



**Toolkit**

# Addressing High-Risk Substance Use through STI Clinics

Strengthening Connections to Treatment and Behavioral Health Services Project

# Acknowledgements

The following is the National Association of County and City Health Officials' (NACCHO) *Addressing High-Risk Substance Use through STI Clinics: Strengthening Connections to Treatment and Behavioral Health Services* toolkit.

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*Stock photos. Posed by models.*

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# Purpose of the Toolkit

This toolkit provides an overview of how to implement the Screening, Brief Intervention, and Referral to Treatment (SBIRT) intervention to address high-risk substance use (HRSU) (use of illicit drugs, such as methamphetamine, and non-medical use of prescription drugs, like oxycodone) among clients seeking STI services in clinical settings. The information provided in this toolkit is drawn from a project, conducted by NACCHO in partnership with the Centers for Disease Control and Prevention Division of STD Prevention, in which three public health organizations integrated SBIRT for HRSU into STI services.

## Who Should Use this Toolkit?

This toolkit is intended for local health departments (LHDs) and other public health organizations interested in leveraging SBIRT to address HRSU in STI clinical settings.





# Background

NACCHO partnered with the Centers for Disease Control and Prevention (CDC), Division of STD Prevention (DSTDP) in 2019 on the *Addressing High-Risk Substance Use through STI Clinics: Strengthening Connections to Treatment and Behavioral Health Services* project (the Project), which piloted the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to address high-risk substance use (HRSU) among clients seeking testing and treatment in STI clinical settings.

HRSU refers to the use of illicit drugs and non-medical use of prescription drugs (e.g., opioids, methamphetamine, and crack/cocaine), which are strongly associated with high risk for adverse outcomes, including dependence, substance use disorders (SUD), and non-fatal and fatal overdoses.<sup>1,2</sup> Moreover, persons engaged in HRSU often experience disinhibition and/or engage in activities, such as sex work and needle sharing, that can facilitate the spread of diseases like HIV, STIs, and viral hepatitis.<sup>3</sup>

In the United States, men who have sex with men (MSM) are more than twice as likely to use substances associated with greater health hazards and addiction, including heroin, cocaine, and amphetamine<sup>4</sup>—as well as engage in daily drug use.<sup>5</sup> Among heterosexuals, HRSU has risen dramatically, in both urban and rural areas, in the wake of the U.S. opioid crisis and the socioeconomic shocks and disruptions in care during COVID-19.<sup>6,7</sup> Rates of HRSU have more than doubled among heterosexuals diagnosed with STIs like syphilis, while STI diagnoses were shown to be associated with increased odds of injection drug use among women.<sup>8</sup> A study leveraging data from the National Notifiable Diseases Surveillance System found that women, men who had sex with women (MSW), and MSM diagnosed with syphilis and other STIs who reported HRSU often had histories of incarceration and anonymous sex and/or sex in exchange for drugs or money.<sup>1</sup>

Data shows that SUD and HRSU rates are often higher among clients of STI clinics compared to the general population.<sup>9,10,11,12</sup> At the same time, persons diagnosed with STIs and self-reported HRSU are more likely to experience poverty, housing instability, lack of access to insurance coverage and health care, and limited educational attainment.<sup>13,14,15,16</sup> Racism and stigma create additional barriers to care that exacerbate the disparate impact of HRSU, STIs, and HIV among people of color, and, in particular, Black and Latino MSM and Black women.<sup>17,18,19</sup> Persons engaged in HRSU at STI clinics report higher rates of condomless sex, multiple partners, and STI diagnoses than those who do not use substances.<sup>20</sup>



# About the SBIRT Intervention

The Screening, Brief intervention, and Referral to Treatment (SBIRT) intervention leverages behavioral interventions such as motivational interviewing (MI), an evidence-based, collaborative, goal-oriented style of communication framed in the patients' language of change, to help clients presenting at STI clinics engaged in HRSU set goals related to their substance use and health. The Project's SBIRT steps involved:



## Screening

Identifying/assessing the degree of substance use and identifying the appropriate level of treatment among clients;



## Brief Intervention

Increasing awareness of substance use among clients, motivating behavior change; and



## Referral to Treatment

Connecting clients requiring additional services to care.

