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PHASE III

“The Pathfinder Certificate of Completion Seminar”

Seminar # 14

Issue # 5 of 12 key issues: Emergency Medical Services Intervention

Learning Objectives:

1. Understand the paramedic first response phrase.
2. Learn what happens in a hospital emergency room visit.
3. Understanding the value of SBIRT.

Introduction

We are going to begin with this video. Stop reading and view the recommending link. Afterward, you will now understand more about what is likely to happen. So, do you want to know how you can learn and be ready to respond so that when this is done you can act in a way that takes the most advantage of a bad situation. The emergency medical services intervention is the first place where everything stops, and the focus demands their attention. It typically does not last long, and when over is the point that a family can make a difference.

VIDEO ONE

ASSIGNMENT VIDEO: On www.youtube.com/



Search Title: Opioid rescue in action (simulation)

UMass Medical School

This dramatization depicts a simulated emergency room encounter for the management of an opioid overdose. The individuals in this simulation are real medical professionals acting in the roles they serve in a real-world emergency room

setting.

Published on May 4, 2018

Link:

https://www.youtube.com/watch?v=kuIOltSBOMU&list=PLK9_yWbpBidoFLIz1znyWKebChhCVJktl&index=37&t=0s



Issues the Family Faces

An Introduction to S.B.I.R.T.

Because emergency medical services are an intervention and assessment are a matter of course and procedure, this will happen in a sequence according to those that respond to your call for help. However, it is equally important to the family members that what is done next includes their participation. This is often not the case because family members are not aware to the choices involved or decisions that need to be made.

The family being included is a matter of advocacy activist. Your family members need to become Advocatory Activist to address your family needs in a manner that will make a difference. We are sorry to tell you this, but you will need to stick up for yourself and make this industry do for you, that which needs to be done.

Therefore, you will need to know more about “best practices” that are being provided elsewhere and set up the same model to serve you and your family. This may seem un-necessary in going to such extremes, but consider the alternative, you know nothing, your being told nothing and therefore you can do nothing. If nothing is not an option you want, then learn what is possible, that is proven to work, and be an advocacy activist by learning and speaking up for yourself and your loved one. This level of knowledge is empowering.

SBIRT stands for Screening Brief Intervention and Referral Treatment. Nothing gets done in this industry until an Assessment Tool is given stating the treatment is needed. Therefore, get the assessment screening completed and move forward to the referral for treatment phase.

HERE IS WHERE THE FAMILY MEMBERS CAN LEARN MORE: [Substance \(Other Than Tobacco\) Abuse Structured Assessment and Brief Intervention \(SBIRT\) Services](#), Fact Sheet, created by CMS, provides education on substance abuse structured assessment and brief

intervention (SBIRT). It includes an early intervention approach that targets individuals with nondependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment.

[Why SBIRT?](#) is a primer developed by the Colorado SBIRT initiative to acquaint readers with SBIRT.

[Foundations of SBIRT](#) is a 1.5-hour course developed by the [Pacific Southwest ATTC](#) that helps familiarize health professionals with the SBIRT process.

[The BIG \(Brief Intervention Group\) Initiative SBIRT Education](#) is a national organization of individuals and organizations founded by Drs. Eric Goplerud and Tracy McPherson that promotes routine screening for hazardous alcohol use and brief solution-focused counseling in the workplace. Access a comprehensive training on SBIRT or view the webinar series on SBIRT implementation in various settings and populations.

The Substance Use in Adults and Adolescents: Screening, Brief Intervention and Referral to Treatment (SBIRT) [free online SBIRT course](#) through Medscape addresses the basic principles of SBIRT as well as coding and reimbursement for the implementation of SBIRT in practice.

** A free membership to Medscape is required to view the training.

An extension of SBIRT - [Implementing Care for Alcohol and Other Drug Use in Medical Settings](#).

GENERAL RESOURCES The [SBIRT App](#), developed at Baylor College of Medicine to support the use of SBIRT by physicians, other health workers, and mental health professionals is free to download. The app provides evidence-based questions to screen for alcohol, drugs, and tobacco use. If warranted, a screening tool is provided to further evaluate the specific substance use. The app also provides steps to complete a brief intervention and/or referral to treatment for the patient based on motivational interviewing.

The Annals of Internal Medicine journal article [Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse: U.S. Preventive Services Task Force Recommendation Statement](#) provides a good overview of ways to improve long-term health outcomes, the harms of screening and behavioral health counseling interventions, and influences from the health care system that promote or detract the effectiveness of screening and counseling interventions for alcohol misuse.

