



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

The primary care provider is fundamental to the Aetna Better Health® of Oklahoma provider network. Your role is crucial in ensuring that all members have a medical home and access to essential healthcare services, which facilitates continuity and coordination of care. As you fulfill this important function, you are likely to notice an increasing number of patients presenting with both physical health and substance use disorders.

To support you in this endeavor, Aetna Better Health has developed a toolkit designed to equip our primary care providers with the necessary information and screening instruments for the early identification and treatment of substance use disorders.

Primary care providers must have access to valid, reliable, concise, easy to administer, and available tools. Aetna Better Health is dedicated to the integration of medical and behavioral health services, aiming to achieve improved outcomes for our members.

Inside >

Overview.....	2
Screening tools	3
Brief intervention	4
Motivational interviewing	5
Referral to treatment	6
Treatment resources.....	7
Extra benefits for members	9
Substance use summary	10
References	11



Overview

Screening, Brief Intervention, and Referral to Treatment (SBIRT), is a comprehensive, evidenced-based approach designed to identify and address substance use issues in various populations. It equips providers and healthcare professionals with the tools to assess the severity of these disorders. Timely intervention and treatment play a vital role in securing favorable outcomes and enhancing the overall quality of life for individuals affected by substance misuse.

SBIRT plays an essential role in offering a structured method for identifying and addressing substance misuse prior to progression. The 2023 National Survey on Drug Use and Health (NSDUH) indicates that 2.3 million individuals aged 12 and older experienced alcohol use disorder (AUD) in the previous year, with 7.9% of this demographic receiving treatment for their condition. The insufficient treatment of chronic diseases notably exacerbates the overall healthcare expenses for those suffering from substance use disorders. Additionally, a significant number of these individuals tend to approach their primary care providers for help rather than seeking specialized behavioral health services.

It is important to note that SBIRT effectively corresponds with the HEDIS Measure (IET), which is the initiation and engagement of alcohol and other dependence treatment. This HEDIS measure assesses the percentage of adults and adolescents 13 years of age and older with a new diagnosis of alcohol or other drug abuse or dependence and their engagement in treatment.

Framework of SBIRT

The SBIRT model is structured around three core components, each playing a significant role in the identification and management of substance use disorders. The first component is screening. It entails a screener that evaluates the severity of substance use, which is crucial for determining the necessary level of treatment when appropriate. The second component is a brief intervention. The intervention focuses on increasing awareness and motivation for behavioral changes that enhance overall health. Lastly, referral to treatment provides a clear pathway for follow-up with individuals identified as having a substance use disorder. This is a primary component of the SBIRT framework. This step includes coordinating follow-up care for those requiring more intensive and specialized treatment services. The process can be intricate, and many individuals may require support in various areas.





Screening tools

Adult substance use screening tools

- The **Alcohol Use Disorders Identification Test (AUDIT)** is a brief screening tool covering 10 items, which can be utilized by primary care professionals, healthcare paraprofessionals, and individuals to evaluate problematic alcohol use in themselves or others. This tool is accessible in both interview and self-report formats and features illustrations alongside standard drink measurement indicators. [AUDIT.PDF](#)
- The **CAGE questionnaire** screens for both alcohol and drug misuse. CAGE is an acronym and represents 4 aspects of the questionnaire. If an individual answers yes to drinking alcohol or using drugs, follow up with the four following questions. A “yes” to one item indicates a possible substance use disorder and the need for further intervention. [CAGE_questionnaire.pdf](#)
- **Drug Abuse Screening Test (DAST-10)** is a 10-question multiuse screener to assess drug use, not including alcohol or tobacco. [DAST-10: Drug Abuse Screening Test](#)
- The **TWEAK screener** has questions designed to screen pregnant women for harmful drinking habits in a health care provider setting. [TWEAK.PDF](#)



Adolescent substance use screening tools

- **CRAFFT (Car, Relax, Alone or Friends, Trouble)** screening tool is used to screen adolescents 12-21. There are two versions of the CRAFFT, self-administered and clinical interview. This tool includes a set of targeted questions that evaluate the patterns of alcohol and drug consumption, thereby assisting clinicians in understanding the risks and consequences associated with adolescent substance use. [CRAFFT](#)
- **S2BI (Screening Brief Intervention) tool** consists of frequency of use questions to categorize substance use by adolescent patients into different risk categories. [S2BI_postcard.pdf](#)





Brief intervention

All individuals who complete a screening tool for alcohol or drug misuse should be told the results of the screening. A brief intervention or referral to treatment may be necessary based on the individual's assessed level of risk.

