



SBIRT Review for FAST

Carolyn Swenson, MSPH, MSN, RN

FAST project

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Agenda

1. Review updates on alcohol and health.
2. Highlight the basics of Screening-Brief Intervention-Referral to Treatment.
3. Explore common SBIRT challenges.





Other topics and
questions?

Please note in the chat box!



Unhealthy Alcohol Use (UAA) Basics

Lower-Risk Drink Limits

	Per Day	Per Week
WOMEN	3	7
MEN	4	14
OVER 65	4	7

LESS IS BETTER

- Also
- Drinking during pregnancy
- Drinking under age 21
- Drinking that increases risk of injury to self or others
- Drinking that could worsen health conditions or interfere with medications

Important updates to alcohol and health

- 2020 Dietary Guidelines for Americans:
 - Likely to recommend the **same** lower risk limits for men of all ages as for women (max 7/week).
- Even staying **within** lower-risk limits can be harmful to health.
- Binge drinking is still increasing among girls and women.
- Women experience serious consequences at lower levels of drinking.
- Even limited alcohol use after conception is associated with neurobehavioral consequences in offspring.
- Drinking is increasing in some subgroups during the COVID-19 pandemic.
 - Concurrent with increased depression, anxiety, domestic violence, suicide risk

SBIRT

Screening: Ask validated questions to identify unhealthy alcohol or other drug use.

Brief Intervention: A short conversation to enhance motivation to change alcohol or drug use.

Referral to Treatment: Arrange additional services for patients with alcohol or drug use disorders.

