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

An Implementation Guide for Health Care Providers

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4561051-01-01 (02/25)

Agenda

- Introductions/Housekeeping Announcements
- SBIRT Incentive Program
- Define SBIRT
- Identify screening tools for adults and adolescents
- Discuss the Brief Intervention
- Discuss the Referral to Treatment
- List some general guidelines for documenting SBIRT
- Questions

Learning objectives

- Define SBIRT and its 6 components
- Identify 4 screening tools for adults and 2 screening tools for adolescents
- List 2 brief interventions used in SBIRT
- Identify referral to treatment options
- List general guidelines for documenting SBIRT

Poll question

Please rate your current knowledge of SBIRT:

1. I have no knowledge of SBIRT.
2. I have minimal knowledge of SBIRT.
3. I have moderate knowledge of SBIRT but never implemented it.
4. I have a great deal of knowledge of SBIRT & have implemented.
5. I am in expert in SBIRT and implement it regularly.

SoonerSelect provider incentive directed payment plan

Add-on payments that support health care quality assurance improvement initiatives.
These include after hours care, well visit services and SBIRT screenings which are eligible for a **$25.00** increase payment.

SBIRT - Screening, Brief Intervention and Referral to Treatment provides early detection and intervention to address substance use in a variety of health care settings.

Exclusions to those who can use the SoonerSelect Provider Incentive add-on payments:

- Behavioral Health Services by Mental Health professionals and Licensed Behavioral Health Practitioners **at Community Mental Health Centers** are excluded as they participate in a separate directed payment program.
- Services rendered by **state employed or contracted** physicians are excluded as they participate in a separate directed payment program

What do I need to do to participate?

- Screen patients and use SBIRT model of care
- Use code H0049 for the encounter
- Earn a fee for service reimbursement for the code and an additional $25 per encounter.
- Payments are made Quarterly to Providers.

SoonerSelect DPP Guidance - SoonerSelect Provider Incentive DPP.pdf

For more clarification- ProvReimb@okhca.org

What is SBIRT?

A comprehensive, integrated, public health approach for early intervention and treatment services for substance use disorders and those at risk of developing a substance use disorder

The SBIRT model represents a paradigm shift in substance use interventions

SBIRT targets people who do not yet meet criteria for a SUD and provides effective strategies for early intervention

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2013)

Who should be screened with SBIRT?

SBIRT screens ALL patients annually regardless of an identified disorder

SBIRT can be used with adults, young adults, as well as adolescent youth

- Adolescents = 12-17 yrs. old
- Young adults = 18-21 yrs. old

Components of SBIRT

Components of SBIRT

Screening

Process of identifying patients with possible substance problems and determining the appropriate course of action for them

Brief intervention

Is appropriate for patients identified to be a moderate risk for substance use problems