SBIRT originally was developed to help connect persons engaged in alcohol use to treatment. While results from several trials applying SBIRT to mitigate HRSU and SUD among substance users in diverse clinical settings have been mixed,<sup>21,22,23,24</sup> other studies indicate that SBIRT can facilitate early identification and intervention for those engaged in substance use who seek services in STI clinics.<sup>25</sup> For example, three public New York City STI clinics that implemented a SBIRT model reported increases in successfully connecting patients with substance use treatment, resulting in improvements in their SUD and mental health outcomes and a reduction in condomless sexual contact, over a six-month follow-up.<sup>26</sup> Considering the syndemic of HRSU and STIs, the Project's proposed implementation of SBIRT in STI clinics presented a unique opportunity to reach persons engaged in HRSU and connect them with potentially life-saving treatment and care.



# How Feasible is SBIRT at your Clinic?: An Assessment Checklist

The following checklist is intended to help you assess your clinic's readiness to implement an SBIRT intervention:

## Intervention Background and Components

- What is the burden of HRSU among your clients?
  
- Is implementing a clinic-based protocol addressing HRSU among your clients feasible, or should you partner with another organization?
  
- Do you have the financial infrastructure (e.g., accounting services) and IT support to adapt your electronic health records (EHR) system to create and manage notifications and data for the SBIRT intervention and related referrals?
  - Will alerts be set up in the system to prompt staff to complete each component of SBIRT?
  
  - How will you mitigate “pop-up fatigue” among clinical staff possibly encountering multiple alerts and reminders when opening a client record?
  
- How will your clinic handle the additional clinical/appointment time required to facilitate SBIRT?

## Intervention Implementation

- How will you implement each SBIRT component (e.g., identification and adaption of screening tools, SBIRT integration, referral strategies)?
  
- How will your clinic screen for HRSU among clients? What screenings will you use? How will you interpret the results?
  
- What processes do you have in place, or need to have in place, to facilitate referrals to substance use treatment providers? How does/will this process fit into your workflow?
  
- How do you plan to monitor and evaluate the implementation process?

## Partners/Staff

- What staff members will be responsible for facilitating different components of the SBIRT intervention? These may include:
  - Administrative staff, including front desk personnel, assistants, and others tasked with helping to educate clients about HRSU and SBIRT.
  
  - Clinicians implementing and facilitating SBIRT and referrals to treatment for clients engaged in HRSU.

- Are these staff adequately trained to collect and manage data collection, report results, and evaluate staff and client satisfaction and experience? If not, how will you facilitate the required trainings?
- What internal partners, including staff, will you need to engage to facilitate buy-in?
- Who will be accepting SBIRT referrals? Are these providers part of your clinic, or are they from a partner organization(s)? If these clinical partnerships still need to be implemented, how will you create them?
- Will you need to hire new staff, or can responsibilities be divided among existing staff? What components should be taken on by partners?
- If partners take on some intervention components, how will you handle billing and project management issues?

# Implementation Logistics

There are some logistical factors to consider before SBIRT for HRSU implementation, including:

## Client Populations

Sites that successfully implemented SBIRT for HRSU often had specific populations of focus for their SBIRT. Questions to consider:

### **What populations often engage in HRSU when presenting for STI testing and care at your clinic? Are you offering SBIRT to a specific population(s) or to all clients presenting for care at your clinic?**

All demonstration sites addressed the needs of adults ages 18 and older, with several focusing on populations known to have disproportionately high rates of HRSU, such as pregnant people and MSM. These clinics, however, expanded their reach to all clients during the COVID-19 pandemic, as they were seeing fewer clients overall, limiting recruitment opportunities for SBIRT.

Setting clear recruitment criteria for SBIRT can ensure that resources (time, funding, staffing coverage, EHR customization expenditures, etc.) are expended on clients with the greatest need. However, priority populations must be selected based on clear EHR and other epidemiological data for your geographic region. Revisit your enrollment tables regularly to ensure you effectively reach clients presenting for STIs that are engaged in HRSU.