Screening challenges

Lower than expected prevalence of UAU

Missed screening opportunities

Missed screening follow-up opportunities

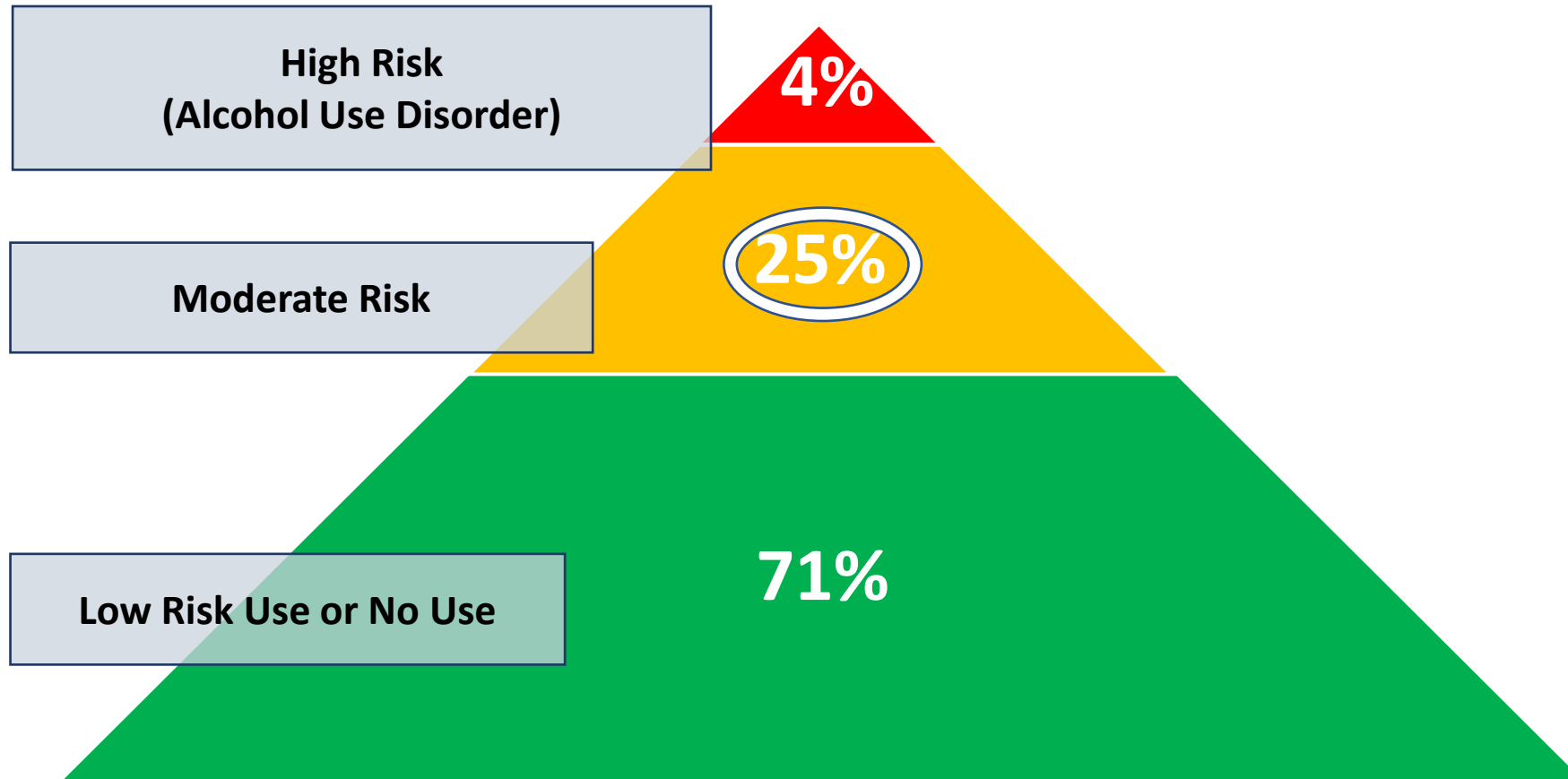
Missing screening documentation



Lower than expected UAU levels

- Consider what screening questions are being used
- Recommend:
 - AUDIT-C
 - AUDIT 1-3
 - Single Question Alcohol Screen
- Avoid (if possible)
 - CAGE
 - Any non-validated screening questions

Anticipated UAU Risk Levels



Alcohol use in the U.S. general population of adults age ≥ 21 years (SAMHSA)

Missed screening opportunities

1

Ideally: screen all adults (age 18+) who can respond

2

Make alcohol screening a vital sign

3

Clarify staff responsibilities for screening patients

4

Clarify virtual visit (telemedicine) screening protocols

Missed screening follow-up opportunities

- Clarify who is responsible for the initial review of screening results.
- Clarify the protocol for interdisciplinary communication about screening results.
- Specify staff roles and responsibilities for follow-up based on level of risk identified through screening.



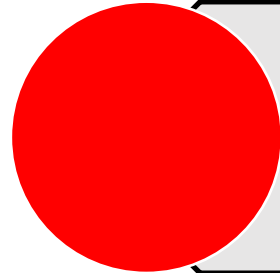
Missing documentation (or hesitant to document)

Specify a standard documentation protocol

EHR or registry OK

Privacy concerns (a valid concern)

Risk stratification

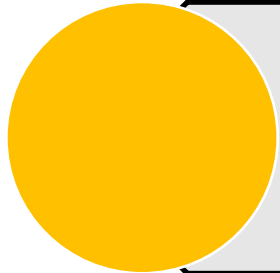


ALCOHOL USE DISORDER (AUD):

Brief Intervention + Referral to Treatment

Clinically significant impairment or distress related to alcohol use

Meets DSM-5 criteria for mild, moderate or severe AUD

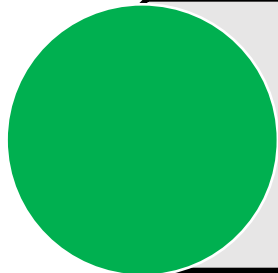


MODERATE RISK ALCOHOL USE: Brief Intervention

Exceeds weekly and/or daily limits; or any use underage or during pregnancy

May have experienced health or other consequences of alcohol use

Does not meet DSM-5 criteria for Alcohol Use Disorder



LOW-RISK ALCOHOL USE: Positive Reinforcement

Within lower-risk weekly *and* daily limits

Not pregnant or trying to get pregnant, not under age 21 *and*

no health reasons to avoid alcohol

No drinking in hazardous situations (driving , etc.)