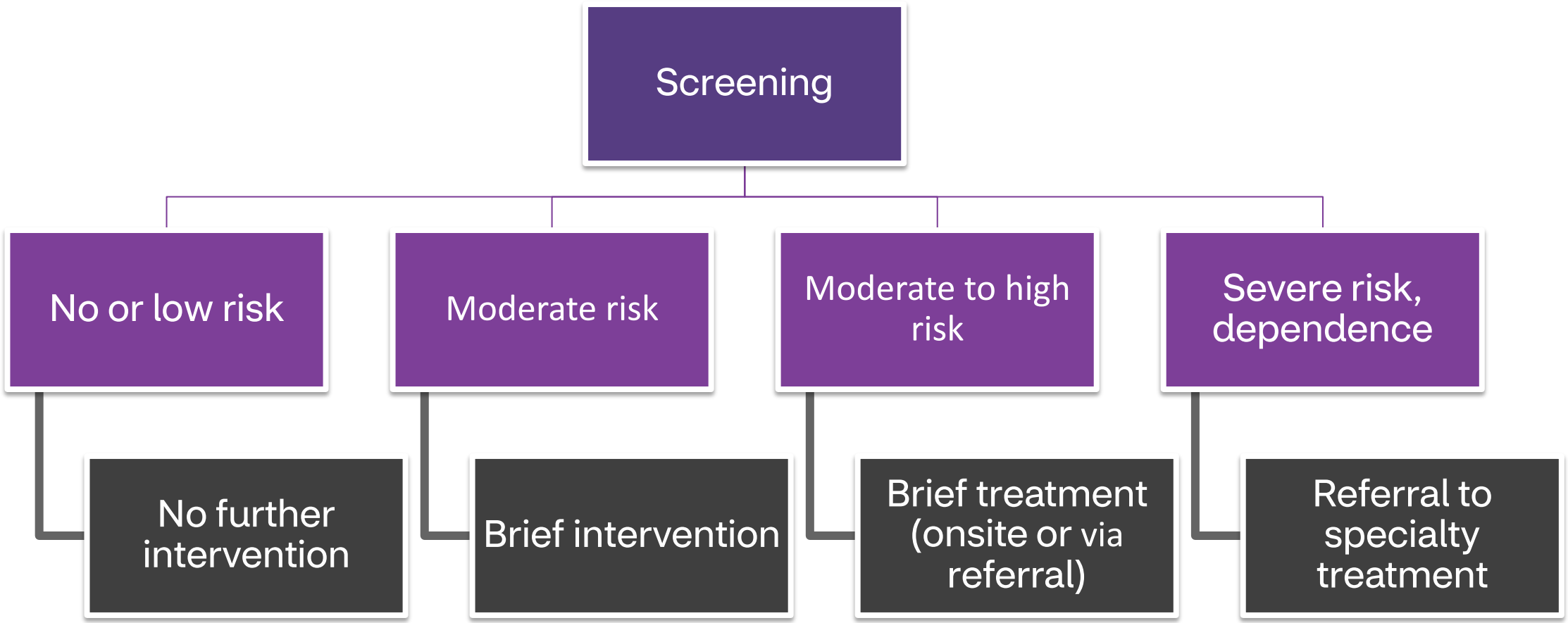
Can be implemented in single or multiple sessions

Referral to treatment

Is for patients identified as needing more intensive treatment than brief intervention

Aims to identify an appropriate treatment program and facilitate engagement in treatment

The SBIRT process



(SAMHSA, 2013)

SAMHSA’s six

(SAMHSA, 2013)

Why is SBIRT effective?

- SBIRT is a proven approach to improving patient outcomes and decreasing emergency department and inpatient admissions.
- SBIRT expands the continuum of care, focusing on prevention before alcohol and other drug use escalates to problematic use or a substance use disorder, through assessing of otherwise overlooked patients.
- SBIRT prevents future problems by detecting risky behavior and current health problems related to substance use at an early stage before more serious problems develop.
- SBIRT creates better patient outcomes by enhancing patient care, improving treatment outcomes and increasing provider and patient satisfaction.[3] SBIRT gives providers the opportunity to educate patients about the connection between their health issues and their substance use.
- SBIRT creates positive financial returns as a reimbursable, cost-saving and cost-effective practice.
  - Research has shown a net benefit of $546 per patient receiving brief intervention in a primary care setting and net cost savings of $89 per patient screened.
  - In emergency departments and trauma centers, the net benefit per patient offered a brief intervention is $3,300 and the return on investment is about $4 for every dollar spent.[4,-5]

Widely endorsed by:
World Health Organization (WHO)
United States Prevention Services Task Force (USPSTF)
American Medical Association (AMA)
American College of Surgeons (ACS)
American Academy of Pediatrics (AAP)

