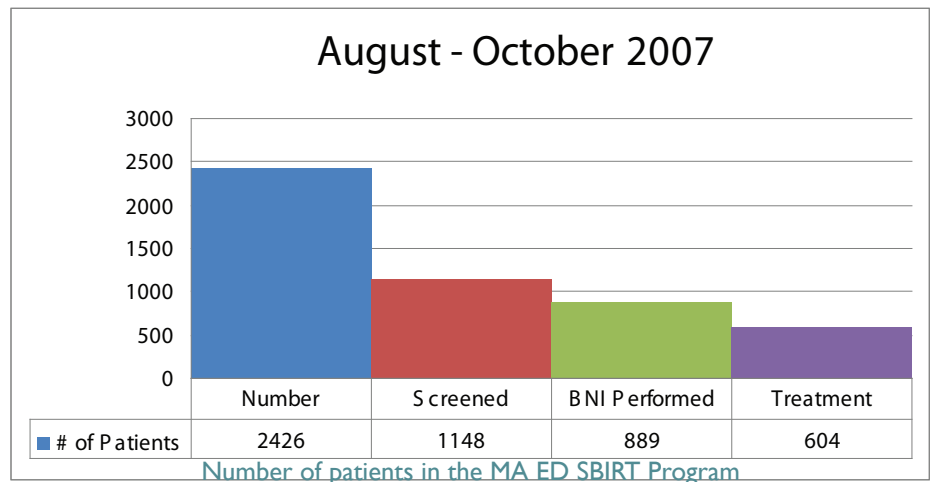


MA ED SBIRT Program Update: Data Brief Report, August-October 2007

Since the beginning of the MA ED SBIRT program in August 2007, with just two health promotion advocates (HPAs) at each site, more than 2,400 ED patients have been screened for drugs and alcohol. Of these, just under half (1,148) screened positive for a drug or alcohol problem, and 889 brief negotiated interviews (BNIs) were performed by the HPAs. The average time of these interviews varied by site, with most average times between 30 minutes and one and a half hours. BNI participants received 604 referrals to treatment. These included: 109 detox placements achieved, 123 inpatient admissions, 133 outpatient referrals, 181 referrals to Alcoholics Anonymous or Narcotics Anonymous, 10 to suboxone, and 15 to methadone. To further help project participants, additional referrals were made for domestic violence, shelters, social work, and psychiatric care, and many patients received BNIs for tobacco use.

Success Stories and other Program Activities: Mercy Medical Center

The HPAs at Mercy Medical Center shared a story of a 22 year old young man with a history of alcoholism that started when he was 15 years old. He had been through detox before and was in residential treatment when he relapsed; he was asked to leave his half-way house and from there went



on a 3 day bender. When he presented to the ER, his BAL was 400, but he was able to communicate relatively well. Alisha shares how she took the time to get to know this patient. She describes this young man as intelligent, sensitive and disgusted with himself. Drinking helped him relax and forget about his problems. But drinking was also making him physically sick, angry and argumentative with the people around him. Often times, drinking caused him to miss work due to hangovers or sometimes because he was still out partying. The HPA was able to help this patient look into his future goals and reflect on how drinking might have prevented him from achieving his hopes for going back to school, finding his own place, and becoming more active in the AA fellowship.

Alisha was able to gain his trust at the same time she was carefully listening to his story about his journey through

rehab and relapse and learning from this young man about the process of drug and alcohol treatment in Western Mass. He felt that he belonged back in detox, followed by a stricter residential program. The HPA discussed his successes and discussed what led him to relapse after 6 months of recovery. They talked about what he could do differently this time to be successful again. As the HPA said, "Needless to say, it was a good day for Jeffrey and me. He was placed in detox, was assured a bed at the residential program that we felt was most appropriate, and now had an advocate for him should he need anything else. It was a good day for me because thanks to Jeffrey and the very helpful staff of the programs I spoke to that day, I learned how to better facilitate a referral for treatment and learned more about the programs available to our patients in The Pioneer Valley."

Our HPA at Mercy Hospital was proud to report that this young man was successful in his recovery program, got a new sponsor, was doing well in transitional treatment and was able to return to the 1/2 way house he was dismissed from months earlier. He was also able to get a full time job and an apartment on his own. He did relapse, but when he did, he had one bad night and the next morning was back to see the HPA at Mercy. "He knew that he had a place to come where he wouldn't be judged and knew that there was someone here who would take the time to listen to him and get him back on the road of recovery. And that was a comfort to us both."