[Care for hospitalized patients with unhealthy alcohol use: A Narrative Review](#)

The review summarizes the major issues involved in caring for patients with unhealthy alcohol use in the

general hospital setting, including prevalence, detection, assessment of severity, reduction in drinking with brief intervention, common acute management scenarios for heavy drinkers, and discharge planning.

[TAP 33: Systems-Level Implementation of SBIRT](#)

This SAMHSA Technical Assistance Publication (TAP) is a compilation of research and experience from over a decade of federally funded work on SBIRT. It includes specific implementation models, details about reimbursement and sustainability and case studies from across the nation.

[SBIRT in a Radically and Rapidly Changing Environment](#) is a power point that highlights SBIRT in the context of healthcare reform. The webinar which was conducted by the Altarum Institute for SAMHSA can be found below.

The Addiction Technology Transfer Center (ATTC) created a guide: **[SBIRT: A Resource Toolkit for Behavioral Health Providers to Begin the Conversation with Federally Qualified Healthcare Centers](#)**. This resource provides behavioral health providers with information to engage their local FQHC and community health centers in conversations around implementing SBIRT.

[Frequently Asked Questions by Healthcare Providers](#) developed by the Colorado Clinical Guidelines Collaborative provides answers to questions commonly asked by providers when beginning to implement SBIRT. Since 2003, SAMHSA has funded 17 Medical Residency Cooperative Agreements, 15 State Cooperative Agreements, and 12 Targeted Capacity Expansion Campus Screening and Brief Intervention (SBI) Grants. Learn more about SAMHSA's **[SBIRT grantees](#)**. A presentation for HRSA grantees discusses **[SBIRT implementation in Ryan White settings](#)**.

NIAAA's **[Helping Patients Who Drink Too Much: A Clinician's Guide](#)** focuses on implementing alcohol screening and intervention in any healthcare setting. A SAMHSA Treatment Improvement Protocol (TIP), **[TIP 24: A Guide to SA Services for Primary Care Clinicians](#)** provides guidelines to primary care clinicians for caring for patients with alcohol and drug abuse problems. TIP 24 discusses screening, assessment, brief intervention, medication-assisted treatment, and legal issues of patient confidentiality.

The American Public Health Association manual, **[Alcohol Screening and Brief Intervention: A guide for public health practitioners](#)**, provides public health professionals such as health educators and community health workers with the information, skills, and tools needed to conduct screening and brief intervention to help at-risk drinkers limit or stop drinking. SAMHSA's **[TIP 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders](#)** provides substance abuse providers with updated information on co-occurring substance use and mental disorders and advances in treatment for these individuals. TIP 42 discusses terminology, assessment, and treatment strategies and models.

The [“Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse”](#) booklet announces that effective with dates of service on and after October 14, 2011, the Centers for Medicare & Medicaid Services (CMS) will cover annual alcohol screening, and for those that screen positive, up to 4, brief, face-to-face behavioral counseling interventions annually for Medicare beneficiaries, including pregnant women.

EMERGENCY ROOMS [Reducing Patient At Risk Drinking](#) developed by the Emergency Nurses Association guides nurses and other healthcare professionals through implementation of SBIRT in emergency room settings. The Institute for Research and Education in the Addictions developed [SBIRT Screening, Brief Intervention and Referral to Treatment](#), which provides an array of useful information for emergency departments.

TRAUMA CENTERS Screening and Brief Interventions (SBI) for Unhealthy Alcohol Use: A Step-by-Step Implementation Guide The CDC’s [Screening and Brief Interventions for Unhealthy Alcohol Use: A Step-by-Step Implementation Guide for Trauma Centers](#) helps Level I and II trauma centers plan and implement the American College of Surgeon’s Committee on Trauma’s alcohol-screening and brief intervention requirements.



Obstacle the Family Addresses

The four common barriers to substance abuse treatment were:

- **Patient Eligibility.** Healthcare providers often find it difficult to determine whether patients meet the criteria for admission to certain treatment centers.
- **Knowledge of Treatment Options.** Providers that make referrals may not understand the different types of addiction treatment options available and how to make recommendations to patients for choosing the right type of addiction treatment.
- **Treatment Capacity.** When patients are eligible for services, providers may not be able to get timely information on space availability at certain treatment centers.
- **Communication.** There may exist some difficulty in communication between the providers that refer to addiction treatment services, patients, and the facilities that can deliver the care.

Referral to treatment is a critical yet often overlooked component of the SBIRT process. It involves establishing a clear method of follow-up with patients that have been identified as having a possible dependency on a substance or in need of specialized treatment.

