

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

*An Implementation Guide for Health
Care Providers*



Objectives

- Define SBIRT
- List the components of SBIRT
- Name SBIRT tools and define how they may be used during an assessment
- Identify billing methods for Magnolia Health Plan

Opening Questions

- How familiar are you with SBIRT?
 - 1 = I have no knowledge of SBIRT
 - 10 = I am an expert in SBIRT
- How likely are you to screen all of your patients for alcohol and substance use?
 - 1 = I do not see any need to screen my patient for alcohol and substance use
 - 10 = I screen every patient that I see



A Paradigm Shift

Traditional focus

=

Severe substance
use & Dependence



SBIRT

=

Targets those who do
not yet meet criteria
or are at risk

(SAMHSA 2013)

SBIRT

Comprehensive &
Integrated

Promotes
prevention, early
intervention &
timely referrals and
treatments

(SAMHSA 2013)



What's the Point?

True or False



T/F: Unhealthy alcohol and drug use can be effectively managed and addressed by health professionals

T/F: One of the biggest obstacles is the failure to ask about substance use during medical appointments

T/F: Brief advice and counseling can make a huge difference

(The BIG Initiative 2012))

Why Use SBIRT?

It is brief

- 5-10 minutes for brief interventions
- 5 to 12 sessions for brief treatment

The screening is universal

Various behaviors related to risky alcohol and drug use are targeted

Occurs in a public health, non-substance use treatment setting

It's comprehensive

Strong research/experiential evidence supports the effectiveness

(The BIG Initiative 2012)

SAMHSA's 6



Which Providers Should Use SBIRT?



- Primary care centers
- Hospital emergency rooms
- Trauma centers
- Community health settings

Integrated Care



Systematic integration facilitates the communication and coordination of:

- Physical healthcare
- Behavioral healthcare
- Substance use disorder treatment

Integrated care promotes a cohesive service delivery system & better continuity of care.

(SAMHSA 2016)

SBIRT for Alcohol Screening & SUD

- As a comprehensive or model approach, SBIRT has been demonstrated to be effective for risky alcohol use
- There is a growing body of literature showing the effectiveness of SBIRT for risky drug use
- Helpful Resource: 3 Part Series on SBIRT Evidence
<http://ireta.org/sbirt-what-is-the-evidence/>

(The BIG Initiative 2012)


Excessive Alcohol Use...







Low Risk Drinking

What is low-risk drinking?

- For healthy adults age 65 and under:



LOW-RISK DRINKING LIMITS		MEN	WOMEN
On any single DAY	No more than 4  drinks on any day	No more than 3  drinks on any day	
AND		**AND**	
Per WEEK	No more than 14  drinks per week	No more than 7  drinks per week	

To stay low risk, keep within BOTH the single-day AND weekly limits.

National Institute on Alcohol Abuse and Alcoholism

- For people over 65: low-risk limits are 3 drinks a day or 7 drinks a week.
- Women who are pregnant or may become pregnant should not drink.

(Addiction Technology Transfer Center Network)

Which Patients Should Be Screened with SBIRT?

“SBIRT is unique in its universal screening of **all** patients regardless of an identified disorder, allowing health care professionals to address the spectrum of behavioral health problems even when the patient is not actively seeking an intervention or treatment for their problems.”