South Shore Hospital

HPAs at South Shore Hospital are encountering many patients seeking detox. A big majority of these patients have already been to another hospital earlier, or the day before. At this other facility they were discharged with only a list of resources. When they went home and tried to call, there was no opening at any detox facility and they felt lost.

HPAs at South Shore have developed a system to help patients seeking detox. Patients seeking medical clearance for detox are taken from the lobby and into the HPA's office before they even get into an examining room. The HPAs talk to their patients about what is going on and let them know what is going to happen while they are there. If the patient has never been to detox they explain to the patient what they can expect there as well. "If someone has never been through this before, as many of our patients have not, it is very

scary, and to be trying to do this from home is discouraging. Many are so thankful to have someone to help them along the way and make the transition that much easier." HPAs at South Shore have been able to develop really good relationships with Norcap Lodge, and are usually able to get patients in without much difficulty and fairly quickly. Erin Re, one of the HPAs at South Shore shares a great example of what you can find by doing universal screening and how this can benefit ER patients. She shares a case of a patient she approached while apparently he was just getting ready to be discharged. This patient had gotten into a car accident 6 hours earlier that day while drinking and driving. He opened up to the HPA and told her that he was drinking before the accident happened that morning. He was struggling with housing issues as he no longer was allowed to stay with his brother due to his excessive drinking. When asked by the HPA if he was interested in detox he said no, that he was leaving, that he had been there long enough, and did not want to be in the ER any longer. The HPA asked him to give her one hour to try to find him placement, saying that he was going to a shelter anyways, and this seemed like the perfect time for him to go to detox instead. The patient told the HPA she had half an hour. Erin shares that this was a difficult case as he was freecare and most beds were full, but after about 35 minutes, the HPA was able to find a bed for him at Dimock. The patient and his brother were very thankful for the service provided by the HPA and according to the HPA the best part of this case is that this patient has gone to New Hope TSS in Weymouth for aftercare, something this

patient had never tried before until meeting with the HPA and discussing his next steps after detox.

St. Anne's Hospital

Other HPAs are very engaged in their communities, like Dan Mahoney at St. Anne's Hospital, who has been working closely with Massachusetts Organization for Addictions and Recovery (MOAR) in advocacy work at the local and state level. HPAs at St. Anne's have also have established a strong working relationship with providers in their community and nearby states. They have developed a referral system and agreement between some of the detox facilities to facilitate placement. Dan has also affiliated with the Fall River Homeless Coalition, the Coalition Against Domestic Violence and is on the Board of Directors of the Rhode Island Coalition for the Homeless. He presented the MA ED SBIRT program at the Fall River Council of United Way



Dan Mahoney and Jennifer Carvalho
HPAs at St. Anne's Hospital

Agencies on 9/26. HPAs at St. Anne's Hospital participate in all Social Work Dept. meetings and events. The HPAs describe their working relationship with the Social Work department as incredible! "Our working relationship with the ED Staff has been excellent and they are quickly understanding and accepting our program." Dan has organized a number of trainings for hospital physicians.

Heywood Hospital

At Heywood Hospital a small community hospital, the addition of an HPA to the Emergency Department has enabled them to improve the services offered to their community. The Project ASSERT team at Heywood hospital feels the Health Needs History, which is the basis of questions asked of the patients, allows the hospital to identify what topics reflect the necessity for increased community education and intervention. The HPA has been actively establishing relationships with community agencies and has attended community meetings, agency meetings of area providers and collaborated with various service providers in order to introduce Project Assert. For example, in recognition of September being designated as National Alcohol & Drug Addiction Recovery Month, Heywood Hospital hosted an educational seminar, which was opened to the community. Issues of addiction and recovery were addressed as well as the introduction of Project Assert to the community and hospital employees. As a result of this seminar, 21 detox centers from throughout the state and other substance abuse treatment providers attended the event highlighting the

various services offered by their respective organizations. The event also had the representation of several legislators who attended and were made aware of the great need of detox services in the area as the closest detox facility to Heywood is in Worcester, MA. The HPA is also very active and has great relationship with the social work department. The HPA at Heywood is also working closely with judges in their courts to obtain their support for the program.