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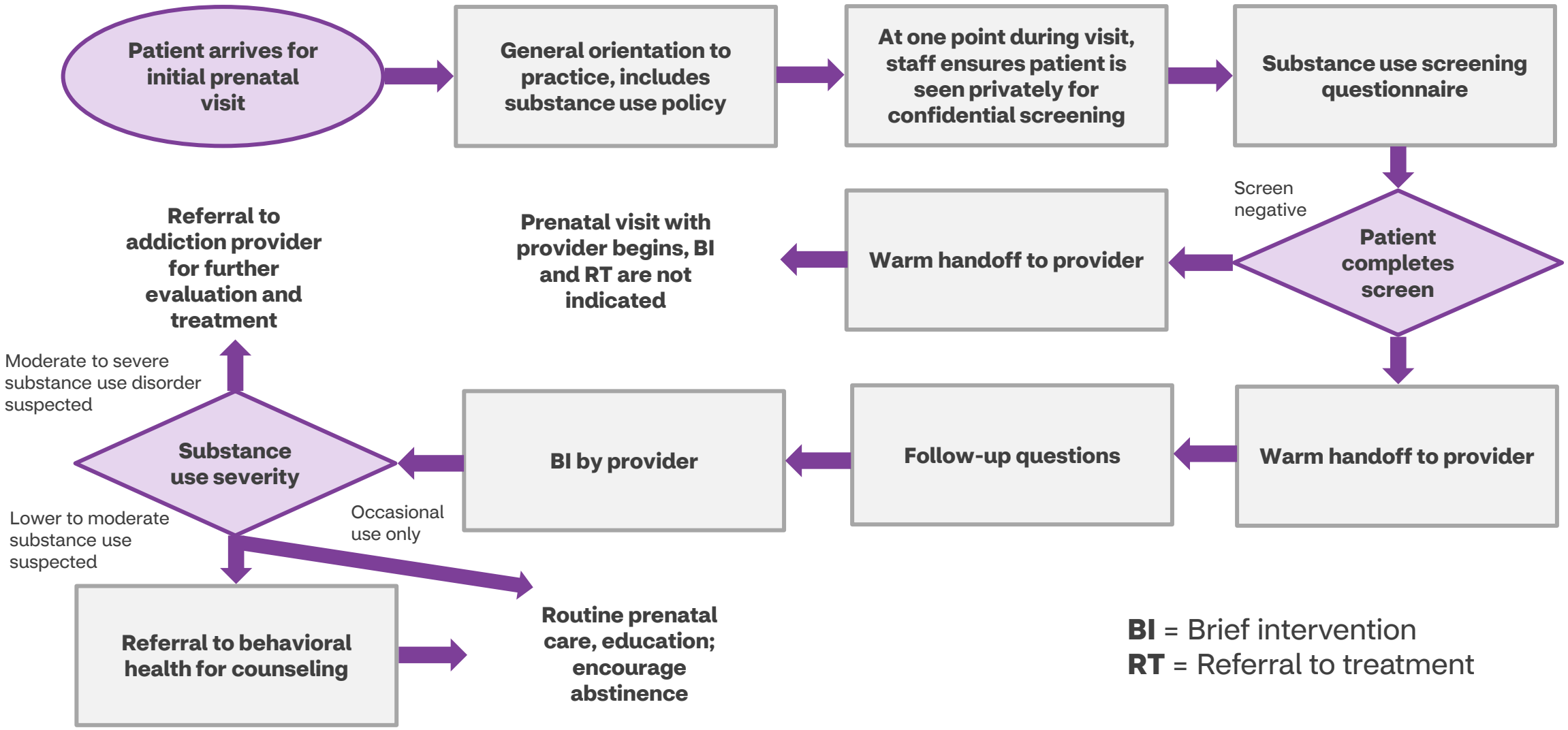
Implement SBIRT

What triage could look like in your practice



BI = Brief intervention
RT = Referral to treatment

SBIRT and Integrated Care

SBIRT can be used in health care settings as part of integration efforts to identify and begin to address risky substance use.

