

Practicing Alcohol and Substance Abuse Screening and Prevention in a Level 1 Trauma Center

Opportunities for Research, Multidisciplinary Collaboration, and Community Advocacy



National Prevention Network
Bridging Research to Practice

**2015 Conference
Panel Presentation
Wednesday, November 18
Seattle, Washington**

Xochiquetzalli Gamboa, MPH, CHES, ACPS



UNIVERSITY MEDICAL CENTER
OF EL PASO

LEVEL I TRAUMA CENTER

University Medical Center of El Paso is the largest public hospital located directly on the U.S. Mexico border.

Approximately **50,000** patients are treated in our **Emergency Department** annually.

Accredited by **The Joint Commission**, UMC of El Paso is the only public teaching hospital in El Paso. (TTUHSC, UTEP, EPCC)

We have earned state designation from the American College of Surgeons as a **Level I Trauma Center**, one of only five in Texas.



American College of Surgeons - Level 1 Prevention Requirements:

- **17-3** The trauma center is involved in prevention activities, including **public education** activities.
- **18-1** The trauma center participates in **injury prevention**.
- **18-2** The trauma center has a **prevention coordinator** with a demonstrated job description and salary support.
- **18-3** The trauma center demonstrates the presence of prevention activities that center on priorities **based on local data**.
- **18-4** The trauma center demonstrates **collaboration** with or participation in national, regional, or state programs.
- **18-5** The trauma center has a mechanism to identify patients who are **problem drinkers**.


*Source: American College of Surgeons Consultation/Verification Program
Reference Guide of Suggested Classification (Retrieved 10/26/15 from:
<https://www.facs.org/~media/files/quality%20programs/trauma/vrc2.ashx>)*



Levels of Prevention: Alcohol & Substance Abuse Strategies

Primordial Prevention:

Rio Grande Safe Communities Coalition (TDSHS)
Advocacy for Policy, Systems, Environmental Change




Primary Prevention:

Screening and Brief Intervention / Referral to
Treatment (UMC) [Brief Screening]



Secondary Prevention:

Outreach, Screening, Assessment and Referral
(TDSHS) (LMHA) [Comprehensive Screening]



Tertiary Prevention:

Participation in Paso del Norte Recovery Oriented
Systems of Care Collaborative [Relapse Prevention]

History:

- March 1998- Pedestrian Task Force Committee then renamed Safe Communities, :
FY 2000: TXDOT awarded one year grant
- Initial focus was to traffic-related injury and fatality prevention
- FY 2001-2002: DFC Grant Funding, FY 2005: SPF/SIG Pilot funding (3 years)
- 2003-20(16) CCP TDSHS Funding: Rio Grande Safe Communities Coalition

FY 2015-2016 Priority Area Served: City of El Paso, Texas

Priority Population: People 18-24, youth, general community

Texas Department of State Health Services funds contracts for 22 community coalitions across the state in the areas with the greatest needs

Primary emphasis: Prevention and reduction in youth & young adult use of alcohol, marijuana & Rx drug misuse/abuse by promoting & conducting community-based environmental strategies.

Strategic Prevention Framework (SPF) model

Rio Grande Safe Communities Coalition (TDSHS)

Advocating for Effective Policy, Systems,
and Environmental Change



Work with Region 10 Prevention Resource Center to collect, analyze & interpret local data

Build & support the increased capacity of coalition members & of all area coalitions, networks, & stakeholders

Fortify the coalition by recruiting from 12 sectors (CADCA)

Develop or modify effective media messaging to affect social norms

Advocate for evidence based actions

Serve as a credible resource for policy & decision makers

Opportunities for Research Identified:

- **Local data needed documenting self reported 30 day past use (all substances)**
- **Accurate mechanism for measuring synthetic drug use and injury/death outcomes**

