibly experiencing significant problems related to use)
- Dependent (already experiencing significant problems)

STEPS FOR BNI INTERVIEW


Provide general information and elicit reaction

- ❑ SHARE RECOMMENDED GUIDELINES
 - ALCOHOL (3F/4M DRINKS IN ONE SITTING OR NO MORE THAN 7F/14M DRINKS IN A WEEK
 - DISCUSS STANDARD DRINK MEASUREMENTS
 - DRUGS – “Any use of illicit drugs, using your medications not as prescribed, or using others’ prescription medications can put you at risk for illness or injury and cause health problems”
- ❑ ELICIT REACTION-What are your thoughts on that?

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Remember, one drink equals one shot (1.5 oz) of liquor, one 12 oz beer, or one 5 oz glass of wine.



A Standard Drink

12 fl oz of beer = 4-5 fl oz of wine = 1.5 fl oz of 80 proof liquor

How many days in the past year have you had 5 or more drinks?
* must provide value

0
 1-2
 3-10
 10-20
 more than 20

reset

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READINESS RULER

SCALE FROM 1-10

- HOW READY ARE YOU TO MAKE ANY CHANGES
- WHY DID YOU CHOOSE #? AND NOT A LOWER NUMBER LIKE 1 OR 2
- ELICIT REASONS AND REFLECT BACK
- 5 OR LOWER, ASK “WHAT WOULD HAVE TO HAPPEN TO MAKE YOU THINK THAT IT WOULD BE TIME TO MAKE A CHANGE?”



Based on responses to screenings

Share Recommendations from screening

- Exceeding recommended guidelines: cut down to safe level of alcohol use
- At risk level of use: for alcohol, cut down to safe levels; for drugs avoid use
- High risk: some kind of professional treatment is recommended (individual or group counseling, brief substance treatment-Helping HAND)
- Dependent: specialized intensive addiction treatment is recommended (residential, intensive outpatient, day treatment with Helping HAND)

ACTION PLAN



If patient has at least a 5 on readiness ruler, complete an action plan. If patient is at a 3-5 on readiness and appears willing, can conduct action plan based on hypothetical situation given: "So if _____ happened and you decided you want to make a change ..."

Fill out the written action plan as you discuss the questions below.

● "What kind of changes would you like to make?"

● "How will you go about making them?"

3) "What can you put in place to make it difficult for you to use [alcohol/drugs] if you end up having the urge?"

After the patient generates own ideas and you have **written** and reflected them back, say, "I have some ideas that other patients have found helpful. Would it be okay if I shared them with you?"

→ Common ideas: getting rid of alcohol/drugs in house, tallying every drink/drug use, cutting ties with dealers or limiting interaction with friends/locations of previous high substance use

Ask, "Which of those ideas, if any, might help you?" **Circle** the ones the patient might use on the action plan.

4) "What are your thoughts about other things you can do instead of [alcohol/drugs] when you have the urge or you're stressed out?"

After the patient generates own ideas and you have written and reflected them back, say, "I have some ideas that other patients have found helpful. Would it be okay if I shared them with you?"

→ Common ideas: exercising, squeezing a stress ball, walking around the block and count steps, leaving the location, using another distraction, calling a friend/sponsor, writing out or reading reasons for decreasing use, taking a cold shower

Ask, "Which of those ideas, if any, might help you?" **Circle** the ones the patient might use on the action plan.

Identify strengths

- Tell of time when you overcame challenges in the past or when you stopped using for a while, or even a day?
- What kinds of resources did you call upon then?
- Can these supports be helpful now?



Summarize & Support Autonomy



- Summarize reasons for change and action plan

Ask “Did I capture everything? What else should we add?”

- Support Autonomy

*“We appreciate you allowing us to talk with you today. We understand that **you are the expert on you, and only you can ultimately decide what will work for you.** We completely respect that and wish you the best of luck.”*

- Offer follow up appointment with Helping HAND



SUMMARY

Treatment Provided in Helping HAND



- Assessment by LCSW or psychologist trained in addictions
- Treatment is individualized: referral to detox, residential treatment, intensive outpatient treatment, mental health treatment for co-occurring disorders
- Clinic-based outpatient treatment for addictions as well as mental health treatment
- Other supports: assistance with transportation to these appointments, transition to sober living house, case management, 12-step support group, peer counseling

- A total of 113 patients have been in treatment as of July 16, 2020
 - 84% African American
 - 46% MSM, with 26% of those being YBMSM
 - 4% transgender
 - 31% female

Successes/Challenges



- Of the 70 patients currently enrolled in Helping HAND, 98% have an undetectable viral load as of July 1, 2020, and 100% of MSMs and transgendered individuals have been retained in care as defined by an appointment in both six month blocks in the past year
- Challenges include keeping individuals engaged in substance abuse treatment.

Contact Information



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