- **Primary care settings that can implement SBIRT include:**
  - Primary care practices
  - Federally qualified health centers (FQHCs)
  - School-based health centers (SBHCs)
  - Emergency room (ER) departments

- **Best practices for implementing SBIRT in primary care settings:**
  - Utilizing an interprofessional team
  - Developing relationships with referral partners
  - Aligning SBIRT with the office flow
  - Integrating SBIRT into the EHR

(O'Grady & Kapoor, 2020; Hargraves, White, Frederick, et al., 2017)

Cultural considerations for SBIRT

Strategies to address culture in SBIRT implementation:

- Build in flexibility: Allow for cultural adaptations of SBIRT processes and tools in policy and procedure such as using a screening tool in the member's preferred language.
- Address implicit bias and its unintentional impacts on service delivery.
- Maintain an organizational commitment to a culture of continual learning about issues of cultural humility and sensitivity.

(National Council for Mental Wellbeing, 2021)

Confidentiality and parental involvement

Privacy and minor consent laws vary by state

In most states, confidentiality cannot be breached unless there is imminent danger

There are different types of laws that affect a provider's ability to share information, including:

- Health Insurance Portability and Accountability Act (HIPAA)
- State privacy laws
- State minor consent laws
- Family Educational Rights and Privacy Act (FERPA)
- 42 Code of Federal Regulations (CFR) Part 2

(National Council for Mental Wellbeing, 2021)

Considerations for alcohol screening

Scope of the Problem

Alcohol is a factor in about:

- 30% of suicides
- 40% of fatal burn injuries
- 50% of fatal drownings and of homicides
- 65% of fatal falls
- 29% of motor vehicle traffic fatalities

Half of liver disease deaths in the United States are caused by alcohol.

Alcohol misuse increases the risk of liver & cardiovascular diseases, depression, stomach bleeding, as well as several cancers.

People who misuse alcohol are more likely to engage in unsafe sexual behavior, increasing the risk for STIs and unintentional pregnancies.

Drinking levels defined

Drinking in moderation

- 2 drinks in a day or less for men
- 1 drink or less in a day for women

Binge drinking

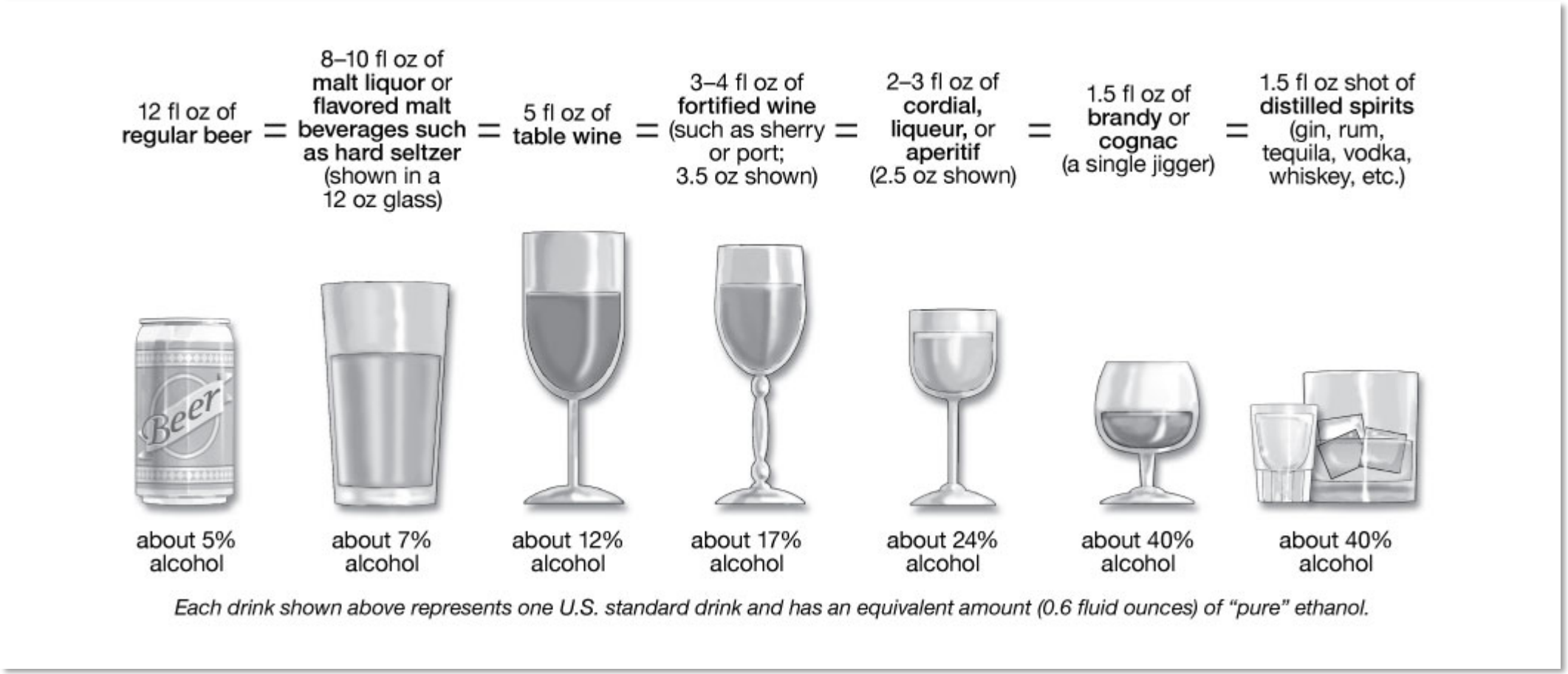
- 5 or more drinks for men
- 4 or more drinks for women