The referral to treatment process consists of assisting a patient with accessing specialized treatment, selecting treatment facilities, and helping navigate any barriers such as treatment cost or lack of transportation that could hinder treatment in a specialty setting. The way a referral to further treatment is provided can have tremendous impact on whether the client will receive services with the preferred provider.

RESOURCES

Bridging the Gap Between Primary Care and Behavioral Health - Referral Forms

Community Care of North Carolina, in partnership with other stakeholders, has developed a set of three referral forms (below) for primary care and behavioral health providers to facilitate easier consultation and communication.

Form #1 – Behavioral Health Request for Information – this form is for behavioral health providers who begin working with a new consumer or identify a potential medical need and wish to contact the PCP.

Form #2 – Referral to Behavioral Health Services Section I – this form is for PCPs to make a direct referral to a behavioral health provider for an assessment and/or service.

Form #3 – Behavioral Health Feedback to Primary Care Section II – this form is to be used in conjunction with the 2nd form listed above. It is for behavioral health providers to complete and send back to the PCP after receiving a referral.

Sample Warm Hands-Off Scripts and Procedures was created by California’s Integrated Behavioral Health Project and provides several examples of scripts that can be used to make a “warm handoff” referral.

SAMHSA Treatment Locator is a searchable directory of drug and alcohol treatment programs by location.

SAMHSA Mental Health Treatment Locator provides professionals, consumers and their families, and the public with comprehensive information about mental health services and resources across the country.

Sample Business Association Contract from the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL) that provides details of the privacy related information that could be included in a contractual agreement between a health clinic and a behavioral health organization.

Sample MOU from the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL) is an example of what types of information may need to be included in a Memorandum of Understanding between to a community health organization and a behavioral health organization to deliver SBIRT services.

Enhancing the Continuum of Care: Integrating Behavioral Health and Primary Care through Affiliations with FQHCs this document walks providers through the process of setting up a formal partnership between an FQHC and a Community behavioral health organization.

For more information on Contracts and MOU please refer to the Center for Integrated Health Solutions page. **REF:** <https://www.integration.samhsa.gov/clinical-practice/sbirt/referral-to-treatment>

VIDEO TWO



ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: RaffertyWeiss Media | SBIRT - "Substance Abuse Screening"

Published on May 4, 2018

Link: <https://www.youtube.com/watch?v=aaUm4qgk7kg>

Duration: 5:17hrs.

So why view this video? The answer is just because your hospital does not provide the Behavioral Referral does not mean your family can does not take this as their next step. By being prepared for this intervention, the family can ask a local mental health network to complete the follow up steps you have determined are needed.

Pay close attention to the title of the screening assessment tools., These will be administered several times each year to stay ahead of any changes that occur with your loved one. The objective is to respond to their changes in a timely and level appropriate level.

What we are asking of the family is to take charge and participate in the plan of care, what is provided, frequency and appropriateness. You are now a consumer of healthcare service because this is an emergency medical service intervention.



Solutions to Issues & Obstacles

The primary solution is to move forward after the emergency medical services are finished and your loved one prepares to be discharged from the hospital. To take the time now, gather the critical documents which will be asked of you to provide as you seek the help from those in the different service fields that understand your journey. They will need certain pieces of information which you can prepare now to provide, by having them in a binder broken into specific categories.

Practical Exercise # One: Standard Screening Tools

Drug Screening Questionnaire (DAST)

Patient name:

Date of birth:

Which recreational drugs have you used in the past year? (Check all that apply)

- methamphetamines (speed, crystal)
- cocaine
- cannabis (marijuana, pot)
- narcotics (heroin, oxycodone, methadone, etc.)
- inhalants (paint thinner, aerosol, glue)
- hallucinogens (LSD, mushrooms)
- tranquilizers (valium) other

How often have you used these drugs? Monthly or less Weekly Daily or almost daily

1. Have you used drugs other than those required for medical reasons? No Yes
2. Do you abuse (use) more than one drug at a time? No Yes
3. Are you unable to stop using drugs when you want to? No Yes
4. Have you ever had blackouts or flashbacks because of drug use? No Yes
5. Do you ever feel bad or guilty about your drug use? No Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs? No Yes
7. Have you neglected your family because of your use of drugs? No Yes

8. Have you engaged in illegal activities to obtain drugs? No Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? No Yes
10. Have you had medical problems because of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)? No Yes

Do you inject drugs? No Yes

Have you ever been in treatment for a drug problem? No Yes

I	II	III	IV
0	1-2	3-5	6

Alcohol screening questionnaire (AUDIT)

Patient name:

Date of birth: _

One drink equal: 12 oz. Beer 5 oz. wine 1.5 oz. Liquor (one shot)

1. How often do you have a drink containing alcohol?

Ans: Never Monthly or less 2 – 4 times a month, 2 – 3 times a week, 4 or more times a week.