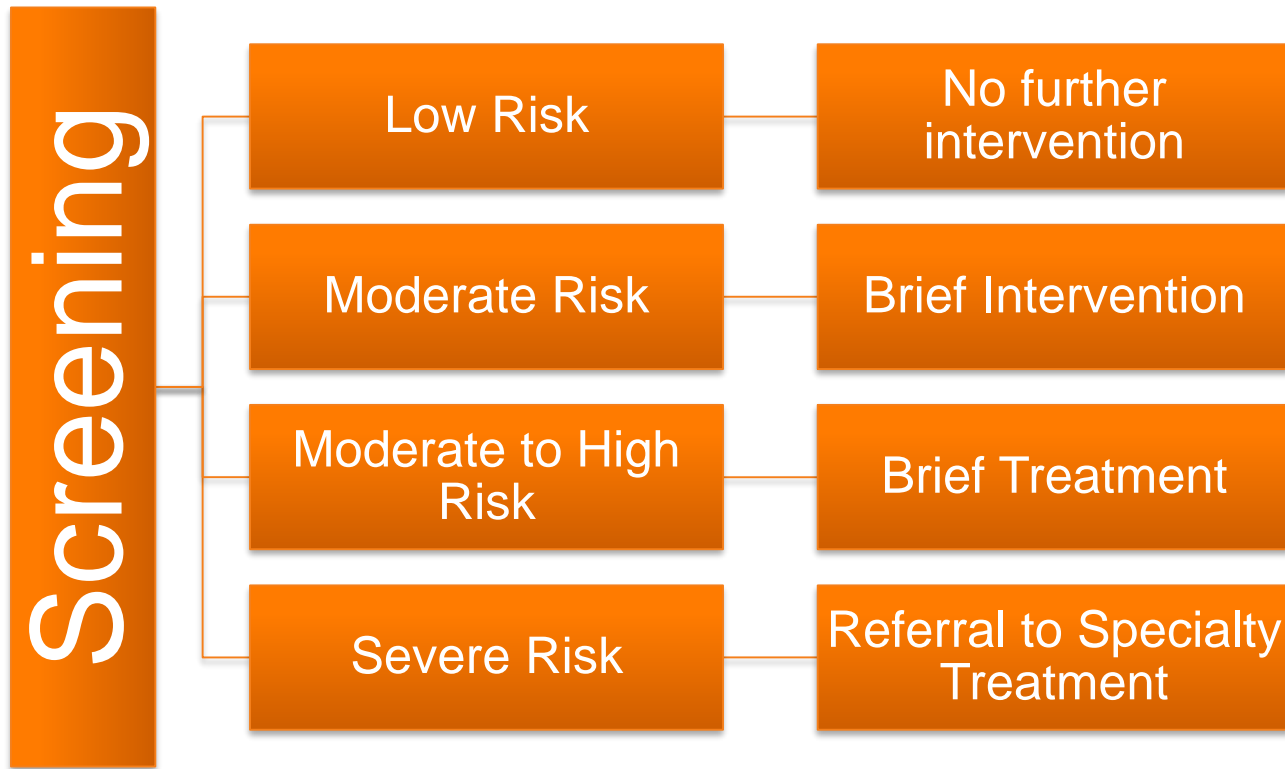
- SAMHSA, 2011

Components of SBIRT

- Screening
- Brief Intervention/ Brief Treatment
- Referral to Treatment



Flow Chart for SBIRT Process



(The BIG Initiative 2012)



Screening



Pre-Screening



- Pre-screening should be administered on all adult patients
 - This rules out low/ no risk patients
- Can simply ask two questions:
 - How many times in the past year have you had:
 - 5 or more (men) drinks a day?
 - 4 or more (woman) drinks a day?
 - How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?

(SBIRT Oregon)

Brief Initial Screens



CAGE

CRAFFT

CAGE Questionnaire



An assessment instrument used by primary caregivers to identify alcohol-related problems

CAGE Questions:

- C- Have you ever felt you should cut down on your drinking?
- A- Have people annoyed you by criticizing your drinking?
- G- Have you ever felt bad or guilty about your drinking?
- E- Eye opener: Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

❑ Link to tool: https://www.integration.samhsa.gov/clinical-practice/sbirt/CAGE_questionnaire.pdf

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CRAFFT

Tool for use with children under the age of 21, screens for alcohol and substance use

- ❑ Link to tool: https://www.integration.samhsa.gov/clinical-practice/sbirt/CRAFFT_Screening_interview.pdf
- ❑ Video: <https://www.youtube.com/watch?v=GvaOXREccHI>
- ❑ Helpful Resource:
 - <http://www.ncaddnj.org/file.axd?file=2014%2F7%2FProvider+Guide+-+CRAFFT+Screening+Tool.pdf>

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Longer Screenings

ASSIST

DAST 10

AUDIT

TWEAK

ASSIST



Designed for use by health care workers in a range of health care settings to screen for substance use

Link to tool:

- http://www.who.int/substance_abuse/activities/assist_v3_english.pdf

Video: <https://www.youtube.com/watch?v=riJtqT1vLq8>

Helpful Resource: WHO ASSIST Packet

- http://www.who.int/substance_abuse/activities/assist/en/

AUDIT

Screening for alcohol use, designed for health care providers

- ❑ Link to Tool: <https://www.integration.samhsa.gov/clinical-practice/sbirt/AUDIT.pdf>

- ❑ Video: <https://www.youtube.com/watch?v=ONPIsxurlJg>

- ❑ Helpful Resource: The Alcohol Use Disorders Identification Test-Guidelines for Use in Primary Care
 - http://www.talkingalcohol.com/files/pdfs/WHO_audit.pdf

DAST-10

Tool to screen for substance use. Can be self-administered or administered by provider.

These questions refer to the past 12 months.

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")
4. Have you had "blackouts" or "flashbacks" as a result of drug use?
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."
6. Does your spouse (or parents) ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?

❑ Link to Tool:

- <https://med.dartmouth.edu/hitchcock.org/documents/DAST-10-drug-abuse-screening-test.pdf>

❑ Helpful Resource: National Institute on Drug Abuse & Addiction Page

- <https://cde.drugabuse.gov/instrument/e9053390-ee9c-9140-e040-bb89ad433d69>

TWEAK



- 5 questions, designed to screen pregnant women for harmful drinking habit in a health care provider setting
- Some of the Questions:
 - How many drinks does it take to make you feel high?
 - Have close friends or relatives worried or complained about your drinking in the past year?
- Link to Tool:
 - <http://www.mqic.org/pdf/TWEAK.pdf>