Heavy alcohol use

- More than 4 drinks on any day or more than 14 drinks per week for men
- More than 3 drinks on any day or more than 7 drinks per week for women

(U.S. Department of Agriculture and U.S. Department of Health and Human Services, 2020; National Institute on Alcohol Abuse and Alcoholism, n.d.)

Low risk drinking



(U.S. Department of Health and Human Services, n.d.a)

Adult substance use screening tools

Screening

- Process of identifying potential substance use issues.
- Screening use has expanded to identify individuals across the full spectrum of use.
- Screening provides the opportunity to initiate discussions about their alcohol and drug use and to provide intervention as needed.

(SAMHSA, 2013)

Adult substance use screening tools

CAGE

4 Questions for Alcohol Use Disorder.

https://www.uspreventiveservicestaskforce.org/Home/GetFileByID/838

AUDIT

10 Questions used for Alcohol Use Disorder. Screening is designed for health care providers

https://auditscreen.org/

DAST-10

10 Questions, Muti-use Screener. Tool assesses drug use, not including alcohol or tobacco

https://gwep.usc.edu/wp-content/uploads/2019/11/DAST-10-drug-abuse-screening-test.pdf

TWEAK

Five questions designed to screen pregnant women for harmful drinking habit in a health care provider setting

https://www.unodc.org/ddt-training/treatment/VOLUME%20A/Volume%20A%20-%20Module%201/5.Screening%20and%20Assessment%20Tools,%20Assist/9.TWEAK.pdf

Adolescent substance use screening tools

Adolescent substance use screening tools

CRAFFT-Car, Relax, Alone or Friends, Trouble

The CRAFFT is an efficient and effective health screening tool designed to identify substance use, substance-related riding/driving risk, and substance use disorder among youth ages 12-21.

Link to tool: https://crafft.org/wp-content/uploads/2021/07/CRAFFT_2.1_Self-administered_2021-07-03.pdf

Screening to Brief Intervention

This screening tool consists of frequency of use questions to categorize substance use by adolescent patients into different risk categories.