- No or Low Risk: No intervention needed. (an example would be an AUDIT score of 0-3)
- Moderate Risk: Brief intervention
- Moderate to High Risk: Brief intervention and/or referral to treatment
- Severe Risk, Dependence: Referral to specialized addiction treatment

Individuals assessed as being at moderate risk will require some form of intervention tailored to the severity of their use and associated symptoms. The intervention should be individualized to meet the specific needs of the patient. A brief intervention can be provided through a single session or multiple sessions of motivation interventions. The goal is to reduce use and reduce risky behaviors. Each intervention should consider the unique circumstances and goals of the individual to ensure the best possible outcomes.

Examples of the appropriate interventions include:

- Psychoeducation to increase awareness of the effects of substance misuse and promote healthier behaviors
- Participation in outpatient programs or support groups
- Motivational interviewing to enhance readiness for change
- Counselling or therapy sessions focused on addressing substance use and underlying factors
- Regular monitoring and follow up to assess progress and adjust the intervention as needed
- In the presence of severe symptoms: initiating a referral to a behavioral health and/or substance use provider who can further assess and provide a treatment plan
- Calling 911 and referring to the closest emergency room if the individual is showing signs of withdrawal and/or is in a crisis





Motivational interviewing

Motivational interviewing (MI) refers to a collaborative conversation that seeks to empower individuals to recognize and act upon their motivations for change. By creating a non-judgmental space for discussion, this method encourages members to explore their feelings and thoughts, thereby promoting a deeper understanding of their personal goals and the steps necessary to achieve them. Four key factors of MI include:

- Expressing empathy and avoiding arguing
- Developing discrepancy
- Rolling with resistance
- Supporting self-efficacy

A variety of effective techniques can be identified. The following are a few representative examples:



Ask permission

Rationale: shows respect for individuals, which may lead to better results when discussing change.

Example: “I appreciate you answering the screening questions. Could we take a minute to discuss your results?”



Open-ended questions

Rationale: When individuals are asked open-ended questions, it allows for a collaborative dialogue.

Example: “What are the benefits of your current approach to health?”



Elicit change talk

Rationale: Change talk is more prone to successful outcomes. This technique elicits reasons for changing that are a priority to the individual.

Example: “What would you like to see different about your current situation?”



Reflective listening

Rationale: This is the primary way of responding to individuals and building empathy; it involves carefully listening to individuals and responding to what they are saying.

Example: “It sounds like you recently became concerned about your drinking.”



Referral to treatment

Patients should be referred for treatment when there are concerns regarding their potential classification as high-risk or their fulfillment of criteria for an alcohol use disorder or substance use disorder. It is essential that the referral process for treatment is conducted collaboratively. Engaging the patient in discussions about their experiences, aspirations for treatment, and jointly developing a mutually acceptable plan is crucial for fostering their commitment to the treatment process.

Treatment options:

Community recovery support:

Recovery support services offer individuals supplementary assistance aimed at enhancing their success in treatment. These services may include transportation options, participation in support groups (such as Alcoholics Anonymous meetings), resources for employment or education, sponsorship, faith-based assistance, and educational initiatives focused on wellness and recovery.

Care management: Aetna Better Health has care managers available to our members to help with needs, goals, and preferences, and coordinate care services.

Peer recovery support specialist:

Aetna Better Health offers peer support tailored to each member. A PRSS serves as a mentor and advocate for individuals in recovery, leveraging their lived experiences to facilitate healing and growth. They play a crucial role in the recovery ecosystem by offering relatable insights, fostering connections, and supporting individuals in achieving their recovery goals.

