### Screening, Brief Intervention, and Referral to Treatment with eSBIRT ('ēz'birt) Matthew G. Hile, PhD Missouri Institute of Mental Health

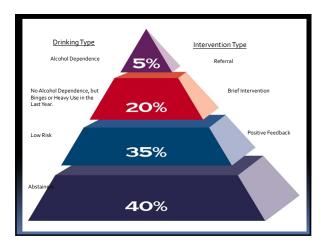
### Why is SBIRT Important to Us?

- Substance misuse is common, deadly, and treatable.
- The attention we give to substance misuse is not proportional to its
  - prevalence,
  - relevance to general health, or
  - our ability to intervene effectively.

Trauma is the leading cause of death (between 1 and 40)

- 40% of motor vehicle crash deaths involve alcohol
- 40% of pedestrians killed had been drinking
- Trauma center patients with positive blood alcohol concentrations:
  - □ 50% of men
  - 40% of women

Leading Causes of Preventable Death				
in the United	States			
Table 2. Actual Causes of Death in th	ne United States in 1990 and 200	00		
Actual Cause	No. (%) in 1990*	No. (%) in 2000		
Tobacco	400 000 (19)	435 000 (18.1		
Poor diet and physical inactivity	300 000 (14)	400 000 (16.6		
Alcohol consumption	100 000 (5)	85 000 (3.5)		
Microbial agents	90 000 (4)	75 000 (3.1)		
Toxic agents	60 000 (3)	55 000 (2.3)		
Motor vehicle	25 000 (1)	43 000 (1.8)		
Firearms	35 000 (2)	29 000 (1.2)		
Sexual behavior	30 000 (1)	20 000 (0.8)		
flicit drug use	20 000 (<1)	17 000 (0.7)		
Total	1 060 000 (50)	1159 000 (48.2		
*Data are from McGinnis and Foege. The perc	centages are for all deaths.			



### Risks higher in mental health

- Certain groups of people with mental illness (males, individuals of lower socioeconomic status, military veterans and people with other medical illnesses) are at increased risk of abusing alcohol and other drugs
- Nearly one-third of people with mental illness experience alcohol abuse
- About one-half of people with SMI experience substance abuse

### Partnership for Prevention Ranking Ten Most Effective Prevention Services

- 1. Discuss daily aspirin use
- 2. Childhood immunizations
- 3. Smoking cessation advice and help to quit
- 4. Alcohol screening and brief counseling
- 5. Colorectal screening
- 6. Hypertension screening and treatment
- 7. Influenza immunization
- 8. Vision screening
- 9. Cervical cancer screening
- 10. Pneumococcal immunizations

### What is SBIRT?

- Evidenced based indicative primary prevention program for addressing risky substance use
- Integrated into general medical and other community settings
- Key elements:
  - Screen everyone
  - Brief Intervention when indicated
  - Referral for Treatment as needed
- Uses a public health model incorporating population screening and brief interventions into routine practice
- As part of a continuum of care its primary focus is on the more common risky drinking and drug use rather than alcohol or drug dependence/addiction

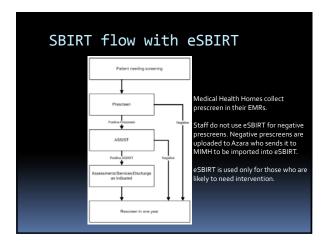
### Why SBIRT in Medical Settings?

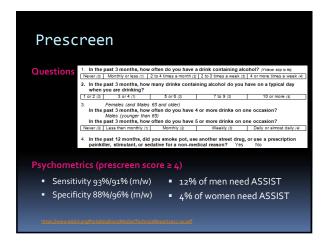
- Health care providers are key gatekeepers
- Most patients with substance misuse are not detected by physicians
- Medical setting offers a "teachable moment"
- Provides the opportunity to reinforce low risk substance use
- Can help with medical management of individual cases
- Earlier intervention
  - Reduces future medical cost
  - Reduces time in more intensive care
  - Prevents health problems

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eSbirt Training	CMHC-HCH Team	(2015-01)

### **eSBIRT**

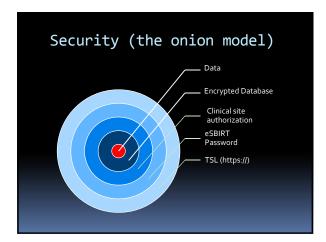
A performance support system
to help you provide
evidence based
Screening,
Brief Intervention, and
Referral to Treatment
(SBIRT)





