



**Office of Addiction  
Services and Supports**

**OASAS. Every Step of the Way.**

# **Screening, Brief Intervention, and Referral to Treatment (SBIRT) Implementation Manual**

**A public health, early intervention approach  
to preventing and addressing harmful  
substance use**

[www.oasas.ny.gov](http://www.oasas.ny.gov)

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## Introduction

In 2021, almost 107,000 people died from a drug overdose in the United States (U.S.). Although opioids and deaths from opioid overdoses attract much of the national attention, alcohol and other substance use is also concerning. In fact, 61.2 million people reported illicit substance use in the past year, nearly half of the population over age 12 reported drinking alcohol, and almost one quarter of the population reported binge drinking in the past month.<sup>1</sup>

In New York State, 5,400 people died of an unintentional drug overdose in 2021.<sup>2</sup> Similar to the U.S. population, more than half of adults had at least one drink of alcohol in the past month, while about 15% reported binge drinking and 6% heavy drinking.<sup>3</sup> About 1.2 million New Yorkers reported some form of substance use disorder (SUD), with 867,000 reporting an alcohol use disorder.<sup>1</sup>

The New York State Office of Addiction Services and Supports (OASAS) oversees one of the largest SUD systems of care in the U.S. This system goes beyond treatment and recovery to include prevention and harm reduction. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a leading prevention and harm reduction model supported by OASAS. SBIRT can be used by health care organizations, colleges and universities, schools, and community-based organizations to identify and provide interventions for people at risk of experiencing harm from alcohol and other substance use.

This manual will guide you in learning more about SBIRT and how to implement it in your setting. The manual includes five modules:

1. Overview of SBIRT
2. Delivering SBIRT
3. How to implement SBIRT
4. Key considerations for implementing SBIRT in different settings
5. Key considerations for working with diverse populations

## Module 1: Overview of SBIRT

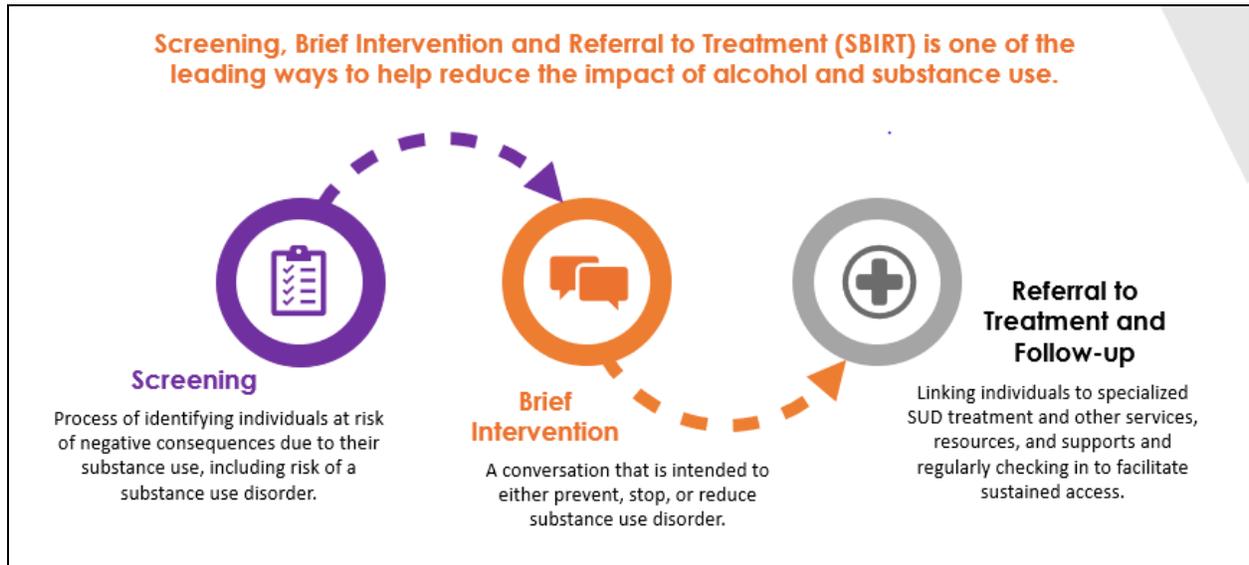
**What is SBIRT?** SBIRT stands for Screening, Brief Intervention and Referral to Treatment. It is an evidence-based model that quickly identifies and addresses alcohol and other substance use, promotes healthy behaviors, and prevents negative consequences from use.

**SBIRT includes three main components:**

1. **Screening** uses a brief questionnaire to identify risk level and the appropriate level of care. Multiple screening tools have been validated in the literature and are effective at identifying alcohol and other substance use risk.