Behavioral Health Screens



WIPHL

PQ-9

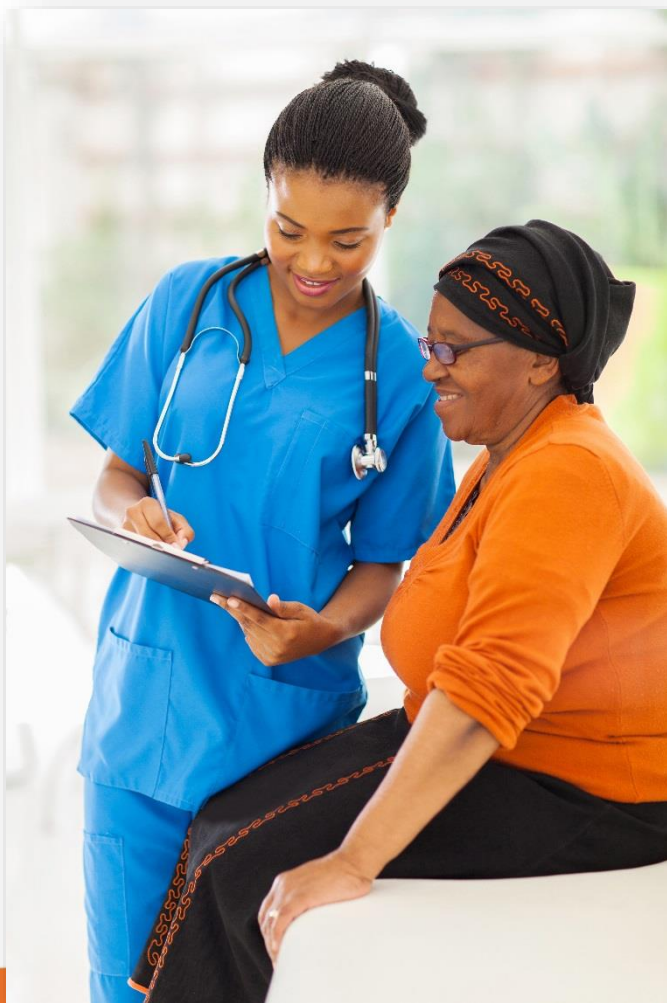
GAIN SS



Brief Intervention



Motivational Interviewing (MI)



“Motivational interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.”

(Miller & Rollnick, 2013, p. 12)

Motivational Interviewing

Involves attention to natural language about change

Finds constructive ways through challenges that arise when venturing into a member's motivation for change

Arranging conversations so that members talk themselves into change, based on their own values and interests

Attitudes are not only reflected in, but are actively shaped by speech

(Miller & Rollnick, 2013, p. 4)

Brief Overview of Motivational Interviewing



Video Link:

<https://www.youtube.com/watch?v=s3MCJZ7OGRk>

(Mutulich, 2013)

O.A.R.S

Skill	Example
Asking Open-Ended Questions	“I understand you have some concerns about your drinking. Can you tell me about them.”
Make Affirmations	“I appreciate that it took a lot of courage for you to discuss your drinking with me today.
Use Reflections	“You enjoy the effects of alcohol in terms of how it helps you unwind with friends, but you are beginning to worry about the impact of your drinking, is that right?”
Use Summarizing	“If is okay with you, just let me check that I understand everything we’ve discussed. You have been worrying about how much you have been drinking and experienced some health concerns.”

(Hall, Gibbie & Lubman, 2012)

Using OARS



*Evoking Commitment
to Change*

Video Link:

<https://www.youtube.com/watch?v=dm-rJJPCuTE>

(Health Team Works' Video, 2009)

IRETA MI Toolkit

Motivational Interviewing Toolkit



Motivational Interviewing is an integral part of SBIRT, and its principles can also be applied to other therapeutic interactions revolving around behavior change.

The following materials supplement formal MI training, but cannot replace the instruction and practice necessary to become proficient.

<http://ireta.org/improve-practice/addiction-professionals/toolkits-for-practice/mitoolkit/>

SBIRT Provider Card

LOW-RISK DRINKING LIMITS

Source: National Institutes of Health

MEN 18-65



No more than:
4 drinks per day
AND no more than:
14 drinks per week

WOMEN 18-65*



No more than:
3 drinks per day
AND no more than:
7 drinks per week

AGE 66+



No more than:
3 drinks per day
AND no more than:
7 drinks per week

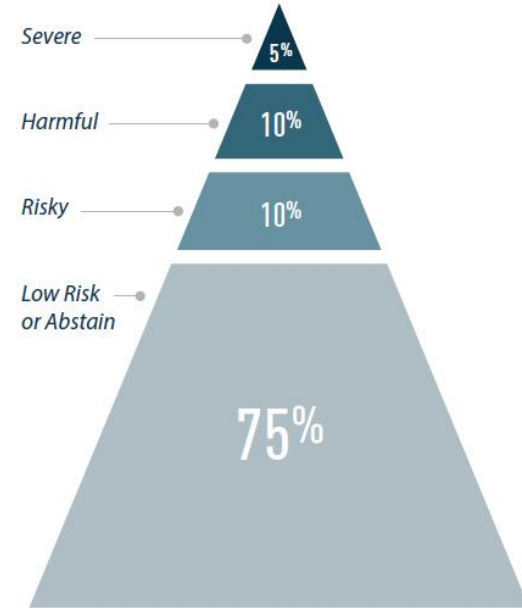
*Women who are pregnant or breastfeeding should not drink.

WHAT COUNTS AS ONE DRINK?

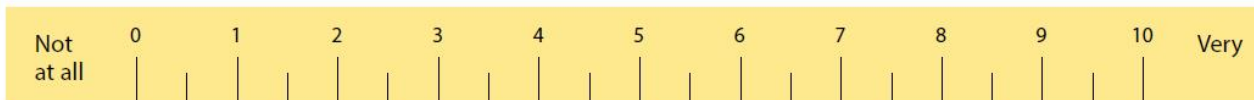


One drink is:
12-ounce can of beer
5-ounce glass of wine
A shot of hard liquor (1½ ounces)

RISK ZONE PYRAMID



Adapted from World Health Organization





Referral to Treatment



Referring an Individual in the Severe Zone

The aim of the brief intervention: Enhance the patient's motivation to accept a referral to treatment for an initial appointment/assessment

Risk Zone	IV-Severe
AUDIT Score	14+
DAST Score	6+
Description of Zone	“Could benefit from more assessment and assistance.”

