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SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT—SBIRT

Screening, Brief Intervention and Referral to Treatment (SBIRT) was developed as a public health model to provide universal screening for risky substance use in health care settings. Those at risk are offered early interventional services from trained health coaches designed to help patients make behavioral changes that can lead to a healthier lifestyle. The Missouri SBIRT program, MOSBIRT, emphasizes prevention, early detection, and early intervention of risky substance use. The program teaches providers and patients to view risky substance use from a health perspective, and provides individualized information based on the patient’s needs. MOSBIRT began in 2009 and has been successfully implemented at health care facilities in Springfield, Columbia, and St. Louis. In 2012, MOSBIRT was extended to all of Missouri’s Health Homes (18 Federally Qualified Health Centers and 6 Hospital Affiliated Clinics) with over 60 new locations in all. Results from the original sites on the project are presented here, supplemented by data from the expansion sites. A random sample of patients that screened positive for at-risk alcohol and substance use were administered a six month follow-up interview, and the outcomes from the study are also included in this report.

“As a nurse, I was a skeptic about MOSBIRT. I didn’t believe patients would be honest or receptive to seeing a health coach, but I changed my mind after the first week. I saw patients being honest and wanting to talk to the Health Coach, so I now encourage patients to see them.”

Quote from ER Nurse
Patients are screened with the ASSIST: The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) tool was developed by the World Health Organization to detect and manage substance use and related problems in primary and general medical care settings. Risky behaviors often go undetected, as health care providers may be trained to recognize dependence, but not the risky behaviors that may lead to an addiction. If screening indicates the patient’s use puts them at risk for health issues and other consequences, the level of risk (intervention level) is determined and addressed.

### Intervention Levels for Risky Substance Use

<table>
<thead>
<tr>
<th>Screening results indicating:</th>
<th>Service</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate Risk</td>
<td>Brief Education (BE)</td>
<td>Consists of a single session of motivational discussion focused on increasing insight and awareness regarding substance use and motivation toward behavioral change.</td>
</tr>
<tr>
<td>Moderate to High Risk</td>
<td>Brief Coaching (BC)</td>
<td>Involves motivation discussion and client empowerment. It is more comprehensive, including problem solving, coping mechanisms, and building a supportive social environment.</td>
</tr>
<tr>
<td>High Risk</td>
<td>Referral to Treatment (RT)</td>
<td>Referral to specialized treatment is provided to those identified as needing more extensive treatment than offered by the SBIRT program and involves a collaborative effort between SBIRT providers and those providing specialty treatment.</td>
</tr>
</tbody>
</table>

### Patients Scoring at Risk by Intervention Level

<table>
<thead>
<tr>
<th>Intervention Level</th>
<th>BE</th>
<th>BC</th>
<th>RT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>4,952</td>
<td>1,151</td>
<td>1,607</td>
</tr>
</tbody>
</table>

### Substances Used by Patients who Screened Positive

<table>
<thead>
<tr>
<th>Substance</th>
<th>% of Reported Use in Past 30 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>62.0%</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>47.0%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>5.3%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>6.6%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>52.0%</td>
</tr>
<tr>
<td>Oxycontin</td>
<td>2.6%</td>
</tr>
<tr>
<td>Benzodiazapines</td>
<td>3.6%</td>
</tr>
<tr>
<td>Heroin</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Patient may report use of more than one substance.
MOSBIRT Accomplishments

Missouri was awarded the SBIRT grant in October, 2008 and over the five years in operation has increased awareness of the health and social consequences of risky substance use. MOSBIRT’s many accomplishments include:

- Served 85% more Missourians than the initial goal, at a lower cost than budgeted
- Created MOSBox, a tablet computer-based performance support system that guided health coaches’ screenings and service delivery for over 90,000 patients
- Developed an evidence-based personalized and tailored feedback report for patients at risk which described their risks, compared their behaviors with state and national norms, and provided behavioral suggestions matched to the individual’s health improvement intentions
- Missouri was the first state to require Screening and Brief Intervention for the state’s Health Home patients
- Expanded SBIRT into 18 Federally Qualified Health Centers and 6 hospital affiliated clinics from the original 3 sites in Springfield, Columbia and St. Louis
- Over 75% of sites plan to sustain SBIRT
- Funding of Medicaid codes for SBIRT services reimbursement to begin early 2014
- Developed video demonstrations of brief SBIRT techniques
- Increased knowledge of health risks as a result of substance use through patient and health care professional education
- Published evaluation outcome reports
- Created eSBIRT, a secure web based performance support system, which provides the same guidance for screenings and service delivery as MOSBox but for dramatically reduced costs, permitting the expansion of the project to serve more than 57,000 patients of Missouri’s Health Homes
- Trained over 200 health coaches, behavioral health consultants, and health care professionals to provide SBIRT services
- Developed a manual used by health coaches and behavioral health consultants for both the intervention and data collection
- Developed a tool to monitor fidelity of the health coaches to the brief education, brief coaching, and referral to treatment interventions
- Presented MOSBIRT outcomes and principles at local, state, national and international conferences
- Maintained high retention level of trained and motivated health coaches through ongoing coaching sessions using regular meetings for skill development and feedback on recordings
- Motivational Interviewer Network of Trainers (MINT) membership attained by 3 health coaches aided through the mentoring of MOSBIRT’s MINT member
- Developed educational games for GPRA and tracking procedures
- Held annual retreat for health coaches to cross-train and improve skills
- Modified Alcohol and Drug Education for Prevention and Treatment (ADEPT) video for MOSBIRT as a general SBIRT educational tool
- Sponsored the National Highway Traffic Safety Administration SBIRT training for trauma providers