One drink equals:



12 oz. beer



5 oz. wine



1.5 oz. liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-8 drinks	10 or more drinks
3. How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the past year		Yes, in the past year		
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the past year		Yes, in the past year		
	0	1	2	3	4	5	6

Have you ever been in treatment for an alcohol problem? Never Currently In the past

I II III IV
M: 0-7 8-15 16-19 20+

Full AUDIT

Alcohol/Drug Symptom Checklist

Note: based on the DSM-5 criteria for Alcohol Use Disorder

Alcohol Symptom Checklist			Other Drugs Symptom Checklist		
In the past three months, have you:			In the past three months, have you:		
1. Had times when you ended up drinking more, or for longer than you intended?	Y	N	1. Had times when you ended up using drugs more, or for longer than you intended?	Y	N
2. More than once, wanted to cut down or stop drinking, or tried to, but couldn't?	Y	N	2. More than once, wanted to cut down or stop using drugs, or tried to, but couldn't?	Y	N
3. Spent a lot of time drinking, being sick after drinking, or getting over the after-effects?	Y	N	3. Spent a lot of time using drugs, being sick after use, or getting over the after-effects?	Y	N
4. Experienced craving — a strong need, or urge, to drink?	Y	N	4. Experienced craving — a strong need, or urge, to use drugs?	Y	N
5. Found that drinking — or being sick from drinking — often interfered with taking care of your home or family, caused job troubles or school problems?	Y	N	5. Found that using drugs — or being sick from using drugs — often interfered with taking care of your home or family, caused job troubles or school problems?	Y	N
6. Continued to drink even though it was causing trouble with your family or friends?	Y	N	6. Continued to use drugs even though it was causing trouble with your family or friends?	Y	N
7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?	Y	N	7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to use drugs?	Y	N
8. More than once, gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area or having unsafe sex)?	Y	N	8. More than once, gotten into situations while or after using drugs that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area or having unsafe sex)?	Y	N
9. Continued to drink even though it was making you feel depressed or anxious or adding to another health problem, or after having had a memory blackout?	Y	N	9. Continued to use drugs even though it was making you feel depressed or anxious or adding to another health problem, or after having had a memory blackout?	Y	N
10. Had to drink much more than you once did to get the effect you want, or found that your usual number of drinks had much less effect than before?	Y	N	10. Had to use drugs much more than you once did to get the effect you want, or found that your usual number of drinks had much less effect than before?	Y	N
11. Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea or sweating, or sensed things that were not there?	Y	N	11. Found that when the effects of drugs were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea or sweating, or sensed things that were not there?	Y	N
TOTAL:			TOTAL:		

Interpreting Symptom Checklist Results

2-3 symptoms indicate mild alcohol and/or other drug use disorder.

4-5 symptoms indicate moderate alcohol and/or other drug use disorder.

6+ symptoms indicate severe alcohol and/or other drug use disorder.



Brief Intervention

A short conversation to provide feedback about alcohol use, encourage cutting back or stopping altogether - depending on level of drinking and health - and collaboratively plan next steps with the patient.

- Also known as brief counseling for unhealthy alcohol use.
- Like screening and brief counseling for tobacco, unhealthy weight, depression and other issues.
- **Anytime you connect a patient's alcohol use to a health or another concern, and encourage change, you are providing a brief intervention.**



How brief is 'brief'?

- From 2-3 minutes to 15 minutes or longer.
- Staff roles: different disciplines can provide brief interventions.
- **Important:** consider involving the primary care clinician whenever possible – especially for the initial conversation.
 - Patients are more likely to be receptive to changing alcohol use when a primary care provider introduces the topic and ties it to overall health.
 - Helps destigmatize the conversation.
 - Primary care can often best address alcohol and physical health concerns.
- Multiple brief interventions often work best to motivate change.

The general health message about alcohol

“I discuss alcohol with all my patients because staying within the lower-risk limits is another way to help you stay healthy – just like a healthy diet, regular physical activity, not smoking and good quality sleep. Alcohol is linked to many common health problems – for example, cancer, high blood pressure and heart disease, digestive complaints, and depression. Drinking less is one way to improve health in the short-term and long-term.”