(University of Missouri- Kansas City)

Step 1 – Raise the Subject



- Explain your role
 - Ask permission to discuss alcohol/drug use screening forms

- Ask about alcohol/drug use patterns
 - “What does your alcohol/drug use look like in a typical week?”

- Ask about the patient’s concerns about substance use
 - “I’m interested in finding out what concerns you have about your alcohol/drug use?”

- Listen carefully and provide reflections of change talk.

(University of Missouri- Kansas City)

Step 2 – Provide Feedback



- ❑ Provide feedback on the AUDIT and/or DAST:
 - ❑ “Your score on the screening form puts you in the Severe Zone. Individuals who score in that Zone are usually experiencing significant consequences related to their alcohol/drug use. They often benefit from more assessment and assistance (than I can offer).” Review low-risk drinking limits.

- ❑ Elicit the patient’s reaction
 - ❑ “What do you think about that?”

- ❑ Explore connection to health/social/work issues (patient education materials): “What connection might there be...?”

(University of Missouri- Kansas City)

Step 3 – Enhance Motivation



- ❑ Provide a summary and express concern:
 - ❑ “As we just talked about, your alcohol/drug use puts you in the Severe zone. I am concerned about how your alcohol/drug use may be impacting your health, and it sounds like you have some concerns too. I would like to [have you talk to our behavioral health specialist or refer you to a treatment program], to assess together what might be most helpful for you.”

- ❑ Explore the patient’s reaction to the information; listen closely and reflect.

(University of Missouri- Kansas City)

Step 3 – Enhance Motivation



- ❑ If the patient doesn't express "significant" concerns or seem interested in a referral, explore pros/cons:
 - ❑ "What do you like about your alcohol/drug use? What don't you like?" then explore readiness "On a scale of 0-10, how ready are you to make a change in your alcohol/drug use?" If readiness is greater than a 2: "Why that number and not a _____ (lower one)?"

(University of Missouri- Kansas City)

Step 3 – Enhance Motivation



- ❑ If the patient is somewhat open to referral, use the readiness ruler:
 - ❑ “On a scale of 0-10 how ready are you to consider seeing someone to talk more about your alcohol/drug use?” If readiness is greater than 2: “Why that number and not a _____ (lower one)?”

- ❑ Ask pros/cons of seeing someone for an assessment for treatment (ask about cons first, then pros).

(University of Missouri- Kansas City)

Step 4 – Negotiate Plan



- ❑ If not motivated for referral or to change substance or alcohol use:
 - ❑ Stop, thank patient, offer patient education materials, negotiate follow-up visit

(University of Missouri- Kansas City)

Step 4 – Negotiate Plan



- ❑ If not motivated for referral but motivated to change substance or alcohol use:
 - ❑ Summarize the conversation (zone, pros/cons, readiness); ask question: “What steps would you be willing to take?”
 - ❑ Explore patient’s goal for change (offer options if needed); write down steps to achieve goal; assess confidence
 - ❑ Negotiate follow-up visit; thank patient

(University of Missouri- Kansas City)

Step 4 – Negotiate Plan



- ❑ If interested in accepting the referral:
 - ❑ Explore the patient’s understanding of what “treatment” is, provide feedback to explain types of treatment and support, and most importantly that treatment takes many forms. Elicit reactions: “Sounds like you are open to considering getting some help. I’m wondering what you know about the different types of treatment options?”
 - ❑ Use a warm handoff and plan how to get help or support: “Would it be okay if we called right now to make you an appointment?” or “Can I call in my colleague to talk to you for a few minutes?”
 - ❑ If needed, assess for withdrawal risks and management.

(University of Missouri- Kansas City)

SBIRT Provider Card



RISK ZONE	I—LOW RISK	II—RISKY	III—HARMFUL	IV—SEVERE
AUDIT Score	0-3	4-9	10-13	14+
DAST Score	0	1-2	3-5	6+
Description of Zone	"At low risk for health or social complications."	"May develop health problems or existing problems may worsen."	"Has experienced negative effects from substance use."	"Could benefit from more assessment and assistance."

Raise the subject

- Explain your role; ask permission to discuss alcohol/drug use screening forms
- Ask about alcohol/drug use patterns: "What does your alcohol/drug use look like in a typical week?"
- Listen carefully; use reflections to demonstrate understanding

Provide feedback

- Share AUDIT/DAST zone(s) and description; review low-risk drinking limits; explore patient's reaction: "Your score puts you in the ____ zone, which means _____. The low-risk limits are _____. What do you think about that?"
- Explore connection to health/social/work issues (patient education materials): "What connection might there be...?"

Enhance motivation

- Ask about pros/cons: "What do you like about your alcohol/drug use? What don't you like?"
- Explore readiness to change: "On a scale of 0-10, how ready are you to make a change in your alcohol/drug use?"
- If readiness is greater than 2: "Why that number and not a ____ (lower one)?"
- If 0-2: "How would your alcohol/drug use have to impact your life for you to think about changing?"