Counseling: A clinically licensed therapist provides counseling services focused on addressing substance use disorders through targeted therapeutic interventions. The aim is to facilitate a reduction or cessation of substance use, enhance coping skills, and formulate an effective recovery plan.

Medications for Alcohol Use Disorder (MAUD):

Medication interventions used to support and treat the challenges of alcohol dependency. MAUD is often used in combination with other therapies.

[Medications for Substance Use Disorders | SAMHSA](#)

Medication Assisted Treatment (MAT):

Outpatient medication-assisted treatment is a clinical strategy designed to support individuals dealing with substance use disorders through the administration of medications alongside psychosocial support. This approach enables patients to engage in their treatment regimen while maintaining their daily

Partial hospitalization program: An evidence-based program, sometimes called day treatment, where an individual might need daily support but is stable enough to return home at night. This type of program is a lower level of care but still provides intensive treatment with more flexibility.

Residential treatment: A 24hr professionally directed facility, designed to offer intensive therapeutic care and the preparation necessary for return to community outpatient programs.

Inpatient detox: Short-term hospitalization to manage withdrawal symptoms, adjust medications, conduct individual and group therapy sessions, and develop a comprehensive recovery plan that includes referral for continued treatment.



Treatment resources: Aetna Better Health

Aetna Better Health

Find an ABHOK provider	Find a Provider Aetna Better Health of Oklahoma
Nurse call line (24/7)	1-844-365-4385 (TTY: 711)
Member services	1-844-365-4385 (TTY: 711)
Nonemergency medical rides	Modivcare Home or call 1-877-718-4208 (TTY: 1-866-288-3133)
REACH teams	1-833-316-7010 (Connect to programs for finances, food, education, housing, legal issues, jobs, support groups, baby supplies, clothing)
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 member by sending an email to AetnaBetterHealthOKCM@aetna.com
KRAMES online	Krames Online - Patient Education Library
Community Resource Directory	Community Resource Directory CVSHealth
Additional resources	Local Resources & Services Aetna Medicaid Oklahoma
Mental health matters	Behavioral Health Mental Wellness Aetna Medicaid



Treatment resources: Community

Community resources

OKCAPMAP	918-710-3600 Provider-to-Provider consultation support for patients ages 0-21. Provider Registration - OKCAPMAP
OKCAPMAP provider resources	Provider Resources - OKCAPMAP
OHCA provider consultation line	405-522-7597 Psychiatric Consultation Program DEC2021.pdf
Alcoholics anonymous	Have a problem with alcohol? There is a solution. Alcoholics Anonymous
Narcotics anonymous	Narcotics Anonymous World Services
Al-Anon family groups	Al-Anon Meeting Search - Al-Anon Family Groups
Alateen	Alateen Meeting Search - Al-Anon Family Groups
In the rooms	Find Online Addiction Recovery Meetings, Live Meetings, 12 step Programs: In The Rooms
Substance Abuse and Mental Health Services Administration	www.samhsa.gov/find-help/national-helpline
OK Mental Health and Substance Abuse Services	Services Search Community Resources
OHCA	Mental Health and Substance Abuse Services
Lock box information at SDOH	Christian.Bonds@health.ok.gov
Oklahoma Tobacco Helpline	1-800-784-8666 Quit Smoking For FREE With The Oklahoma Tobacco Helpline OK TSET



Extra benefits for members

Several additional benefits for Aetna Better Health members are outlined below. These additional benefits can offer enhanced assistance in addressing barriers related to alcohol misuse or substance use disorders. Contact member services for additional information at **1-844-365-4385 (TTY:711)**.



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.



Digital companionship app

Members 13 years or older have access to an app that helps fight loneliness. With 24/7 digital companionship and support intervention, they can connect with compassionate people for a friendly chat or help with resources.



Mental health coaching

Members 13 years or older have access to mental health coaching that assists in strengthening emotional health. The app provides access to tools and support for depression, substance abuse, tobacco cessation, early pregnancy and more.