2. **Brief Intervention** engages those who screen positive in a guided, non-judgmental conversation using a motivational interviewing approach. Brief Interventions are typically around 15 minutes but can be shorter or longer depending on the participant's need.
3. **Referral to Treatment provides those at higher risk with warm hand-offs to specialty care** for full assessment of a possible SUD.

**Figure 1: Overview of SBIRT**



Source: Adolescent SBIRT Curriculum produced by Adolescent SBIRT by NORC at the University of Chicago, <https://www.sbirteducation.com/adolescents/curriculum>.

Unlike typical approaches in the SUD field, SBIRT is an early intervention health and wellness approach delivered outside of SUD treatment settings that can help prevent SUDs before they occur.

- SBIRT uses a public health approach that includes universal screening, meaning that everyone is screened in a given population.
- Screening identifies risk across a continuum, meaning it can identify those who do not use, those who may be experimenting, those who may be using socially, those who may be starting to experience negative consequences from their use, and those who may have an SUD.
- In an average population, about a quarter will receive a brief intervention as a result of their screening. These individuals may never have been identified or received a brief intervention, or referral to treatment without a universal screening approach.

Using this unique public health approach, SBIRT can help individuals reduce risk by reducing their substance use. SBIRT also helps organizations and communities prevent negative consequences such as motor vehicle crashes, sexually transmitted diseases, unintended pregnancies, chronic diseases, poor academic or athletic performance, and other social and relational problems.

By screening everyone who receives services from your organization, you can normalize conversations about substance use, reduce stigma, and help individuals meet their wellness goals. For many years, health care providers have routinely screened for conditions such as hypertension, diabetes, and cancer. Universal screening for substance use adds to the list of conditions that should be identified and addressed as part of an individual's wellness.

### **Why use SBIRT?**

- It is simple, brief, and effective
- It reaches people who are susceptible to the risks of substance use but may not otherwise have sought treatment
- It helps to identify individuals whose substance use may be impacting their physical or mental health conditions or their social interactions
- It is a public health prevention approach that, by emphasizing early identification and intervention, has been shown to significantly reduce costs when compared to SUD treatment.
- It identifies risk across a continuum and guides providers on the most effective care for every person they screen
- It connects people to services, resources, and supports
- It is a billable service in most health care settings

In addition, SBIRT is recommended for adults by the U.S. Preventive Services Taskforce (USPSTF) and is recommended for adolescents and adults by many medical and governmental agencies including:

- American Medical Association
- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Physicians
- American Psychiatric Association
- American College of Emergency Physicians, American College of Surgeons Committee on Trauma
- American College of Obstetricians and Gynecologists
- American Society of Addiction Medicine
- World Health Organization

Although it is frequently implemented in medical settings, SBIRT is not only for health care organizations. It can be conducted in community-based organizations, schools and school-based health centers, college campuses, workplaces, etc. It can also be taken out into the community and offered at events to reach people who may not present in traditional healthcare

settings. The success of SBIRT depends largely on how the process is implemented, which will be discussed in more detail in Module 3. For more information about SBIRT, please visit the following SBIRT-specific webpages:

- OASAS: <https://oasas.ny.gov/sbirt>
- Substance Abuse and Mental Health Services Administration (SAMHSA): <https://www.samhsa.gov/sbirt>

## Module 2: Delivering SBIRT

This module introduces each component of the SBIRT model. A variety of trained professionals can deliver these components depending on your organization's SBIRT workflow. SBIRT providers may include medical professionals, health educators, peers, community health workers and/or others. As a person-centered model, skills in motivational interviewing and empathic listening are essential to help the individuals you work with feel comfortable and empowered to make healthy decisions. Consult the New York State training requirements by education level, licensure, and/or credential [here](#).

Before diving into SBIRT, it is important to get permission to ask and talk about substance use with each individual you work with. Particularly in community-based settings, but also in medical settings, individuals may be caught off guard by questions about substance use. This can be a sensitive subject for many.

First, explain how your organization asks everyone about substance use as routine practice. Whether it be in a medical setting, a school, a workplace, or even a community event, explain that your organization prioritizes having conversations like these as a matter of health and wellness. Let them know that, after answering a short set of questions, they will get the chance to talk with a trained professional and be introduced to helpful resources.

Second, ensure them that everything they say will remain confidential, meaning that what they say will not be shared with parents, teachers, friends, employers, or loved ones. If there is any hesitancy, remind them that, although they can decline screening, it is quick and easy and something they may find helpful.

