



Massachusetts SBIRT News



Prevent • Treat • Recover • For Life

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Screening, Brief Intervention, Referral and Treatment (SBIRT)

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SBIRT AT BOSTON MEDICAL CENTER PART OF INTEGRATION PROJECT

Boston Medical Center's Primary Care and Family Medicine Clinics have begun to integrate SBIRT as a routine part of care. An SBIRT pilot program was launched in January in one suite in the General Internal Medicine (GIM) clinic and on one team in the Family Medicine clinic. The goal is to fully integrate SBIRT into care in all six GIM clinics and on all four Family Medicine teams. Depression screening is being added alongside SBIRT.

Since SBIRT implementation began, each patient is handed a behavioral health screening form at check-in that includes the NIAAA single-item alcohol question and the validated single-item drug question, along with the PHQ-2 depression screening. From now on, patients will be screened annually.

Once the patient is in the exam room, the practice assistant (PA) scores the screening questions. If the patient screens positive for unhealthy alcohol use, drug use and/or depression, the PA then gives the patient a follow-up diagnostic tool on paper (the AUDIT for unhealthy alcohol use, the DAST-10 for drug misuse and the PHQ-9 for depression).

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Gloucester Family Health Center Launches SBIRT

The BNI ART Institute trained a team of practitioners in screening and brief intervention at the Gloucester Family Health Center (GFHC) as part of its SBIRT roll out. The team consists of the Associate Medical Director/ Family Nurse Practitioner, the Director of Behavioral Health, a physician, medical assistant, community health worker and front desk staff.

The curriculum for the day included an introduction to SBIRT, key concepts in the science of addiction, screening methods, the brief negotiated interview (BNI) and role play practice of the BNI.

The GFHC team planned the details and logistics of their SBIRT program before the training using the LEAN process, and decided a team approach would be the best way to deliver the service. This model divides the work making it more feasible to administer in a busy clinical practice.

To ensure a consistent work flow, each team member performs different parts of SBIRT. The front desk staff gives a brief screening tool to the patient upon check-in; the tool is then returned to the front desk upon completion. The medical assistant reviews the screening tool and ensures it is complete and scored. If the brief screen is positive, the MA then administers the AUDIT or DAST. The physician/nurse

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SAVE THE DATE

Wednesday, June 4

College of the Holy Cross
Worcester, MA

AGING WITH DIGNITY

A conference on Preventing and Responding to Substance Use and Related Problems in Older Adults



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www.mass.gov/dph/bsas
www.mass.gov/dph/bsas

National & Statewide Town Hall Meetings Kick-off

Massachusetts State House

Great Hall
Boston, MA

Thursday, April 10
2 pm

Massachusetts Underage Drinking and Prescription Drug Abuse Prevention Town Hall Meetings

featuring
Cheryl Bartlett, Commissioner
Massachusetts Department of
Public Health, and
Youth Leaders from SADD

AND

National Town Hall Meetings

featuring
Fran Harding, Director,
Center for Substance Abuse
Prevention, SAMHSA



[REGISTER
HERE](#)

Sponsored By

*The Governor's Interagency Council on
Substance Abuse and Prevention*

and

*The Massachusetts Department of
Public Health Bureau of Substance
Abuse Services*

SBIRT at Boston Medical Center

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The provider then scores and interprets the diagnostic tool and provides a brief intervention for unhealthy substance use. Providers have received SBIRT training, with a focus on Motivational Interviewing and Brief Intervention, through the MASBIRT Training and Technical Assistance program (TTA).

MASBIRT TTA has also assisted with the project's implementation planning process. For patients with substance use disorders and/or depression, a licensed social worker (LCSW) is on site to provide short-course counseling and/or facilitate a referral for further treatment.

The SBIRT initiative is part of a larger project to integrate behavioral health services into primary care at Boston Medical Center. The project is headed up by Christine Pace, MD, from GIM, Alysa Veidis, RN, MSN, FNP- BC, from Family Medicine, and Hannah Marks, MBA, from the BMC Strategy Office.

This screening effort is one result of an extensive on-going planning process to integrate behavioral health services in primary care, which has included staff from departments throughout the hospital, including General Internal Medicine, Family Medicine, Psychiatry, Finance and Strategy.

Ms. Veidis stated, "It has been very gratifying to see so many talented and thoughtful people from throughout the hospital come together and develop smarter strategies to care for our patients."

Dr. Pace added, "Having SBIRT integrated as part of routine care ensures that this vital aspect of healthcare is addressed routinely, and this benefits our patients greatly."

Gloucester Family Health Center SBIRT

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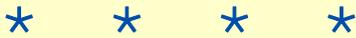
practitioner then performs the brief intervention and works with the patient to develop a change plan. Finally, the community health worker meets with or calls the patient following his or her visit to discuss the change plan and offer additional help/referrals if needed. The community health worker role is a pivotal resource in this SBIRT model.

The first primary care team has been using SBIRT for two months. Patients ages 18 and older are screened upon admission and at their annual examinations. Thus far, 33% of the patients screened have scored in a range that indicates alcohol and drug use behavior which may put them at risk.

The second primary care team is set to roll out SBIRT in May. Overall, the launch of SBIRT has gone well and the team effort is proving to be successful at using SBIRT in this primary care setting.

NOTE: The BNI-ART Institute provides training, coaching and technical assistance in Massachusetts as part of MASBIRT TTA.