**Rio Grande Safe Communities
Coalition (TDSHS)**



Screening, Brief Intervention (Motivational Interviewing), Referral to Treatment

University Medical Center of El Paso Policy: TR-S-14 – Evidence Based

Goal: To screen 50%, or more, of *eligible trauma patients admitted at UMC and by consultation at El Paso Children's Hospital and El Paso Psychiatric Hospital*

Coordinator's Credentials: LCDC, LPC(I)

Consumption Questions
CAGE-AID (Adults)

CRAFFT (Youth, Under 21)

MIDAS® System – Data capture: patient's blood alcohol level, toxicology panel, screening results and documentation of referral given, if applicable

Theoretical Framework: Transtheoretical Model "Stages of Change" (Prochaska, DiClemente, & Norcross, 1992)

Screening, Brief Intervention, and Referral to Treatment (UMC of El Paso)



SBI(RT) *Eligibility Criteria: University Medical Center of El Paso Policy: TR-S-14

Established to:

- 1.) demonstrate why 100% of patients in Trauma Registry could not be screened daily, and
- 2.) to prioritize patients identified who are most likely to accept a referral and meet all admission criteria for alcohol and substance abuse treatment programs

Patients must be:

- ✓ Stabilized
- ✓ Without life-threatening injury or illness
- ✓ Mentally competent

SBI hospital/policy exclusion criteria:

- The patient declines, is in ICU, otherwise unresponsive, or deceased
- The medical staff determines the patient is: "too ill, in extreme pain, or emotionally unable to participate in the brief screening process" (Parker, Libart, Fanning, Higgs, & Dirickson, 2012).

Screening, Brief Intervention, and Referral to Treatment (UMC of El Paso)



UMC MIDAS Report for SBI

Profile Title: TRAUMA CONSUMP: CAGE-AID V.2013

Facility: All Facilities

Indicator	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Total
TOTAL	124	121	110	90	111	109	176	158	151	135	99	156	137	1677
FEMALE	38	45	33	28	38	40	66	62	48	53	30	48	43	572
MALE	86	76	77	62	73	69	110	96	103	82	69	108	94	1105

Profile Title: TRAUMA-CRAFT-2013

Facility: All Facilities

Indicator	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Total
TOTAL	16	21	9	8	19	22	21	29	13	20	15	14	18	225
FEMALE	4	4	0	3	4	3	3	12	2	3	5	7	0	50
MALE	12	17	9	5	15	19	18	17	11	17	10	7	18	175

Grand Total for Consumption & CRAFT

Facility: All Facilities

Indicator	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Total
TOTAL	140	142	119	98	130	131	197	187	164	155	114	170	155	1902
FEMALE	42	49	33	31	42	43	69	74	50	56	35	55	43	622
MALE	98	93	86	67	88	88	128	113	114	99	79	115	112	1280

Laura Davila-Vazquez

10.28.2015

UMC Trauma/521-7556

Screening, Brief Intervention, and Referral to Treatment (UMC of El Paso)



UNIVERSITY MEDICAL CENTER
OF EL PASO
LEVEL I TRAUMA CENTER

Collaboration

- ✓ Medical Trauma Staff: Physicians, Surgeons, Nurses, Trauma Registry, Social Workers
- ✓ Licensed Chemical Dependency Counselors
- ✓ Substance, Alcohol, and Mental Health Treatment Providers
- ✓ Recovery Support Service Providers
- ✓ The Greater Community

Opportunities for Research Identified:

- **Periodic review of peer reviewed published literature informs updates and revisions of the SBI Policy as required**
- **Implementation practices, data collection, and evaluation processes have been presented to the ACS and at trauma conferences to help provide best practices to other institutions looking to begin SBI/RT programs**
- **Further research is needed locally to help determine why patients screened at bedside do not follow through with referrals to treatment/services in greater numbers**

Screening, Brief Intervention, and Referral to Treatment (UMC of El Paso)



Outreach, Comprehensive Screening, Assessment, Referral to Treatment and Recovery