Negotiate plan

- Summarize the conversation (zone, pros/cons, readiness); ask question: "What steps would you be willing to take?"
- If not ready to plan, stop the intervention; offer patient education materials; thank patient
- Explore patient's goal for change (offer options if needed); write down steps to achieve goal; assess confidence
- Negotiate follow-up visit; thank patient

Link: <http://www.sbirt.care/tools.aspx>



Brief Treatment



Activity



SBIRT in MS



MS has now incorporated SBIRT into covered services
Rule 1.11: Screening, Brief Intervention and Referral to Treatment (SBIRT) services.

- The division of Medicaid defines Screening, Brief Intervention, and Referral to Treatment (SBIRT) as an early intervention approach that targets pregnant women with nondependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment.

SBIRT services must include:



- Screening of a pregnant woman for risky substance use behavioral utilizing evidenced based assessment or screening tools
- Brief Intervention of a pregnant woman showing risky substance use behaviors in a short conversation, providing feedback and advice,
- Referral to treatment for brief therapy or additional treatment to a pregnant woman whose assessments or screening indicate a need for additional services

Coverage according to Medicaid



- DOM covers 1 SBIRT service per pregnancy when performed by one of the following licensed practitioners:
 - Physician
 - Nurse Practitioner
 - Certified Nurse Midwife
 - Physician **Assistant**
 - **Licensed Clinical** Social Worker
 - Licensed Professional Counselor
 - Clinical Psychologist
- SBIRT services provided through a Community Mental Health Center or Private Mental Health Center must be performed by one of these licensed practitioners

Billing for SBIRT

Billing SBIRT Services Under Medicaid



- SBIRT services are targeted to pregnant women
- Medicaid covers one (1) SBIRT service per pregnancy when performed by one (1) of the following licensed practitioners:
 - Physician
 - Nurse Practitioner
 - Certified Nurse Midwife
 - Physician Assistant
 - Licensed Clinical Social Worker
 - Licensed Professional Counselor
 - Clinical Psychologist
- SBIRT services provided through a CMHC or PMHC must be performed by one of the above providers

Billing SBIRT Services Under Medicaid



- SBIRT is reimbursed according to HCPCS guidelines:
 - SBIRT services provided by RHCs, FQHCs and the Mississippi State Department of Health (MSDH) providers, are covered in the encounter rate for core services
 - An encounter cannot be paid solely for SBIRT services
 - SBIRT is not covered at IP LOC
- Medicaid covers all medically necessary services for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- SBIRT service providers must document and maintain auditable records:
 - A copy of the evidence based standardized assessment screening tool with scoring,
 - Brief description of the intervention, and
 - Referral information

Documenting SBIRT Services Under Medicaid

Providers of SBIRT must document and maintain auditable records that meet the requirements set in Part 200, Chapter 1 Rule 1.3 including the following:

1. A copy of the evidenced based standardized assessment screening tool with scoring
2. Brief description of the intervention
3. Referral information

(Source: 42 C.F.R. 440.210, 440.250; Miss. Code Ann. Ss 43-13-117, 43-13-121)

SBIRT Booklet from Centers for Medicare and Medicaid Services

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SBIRT_Factsheet_ICN904084.pdf

(Centers for Medicare and Medicaid Services)

IRETA SBIRT Toolkit

SBIRT Toolkit



This toolkit is designed for practitioners and organizations who are using (or considering using) Screening, Brief Intervention & Referral to Treatment in a variety of settings.

FOR CLIENTS

- + Brochures

FOR PRACTITIONERS

- + General
- + Adolescent-Specific
- + Screening
- + Brief Interventions
- + Referral and Treatment

FOR ORGANIZATIONS

- + Tools

<http://ireta.org/improve-practice/toolkitforsbirt/>

SBIRT via SAMHSA



About SBIRT

- » Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- » Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- » Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

[Learn more about SBIRT.](#)

SBIRT Grantees

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.

- » [Colleges & Universities SBIRT Programs](#)
- » [Medical Residency Training Programs](#)
- » [Medical Professional Training Programs](#)
- » [State Cooperative Agreements](#)
- » [Grantee Websites](#)

Coding for Reimbursement

Reimbursement for screening and brief intervention is available through commercial insurance Current Procedural Technology (CPT), Medicare G codes, and Medicaid Healthcare Common Procedure Coding System (HCPCS).

[View available reimbursement codes.](#)

Resources

Resources are available online or by calling SAMHSA's toll-free helpline at 1-800-662-HELP (4357).

[Learn more about SBIRT resources.](#)