Reframe alcohol as a risk factor

- Physical and mental health
- Accidents and injuries
- Relationships
- Family life
- Violence
- Education
- Employment
- Criminal justice

Tailor feedback to patient characteristics

- Younger adults
- Women of childbearing age
- Older adults
- Parents
- Patients with a history of trauma in childhood and/or adulthood
- Chief complaints
- Chronic medical and mental health conditions; suicide risk
- Goals and values

Use Motivational Interviewing

- Shared decision-making
- It's ok to give advice and express concern - ideally with permission.
- Explore the patient's perspective on their alcohol use.
- Help patients find their own best motivations and approaches to change.
- Respect and affirm patient autonomy.
- Also important: A nonjudgmental stance, and acceptance of readiness or lack of readiness to change.

Models of brief intervention

Brief
Negotiated
Interview

Elicit-Provide-
Elicit (Ask-Tell-
Ask)

SBIRT Pocket Cards

How many times in the past year have you had x or more drinks in one day? Men x = 5 - Women x = 4 - Positive = 1 or more times

Tips for Giving Feedback

- HEALTH
- LEGAL
- PREGNANCY
- ALCOHOL
- INJURY
- SLEEP
- FINANCES

A Standard Drink

Any Drink Containing About 14 Grams Of Alcohol

12 fl oz beer = 5 fl oz table wine = 1.5 fl oz liquor

Lower Risk Drink Limits*

	Per Day	Per Week
WOMEN	3	7
MEN	4	14
OVER 65	3	7

LESS IS BETTER

AVOID ALCOHOL IF YOU

- take medications that interact with alcohol
- have a health condition made worse by drinking
- are under 21 years of age
- plan to drink a vehicle or operate machinery
- are pregnant or trying to become pregnant

HOW IMPORTANT IS IT TO YOU? | HOW READY ARE YOU? | HOW CONFIDENT ARE YOU?

NOT AT ALL | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | EXTREMELY

Brief Intervention Steps

- 1 RAISE THE SUBJECT** Ask permission: "Would you mind taking a few minutes to discuss..."
- 2 PROVIDE FEEDBACK**
 - Review reported alcohol use and refer to lower risk alcohol guidelines
 - Discuss possible health and other consequences of use; link to express concern.
 - Elicit the person's response: "What do you think about this information?"
 - "On a scale of 0-10, how important is it to you to decrease (or quit)..."
 - "On a scale of 0-10, how confident are you that you will be able to..."
 - "How does your current level of drinking fit with what matters most..."
 - When readiness is low, ask, "What do you enjoy about drinking? drinking?" Then summarize both sides.
- 3 ENHANCE MOTIVATION**
 - Elicit response: "What are your thoughts about our conversation?"
 - Negotiate a goal: "What steps are you interested in taking to make..."
 - Assist in developing a plan: "What could help you accomplish your..."
 - Summarize the conversation. Arrange follow-up.
 - Thank the person for having the conversation.
- 4 NEGOTIATE AND ADVISE**

This guide can be used for other risky behaviors, such as tobacco or illicit drug use. ©2018

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How many times in the past year have you used tobacco, alcohol or marijuana? Never, Once or twice, Monthly, Weekly or more

Potential consequences of alcohol and drug use:

- Brain
- Injury
- Legal issues
- Driving
- School
- Money
- Violence
- Pregnancy
- Sexually Transmitted Infections

How much is one drink?

Any Drink Containing About 14 Grams Of Alcohol

12 fl oz beer = 5 fl oz table wine = 1.5 fl oz liquor

Risk Levels

- Never/No use = No risk.
- Once or twice in past year = Low risk.
- Monthly use = Moderate risk.
- Weekly or more = High risk.

What is binge drinking?

	YEARS	DRINKS IN A SITTING
FEMALES	9-17	3
	14-15	4
MALES	9-13	3
	16-17	5

HOW IMPORTANT IS IT TO YOU? | HOW READY ARE YOU? | HOW CONFIDENT ARE YOU?