If you are not engaging the number of clients expected, consider expanding your recruitment criteria to more populations, or even all clients, regardless of their background.

**Use this information to establish clear SBIRT enrollment criteria. These criteria should be grounded in data from your client's EHR records and local epidemiological data detailing trends in STIs and HRSU. For example, you may set your SBIRT recruitment criteria to include clients who meet the following:**

- Are ages 18 and older;
- Identify as gay or bisexual;
- Had symptoms of STIs in the previous 12 months; and
- Engaged in high-risk sexual behaviors in the previous 12 months with more than one partner and/or while intoxicated/under the influence.

## Identifying and Enrolling Clients

There are several strategies you can use to identify clients who fit your criteria and encourage them to participate in the SBIRT intervention, as follows:

### Intervention Promotion

You may want to promote SBIRT through promotional placements directed to priority populations, encouraging them to seek STI and HRSU screening and treatment. Types of promotions include:



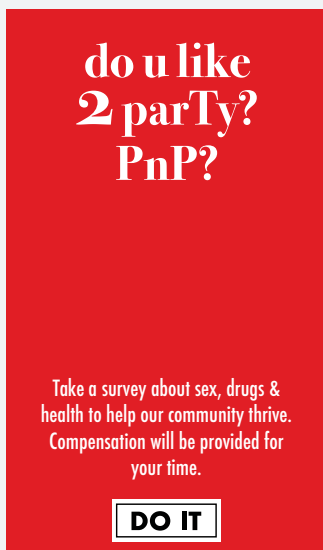
- ❑ **Printed posters, flyers, and postcards** disseminated in the clinic and at health fairs and other events;
- ❑ **Electronic posts on your social media, website, and/or newsletter** belonging to your clinic and/or partners;
- ❑ **Advertisements and promotions** disseminated using Google search terms, dating apps, and other third-party platforms;
- ❑ **At intake/for clients seeking STI services:** Review the background of clients as they present for STI services at your clinic;
- ❑ **Targeted outreach to past/existing clients:** Conduct a record review of past clients, contacting all who meet your intervention criteria to participate in SBIRT; and/or
- ❑ **Promotional placements:** Launch a promotional campaign geared toward your priority population(s), alerting them of the opportunity to screen for HRSU while seeking STI services.



### Case Study: Rhode Island STD Clinic: Implementing the SBIRT Intervention Online

When COVID-19 restricted Rhode Island STD Clinic’s ability to offer SBIRT in person, staff redesigned the intervention to be delivered virtually through online promotion, telephone screenings, and telemedicine. To recruit clients, the clinic advertised HRSU screenings through dating apps and websites, and through ads targeted via Google search terms to their priority population: persons 18 or older who had one or more of the following in the previous 12 months:

#### Sample ad:



- Symptoms of STIs;
- Known exposure to a partner with an STI;
- Been treated presumptively for an STI;
- Presented to the STD clinic; and/or
- Engaged in high-risk sexual behaviors or sexual engagements while intoxicated/ under the influence.

Eligible participants who saw the ads and were interested in participating in the intervention completed an electronic consent form and filled out an online survey about their:

1. Sexual and substance use behaviors;
2. Last STI screening (noting setting and results);
3. Changes during COVID-19 in sexual, substance use, and care-seeking behaviors;
4. Substance use (based on results of DAST-10 and the Alcohol Use Disorders Identification Test (AUDIT)—Self-Report); and
5. Substance use behaviors (chemsex behaviors).

Data were collected through a database in REDCap and EHR records. Participants who reported high-risk sexual behaviors and substance use in the previous 90 days were offered the SBIRT intervention within 48 hours.

## Educational Materials for Clients

Demonstration sites found that educational materials offered clinicians an opportunity to provide clients with additional information that fostered buy-in and program fidelity:

- ❑ Clients appreciate having printed and electronic supplemental educational materials, including brochures, videos, and tear sheets. Ideally, these should be provided in multiple languages, according to client needs, along with their after-visit summary and patient record.
- ❑ Providers, peer educators, and other relevant personnel can leverage these materials when discussing HRSU and substance use treatment options.