### Figure 2: Confidentiality Considerations

#### Before Starting SBIRT

- Consider organization, state, and applicable federal policies related to confidentiality of information. Organization and federal policies may vary depending on setting for SBIRT implementation.
- Ensure that a system for secure storage of protected information is in place.
- Consider your organization's policies around parent/guardian consent for services provided to minors.

#### During SBIRT

- Explain confidentiality of information, secure storage of protected information, and an individual's choice about participation

Once you get their permission, introduce the screening questions. Service providers such as physicians, nurses, social workers, or medical assistants may ask the screening questions, or individuals may complete the screening tool on their own. If they screen positive, ask their permission to talk further about their substance use. If they screen negative, take the opportunity to reinforce their healthy choices.

The remainder of this module provides a more detailed discussion of each component of the SBIRT model.

## Component 1: Screening

Picking the right screening tool for alcohol and other substance use is important. A good screening tool should be validated, meaning the questions have been tested and proven to be reliable and accurate for the population you are working with. Some screening tools only ask questions related to the use of one substance (e.g., alcohol) while others ask about a wide range of substances. When using any screening tool, it's important to remember to ask the questions exactly how they are written.

There are two types of screening tools: pre-screen and full screen. Pre-screen tools are more brief than full screens, typically just a few questions and can be completed in about 1 minute. The score on the pre-screen can determine whether you need to administer the full screen. Most full screens can be completed in less than 5 minutes. Full screens are administered after an individual has screened positive on the pre-screen or may be administered alone. Full screens determine the severity of an individual's alcohol or other substance use. They do not diagnose an alcohol or other SUD. Below are some screening tools used widely in New York State. See Appendix A for commonly used screening tools. Additional tools are available on the OASAS website: <https://oasas.ny.gov/sbirt>.

**Figure 3: Screening Tools, Resources, and Population**

Screening Tool	Overview	Resources	Age Range
Alcohol Use Disorder Identification Test (AUDIT)	Developed by the World Health Organization, the AUDIT-C pre-screen consists of the first three questions of the AUDIT and asks about drinking frequency and quantity (consumption). A score of 3 or more should be followed up with the full AUDIT. The AUDIT consists of 10 questions that measure risky alcohol use and assess the severity of an individual's alcohol use. The AUDIT-C and full AUDIT can be used with adolescents and adults. The AUDIT is available in multiple languages and can be self-administered or administered as part of a verbal interview.	<a href="#">AUDIT Manual</a> Questionnaire: <a href="#">English</a> or <a href="#">Spanish</a>	12 and above

Screening Tool	Overview	Resources	Age Range
Drug Abuse Screening Test (DAST)	The DAST-1 pre-screen is the first question of the DAST-10 and asks, "In the last 12 months, have you used drugs other than those required for medical reasons?" A positive response should be followed up with the full DAST-10 which consists of 10 questions about the use of drugs, not including alcoholic beverages, during the past 12 months. "Drug use" refers to the use of prescribed or over the counter drugs in excess of what's directed and any non-medical and/or illegal use of drugs. The DAST-1 and DAST-10 are used with adults and older adolescents. The DAST is available in multiple languages and can be self-administered or administered as part of a verbal interview.	<a href="#">Drug Abuse Screening Test or DAST-10</a> Questionnaire: <a href="#">English</a> or <a href="#">Spanish</a>	16 and above
Car, Relax, Alone, Forget, Family or Friends, Trouble (CRAFFT)	CRAFFT screens youth under 21 for alcohol, marijuana, and other substance use and is recommended by the American Academy of Pediatrics. The CRAFFT 2.1+N has extra questions from the Hooked-On-Nicotine-Checklist (HONC) that are related to tobacco and vaping. It can be self-administered or administered as part of a verbal interview and is available in multiple languages.	<a href="#">CRAFFT Manual</a> <a href="#">CRAFFT 2.1+N Questionnaire</a> <a href="#">CRAFFT versions can be found here</a>	12-21
Screening to Brief Intervention (S2BI)	S2BI is a 7-item screening tool used to assess the frequency of alcohol and other substance use (e.g., tobacco, marijuana, prescription drugs, illegal drugs, inhalants, herbs or synthetic drugs) among adolescents 12-17 years old.	<a href="#">S2BI Online Tool</a> <a href="#">S2BI Manual</a> <a href="#">Quick Guide</a> <a href="#">S2BI Questionnaire</a>	12-17

Screening tools generate a score that indicates the level of risk. Most individuals will score at lower risk – that's about 75% of the general population (see Figure 4).

**Figure 4: Substance Use Risk Zones**



The table below shows the AUDIT, DAST, and CRAFFT 2.1+N prescreen and full screen scores and corresponding risk levels and the type of services (e.g., brief intervention or referral) that should be provided.