Link to tool: https://www.mcpap.com/pdf/S2BI_postcard.pdf

Brief intervention

Brief intervention

- Appropriate for those identified through screening to be at moderate risk for substance use problems
- Can be provided through a single session or multiple sessions of motivational interventions
- Interventions focus on increasing a patient's insight into and awareness about substance use and behavioral change
- The goal is to educate and increase motivation to reduce risky behavior

(SAMHSA, 2013; Center for Substance Abuse Treatment, 1999)

Defining the stages of change

Stage of Change	Definition
Precontemplation	The individual is not considering change, is aware of few negative consequences, and is unlikely to take action soon.
Contemplation	The individual is aware of some pros and cons of their behavior but feels ambivalent about change. They have not yet decided to commit to change.
Preparation	This stage begins once the individual has decided to change and begins to plan steps toward recovery.
Action	The individual tries new behaviors, but these are not yet stable. This stage involves the first active steps toward change.
Maintenance	The individual establishes new behaviors on a long-term basis.

(Prochaska and DiClemente, 1984 as cited in Center for Substance Abuse Treatment, 1999)

Stages of change: Treatment needs

Stage of Change	Treatment Needs
Precontemplation	Members need information linking their problems and potential problems with their substance abuse/behaviors. A brief intervention might be to educate them about the negative consequences of their behaviors. (i.e., a depressed individual might be told how their alcohol use may cause or exacerbate depression.)
Contemplation	Members should explore feelings of ambivalence and the conflicts between their behaviors and personal values. The brief intervention might seek to increase the member's awareness of the consequences of continued behaviors and the benefits of decreasing or stopping them.
Preparation	Members need to work on strengthening commitments. A brief intervention might give the member a list of options for treatment (i.e., inpatient treatment, outpatient treatment, 12-Step meetings) from which to choose, then help them plan how to go about seeking the treatment that is best for them.
Action	Members require help executing an action plan and may have to work on skills to maintain sobriety. The clinician should acknowledge the member's feelings and experiences as a normal part of recovery. Brief interventions could be applied throughout this stage to prevent relapse.
Maintenance	Members need help with relapse prevention. A brief intervention could reassure, evaluate present actions, and redefine long-term sobriety maintenance plans.

(Center for Substance Abuse Treatment, 1999)

Motivational Interviewing (MI)

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

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)

O.A.R.S skills

Skill	Example
Open-Ended Questions	“I understand you have some concerns about your drinking. Can you tell me about them?”
Affirmations	“I appreciate that it took a lot of courage for you to discuss your drinking with me today.”
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?”
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 et al., 2012)

Referral to treatment

- **The primary goals of referral to treatment are:**
  - To identify an appropriate treatment program
  - To facilitate engagement of the patient in treatment
- **The absence of linkages to treatment referrals can be a significant barrier to the adoption of SBIRT.**
- **Strong referral linkages are critical, as is tracking these patient referrals**

(SAMHSA, 2013)

Determining when a referral is needed

Screening result	Brief intervention focus	Referral indicated
No substance use	Provider anticipatory guidance	No
Low Risk for SUD	Provide reduction or cessation advice	No
Moderate Risk for SUD	Reduce use and reduce risky behaviors	Use clinical judgment
High Risk for SUD	Facilitate linkage to mental health or substance use treatment	Yes