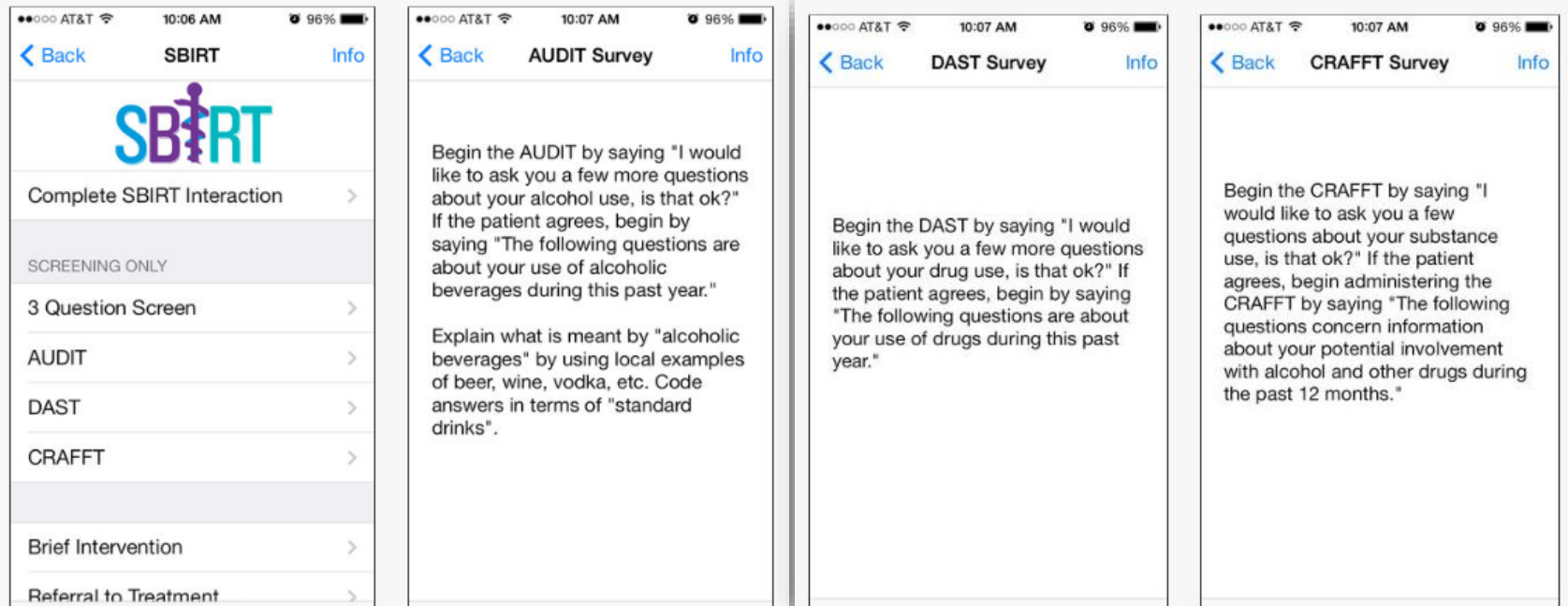
Website

<https://www.samhsa.gov/sbirt>

SAMHSA White Paper on SBIRT

<http://bigsbirteducation.webs.com/SBIRTwhitepaper.pdf>

Free SBIRT App



<https://itunes.apple.com/us/app/sbirt/id877624835?mt=8>

Substance Use Screening & Assessment Instruments Database

Substance Use Screening & Assessment Instruments Database

This resource is intended to help clinicians and researchers find instruments used for screening and assessment of substance use and substance use disorders. Some instruments are in the public domain and can be freely downloaded from the web; others can only be obtained from the copyright holder. We don't provide copies of instruments, but links to contact and availability information are included if known. [We welcome submissions of instruments](#), as well as corrections for those already included.

★ Measures that are widely used and have proven reliability and validity are noted with a **gold star**.* [Selected screening instruments](#) | [Selected assessment instruments](#)

Search for an instrument (or use [Advanced search](#))

Limit to

- | | | |
|-------------------------------------|----------------------------------|--------------------------------------|
| <input type="radio"/> Adolescents | <input type="radio"/> Adults | <input checked="" type="radio"/> All |
| <input type="radio"/> Screening | <input type="radio"/> Assessment | <input checked="" type="radio"/> All |
| <input type="checkbox"/> Selected ★ | | |

<http://lib.adai.washington.edu/instruments/>

Rethinking Drinking Site

Created by
National Institutes
of Health

<https://www.youtube.com/user/SBIRTonline>



The screenshot shows the homepage of the 'Rethinking Drinking' website. The header features the title 'RETHINKING DRINKING' in large, bold letters, with the subtitle 'Alcohol & your health' below it. Navigation links include 'Email Page', 'Print', 'Link to Us', and 'Bookmark & Share'. A search bar is located in the top right. A secondary navigation bar contains links for 'HOW MUCH IS TOO MUCH?', 'THINKING ABOUT A CHANGE?', 'TOOLS', 'Q&A'S', and 'HELP LINKS'. The main content area features a large banner with the text 'DO YOU KNOW: THE SIGNS THAT ALCOHOL IS CAUSING HARM?' over a background image of a woman at a bar. Below the banner, there is a section titled 'Do you enjoy a drink now and then?' with introductory text. To the right, there are three interactive buttons: 'Check your drinking pattern' (with a glass icon), 'See signs of a problem' (with a mountain icon), and 'Get tools to make a change' (with a gear icon).