### Things to keep in mind when encouraging clients to engage in SBIRT intervention:

- Stress the convenience of addressing their HRSU simultaneously with their STI(s).
- Meet clients “where they are” and adjust discussions accordingly. Some may only want STI services and refuse SBIRT.
- Engage in transparent consent processes to facilitate clarity, trust, and client buy-in.
- Provide clients with printed and electronic flyers about SBIRT that they can reference later. Feature a QR code, URL, and/or email address that they can use for follow-up questions.
- Facilitate a warm, encouraging handoff from STI to HRSU treatment, as necessary.

## HRSU Screening

The sites that demonstrated SBIRT for HRSU generally used the following tools, links to which are provided in the Tools section:

- ❑ National Institutes of Drug Abuse (NIDA) Quick Screen,<sup>27</sup> a validated instrument designed to assist providers in screening adults for substance use, often was integrated into the client intake form at the STD clinic. This screening inquires whether a participant has used drugs (mood-altering, illegal, or prescription for non-medical reasons), alcohol, or tobacco products within the past year and how often these substances have been used.

Staff reviewed the results with patients. Clients not engaged in substance use received support about maintaining their healthy behaviors. Those who indicated they were involved in substance use were advanced to the following screening stage.

- ❑ The Drug Abuse Screening Test or DAST-10 served as the primary screener to determine if clients were engaged in HRSU. The test generates a quantitative index of the degree of consequences related to drug abuse. Scores range from 1-10, with higher scores indicating more significant substance use and related consequences. While demonstration sites in the study varied in their cut-off point for HRSU, they generally classified client risk levels as low risk (1-2 points), harmful (3-5 points), or severe (6+ points). Clients who scored in the “severe” range were recommended for additional intervention.

## Additional Screenings

Some sites leveraged the SBIRT intervention to screen for other common co-occurring conditions with HRSU. Examples of these additional screenings included:



**Depression**, measured using the Patient Health Questionnaire (PHQ-9);<sup>29</sup>



**Alcohol Use**, measured using the Alcohol Use Disorders Identification Test (AUDIT)—Self-Report<sup>30</sup>; and



**Tobacco Use**, measured using the Tobacco, Alcohol, Prescription Medication (TAPS) tool.<sup>31</sup>

## EHR System

Demonstration sites indicated that EHR systems provided a streamlined approach to create mechanisms to capture, manage, and report client screening data. Considerations to keep in mind:

- While some sites did capture SBIRT data outside the EHR system, in data management software such as REDCap,<sup>23,24</sup> EHR customizations generally proved most effective for providers, enabling them to integrate SBIRT into the STI clinic’s client care workflow and ensuring efficiency and accuracy in data collection.
- EHR data capture also ensured clients had quick access to SBIRT-related information through their customer portal.
- While convenient, creating customizable forms, smart tags, phrases, and other elements in the EHR to facilitate SBIRT may involve significant time and financial resources. Creating another pop-up alerting providers of another intervention can lead to provider fatigue.

## Staffing

It is also imperative to consider who will be facilitating the intervention:

- **Administrative Staff**, including program/research assistants, are essential to facilitating client visits and testing. While a dedicated administrative hire can be beneficial, administrative responsibilities for client management and follow-up can be facilitated by current employees.
- **Clinical Providers**, including physicians and nursing staff, are needed to provide counseling and assess HRSU status among clients. They are essential to delivering education, interpreting test results, and ensuring client buy-in.
- **Peer Navigators** may provide additional assistance to this process, since their support can ensure cultural and linguistic alignment in engaging clients and ensuring their follow-through with SBIRT.
- **Data Management/Evaluation Staff** can also help collect, manage, analyze, and report data regarding HRSU at the clinic, as necessary. Clear data management protocols can ensure client confidentiality related to their HRSU, encouraging participation in the intervention. Evaluators can help highlight successes and inefficiencies, flagging areas for possible quality improvement. They also can help design and disseminate surveys assessing client and provider experience to determine satisfaction and knowledge change. These staff may create surveys and other data capture in survey programs like REDCap, though leveraging the EHR system was considered preferable, since it streamlines data capture.
- **IT Provider/Web Developer:** Having a solid relationship with your organization’s IT provider and/or web developer can facilitate updating the EHR system, which demonstration sites indicated was vital to capturing