NOT AT ALL | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | EXTREMELY

- 1 RAISE THE SUBJECT** Build rapport: Explore how things are going. Ask permission: "Would it be ok to discuss your answers to the alcohol and drug questions?"
- 2 PROVIDE FEEDBACK**
 - Review reported responses. Reinforce positive choices: "It's great that you've chosen not to use alcohol or drugs at this stage of your life. What made you make that decision?"
 - Provide feedback: "Alcohol/marijuana use can be especially harmful at this stage of your life when your brain is still developing..."
 - Recommend abstinence: "Because I care about your well-being, the best choice is to completely avoid alcohol and drugs at this time in your life."
 - Elicit response: "What do you think about this information?"
- 3 ENHANCE MOTIVATION**
 - Explore pros and cons: "What do you like about drinking/using marijuana?" "What are some of the not so good things about drinking/using marijuana?" Summarize both sides.
 - Explore readiness to change: "On a scale where 0 is not at all ready and 10 is very ready, how ready are you to stop drinking/using marijuana?" Respond: "What made you choose x and not a lower number?"
 - Reasons to change: "What are some of the best reasons you can think of to avoid alcohol/marijuana?"
- 4 NEGOTIATE AND ADVISE**
 - Reinforce autonomy: "What you choose to do is up to you." Elicit input from adolescent: "What next steps would you like to take?"
 - Negotiate a goal.
 - Harm reduction: Contract for Life (if "yes" to car question). Ask: "What steps could you take to reduce harms from alcohol or drug use?"
 - Assist with developing a plan. Address co-occurring mental health and other issues.
 - Arrange follow-up: depends on level of risk.
 - Thank them.

OPTIONS FOR MORE HELP: Referral • www.colorado.gov/adders

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Side 1: As a health professional, you are uniquely positioned to influence positive behavior change.

Interrelated Issues

A History of sexual or physical abuse increases risk for alcohol or drug use disorders.

Lower Risk Drink Limits*

	PER DAY	PER WEEK
WOMEN	3	7
MEN	4	14

LESS IS BETTER

A Standard Drink

12 fl oz beer = 5 fl oz table wine = 1.5 fl oz liquor

Services for Women

- Database of Colorado treatment, prevention and recovery support programs: www.colorado.gov/adders
- Care for mothers experiencing addiction: MothersOverAction.com
- Colorado Crisis and Support Line: 1-844-480-TALK (8255)

Key points for alcohol brief interventions:

- Breast, liver, throat cancers
- Falls
- Liver disease
- Alcohol-induced brain damage
- Experiencing violence
- Unintended or unwanted sexual activity, STIs and unintended pregnancy
- Low bone density

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Side 2: Preventing Substance-Exposed Pregnancy

Ask all women of child-bearing age: "Are you hoping to become pregnant in the next year?"

Listen for: Motivation to change - Fears regarding change

Alcohol Brief Screening: "How many times in the past year have you had 4 or more drinks in one day?"

Step 1

Ask, are you...

- Able to become pregnant?
- Sexually active with a male or planning pregnancy using another method?
- Using effective form(s) of contraception consistently?

Step 2

Discuss

- Approaches to prevent pregnancy
- Interest in using contraception

Step 3

Use validated screening questions

ALCOHOL-CAUDIT
TWEAK
TACE

www.SBIRTColorado.org

Step 4

Explore and negotiate

- Options to avoid pregnancy and/or reduce alcohol or drug use
- Consider that partner substance use may influence motivation

EFFECTIVENESS OF FAMILY PLANNING - 90% of all U.S. pregnancies are unplanned

Substance misuse among older adults is often missed, attributed to normal aging or to chronic disease

Key points

- Older adult: 65+ years
- Of older adults who drink, almost 1 in 4 exceed lower risk limits and/or may be affected by combined use of alcohol and medications or alcohol or alcohol and comorbid conditions
- Screening tool: ALCOHOL validated in older adults; cut-off score for low-risk alcohol use = 5

Considerations for clinicians

Physiologic: Distribution, Metabolism, CNS effects

Social factors: Less and Grief, Social Isolation, Retirement

Health conditions: Chronic Diseases, Functional Impairment, Cognitive Impairment

History of substance use disorder or psychiatric dx

Key points for giving feedback

- SLEEP
- SYMPTOMS
- MEMORY
- AFib
- DEPRESSION
- FALLS
- HYPERSENSION
- MEDICATION INTERACTIONS
- DRIVING

Brief interventions with older adults

- Have been shown to be effective
- Linking to chief concern(s), signs or symptoms may increase effectiveness

HOW IMPORTANT IS IT TO YOU? | HOW READY ARE YOU? | HOW CONFIDENT ARE YOU?