Resources & Meetings



2nd Annual Addictions Nursing Conference

Managing Addiction and Its Co-Occurring Disorders

MA Chapter of the International Nurses Society on Addictions

April 3, 2014

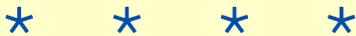
**Best Western Royal Plaza Hotel & Trade Center
Marlborough, MA**

6.6 Nursing CE's

Registration: \$75; Students \$60

Registration Deadline: March 28

[Register Here](#)



2014 SBIRT Webinar Series

Register for each event and earn free CEs through this collaborative series

- Reducing Opioid Risk with SBIRT *
- Treatment of Tobacco Dependence in the Healthcare Setting: Current Best Practices *
- Applying SBIRT to Depression, Prescription Medication Abuse, Tobacco Use, Trauma & Other Concerns *
- Training Integrated Behavioral Health in Social Work *
- Why Integrative Care? *

[Register Here](#)

Select Webinars

All webinars are produced in partnership with The BIG Initiative, National SBIRT ATTC, NORC at the University of Chicago, and NAADAC, the Association for Addiction Professionals

NEW RESOURCES FOCUS ON TEENS

To increase early adolescent substance use screening, a new educational module has been created for medical students and resident physicians.

The [Substance Use Disorders in Adolescents: Screening and Engagement in Primary Care Settings](#) online curriculum provides videos demonstrating skills to use in screening adolescents at risk for, or already struggling with, substance use disorders. Both patient and physician perspectives are highlighted.

Though created as a training tool, this resource is also free to anyone seeking information on how to interact with teens at risk for addiction.

The module was developed by the NIDA Centers of Excellence for Physician Information, in collaboration with Drexel University College of Medicine and the University of Pennsylvania School of Medicine, both in Philadelphia.



Adolescent drug use, as well as treatment needs, differs from those of adults. Teens use different substances, experience different consequences, and are less likely to seek treatment on their own because they may not want, or think they need, help. Parents can work with health care professionals to find appropriate treatment, but may not be aware that their teen is using drugs and needs help.

“Because critical brain circuits are still developing during the teen years, this age group is particularly susceptible to drug abuse and addiction,” said NIDA Director Dr. Nora D. Volkow. “These new resources are based on recent research that has greatly advanced our understanding of the unique treatment needs of the adolescent.”

Another new NIDA online publication, [Principles of Adolescent Substance Use Disorder Treatment: A Research Based Guide](#), describes the treatment approaches and includes information on the role of the family and medical professionals, most common settings, principles on adolescent treatment, and frequently asked questions.



MASSACHUSETTS
**SUBSTANCE ABUSE INFORMATION
AND EDUCATION HELPLINE**

800-327-5050 • HELPLINE-ONLINE.COM

To learn more contact:

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Coordinator, SBIRT Programs
Bureau of Substance Abuse Services
MA Department of Public Health

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Save the Date

Diagnosing Fetal Alcohol Spectrum Disorders in the Era of DSM-5

Tuesday, June 17
8am-4pm

Best Western Royal Plaza
Marlborough

FOR: Psychologists, Neuropsychologists, Psychiatrists, Primary Care Physicians and staff, Behavioral Health Specialists, Nurses, Social Workers (LICSW, LCSW), Licensed Mental Health Counselors, Couples and Family Therapists, State Agency Clinical Staff, CBHI staff, Early Intervention Specialists, Substance Use Disorder clinicians, Educational Consultants, School Administrators (Principals, Guidance Counselors), Early Childhood Educators and Special Education professionals.

Central resource for anyone involved in preventing, intervening, treating, and supporting recovery from addictions in Massachusetts.

CAREERS OF SUBSTANCE

Supporting the Massachusetts Substance Use and Addictions Workforce

Look for career information, upcoming trainings around the state, links to professional organizations and more.

<http://maworkforce.adcare-educational.org/>

Study Finds Alcohol Deaths Most Likely to Impact Working-Age Adults

From [Join Together](#)

The majority of alcohol-related deaths in the US occur among working-age adults, a new government study concludes. Adults ages 20 to 64 account for more than two-thirds of these deaths.

"It's really important to drive home that excessive alcohol use is a leading cause of preventable death," lead author Katherine Gonzales said. "It really is right up there with tobacco and physical inactivity, especially among working-age adults."



The study included accidental alcohol-related deaths such as car crashes, firearm injuries, drownings, and occupational injuries, as well as illnesses such as liver disease, stroke, high blood pressure, cancer, and fetal alcohol syndrome.

CDC researchers found men were much more likely than women to die of alcohol-related causes. While the most alcohol-related deaths occurred among whites, deaths linked to excessive drinking were more likely among blacks, American Indians and Alaska natives.

[Click here](#) for the full report.

MASBIRT Training and Technical Assistance



MASBIRT TTA can provide your site with:

- ◆ Training and on-going skills coaching for all staff levels: professional and administrative; train-the-trainer;
- ◆ Guidance with clinical protocol development; screening instruments and methods, brief intervention strategies;
- ◆ Grand Rounds on the intersection of alcohol, drugs and health, and importance of early identification;
- ◆ Help with administrative aspects, such as data collection strategies, documentation protocols;
- ◆ Identification and development of resources for patients who need specialty care, including medication assisted treatment for alcohol and opioids; and
- ◆ Expert guidance for work with special populations.

[MASBIRT TTA](#) • 617-414-3749 • **www.masbirt.org**

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