Free On-Demand Webinars



Webinars via The BIG Initiative hosted by
NORC at the University of Chicago

<http://bigsbirteducation.webs.com/webinars.htm>

Provider Resources- Screening Tools

- (ASSIST) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and Condensed Assist
 - <http://my.ireta.org/sites/ireta.org/files/ASSIST%20V30%20Manual.pdf>
- (CRAFFT) Car, Relax, Alone, Forget, Friends, Trouble adolescent Screening booklet and Guide
 - <http://www.ncaddnj.org/file.axd?file=2014%2F7%2FProvider+Guide+-+CRAFFT+Screening+Tool.pdf>
- (CAGE) Cut, Annoyed, Guilty, Eye Opener
 - <https://www.uspreventiveservicestaskforce.org/Home/GetFileByID/838>
- (CAGE-AID) <https://www.integration.samhsa.gov/images/res/CAGEAID.pdf>

Provider Resources- Screening Tools

- Chart of Evidence Based Screening Tools for Adults and Adolescents:
 - <https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/chart-evidence-based-screening-tools-adults>
- (AUDIT) Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care
 - http://www.talkingalcohol.com/files/pdfs/WHO_audit.pdf
- (DAST-10) The Drug Abuse Screening Test
 - <http://my.ireta.org/sites/ireta.org/files/DAST-10%20CO%20SBIRT%20color%20handout.pdf>

Providers Resources- Brief Interventions

- Motivational Interviewing Toolkit from Ireta:
 - <http://ireta.org/improve-practice/addiction-professionals/toolkits-for-practice/mitoolkit/>
- Videos- Motivational Interviewing Examples Motivational Interviewing-Good Example- Alan Lyme
 - <https://www.youtube.com/watch?v=67l6g1l7Zao&feature=youtu.be>
- Motivational Interviewing: A Bad Example (Presenter: Alan Lyme)
 - https://www.youtube.com/watch?v=_VlvanBFkvl&feature=youtu.be
- Easy to Read Drug Facts- Handouts and Video Clips that can be used for education on different substances
 - <https://easyread.drugabuse.gov/>

What questions do you have?





Objectives Revisited

- Define SBIRT
- List the components of SBIRT
- Name SBIRT tools and define how they may be used during an assessment
- Identify billing methods for your state

Market Specific Training Info Here



- A variety of topics are available
- Trainings are free!
- Contact Lakeisha Davis at 769.226.1023
- Sign up for clinical provider trainings:
www.envolveU.com

Closing Questions

- How familiar are you with SBIRT?
 - 1 = I have no knowledge of SBIRT
 - 10 = I am an expert in SBIRT
- How likely are you to screen all of your patients for alcohol and substance use?
 - 1 = I do not see any need to screen my patient for alcohol and substance use
 - 10 = I screen every patient that I see

References



Addiction Technology Transfer Center Network. Alcohol: Is Your Health at Risk? Retrieved on January 11, 2018 from http://www.sbirt.care/pdfs/education/Alcohol%20Effects_Dec%202016.pdf

Center for Adolescent Substance Abuse Research, CeASAR, Children's Hospital Boston. Retrieved on January 11, 2018 from www.ceasar.org

Clinical Tools, Inc. TWEAK. Retrieved on January 11, 2018 from <https://www.sbirttraining.com/node/1709>

Department of Mental Health and Substance Dependence. World Health Organization. The Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary. Retrieved on January 11, 2018 from http://www.who.int/substance_abuse/activities/en/Draft_The_ASSIST_Guidelines.pdf

References



DualDiagnosisANZ . (2012). ASSIST screening tool for problematic substance use. Retrieved on January 11, 2018 from <https://www.youtube.com/watch?v=riJtqT1vLq8>

Ewing, John. Bowles Center for Alcohol Studies. The CAGE Questionnaire. Retrieved on January 11, 2018 from https://www.integration.samhsa.gov/clinical-practice/sbirt/CAGE_questionnaire.pdf

Health Team Works' Videos. (2009, October). Motivational Interviewing: Evoking commitment to change. [Video file]. Retrieved from <https://www.youtube.com/watch?v=dm-rJJPCuTE>

Institute for Research, Education and Training in Addictions. Motivational Interviewing Toolkit. Retrieved on January 11, 2018 from <http://ireta.org/improve-practice/addiction-professionals/toolkits-for-practice/mitoolkit/>

References



Massachusetts Department of Public Health Bureau of Substance Abuse Services. Adolescent Screening, Brief Intervention, and Referral to Treatment for Alcohol and Other Drug Use. Retrieved on January 11, 2018 from <http://www.ncaddnj.org/file.axd?file=2014%2F7%2FProvider+Guide+-+CRAFFT+Screening+Tool.pdf>

Matulich, Bill. (2013, May 30). *Introduction to motivational interviewing*. [Video file]. Retrieved on January 11, 2018 from <https://www.youtube.com/watch?v=s3MCJZ7OGRk>

Miller, W., & Rollnick, S. (2013). *Motivational interviewing: Helping people change*. (3rd ed.). New York, NY: Guilford Press.

References



MLN Booklet- Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services. Centers for Medicare and Medicaid Services. Retrieved on January 10, 2018 from https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SBIRT_Factsheet_ICN904084.pdf

National Institute on Alcohol Abuse and Alcoholism. Screening Tests. Retrieved on January 11, 2018 from <https://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm>

National Institute on Alcohol Abuse and Alcoholism. AUDIT. Retrieved on January 11, 2018 from <https://www.integration.samhsa.gov/clinical-practice/sbirt/AUDIT.pdf>

Pfizer, Inc. (1999). Patient Health Questionnaire, PHQ-9. Retrieved on January 11, 2018 from https://www.integration.samhsa.gov/clinical-practice/Global_Assessment_of_Individual_Needs_Short_Screen_-GAIN-SS-.pdf

References



Roseberry-Keiser, Nikki & Wagner, Chris. Nebraska Good Life. Great Mission. SBIRT: Screening and Brief Intervention and Referral to Treatment in Nebraska PowerPoint Presentation. Dept of Health and Human Services.