Neutral pathway into services

Staffed by Licensed Chemical Dependency Counselors (LCDCs) and support staff

Priority populations:

- ☐ Pregnant injecting women
- ☐ Pregnant & postpartum women
- ☐ Injecting drug users
- ☐ Parents with children in foster care
- ☐ Clients of CPS/DFPS (72 hour priority)
- ☐ Honorably discharged veterans

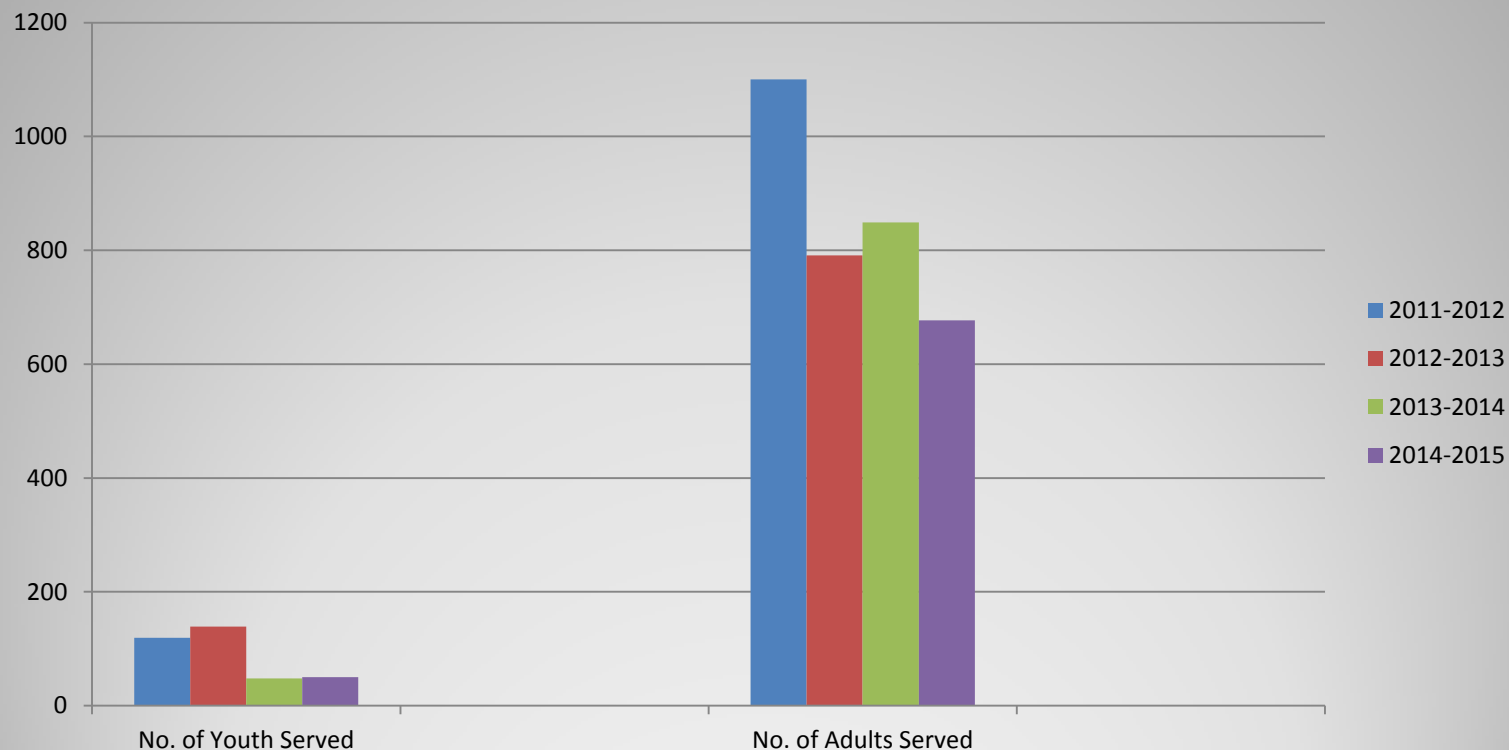
Texas SB1507 (2015) OSAR to LMHAs: Mental Health & Substance Abuse Integration

