



Massachusetts SBIRT News



Spring 2013, Issue 2

Screening, Brief Intervention, Referral and Treatment (SBIRT)

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www.mass.gov/dph/bsas

Find SBIRT under Prevention Information



Toll Free Helpline
1-800-327-5050

TTY (Toll Free):
1-888-448-8321

www.helpline-online.com

Massachusetts practices to adopt PIC model

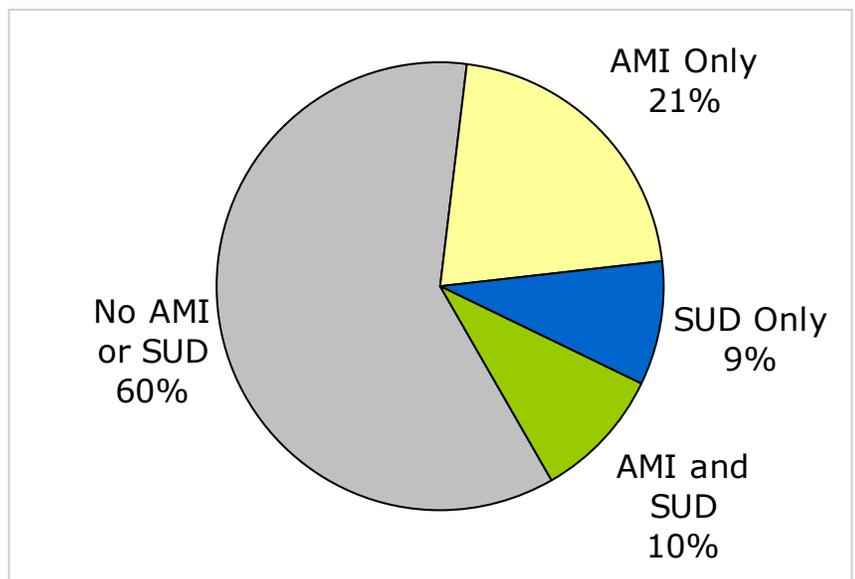
Massachusetts has been selected to participate in the **Partners in Integrated Care (PIC)** project, a collaborative effort in Pennsylvania, Minnesota, and Wisconsin, to ensure that depression and unhealthy substance use are identified and addressed as part of routine primary care. The PIC model combines two evidence-based, team-driven approaches that have been tested extensively in clinical settings and have been shown to produce better outcomes for patients and higher satisfaction for staff when compared to usual care. These approaches are Screening, Brief Intervention, and Referral to Treatment (SBIRT) for unhealthy alcohol and drug use, and Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) for depression.

Massachusetts Health Quality Partners (MHQP) - www.mhqp.org - is coordinating this effort in Massachusetts. PIC, funded through September of 2013 by the US Agency for Healthcare Research and Quality (AHRQ), will help four selected practices start to screen adult patients for depression and unhealthy substance use.

Practices will provide those at risk with brief interventions focused on helping them change substance use patterns and support depression recovery through behavior activation, an evidence-based practice to help people with mild to moderate depression. If more intensive interventions are needed, referral to additional treatment will be made. Practice staff will also consult with a psychiatrist on treatment plans, including appropriate pharmacologic interventions.

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Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked



Percentage of Cigarettes Smoked in the Past Month Among Adults Aged 18 or Older, by Any Mental Illness (AMI) or Substance Use Disorder (SUD) in the Past Year: 2009-2011.

Source 2009-2011 National Surveys on Drug Use and Health (NSDUH).

MADD Finds Most Underage Drinking Deaths Not Traffic Related

About 4,700 people die annually as a result of underage drinking according to the Substance Abuse and Mental Health Services Administration, but the majority of the deaths attributable to alcohol use among 15 to 20 year olds are not on our roadways.

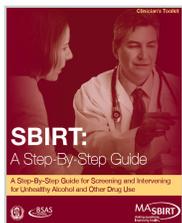
Mothers Against Drunk Driving (MADD) announced a new analysis of data that estimates 68 percent of deaths attributable to underage drinking are not traffic related. This illustrates the importance of preventing underage drinking, even if no driving is involved.

Using 2010 data from the Federal Bureau of Investigation (FBI), the National Highway Traffic Safety Administration (NHTSA) and the Centers for Disease Control and Prevention (CDC), MADD estimates that of all deaths related to underage (age 15-20) alcohol use:

- 32 percent were traffic fatalities
- 30 percent were homicides,
- 14 percent were suicides,
- 9 percent were due to alcohol poisonings, and
- 15 percent were from other causes.

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FOR PRIMARY CARE PROVIDERS



SBIRT: A Step by Step Guide

This toolkit was developed with input from primary care physicians and nurse practitioners, and provides a rationale for SBIRT.

It lays out two screening approaches, pointers on providing feedback and eliciting change talk through brief interventions, and suggested resources for making referrals and obtaining consents.

Order number SA3522

maclearinghouse.com/

MASBIRT Training and Technical Assistance

Massachusetts Screening, Brief Intervention and Referral to Treatment or MASBIRT, a five-year, federally funded project, completed over 173,000 screens in primary care, emergency department and inpatient hospital settings.

MASBIRT TTA, an outgrowth of that effort, can provide your site with these **FREE** services:



Grand Rounds – explaining the intersection of alcohol, drugs and health, and importance of early identification;

Training and on-going skills coaching for all staff levels— professional and administrative. Train-the-trainer programs are also available;

Guidance with clinical protocol development; screening instruments and methods, brief intervention strategies;

Help with administrative aspects, such as data collection strategies, documentation protocols; and revenue generation potential;

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.