NOT AT ALL | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | EXTREMELY

Information on Safe Medication Storage: <https://www.cdc.gov/features/medicationstorage/index.html>

Lower Risk Drink Limits for Men and Women Over 65

	Per Week	No more than 7 drinks
On any single day		No more than 3 drinks

Why lower limits?

- Increased blood alcohol level per amount consumed
- Psychomotor, cognitive and GI symptoms increase with age
- Alcohol may worsen common co-occurring health problems
- Potential medication interactions, especially:
 - Medications with increased risk for bleeding e.g. NSAIDs, anticoagulants
 - Medications that increase risk for sedation e.g. opioids, sedatives
 - Medications with decreased efficacy due to alcohol e.g. ulcer medications, antidepressants

Marijuana and Older Adults

Cannabinoid and cannabinoids may result in clinically significant pain psychotropic - however:

- Smoking associated with chronic cough/phlegm
- Heavier use may result in panic or anxiety attacks and increase suicidal thoughts
- May result in medication interactions
- Temporarily increases heart rate and BP

MARIJUANA GUIDELINE: www.SBIRTColorado.org

Substance Use Disorder Treatment

- Long-term outcomes equivalent or better than those in younger adults
- Possible barriers: transportation, mobility and/or hearing impairment, being homebound

Opioids and Sedative-Hypnotic Medications

- ~49% of older adults used prescription psychoactive medications in the past year; 2-5% misused them
- In older adults: decreased lean body mass, body water, renal and hepatic clearance and increased body fat → increased drug effects
- Use increases risk of falls, fractures, cognitive impairment, delirium, motor vehicle accidents
- Non-drug therapies are more effective for long-term management of insomnia and back pain

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Brief Negotiated Interview (BNI)

1. Raise the subject
2. Provide feedback and advise to decrease alcohol use
3. Enhance motivation to decrease alcohol use
4. Negotiate next steps with the patient

The infographic is titled 'Brief Intervention Steps' and is organized into four numbered sections. Each section includes specific instructions and questions for the practitioner. A vertical label 'Brief Intervention Steps' is on the left. A pink circle is at the top right, and a speech bubble icon is on the right side. At the bottom, there is a footer with a disclaimer and a box for 'OPTIONS FOR MORE HELP'.

Step	Instruction
01	RAISE THE SUBJECT Ask permission: "Would you mind taking a few minutes to discuss your screening results?"
02	PROVIDE FEEDBACK • Review reported alcohol use and refer to lower risk alcohol guidelines. • Discuss possible health and other consequences of use; link to purpose of visit, if applicable. • Express concern. • Elicit the person's response: "What do you think about this information?"
03	ENHANCE MOTIVATION • "On a scale of 0-10, how important is it to you to decrease (or quit) your drinking?" • "On a scale of 0-10, how confident are you that you will be able to make this change?" • "How does your current level of drinking fit with what matters most to you?" • When readiness is low, ask, "What do you enjoy about drinking? What do you not enjoy about drinking?" Then summarize both sides.
04	NEGOTIATE AND ADVISE • Elicit response: "What are your thoughts about our conversation?" • Negotiate a goal: "What steps are you interested in taking to make a change?" • Assist in developing a plan: "What could help you accomplish your goal? What will be challenging?" • Summarize the conversation. Arrange follow-up. • Thank the person for having the conversation.

This guide can be used for other risky behaviors, such as tobacco or illicit drug use. 9/2018

OPTIONS FOR MORE HELP
Medication • Referral • www.colorado.gov/ladders

Elicit – Provide – Elicit

(When you have 5 minutes or less)

Elicit: Find out what the patient already knows.

Provide: Fill in gaps and correct misperceptions.

Elicit: Explore how the information fits into the patient's life.

- - - - -

- Saves time
- Affirms patient knowledge
- Opportunity to address barriers to change
- Offer educational and support resources

What Is a Standard Drink?

Any Drink Containing About 14 Grams Of Alcohol
*NIAAA (www.ReThinkingDrinking.NIAAA.NIH.gov)

12 fl oz beer
5 fl oz table wine
1.5 fl oz liquor (vodka, tequila, etc.)