Alternatives to opioids

Members ages 21 and older, enrolled in care management with a chronic pain diagnosis can get \$500 to use for acupuncture, massage therapy, dry-needling and yoga.



Behavioral health follow-up visit

Members ages 6 and older can get a \$20 reward for each follow-up visit (up to 4) completed with a mental health practitioner within 30 days following discharge from an acute behavioral health inpatient hospitalization, residential treatment or detoxification for substance use disorder.



Recovery housing

Members enrolled in care management who have discharged from inpatient substance use disorder treatment or have been released from incarceration from an Oklahoma Department of Corrections Center, can receive up to \$600 per month for up to 3 months at an Aetna Better Health approved sober living facility.





Substance use summary

According to the DSM-5, an individual is diagnosed with substance use disorder when the persistent use of alcohol or drugs leads to considerable functional impairment. The DSM is a Diagnostic and Statistical Manual of Mental Disorders utilized by healthcare providers to identify a range of mental health conditions. Clinicians are encouraged to refer to this manual to confirm that the diagnostic criteria are satisfied.

Oklahoma has reported distressing rates of substance use disorders, high level of alcohol-related mortality, and significant impact from the opioid crisis. Some of the most frequently noted types of substance use disorders continue to be alcohol use disorder, tobacco use disorder, cannabis use disorder, stimulant use disorder, and opioid use disorder.

Substance abuse impacts individuals across diverse backgrounds and economic conditions. Regardless of whether drug use begins as a recreational activity or through medical prescriptions, users may unknowingly develop tolerance and dependence before recognizing the change in their relationship with the substance.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a comprehensive list of potential symptoms accompanied by a substance use disorder. It is important to note that individuals may exhibit varying levels of functioning and frequently conceal their consumption of alcohol or drugs. Behavioral and physical changes are among the symptoms that may indicate a substance use disorder. A few examples are listed below.

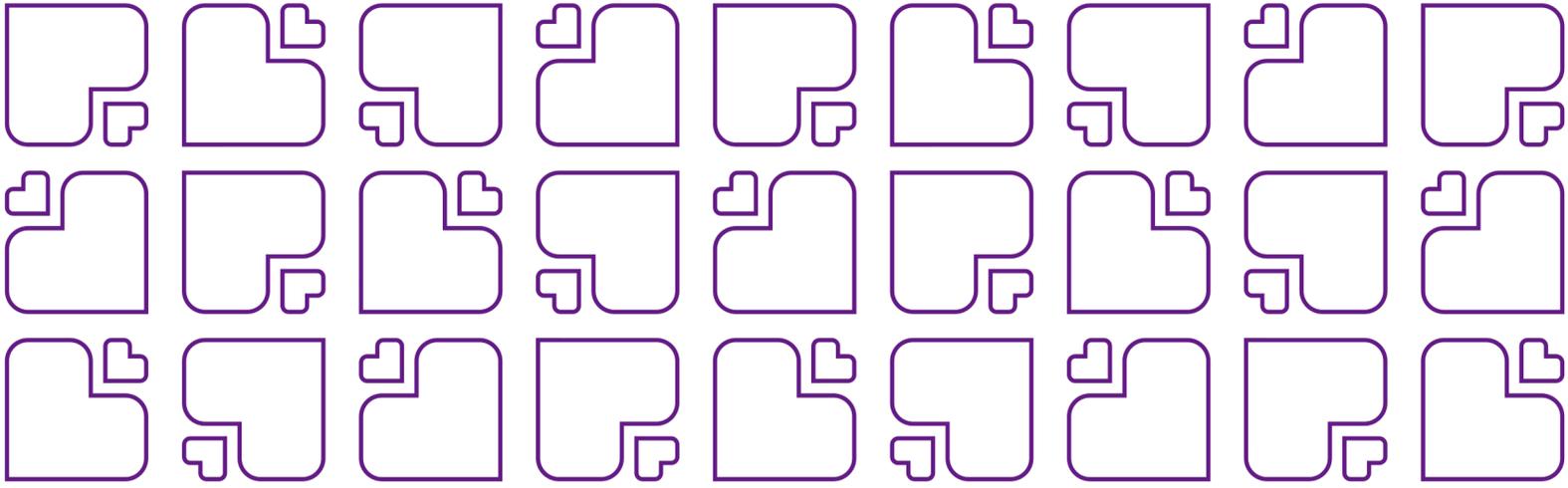
- Missing work or school, chronically late to work, or poor performance.
- Getting into trouble with law or other risk-taking behaviors
- Changes in eating and sleeping patterns.
- Personality changes, mood swings, irritability, or angry outbursts
- Hyperactivity, agitation, or impulsiveness
- Lack of motivation
- Depression, low self-esteem, anxiety, or experiencing paranoia.
- Significant changes in habits or priorities
- Poor physical coordination
- Blackouts and memory loss
- Weight loss or weight gain
- Deterioration of physical appearance or lack of interest in grooming
- Tremors, slurred speech, or impaired coordination
- Not paying bills on time





