



Massachusetts SBIRT News



Fall 2010, Issue 3

Screening, Brief Intervention, Referral and Treatment (SBIRT)

SBIRT is a key focus in Massachusetts' 2010 Substance Abuse Strategic Plan

The Governor's Interagency Council on Substance Abuse and Prevention has released the Commonwealth's Substance Abuse Strategic Plan Update FY 2011—FY 2016.

Focus 4 of the Plan is:

'Improve access to substance use and addictions screening and treatment.'

A key strategy is: 'Integrate substance use and addictions screening, services and skills into health care settings, including primary care, emergency departments, federally qualified health centers and medical homes.'

[Read the plan and other related documents](#)

[Let us know how your organization has been able to integrate screening and brief interventions into health care or other services](#)

In this issue

Commonwealth Substance Abuse Strategic Plan

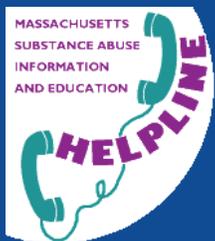
MASBIRT

BNI-ART Institute

CeASAR Update

Resources

[SBIRT Web Page on Mass.gov](#)



Helpline # (Toll Free):
1-800-327-5050
TTY (Toll Free):
1-888-448-8321
www.helpline-online.com

INEBRIA

International **N**etwork on **B**rief **I**nterventions for **A**lcohol Problems

SAVE THE DATE

8th annual INEBRIA conference
First time in the US

September 22—23, 2011 in Boston

Preconference Symposium September 21

[Learn more about the 2011 INEBRIA conference](#)

18 trained Health Promotion Advocates (HPAs) perform screenings at:

Boston Medical Center
Emergency room
At bedside on 7 Inpatient Services
At annual visits in
11 Outpatient Clinics

Quincy Medical Center
Emergency Room
At bedside in 2 Inpatient Services

NEW

St. Elizabeth's Medical Center
Emergency Room
At bedside in 2 Inpatient Services

Community Health Centers

Codman Square Health Center

Dorchester House
Multi-Service Center

East Boston Neighborhood
Health Center

South Boston Community
Health Center

Whittier Street Health Center

Funded through a 5-year \$14 million federal grant from SAMSHA, Massachusetts SBIRT (MASBIRT) is administered by the Massachusetts Department of Public Health Bureau of Substance Abuse Services.

MASBIRT (Massachusetts Screening, Brief Intervention, and Referral to Treatment) is a clinical service that provides universal screening for unhealthy alcohol and drug use, on-site brief intervention counseling and facilitated addiction treatment referrals in general healthcare settings.

Since March 2007, MASBIRT HPAs have performed over **120,000 screenings** and conducted over **21,000 brief interventions**.

MASBIRT Expands!

MASBIRT recently began services at St. Elizabeth's Medical Center in Boston in collaboration with the St. Elizabeth Comprehensive Addiction Program (SECAP). Our Clinical Program Supervisor, Lee Ellenberg, states "It's been a very smooth expansion thanks to a strong collaboration between MASBIRT and SECAP. This has given us the capacity to reach people we might otherwise not have been able to reach."

We are now performing SBIRT in 3 medical centers and 5 community health centers.

Sustaining MASBIRT

MASBIRT Medical Director Daniel Alford, Associate Medical Director Theresa Kim, Program Manager Alissa Almeida, and Clinical Program Supervisor Lee Ellenberg have been meeting with all sites receiving MASBIRT services to discuss plans for sustaining SBIRT beyond SAMHSA funding.

Visits consist of a round-table discussion on SBIRT concepts, information on national SBIRT policy initiatives, site-specific SBIRT data and an open-ended conversation on strategies for sustaining SBIRT.

Dr. Alford noted that he is encouraged that "both clinical and administrative leadership are highly motivated to sustain SBIRT activities and are thinking creatively about how to do it."

New Resources

MASBIRT has hired a new Substance Abuse Referral Coordinator at Boston Medical Center's inpatient service in collaboration with the Social Work and Care Management teams. The goal is to streamline the referral process for patients seeking substance abuse treatment services.

RESOURCES

Employee Assistance Programs (EAPs) encourage Screenings and Brief Interventions



www.eapbig.org

Another Way of Talking About Substance Abuse: Substance Abuse Screening and Brief Intervention in a Mental Health Clinic.

Spear S, Tillman S, Moss C, Gong-Guy E, Ransom L, Rawson RA.

Journal of Human Behavior in the Social Environment. 2009; 19 (8): 959 – 977.

MASBIRT Screening & Brief Intervention Toolkit for primary care providers

The MASBIRT project plans to produce a toolkit that provides steps and resources for screening and intervening for unhealthy alcohol and drug use in primary care.

We plan to use the 5 A's (see below) and to:

- Recommend short pre-screening and screening tools
- Discuss 'scoring' and feedback
- Review brief intervention skills
- Provide referral and other resources

Our goal is to keep it simple, straightforward and usable.

What are your ideas, suggestions, & comments?

What format would help you most?

Pocket cards? Web-based screening questions?
Reminders? Posters? Patient materials?

[E-mail Us](#)

ASK

ASSESS

ADVISE

ASSIST & ARRANGE

Alcohol

Drug

Red Flags

Risky Use

Consequences

Dependence

Feedback

Refer



The BNI - ART Institute

Brief Negotiated Interview and Active Referral to Treatment

ED SBIRT Hospital Emergency Departments

Southeast Region:
St Anne's Hospital

Western Region:
Mercy Medical Center

Central Region:
Heywood Hospital
UMASS Memorial
Medical Center

Southeast Region:
South Shore Hospital

Boston Region:
Boston Medical Center
Pediatric ED

Project ASSERT is a key component of the BNI-ART Institute
www.ed.bmc.org/sbirt/

Funded through a BSAS contract with the BNI-ART Institute, Boston University School of Public Health

The MA Emergency Department SBIRT (ED SBIRT) Program recently surpassed 25,000 screens since data collection began in August 2007.