Satisfaction with MOSBIRT Services

% Agreed/Strongly Agreed

- I am overall satisfied with the health coach who served me. 97%
- The health coach explained health behaviors in a way I could understand. 96%
- The health coach answered my questions. 94%
- I was not embarrassed when asked about my substance use. 86%
- I think it is important for my health care provider to ask about my substance use. 83%
Six-Month Follow-Up Study

To measure the effectiveness of the MOSBIRT project, a random sample of patients receiving an intervention agreed to participate in a 6-month follow-up. These patients were asked the number of days they used alcohol and illegal substances in the past 30 days. Results indicate that patients had decreases in overall use during the 30 days prior to their 6-month follow-up as compared to the 30 days prior to intake:

At the follow-up interview, a patient reported he had not used drugs after talking with the health coach and had only 1 drink in the past 3 months. He said change was hard, but since he stopped using, feels “much healthier”.

Missouri’s Results on the National Outcome Measures

The National Outcome Measures (NOMs) system—developed jointly by SAMHSA, the states, and the District of Columbia—tracks and measures real-life outcomes for people in recovery from mental health and substance abuse disorders. In addition to improvements in alcohol and substance use in past 30 days, MOSBIRT patients also experienced improvements in employment/education, involvement with the criminal justice system, and increases in social and health outcomes.
Comments about MOSBIRT

From MOSBIRT Patients:
A 21-year-old female patient that recently had a series of binge drinking episodes, also had very recently acquired a DWI and lost a friend in an auto accident. After the brief education session with the Health Coach, she made the comment that she was appreciative of the information given and that it is information every 21 year old should know. She also was thankful to her provider for caring enough to refer her.

A 28-year-old male patient mentioned his motivation to change his lifestyle was knowing where his use was compared to the norm, and knowing what other people in his situation go through, and enjoyed the Personal Feedback Report given to him by the health coach.

A 38-year-old patient mentioned that she loved the semi regular calls from the Referral Liaison as the calls helped her to stay on track with reducing her drinking.

At intake, the 59-year-old male was seen at a Missouri Hospital with congestive heart failure. At the time, he reported cutting down on his alcohol intake over the last 3 months and was aware of the negative consequences his drinking was having on his health. Five months later, at follow-up, the participant reported no alcohol or drug use in the last 3 months. He cited his interaction with the health coach and his doctor as his motivation for quitting.

A woman in her 40’s said she appreciated the help from the health coach, and commented several times on how coming to see us was helpful and helped her to cut down on her drinking.

The patient said that answering the questions was hard and uncomfortable, but worth it. She said that the follow-up allowed her to think back to her answers 6 months ago and reflect on how much she has improved and all the work it took to get where she is today.

From MOSBIRT Health Providers/Coaches:
“I see the difference this program has made for the patients that have benefitted from it. I feel I am a better clinician for it, and will sorely miss this program. I am grateful for all that it has afforded me.”

“The preventative approach of the SBIRT model combined with the use of Motivational Interviewing has been shown to be highly effective in collaborating with patients to come up with lifestyle choices and changes that work for them. I am impressed at how much impact we have been able to have in our brief interventions and interactions with patients.”

A nurse at one of the clinics was happy we were screening patients. She had a patient with a negative pre-screen, but the patient was a recovering alcoholic and felt that if her doctor had recognized her level of alcohol use, the health consequences could have been addressed much earlier. The nurse was excited and admitted she was initially skeptical of SBIRT but now believes in it wholeheartedly.

“I firmly believe that MOSBIRT made a lasting and significant difference in so many lives in our communities. I am so proud to have been a part of MOSBIRT and to have worked along side MIMH to meet people right where they were at, support their autonomy, and bring practical and effective interventions to them that changed their lives for the better!”

A nurse stated he was impressed by the sheer number of patients that have been screened and felt it is clear that MOSBIRT has planted a seed in many patients, helping them to be more aware of how their level of alcohol and drug use impacts their health.

“I admire MOSBIRT’s work because the situation is addressed before the individual becomes an alcoholic or drug addict. I’ve seen a little bit of prevention go a long way to save lives.”

“The way we treat alcohol problems is to wait until it’s malignant substance use and someone has addiction. It’s as if we didn’t treat high blood pressure until someone had a stroke or a heart attack. Broadening the base (for alcohol problems) means that we don’t just look at the top of the pyramid and wait until someone comes to the hospital with acedias or jaundice, we focus lower on the pyramid when people are just drinking too much. Just like high blood pressure, it is simpler, easier to treat and more responsive when you go after it early. It is harder to treat, more expensive and chronic if you wait until it’s ingrained and present for many years.

I certainly have to tell medical audiences that in terms of evidence of efficacy in brief interventions, there is almost nothing in medicine that has as much evidence behind it.”

—LARRY GENTILELLO, MD, PROFESSOR OF SURGERY AT THE UNIVERSITY OF TEXAS, SOUTHWESTERN MEDICAL SCHOOL