Theoretical Framework: Transtheoretical Model (Prochaska, DiClemente, & Norcross, 1992)

Region 10 OSAR Program (2005 -2015, TDSHS)

Comprehensive Screening, Assessment, Referral to Treatment

Number of Youth and Adult Clients Served Between 2011-2015



Region 10 OSAR Program (2005-2015, TDSHS)

Comprehensive Screening, Assessment, Referral to Treatment

Collaboration

- ✓ Medical Trauma Staff: SBI Coordinator
- ✓ Medical Social Workers
- ✓ Treatment Providers
- ✓ Mental Health Service Providers
- ✓ Recovery Support Service Providers
- ✓ The Greater Community

Opportunities for Research Identified:

- **Further research is needed locally to map and identify barriers to services clients in El Paso, Texas face when seeking treatment and recovery**
- **Study and document how integration of substance abuse and mental health programs will:**
 - 1.) impact service delivery for providers**
 - 2.) how integration will impact clients with co-occurring disorders**
 - 3.) how integration will impact clients who do not have co-occurring disorders**

Region 10 OSAR Program (2005 -2015, TDSHS)

Comprehensive Screening, Assessment, Referral to Treatment

- Alcohol Screening and Brief Intervention for Trauma Patients. Committee on Trauma Quick Guide. U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment. DHHS Publication No. (SMA) 07-4266.
- American College of Surgeons Committee on Trauma. (2006). *Resources for Optimal Care of The Injured Patient* (pp. 116-120; CD 18-6). Chicago, IL.
- American College of Surgeons Consultation/Verification Program Reference Guide of Suggested Classification (Retrieved 10/26/15 from:
<https://www.facs.org/~media/files/quality%20programs/trauma/vrc2.ashx>)
- Brown, RL., Leonard, T., Saunders, L., Papasoulitis, O.(2001). A two-item conjoint screen for alcohol and other drug problems. *The Journal of the American Board of Family Practice*,14, 95-106.
- Brown, RL., Rounds, LA.(1995). Conjoint screening questionnaires for alcohol and other drug abuse: criterion validity in a primary care practice. *Wisconsin Medical Journal*, 94(3), 135-140.
- Field, C., Hungerford, D., Dunn, C. (2005) Brief Motivational Interventions: An Introduction. *The Journal of Trauma, Injury, Infection, and Critical Care*, 59, S21-S26.
- Maier, R. (2005). Controlling Alcohol Problems among Hospitalized Trauma Patients. *Journal of Trauma, Injury, Infection, and Critical Care*, 59, S1-S4.
- Parker,G., Libart, D., Fanning, L., Higgs,T., Dirickson, C. (2012). Taking on substance abuse in the emergency room: One hospital's SBIRT story. *International Journal of Mental Health and Addiction*, 10:984-990 DOI 10.1007/s11469-012-9394-1
- Schermer, C., Moyers, T., Miller, W., Bloomfield, L. (2006). Trauma Center Brief Interventions for Alcohol Disorders Decrease Subsequent Driving Under the Influence Arrest. *The Journal of Trauma, Injury, Infection, and Critical Care*, 60, 29-34.

References



National Prevention Network

Bridging Research to Practice

**Thank you for this opportunity to highlight our
community and state prevention efforts!**

Xochiquetzalli Gamboa, MPH, CHES, ACPS

University Medical Center of El Paso – Level 1 Trauma Center

(915) 521-7396

xgamboa@umcelpaso.org



Practicing Alcohol and Substance Abuse Screening and Prevention in a Level 1 Trauma Center: Opportunities for Research, Multidisciplinary Collaboration, and Community Advocacy