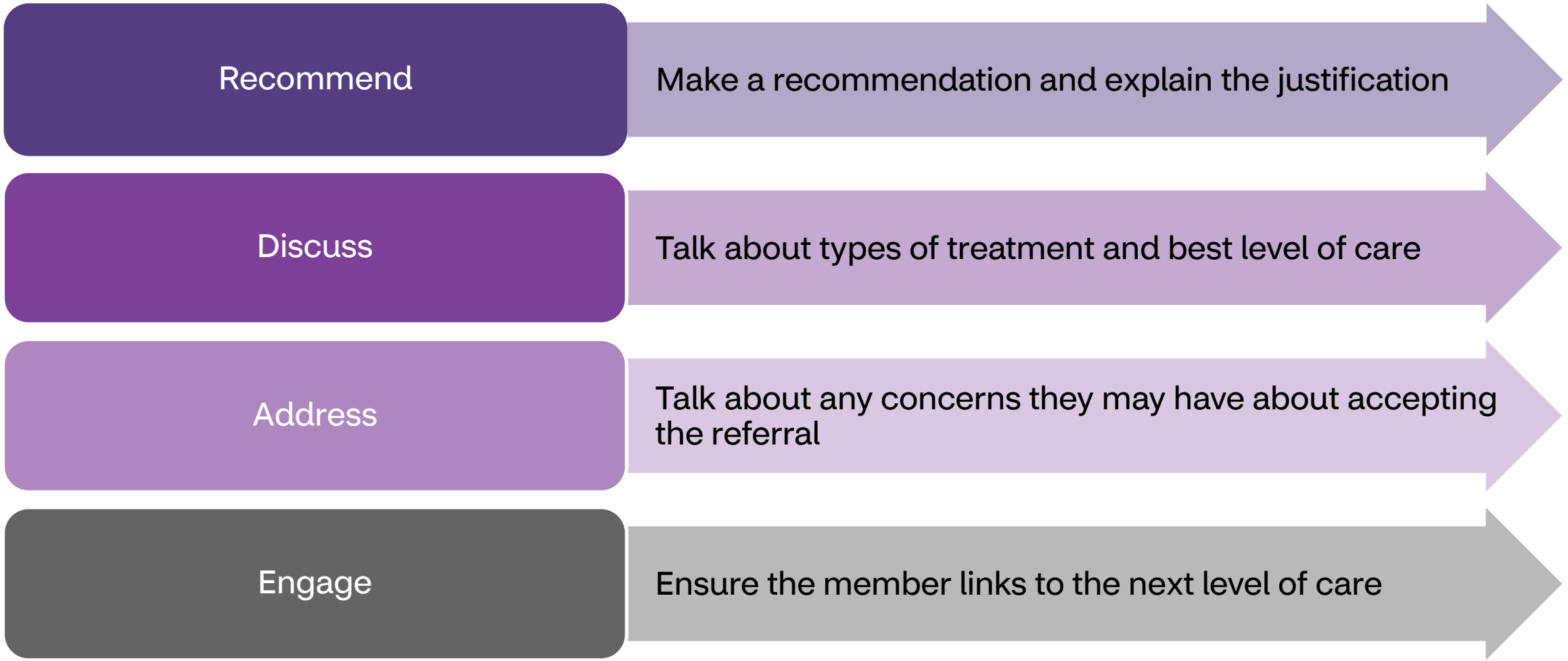
(National Council for Mental Wellbeing, 2021)

Who Should Make the Referral?

- **Pediatricians, PCPs, mental health and substance use clinicians, nurses, or other clinicians**
- **Clinics should assess who may be the most appropriate personnel**
- **Ensure there is a written, consistent workflow that assigns staff accountability for the referral process**
- **When developing the workflow, consider:**
  - If the referral is internal or external
  - How information is shared
  - The expected timeliness of appointments
  - Coordination with other services
  - Staff responsibilities for member engagement and follow-up

(National Council for Mental Wellbeing, 2021)

Clinical skills for initiating a referral



(National Council for Mental Wellbeing, 2021)

Referral to treatment sample scripts

"We've have talked a bit about your struggles at home, at school and with your health, and I think some changes around alcohol could help with the issues you identified."

"Your score of 13 out of 40 on the AUDIT indicates that you might benefit from some help with cutting back on drinking."

"Working on this through outpatient counseling with a counselor or other health professional like myself could be really helpful."

"What do you think of this idea?"