screening data and maintaining notes about client engagement with the intervention. The IT Provider/Web Developer can work with the Data Management/Evaluation Staff person in creating and integrating surveys, checklists, and alerts for providers and staff to ensure intervention fidelity and engagement.

- **Behavioral Health Therapists:** Adding a behavioral health therapist as a staff member or as a reliable referral to facilitate warm handoffs for substance use care was seen as integral to ensuring the success of the SBIRT intervention.

## Ensuring Buy-in through Training

- Ensure that your clinic engages in a transparent and inclusive SBIRT planning process encompassing staff at all levels. Conduct a needs assessment with clinical staff regarding STI client engagement in HRSU and substance use treatment needs, incorporating results into the intervention.
- Identify internal and external partners to facilitate implementation realistically and sustainably.
- Ensure that implementation of SBIRT is seamless by customizing your organization's EHR system to collect, manage, and report clients' SBIRT data and engagement.
- Create printed and EHR-based job aids for staff to help them facilitate SBIRT.
- Hold grand rounds for SBIRT staff to review client cases, discuss next steps, and facilitate implementation and refresher trainings. In addition to training on the intervention, provide access to instruction and resources on topics such as:
  - Motivational interviewing to facilitate client uptake of SBIRT;
  - Drug use screenings and assessments; and
  - Cultural competency.
- Disseminate evaluations with staff and clients regularly to assess satisfaction with the process and identify areas and recommendations for improvement.

# Facilitating SBIRT for HRSU

Initially, the SBIRT intervention for persons presenting for STI services was designed for in-person implementation. The COVID-19 pandemic provided an opportunity for some clinics to facilitate the intervention online. The section below provides an overview of the intervention in person and online. In these scenarios, clinics have identified the populations of interest, defined enrollment criteria for their SBIRT intervention, and trained their staff.

## In-person SBIRT for STI Clients Engaged in HRSU

- Clinics determine if clients are engaged in HRSU. This process begins with a transparent consent process to support client trust and engagement. From there, clients may complete a brief screening, such as the NIDA Quick Screen. This survey asks respondents how often in the past year they have used prescription drugs for non-medical reasons and illegal drugs, to which they can answer “Never,” “Once or Twice,” “Monthly,” “Weekly,” or “Daily or Almost Daily.”
- Participants who report engaging in non-medical prescription and illegal drug use are invited to engage in more in-depth screening, often completing the DAST-10. As noted previously, the DAST-10 generates a quantitative index indicating the degree of consequences experienced related to drug abuse. Scored on a scale of 1-10, higher scores indicate greater severity of drug use, providing insight into the severity of a client’s HRSU. Generally, clients who score 6 or above are asked to participate in the SBIRT intervention.
- Additional assessments, such as those for depression, alcohol use, and tobacco use, may enhance the initial drug screenings, providing an avenue to connect clients to treatment, resources, and support.
- From there, providers openly communicate with clients about their substance use and discuss treatment options. During this dialogue, some clients voiced a lack of readiness for substance use treatment.
- Providers strengthen their rapport, asking clients who use drugs how substance use fits in with their values, eliciting change talk about their substance use and sexual risk behaviors, motivating them to consider change, and ultimately making a plan to enact those changes.
- Clients who wish to pursue substance use services are connected with a provider, preferably through a warm, in-person handoff that day or an immediate referral with follow-up. Clients who need medication for opioid use disorder are provided access to community resources and addiction medicine providers. Patients who expressed ambivalence about change or declined referrals to treatment received a list of community resources. Additional supports are also provided based on scores associated with any additional screenings conducted, such as those for alcohol use.
- Clients who participate in the intervention completed an evaluation of their experience, which helped clinics assess what was going well and identify areas for improvement.
- Patients who declined to engage in the SBIRT intervention were encouraged to follow up with their provider at a future visit to discuss safe approaches to substance use.