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

Ans: 0 - 2 3 or 4, 5 or 6, 7 – 9, 10 or more

3. How often do you have five or more drinks on one occasion?

Ans: Never Less than monthly, Monthly, Weekly, Daily, or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Ans: Never Less than monthly, Monthly, Weekly, Daily, or almost Daily

5. How often during the last year have you failed to do what was normally expected of you because of drinking?

Ans: Never Less than monthly, Weekly, Daily, or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Ans: Never Less than monthly, Weekly, Daily, or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Ans: Never Less than monthly, Weekly, Daily, or almost daily

8. How often during the last year have you been unable to remember what happened the night before because of your drinking?

Ans: Never Less than monthly, Weekly, Daily, or almost daily

9. Have you or someone else been injured because of your drinking?

Ans: No__ Yes, but not in the last year, Yes, in the last year

10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

Ans: No__ Yes, but not in the last year, Yes, in the last year

11. Have you ever been in treatment for an alcohol problem

Ans: Never, Currently, In the past

Scoring and interpreting the audit

1. Each response has a score ranging from 0 to 4. All response scores are added for a total score.
2. The total score correlates with a risk zone, which can be circled on the bottom left corner.

Score Zone Explanation

I - Low Risk 0-3

“Someone using alcohol at this level is at low risk for health or social complications.”

Counselor Action: Positive Health Message – describe low risk drinking guidelines 4-9

II – Risky: 4-9

“Someone using alcohol at this level may develop health problems or existing problems may worsen.”

Counselor Action: Brief intervention to reduce use 10-13

III – Harmful: 10-13

“Someone using alcohol at this level has experienced negative effects from alcohol use.”

Counselor Action: Brief Intervention to reduce or abstain and specific follow-up appointment (Brief Treatment if available) 14+

IV – Severe: 14

“Someone using alcohol at this level could benefit from more assessment and assistance.”

Counselor Action: Brief Intervention to accept referral to specialty treatment for a full assessment.

Positive Health Message, an opportunity to educate patients about the NIAAA low risk drinking levels and the risks of excessive alcohol use.

Brief Intervention to Reduce Use: Patient-centered discussion that uses Motivational Interviewing concepts to raise an individual’s awareness of his/her substance use and enhance his/her motivation to change behavior.

Brief interventions are typically 5-15 minutes and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention. The recommended behavior change is to cut back to lower risk drinking levels unless there are other medical reasons to abstain (liver damage, pregnancy, medication contraindications, etc.).

Brief Intervention to Reduce or Abstain (Brief Treatment if available) & Follow-up: Patients with numerous or serious negative consequences from their alcohol use, or patients who likely have an alcohol use disorder who cannot or are not interested in obtaining specialized treatment, should receive more numerous and intensive BIs with follow up.

The recommended behavior change is to cut back to low risk drinking levels or abstain from use.

Brief treatment is 1 to 5 sessions, each 15-60 minutes. Refer for brief treatment if available. If brief treatment is not available, secure follow-up in 2-4 weeks.

Brief Intervention to Accept Referral: The focus of the brief intervention is to enhance motivation for the patient to accept a referral to specialty treatment. If accepted, the provider should use a proactive process to facilitate access to specialty substance use disorder treatment for diagnostic assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

More resources: www.sbirtoregon.org

* Johnson J, Lee A, Vinson D, Seale P. "Use of AUDIT-Based Measures to Identify Unhealthy Alcohol Use and Alcohol Dependence in Primary Care: A Validation Study." *Alcohol Clin Exp Res*, Vol 37, No S1, 2013: pp E253–E259

MASTER FAMILY PLAN OF ACTION FOR: "FAMILY IS A SYSTEM"

Complete answers and move to "Master Family Plan of Action" found in back of workbook.

1. Our family will identify the steps of receiving emergency medical services as an intervention of our loved one.
2. Our Family will use the workbook: The Substance Use Disorders Journey, It is Time to Get Organized and complete it now, in advance of needing it during an emergency.
3. As part of the Master Family Plan of Action we will complete the review of setting boundaries and seek professional counseling, legal advice and financial advice depending on our findings in organizing these documents. We want to be assured to have all the necessary documents in an easy to find binder.