Athol Hospital

Pat Schilling HPA at Athol Hospital shares a case of a 33 year old male who presented to the ER with tooth pain. While discussing his drug and alcohol use during the health needs history. The patient revealed binge drinking 4 times over the past month. After the HPA performed a BNI the patient came up with an action plan to reduce his alcohol use to safe level by drinking less than 4 drinks per occasion and to use the extra money from alcohol to save for a house. At a 30 day follow up the patient had reduced binge drinking to only once in the past 30 days. The patient said he is experiencing less stress and enjoying time with kids since cutting back on the drinking. The Project ASSERT team at Athol Hospital is also very active in the community organizing community events to increase awareness of the program and to establish relationships with the treatment providers in their area. The HPA at Athol coordinated an event to celebrate National Alcohol & Drug Addiction Recovery Month. Their goal was to unite and educate the local community about substance abuse from different perspectives. Over 50

people attended the event and were able to draw media coverage.

Children's Hospital

HPAs at all sites are working very hard at integrating themselves into their institutions and making the program known to their colleagues. Such is the case at Children's Hospital, where the HPAs have been working very hard to become part of the ED staff and build a team approach between the nurses, doctors and social workers to improve care for patients with substance abuse issues.

Ana Davis, one of the HPAs at Children's, shares a case of a 17-year-old boy with heavy marijuana use whose family and athletics were very important for him, playing a very influential role in his prescription for change. Ana describes her interaction with this patient as success as the patient responded really well to the BNI because he didn't feel judged and was approached more as a peer than as "someone with a problem". The HPA was able to enroll this patient into the Adolescent Substance Abuse Program (ASAP) at Children's by calling from his room and doing the intake. ASAP is the main program the HPAs use because of the excellent care it provides for adolescents. It involves a variety of different providers and each treatment option is individually created to best support the client. It works well for adolescents because parents, siblings, grandparents etc are involved.

Another case shared by the HPAs at Children's is a 15 year old girl who presented to the ED after smoking a

joint that was laced with crack, angle dust, LSD, and cocaine. The patient was brought to the ED by police after being found unresponsive at a party. After the doctors saw the patient and ordered lab work and while waiting for results the HPA, was contacted by the nurse to do a BNI. This patient had an extensive psych history and was in DSS and police custody. The HPA sat down with the patient and discovered that she had a long history of poly-substance abuse and history of domestic and sexual abuse and was extremely scared and distraught. The patient admitted to using drugs to escape the daily depression she faced because of her traumatic past. She liked the effects of the drugs because they helped her not feel but didn't like being in the hospital, being in policy custody, and having an unstable

relationship with her mother because of her drug use. The patient also shared with the HPA that she didn't like using drugs because she often blacked out. This young girl was a 9 out of 10 on the readiness ruler, and was referred for inpatient detox. As part of her ED visit, the HPA consulted social work to address the sexual and physical abuse claims. The HPA was able to help this patient enter into an inpatient psych hospital, which addressed both her psych needs and poly-substance abuse.

A problem the HPAs at Children's are encountering is the frequent use and abuse of energy drinks by adolescents. The HPAs have gathered some information on the effects of abusing energy drinks such as: it suppress appetite, can create sleep disorders, increases risk of diabetes because of high sugar content, its high levels of caffeine can lower seizure threshold for patients with known seizure disorder; "speed ball" is the term used when energy drinks are mixed with alcohol.

Taking stock - What we have accomplished

Sites were selected October 13, 2006, and just one month later the first site (Athol/Heywood) sent ED leaders to Boston for training. It took all of last year to accomplish the leadership trainings and the multiple on-site workshops, hire good people, and bring them back to Boston for didactic and experiential exposure to SBIRT methods. The Massachusetts ED SBIRT program has only been fully operational since August, when we finished the last HPA training. Our data for the first three months of August, September and October demonstrate that the new HPA role has been integrated well into our seven sites, and HPAs are providing services to both at risk and dependent ED patients that were simply not available before, as the graph demonstrates. Monthly conference phone calls and site visits and a new security protected chat room provide regular consultation, and Brenda Rodriguez, the Program Administrator, is never further than a phone call away. Sites have made innovations in universal screening and building referral networks, and have enlisted a lot of community support and good will. Altogether, a great beginning! Our challenges for the next months are to institute universal screening at all sites, and to keep the balance between early intervention for the at-risk population and service for those who are dependent. As one of the social work supervisors said on a conference call, "It's a human right for every patient to get appropriate screening."

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