## **Virtual SBIRT for STI Clients Engaged in HRSU**

The virtual SBIRT for STI clients engaged in HRSU aligns with the in-person counterpart:

- Clients who satisfy enrollment requirements are invited to participate in the SBIRT intervention during their virtual appointment.
- Participants complete and sign an electronic consent form.
- Participants then complete their screenings online as well. Depending on the clinic, these instruments may need to be translated into secure online surveys, such as those generated in REDCap. Data from these online consent and screening forms are transferred to the client's EHR records.
- Depending on the timing, staff may immediately offer SBIRT to those who qualify, or contact them later. Those who do not qualify for SBIRT receive a consultation about maintaining their health.
- During the virtual SBIRT intervention, clinicians engage clients via telemedicine to discuss their substance use and the options available to treat it.
- Providers strengthen their rapport, asking clients how substance use fits in with their values. This approach elicits change talk from clients about their substance use and sexual risk behaviors, motivating them to consider change, and ultimately make a plan to enact those changes.
- Clients who wish to pursue substance use treatment are connected virtually with a provider to meet their goals. Patients who need medication for opioid use disorder are provided access to community resources and addiction medicine providers. Patients who express ambivalence about change or decline referrals to treatment receive a list of community resources.
- Clients who participate in the intervention complete an evaluation of their experience, which helped clinics assess what was going well and identify areas for improvement.
- Patients who decline to engage in SBIRT are encouraged to follow up with their provider at a future visit to discuss safe approaches to substance use.

# Overcoming Implementation Challenges

The intervention had some challenges, notably staff burnout, turnover, and limited capacity. During COVID-19, many STI clinics had to limit services, pivoting staff resources to address the pandemic. Implementation of SBIRT often proved challenging. Some staff felt that the introduction of SBIRT created burdens for clinicians and administrative personnel, who needed help addressing client needs under stressful and time-limited circumstances. They also noted that some clients expressed confusion when asked about their substance use when seeking STI care. To address these concerns, sites instituted clear objectives, defined staff roles, and iterative training to facilitate the intervention.

Responsiveness was also considered integral to SBIRT. For instance, clients who declined to discuss HRSU or engage in SBIRT, often seemed more open to discussing their sexual risk behaviors, establishing a dialogue about their partners and sex practices, and opportunities to discuss safer sex practices to prevent STIs and HIV.

Facilitating all data collection and reporting into the EHR was considered essential to integrating and routinizing the intervention and ensuring the confidentiality of client information about HRSU.



# Promoting Sustainability

Demonstration site experiences suggest that the SBIRT intervention for HRSU can be integrated into STI services. To ensure the sustainability of the program, it is recommended that organizations interested in the SBIRT intervention:

- ❑ Conduct formative research before implementation to understand the needs of your clients and staff related to HRSU and SBIRT, respectively. Collect information about your clients' linguistic, cultural, and clinical needs. Without this grounding, your organization's SBIRT intervention may not align with your clients' lived experiences, or staff's infrastructure and bandwidth.
- ❑ Create a checklist or toolkit for implementing the SBIRT intervention. This can help guide the process and ensure its successful integration into the clinic's system of care.
- ❑ Meet with and survey your staff on an iterative basis to identify and implement course corrections as needed. Also, survey clients, especially those participating in SBIRT, to understand their experiences with your care protocols and HRSU needs.
- ❑ Leverage EHR systems to facilitate data collection, generate reports, and monitor client interactions, supporting the intervention's integration into the care workflow.



# Additional Resources

## **National Institutes of Drug Abuse (NIDA) Quick Screen**

## **Drug Abuse Screening Test or DAST-10**

## **Patient Health Questionnaire (PHQ-9)**

## **Alcohol Use Disorders Identification Test (AUDIT)—Self-Report**

## **Tobacco, Alcohol, Prescription Medication (TAPS) Tool**

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