SBIRT Online (2015). SBIRT in Primary Care: At-Risk Alcohol Use. Retrieved on January 11, 2018 from <https://www.youtube.com/watch?v=ONPlsxurlJg>

SBIRT Oregon (2015). Adolescent brief intervention. Retrieved on January 11, 2018 from <https://www.youtube.com/watch?v=GvaOXREccHI>

SBIRT Oregon. Resources. Retrieved on January 11, 2018 from <http://www.sbirt.care/pdfs/tools/Pre-Screen-Annual%20Screen.PDF>

References



Skinner, Harvey (1982). DAST-10. The Centre for Addiction and Mental Health. Department of Public Health Sciences, University of Toronto. Retrieved on January 11, 2018 from <https://www.drugabuse.gov/sites/default/files/dast-10.pdf>

Skinner Harvey.(1982). The Drug Abuse Screening Test. Addict Behav 7(4):363-371. Yudko E, Lozhkina O, Fouts A (2007). A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. J Subst Abuse Treatment 32:189-198. National Institute on Drug Abuse & Addiction Page. Retrieved on January 11, 2018 from <https://cde.drugabuse.gov/instrument/e9053390-ee9c-9140-e040-bb89ad433d69>

Substance Abuse and Mental Health Service Administration. SBIRT: Screening. Retrieved on January 11, 2018 from <https://www.integration.samhsa.gov/clinical-practice/sbirt/screening>

Substance Abuse and Mental Health Service Administration. What is Integrated Care? Retrieved on April 20, 2016 from: <http://www.integration.samhsa.gov/about-us/what-is-integrated-care>

References



Substance Abuse and Mental Health Services Administration. (2013). Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment. Technical Assistance Publication (TAP) Series 33. HHS Publication No. (SMA) 13-4741. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013. Retrieved on January 11, 2018 from <https://store.samhsa.gov/shin/content//SMA13-4741/TAP33.pdf>

The BIG Initiative. (2012). *The Health Professional's Guide to Screening, Brief Intervention and Treatment*. Bethesda, MD. Retrieved on January 11, 2018 from <http://bigsbirteducation.webs.com/Health%20Professionals%20Learners%20Guide%20Sneak%20Peek.pdf>

The BIG Initiative. (2012). Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare (2011). Retrieved on January 11, 2018 from: <http://bigsbirteducation.webs.com/SBIRTwhitepaper.pdf>

References



University of Missouri-Kansas City. Screening, Brief Intervention, and referral to Treatment for Substance Use. Retrieved on January 11, 2018 from <http://www.sbirt.care/tools.aspx>

University of Missouri-Kansas City. Referral to Treatment: Brief Intervention for a Patient in the Severe Zone. Retrieved on January 11, 2018 from <http://www.sbirt.care/pdfs/tools/Referral%20to%20treatment%20brief%20intervention%20%2023%2017.PDF>

U.S. Department of Health & Human Services (HHS). Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services MLN Booklet. The Medicare Learning Network, MLN Connects, and MLN Matters.

World Health Organization. Department of Mental Health and Substance Dependence. (2001). The Alcohol Use Disorders Identification Test Guidelines for Use in Primary Care. Retrieved on January 11, 2018 from http://www.talkingalcohol.com/files/pdfs/WHO_audit.pdf

References



Wisconsin Initiative to Promote Healthy Lifestyles. Retrieved on January 11, 2018 from [https://www.integration.samhsa.gov/clinical-practice/sbirt/Sample Behavioral Health Screen.pdf](https://www.integration.samhsa.gov/clinical-practice/sbirt/Sample_Behavioral_Health_Screen.pdf)

Trainer Prep Resources



- ATTC Website that provides various methods to describe SBIRT- written, diagram and clips
 - <http://www.attcnetwork.org/national-focus-areas/content.aspx?rc=sbirt&content=CUSTOM2>
- ATTC- Addiction Technology Transfer Center Network - Website that has PPT and manuals on how to train SBIRT
 - <http://attcnetwork.org/national-focus-areas/?rc=sbirt>
- ATTC Train the Trainer Manual and Power Points Link
 - <http://my.ireta.org/sites/ireta.org/files/NATIONAL%20SBIRT-TOT-FINAL1.pdf>
- ATTC Train the Trainer Website on Adolescent SBIRT
 - <http://sbirt.webs.com/curriculum>

Trainer Prep Resources



- SBIRT Education by the NORC at the University of Chicago. This is a website with a lot of resources and webinars. It is known as the BIG (Brief Intervention Group) Initiative. This is where I found information and started to Correspond with Dr. Tracy McPherson
 - <http://bigsbirteducation.webs.com/thebiginitiative.htm>
- SAMHSA Webpage on SBIRT
 - <https://www.samhsa.gov/sbirt>
- Trainers can order a free copy of the Rethinking Drinking here:
 - https://pubs.niaaa.nih.gov/OrderForm/EncForm/order_page
- IRETA SBIRT Toolkit with guides and instruments such as screenings:
 - <http://ireta.org/improve-practice/toolkitforsbirt/>

Frequently Asked Questions by Healthcare Providers Worksheet



Discusses questions such as:

- How can a provider incorporate this into their office?
- Can a provider be reimbursed for their time?
- How effective is self report screening?
- Link: https://www.integration.samhsa.gov/clinical-practice/SBIRT_FAQ.pdf