(NORC at the University of Chicago, 2016)

Documentation

Commonly Accepted Standards

- Each page of the screening tool contains the member's name or ID number
- Include the date the screening tool was administered
- Document the screening results
- If a brief intervention is done, make sure to document it in the member record, as well as the member's response
- Make sure to document any referrals given, as well as the outcome
- If you are the provider treating the SUD diagnosis, make sure to include the diagnosis in the treatment plan

(NCQA, 2018)

General Guidelines for Documentation of SBIRT

Document screening tool that was administered and what the results were what they suggest for treatment recommendations or referrals.

Discuss the results of the tool and depending on the response you either: Document the member's declination or move on to the next step.

If the member agrees to have a discussion, you then review options and document next steps.

Finalize your documentation by recording the interaction's total amount of time.

(Oregon Health and Science University Family Medicine, 2023)

Contracted entity resources

Oklahoma Complete Health- *immediate assistance resources*

Virtual Telehealth:

Brave Health- Ages 13+ for therapy and psychiatry

- Referrals can be submitted using our Fast Access Referral Form.
- After completing a referral, please remind your patient to complete the Patient Consent Form and feel free to send them the link.
- Reach out to partnersupport@bebravehealth.com anytime with questions, feedback, or suggestions about the process.
- Please review our Referrer Toolkit for helpful information about our services and practice.

Teladoc Health- Ages 13+ for therapy and psychiatry

- Patient registration at: Teladoc Registration

Care Management:

Oklahoma Complete Health

Email us securely the patient's name and Medicaid ID at: OCHBehavioralHealthSSP@OklahomaCompleteHealth.com

We will take care of the rest!

Humana Healthy Horizons in Oklahoma resources

Case management inquires (Physical and Behavioral Health, Adult and Pediatrics)	**OKMCDCaseManagement@humana.com**
SDOH and housing coordinators	**OKMCDSDOH@humana.com**
Maternity	**OKMCDMaternity@humana.com**
Brave Health	**https://bebravehealth.com**
Provider Reimbursement for OHCA	**provreinb.ohca.org**

Aetna Better Health of Oklahoma resources

Value-added benefits for members

Mental health coaching	Members ages 13+ are engaged through an online platform to strengthen their emotional health and are provided tools and support for depression, substance abuse, tobacco cessation, early pregnancy, and more.
Pyx Health	24/7 digital companionship for mental health and loneliness support. Chat with staff for support and encouragement and receive help with mood improvement, anxiety motivation, and more.
Brave Health	Virtual Outpatient mental health provider offering therapy and medication management geared toward complex members. This is for members 13 and older. These are web-based video sessions. A provider can refer a member for this benefit, or a member can self-refer.

For a complete list visit our member website at **Local Resources & Services | Aetna Medicaid Oklahoma**. Contact member services for additional information at **1-844-365-4385 (TTY:711)**.

- **Find an Aetna Better Health Provider:** **Find a Provider | Aetna Better Health of Oklahoma**
- **Nonemergency Medical Rides**: **Modivcare | Home** or call **1-877-718-4208** **(TTY: 1-866-288-3133)**
- **REACH Teams**: Connect to programs (finances, food, education, housing, legal issues, jobs, support groups, baby supplies, clothing, etc.) Call **1-833-316-7010**
- **Peer Support**: Members can request peer support by calling Member Services at **1-844-365-4385 (TTY: 711)**
- **Care Management**: A provider can request care management services for a our member by sending an email to **AetnaBetterHealthOKCM@aetna.com**
- **Aetna Better Health Community Resource Directory**: **Community Resource Directory | CVSHealth**

OKCAPMAP

OKLAHOMA CHILD AND ADOLESCENT PSYCHIATRY AND MENTAL HEALTH ACCESS PROGRAM

Request Clinical Consultation

OKCAPMAP child and adolescent psychiatrists and mental health professionals are here to help! Please click here to register for the OKCAPMAP program. Please click here to submit a consultation request.

Access Enhanced Education

OKCAPMAP educators and trainers are excited to connect with you and support your pediatric mental health care experience. Please click here to register in OKCAPMAP. Please click here to see the many education options we offer.

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