Learn more or discuss bringing SBIRT to your practice:

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BRITE PILOT COMPLETES YEAR ONE

Advocates Inc. and Marlborough Hospital just completed Year 1 of a 2-year pilot of BRief Intervention & Treatment for Elders (BRITE) supported by a grant from the Metrowest Health Foundation. The pilot measures changes in scores at 3 month follow-up on the ASSIST* alcohol and drug screening tool, as well as changes in the number of admissions to the hospital.

Between April 2012 and April 2013 there were 536 older adults (age 60 and older) screened on the hospital's medical floors. Of those patients, **19.4%** screened positive for a level of risk and received either a brief intervention (psycho-education - 1 session), brief treatment (2- 3 sessions) or referral to specialty treatment. This is consistent with results across multiple states as published in the literature on BRITE. In addition, six percent screened in for depression alone.

A highly interesting preliminary finding is that **36%** screened positive in the 55-60 age group. Since the number of subjects was low (30), no firm conclusion can be drawn. An early hypothesis is that people in this age group have not had any education about health risks of drinking the same amount that they always have.

Results:

- Mean ASSIST scores in the 60 and over age group showed a highly significant decrease from 8.75 to 6.31.
- Mean ASSIST scores in the 55-59 age group showed statistically no change but the number reached for follow-up was too small to draw conclusions.
- Mean number of admissions in the 60 and over age group decreased from 1.53 to .17, a highly significant decrease.
Caveat: One year prior and one year after BRITE are to be measured and these results do not yet include a full year after all BRITE interventions. Year 2 will provide the opportunity to collect more data from which solid conclusions can be drawn.

For further information contact Lynn Kerner, LICSW
lkerner@advocatesinc.org.

* Alcohol, Smoking and Substance Involvement Screening Test

Basic Concepts of Addiction, Treatment and Recovery

Two-day course specifically for participants who are:

- new to the field of addictions **OR**
- work in other capacities with people who struggle with addictions in various forms, and who need to know more about what they are going through and how best to support them.

**Wednesday, May 29 AND Wednesday, June 5, 2013
8:30 AM - 4:00 PM**

This experiential workshop will provide participants with:

- a clear understanding of addictions;
- information on how they affect people in various settings;
- types of responses and treatments available; and
- information about screening, assessment, making referrals, and the BSAS treatment system.

<http://www.cvent.com/d/gcq47x>

REGISTRATION NOW OPEN

June 3-6

New England School of Addiction and Prevention Studies

Eastern Connecticut State
University—Willimantic, CT

www.neias.org

Wednesday, June 5

Aging with Dignity

Preventing and Responding to
Substance Use and Related
Problems in Older Adults

College of the Holy Cross
Worcester, MA

To register visit
www.adcare-educational.org

Registration Deadline: May 29, 2013

NEW WEBSITE

CAREERS OF SUBSTANCE

Supporting the Massachusetts Substance Use
and Addictions Workforce

The '**Careers of Substance**' website is a new, central resource for anyone involved in preventing, intervening, treating, and supporting recovery from addictions in Massachusetts.

This is a great resource for career information, upcoming trainings around the state, links to professional organizations and more.

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

The PIC model's team includes the primary care provider; a care manager to provide more frequent contact and support to patients with depression and/or unhealthy substance use and to promote healthy lifestyle choices; and a consulting psychiatrist to provide weekly review of the caseload of patients.

Combined IMPACT/SBIRT services contain these key components:

- Screening for depression and unhealthy alcohol and other drug use
- Patient care coordination by a care manager who will also provide brief interventions, education, and patient motivation strategies
- Review of patient cases by the consulting psychiatrist
- Tracking and follow-up with patients on their progress and any additional support needs
- Changes to treatment plans based on the patient progress, medical evidence, and recommendations from the care team
- Maintenance and relapse prevention planning to help patients sustain healthy behaviors.

Both the IMPACT and SBIRT methods have demonstrated improved patient health. In Minnesota, more than 8,000 patients have entered an IMPACT program through 74 clinics since 2008. Six times as many patients with depression recovered by six months in the IMPACT program, as measured by significantly lower PHQ9 scores, compared to patients receiving typical primary care treatment (without IMPACT).

The SBIRT program has been used extensively in Wisconsin through the support of the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL). Since 2006, the program has been used in 31 clinics to screen more than 100,000 patients. Following SBIRT interventions, patients had a 20% reduction in risky drinking, and a 48% reduction in regular marijuana use.

These data are similar to those found by the MASBIRT project here in Massachusetts between 2007 and 2012.

SBIRT Efforts Continue at These Hospital Emergency Departments

Boston Medical Center
Pediatric ED

Heywood Hospital

Mercy Medical Center

South Shore Hospital

St. Anne's Hospital

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

MADD and Underage Drinking

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"These data show that taking away the keys truly does not take away all of the risks when it comes to underage drinking," said MADD National President Jan Withers. "MADD hopes this information will inspire parents to have ongoing conversations with their kids about the dangers of drinking alcohol before age 21, especially since we know that a majority of kids say their parents are the biggest influence on their decisions about alcohol."

For conversation starters, tips and to get the Power of Parents handbook, visit www.madd.org/powerstalk21.

Mothers Against Drunk Driving® (MADD) is the nation's largest nonprofit working to protect families from drunk driving and underage drinking.

To learn more contact:

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MA Department of Public Health

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National
Screening, Brief
Intervention
& Referral to
Treatment
ATTC



www.ATTCnetwork.org/sbirt