Lower-risk Drink Limits

	Per Day <small>No more than...</small>	and	Per Week <small>No more than...</small>
WOMEN	3		7
MEN	4		14
OVER 65	3		7

LESS IS BETTER

AVOID ALCOHOL IF YOU

- Plan to drive, bike or participate in activities that require coordination
- Are pregnant or trying to become pregnant
- Are under 21

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Original content developed with funding from SAMHSA and Colorado Office of Behavioral Health

Alcohol can interfere with medications. Alcohol may worsen medical conditions. Talk with your doctor or pharmacist.

Reasons To Drink Less

- HEALTH
- LEGAL
- INJURY
- WORK
- MONEY
- PREGNANCY
- SLEEP
- FAMILY
- RELATIONSHIP

www.ShifttheInfluence.org

ONE DEGREE Shift the Influence

CONVERSATION GUIDE *for Delivering a* TRAUMA-INFORMED BRIEF INTERVENTION

The link between childhood trauma and substance use disorders is well-documented in the literature. This resource acknowledges that link and is intended to help healthcare providers deliver a brief intervention for substance use using a trauma-informed care approach. Whether you are well-versed in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) process, or just looking for an effective way to address substance use concerns with your patients, this guide provides practical examples to facilitate that conversation. The left column provides scripts and concrete strategies to move through the brief intervention process, while the right column provides considerations to ensure trauma-informed care principles are integrated into the delivery.

Key questions to elicit change talk

- *“What do you think about this information – how might it apply to you?”*
- *“What are some of the best reasons you can think of to cut back on alcohol?”*
- *“How would you go about cutting back if you decide to make a change?”*
- *“How would you know if alcohol was causing problems with your health or in other areas of your life?”*
- *“It is your totally your decision - what next steps make sense to you as far as your alcohol use?”*
- *“Would it be ok to check-in and continue our conversation at your next visit?”*

Referral to Treatment

- For patients with Alcohol Use Disorder (AUD)
- Treatment options: counseling, medications, community support.
- Many patients benefit from more than one simultaneous approach.
- Shared decision-making is key to motivate and promote treatment adherence.
- Treat co-occurring conditions.
- Promote an interdisciplinary team approach.
- Clarify virtual (telemedicine) warm hand-off protocols.
- Structured follow-up using various approaches:
 - Text
 - Phone
 - Visits

Office of Behavioral Health Licensing and Designation Database and Electronic Records System (LADDERS)

Colorado Department of Human Services, Office of Behavioral Health (OBH) offers this referral resource treatment and recovery from substance use and mental health conditions.

Find A Service Provider

To access a service provider: Click on an image or search by name, city or zip code.



Substance Use



Mental Health

Search by Provider Name, City or Zip Code



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Home

Behavioral Health Treatment Services Locator

Welcome to the Behavioral Health Treatment Services Locator, a confidential and anonymous source of information for persons seeking treatment in the United States or U.S. Territories for substance use/addiction and/or mental health problems.

PLEASE NOTE: Your personal information and the search criteria you enter into the Locator is secure and anonymous. SAMHSA does not collect or any information you provide.

Find treatment facilities confidentially and anonymously.

Enter an Address, City, or ZIP code

Colorado LADDERS and SAMHSA Treatment Locator

<https://www.colorado.gov/ladders>

<https://findtreatment.samhsa.gov/>



Do you enjoy a drink now and then?

Many of us do, often when socializing with friends and family.

For anyone who drinks, this site offers valuable, research-based information. What do you think about taking a look at your drinking habits and how they may affect your health? Rethinking Drinking can help you [learn more](#).



Learn about drinking levels



See signs of a problem



Get tools to make a change

What is a Standard Drink?




What counts as a drink?

Many people are surprised to learn what counts as a "standard" drink. In the United States, a standard drink is defined as any beverage containing 0.6 fluid ounces or 14 grams of pure alcohol (also known as an alcoholic drink-equivalent). Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink-equivalent.

[FIND OUT MORE](#)

Self-help and
community support
options



Thank you very much!

cjswenson57@gmail.com