References

- ADOLESCENT SBIRT Toolkit for Providers Adolescent Screening, Brief Intervention, and Referral for Treatment for Alcohol and Other Drug Use. (2015).
<https://www.mcpap.com/pdf/S2BI%20Toolkit.pdf>
- Case Western Reserve University. (2021, June 25). Motivational Interviewing. Center for Evidence-Based Practices | Case Western Reserve University.
<https://case.edu/socialwork/centerforebp/practices/motivational-interviewing>
- Chan AWK; Pristach EA; Welte JW; Russell M. Use of the TWEAK test in screening for alcoholism/heavy drinking in three populations. *Alcoholism: Clinical and Experimental Research* 17(6): 1188-1192, 1993
- CRAFFT. (2015). About the CRAFFT – CRAFFT. Crafft.org. <https://crafft.org/about-the-crafft/>
- DAST-10. (n.d.). <https://gwep.usc.edu/wp-content/uploads/2019/11/DAST-10-drug-abuse-screening-test.pdf>
- JA Ewing “Detecting Alcoholism: The CAGE Questionnaire” *JAMA* 252: 1905-1907, 1984
- Learner’s Guide to Adolescent SBIRT. (n.d.). <https://www.chcs.org/media/Copy-of-Adolescent-SBIRT-Learners-Guide-V1.1-all-modules-1.pdf>
- Michelle. Harrington. (2014, April 3). Coding for Reimbursement.
www.samhsa.gov. <https://www.samhsa.gov/sbirt/coding-reimbursement>
- SAMHSA. (2023). Alcohol Use Disorders Identification Test (AUDIT).
www.samhsa.gov. <https://www.samhsa.gov/resource/dbhis/alcohol-use-disorders-identification-test-audit>
- SAMHSA. (2020). National survey on Drug Use and Health | CBHSQ. [Samhsa.gov](http://www.samhsa.gov).
<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>
- SBIRT in Primary Care: At-Risk Alcohol Use. (2015). [YouTube Video]. In YouTube.
<https://www.youtube.com/watch?v=ONPlsxurlJg>
- SBIRT Oregon. (2015). Adolescent brief intervention: “Jacob.” In YouTube.
<https://www.youtube.com/watch?v=GvaOXREccHI>
- Substance Abuse and Mental Health Services Administration. (2024). Medications for Substance Use Disorders. www.samhsa.gov. <https://www.samhsa.gov/medications-substance-use-disorders>
- Teens Screening Tool: Screening to Brief Intervention (S2BI). (n.d.). [Nida.nih.gov](http://nida.nih.gov).
<https://nida.nih.gov/s2bi/#/>
- World Health Organization. (2010, January 1). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). www.who.int.
<https://www.who.int/publications/i/item/978924159938-2>



@aetnabetterhealthok



Aetna Better Health of Oklahoma

©2025 Aetna Inc.
4574000-01-01 (03/25)



**Aetna Better Health[®]
of Oklahoma**