As of September 2010, ED SBIRT health promotion advocates (HPAs) have screened **27,112** emergency department patients; 8,842 patients screened positive for risky alcohol use or substance use (32.6% of patients screened) and, of those, **7,398** patients (83.7%) received a brief intervention.

Data Informs Practice

The ED SBIRT program monitors data to analyze trends and performance across the sites and to learn about SBIRT in emergency department settings. HPAs enter information into a program database and submit it monthly. While using data is not the only way to manage a program, it's been essential to have a good system in place.

Program changes

In early 2010, the ED SBIRT Program sought ways to increase its impact. Seeing that around 80% of positive screens received brief interventions, attempts were made to increase the level of contact made with patients.

The HPAs responded. In the past four months, 1,155 of 1,251 positive screens (92.3%) received a brief intervention. Not all patients who screen positive for risky drinking or drug use may want to talk about their use, but having a conversation with more than 90% of them is outstanding.

Services for Patients

Not only has using the data helped improved the program, but it has also been informative of the role our HPAs play in their emergency departments. It has become clear that health promotion advocates play an essential role in connecting patients with primary care and behavioral health appointments.

In the past four months (not mutually exclusive) 423 positive screen patients reported not having a primary care doctor and 633 patients reported having nothing to look forward "some of the time." These are issues for both the patient, who could benefit from routine care and mental health services, and for the hospital, where patients using the emergency department for non-emergency care is a major cost.

In that same 4-month period, health promotion advocates have sent 244 patients to either a primary care or behavioral health program. Connecting patients to primary care is an important and appealing strategy in an ED SBIRT program.

RESOURCES

Screening for alcohol use and misuse in older adults: Using the Short Michigan Alcoholism Screening Test – Geriatric Version

Provides link to video and other resources.

Naegle, MA. AJN, 2008; 108(11): 50-58.

[View Online](#)

Screening, Brief Intervention, and Referral to Treatment for Substance Abuse

Bringing Substance Use Counseling to Acute Medical Care

A training manual for staff in acute care settings

Produced by
Washington State SBIRT

[View Online](#)

SINGLE DRUG SCREENING QUESTION VALIDATED FOR PRIMARY CARE

“How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?”

A response of ≥ 1 times is considered positive.

If asked to clarify the meaning of “non-medical reasons,” the response could be “for instance because of the experience or feeling it caused”.

Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. A single-question screening test for drug use in primary care.

Arch Intern Med. 2010; 170(13):1155-1160.

MASBIRT New Resources—continued from p 2

In response to numerous inquiries from adult patients seeking information about marijuana, MASBIRT developed a new informational booklet, *10 Questions to Consider Before You Smoke Your Next Joint*. The easy-to-read conversational format of the booklet has inspired and informed many brief interventions, and has been well received by both project staff and patients alike.

A Spanish language version is currently being printed.

MASBIRT sites can get more copies of this booklet through their HPA.

The booklet will be more broadly available in the near future.

**CeASAR's
internet
resource for
parents**

www.teen-safe.org

*Mental Health and
Substance Abuse-Related
Emergency Department
Visits among Adults,
2007*

[View Online at
www.hcup-us.ahrq.gov](http://www.hcup-us.ahrq.gov)

AHRQ reports that mental disorders and/or substance abuse related to 1 of every 8 emergency department cases in 2007.

For more info:

Carol Girard
SBIRT Coordinator
Bureau of Substance
Abuse Services
(617) 624-5189
www.mass.gov/dph/bsas



Children's Hospital Boston is in the second year of a project to train Pediatric and Child Psychiatry Residents in SBIRT. Since our last update, we finished administering our annual knowledge questionnaire and will evaluate data to ensure that residents are learning and retaining key points from our curriculum.

On-line Curriculum

We continue to convert our didactic curriculum to online learning modules. ADHD and Motivational Interviewing modules are complete; the SBIRT overview is near completion and modules on Pain Management, Buprenorphine Replacement Therapy, Confidentiality, and Drug Testing are almost ready for reformatting.

Screening Tool

Our computerized screening tool for the Pediatric Emergency Department (ED) is nearly complete; we will formally implement the ED-SBIRT program in the next block rotation.

Presentations

Project Director Dr. Sharon Levy was invited to participate in a plenary panel presenting SBIRT and outpatient treatment at the national American Public Health Association Annual Meeting in November. We have also been invited to present a workshop on teaching residents adolescent SBIRT at the March national Society for Adolescent Health and Medicine meeting in Seattle. and a prestigious "mini course" for the Pediatric Academic Societies meeting in Colorado in May (both in collaboration with Dr. Janet Williams from UTHSCA).

We recently presented a poster on SBIRT practices among physicians in MA at the annual Society for Developmental and Behavioral Pediatrics national meeting in Boston.



Binge Drinking

CDC Vital Signs offers recent data on the important health topics of key diseases, conditions, or risk factors. Data is gathered from CDC's national monitoring systems to show progress in important areas of public health, and the ways people can increase their health, prevent or control disease.

[View Online at
www.cdc.gov/vitalsigns/bingedrinking](http://www.cdc.gov/vitalsigns/bingedrinking)