### System requirements

- Connection to internet (wired or wireless)
- Tested browsers
  - Chrome
  - Firefox
  - IE (versions 8 and 9)
- Also tested on 10 inch tablets (e.g. Microsoft Surface, Apple iPad, and Samsung Galaxy Tab 10.1)





### Registration Process

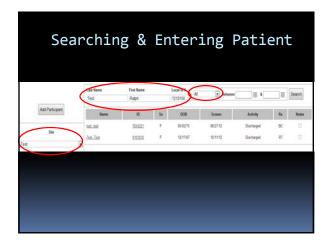
- Register
  - User selected ID/PW
  - Verification of email address
  - Immediate access to certification training
- Site Data Access
  - Check name and email address against the health home list
  - Agency's Health Home Director contacted if not on the list
  - Email is sent when access to the clinical data has been authorized

Demonstration

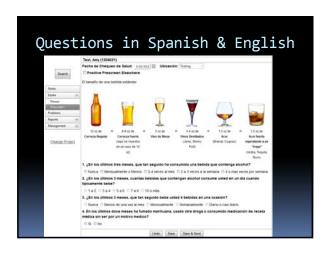
### Password

- Requirements
  - Nine characters
  - Upper case (at least one)
  - Lower case (at least one)
  - Number (at least one)
  - Special character (at least one)

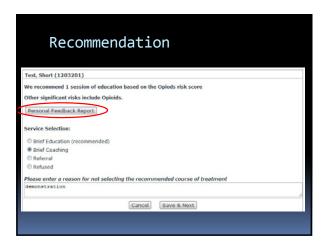
NOTE: These requirements are included on the site's registration page

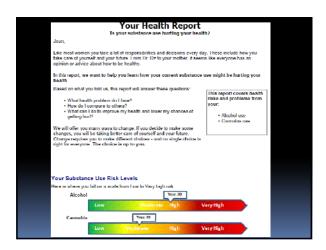














## Change tips for each drug Joan's tips for safer alcohol use: • Pace and space. When you do drink, pace yourself. Sip slowly. Have no more than one standard drink with alcohol per hour. Have "drink spacers"—make every other drink a non-alcoholic one, such as water, soda, or juice. • Keep track of how much you drink. Note each drink right before you drink it—this may help you slow down. Indi a way that works tor you carry drinking tracker cards in your wallet, make check marks on a kitchen calendar, or enter notes in a mobile phone notepad or personal digital pacietant. • Set goals. Decide how many days a week you want to drink and how many drinks you'll have on those days. It's a good date to have some days when you don't drink. • Know your "no." You're likely to be offered a drink at imes when you don't want one Have a polito "no, thanko" ready. The faster you can say no to these offers, the loss likely you are to give in. If you hesitate, it allows you time to think o' excuses to go along.

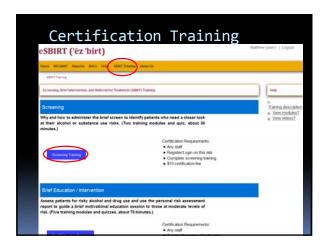
# Readiness To Change based advice How can I start to change my alcohol use? You may already be taking action to change your alcohol use. It takes time and energy to make your vision a reality. As you make changes, here are some questions that might help: On what date will I start to make a change? Share that date with others. How do I measure my success? Set small goals. What are the warning signs that a selback might happen? What plans do I have for situations that make me want to drink as I used to what has worked to help lower or stop my drinking? Try these things again. How can I keep up with the changes I already made to my drug use behavior?

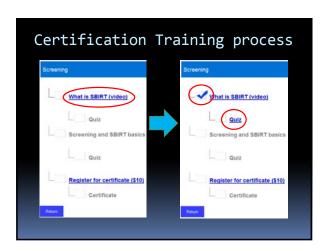




# SBIRT Training • Free on-line training for any registered user • Pay for certification

# Certification Training Why and how to administer the brief screen to identify patients who need a closer look at their alcohol or substance use risks. (Two training modules and quiz, about 30 minutes.) Brief Education/Intervention Assess patients for risky alcohol and drug use and use the personal risk assessment report to guide a brief motivational education session to those at moderate levels of risk. (Five training modules and quizzes, about 70 minutes.) Brief Coaching Coach patients with significant alcohol and drug use risks in a 6 session manualized process using motivational enhancement and cognitive behavioral therapy techniques. (Training modules, quiz, sample recording and phone/Skype feedback session, about 4 hours.)





### Questions?

- eSBIRT.org
  - FAQs
  - BHC specific information and links (includes these slides)
- webmaster@mimh.edu
- matthew.hile@mimh.edu

This has been an MIMH production

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Missouri Institute of Mental Health
Improving and transforming mental health outcomes for over 50 years