**Figure 5: Screening Risk Levels and Corresponding Services**

Score	Risk Level	Zone Description	Service
<b>Pre-screen*</b>			
AUDIT-C = $\geq 3$ (first three items on AUDIT) DAST-1 = 1 (first item on DAST=1) CRAFFT 2.1+N HONC = Any use in Part A S2BI = "Never" (on first three items)		N/A	For patients who screen positive on the pre-screen, administer full screen
<b>Full Screen*</b>			
AUDIT = 0-7 DAST = 0 CRAFFT 2.1+N HONC = 0 S2BI = "Never" or "Once or Twice" for any substance	Zone 1: Lower Risk	At lower risk for social or health complications	Positive reinforcement, brief advice, educational information

Score	Risk Level	Zone Description	Service
AUDIT = 8-15 DAST = 1-2 CRAFFT 2.1+N = 1-2 S2BI = "Monthly Use" for any substance	Zone 2: Risky	Possibly harmful substance use. May develop health or social problems	Brief Intervention (BI)
AUDIT = 16-19 DAST = 3-5 CRAFFT 2.1+N HONC = 3	Zone 3: Harmful	Has experienced health or social problems from substance use	Up to 12 Extended Brief Intervention sessions (EBI) followed by referral to SUD treatment (RT) if needed
AUDIT ≥ 20 DAST ≥ 6 CRAFFT 2.1+N HONC = 4-6 S2BI = "Weekly Use" for any substance	Zone 4: High Risk	Could benefit from more assessment and assistance	Referral to Treatment (RT) or EBI if not ready for RT

\*See Appendix A for Screening Tools.

### **Additional Resources**

- NORC's Adolescent SBIRT Learner's Guide <https://www.sbirteducation.com/adolescents/curriculum-learners-guide> (Module 2 Screening)
- [NORC Using SBIRT to Talk to Adolescents about Substance Use](#) (Part 1 Substance Use Screening Tools for Adolescents)

## **Component 2: Brief Intervention**

Brief intervention is a short conversation that uses motivational interviewing techniques to help an individual reflect on ways to reduce, stop, or prevent alcohol or other substance use and to increase awareness of the risks associated with use. It can help individuals understand how their use is impacting other parts of their life and health. This includes things like their physical and mental health, how they're performing at work or school, and their relationships with family, friends, and others in the community.

Brief intervention is a non-judgmental, exploratory conversation to help the individual consider making positive behavior changes. This approach respects an individual's independence to make their own choices and helps build confidence in making decisions that promote health and wellness. Brief intervention may take only one 15-minute session or multiple follow up sessions based on the individual's readiness to make changes.

A brief intervention can vary in length, but it typically lasts about 3 to 15 minutes. What the intervention entails will vary by the screening Zone.

**Figure 6: Zone and Associated Intervention**

Zone	Intervention
Zone 1: Lower Risk	Positive reinforcement, affirming choices to stay lower risk, and support health and wellness
Zone 2: Risky	Brief intervention
Zone 3: Harmful	Extended brief interventions (EBI), or additional brief intervention sessions following the initial session
Zone 4: High Risk	EBI and/or referral to treatment

The Brief Negotiated Interview (BNI) is a widely accepted and easy to follow model of brief intervention that has been used in many different settings. During the BNI, you'll work together with the individual to talk about their substance use, provide education, utilize motivational interviewing skills, and negotiate an action plan for behavioral change. When engaging with them, it's important to ask questions and talk with them in a caring, non-judgmental way.

The BNI has 5 steps and draws on four motivational interviewing techniques called OARS: **O**pen-ended questions, **A**ffirmations, **R**eflective listening, and **S**ummarizing. The BNI steps are nicely laid out in a resource commonly referred to as the BNI Algorithm which you'll find in Appendix B and the OASAS SBIRT pocket card which you'll find in Appendix C. These resources provide sample dialogue to help you remember what to discuss during each step. You can use these as reminders to help guide your Brief Interventions.

**Figure 7: Motivational Interviewing Techniques**

**Motivational Interviewing Techniques during Brief Intervention**

- O** - Open-ended questions encourage exploring and sharing feelings and experiences
- A** - Affirmations recognize strengths and accomplishments and acknowledge the ability to change
- R** - Reflective listening demonstrates careful listening and helps individuals clarify thoughts
- S** - Summarizing helps ensure clear communication and understanding

- **Step 1: Build Rapport** – Introduce yourself, raise the subject, ask permission to talk about alcohol and other substance use, and ask how it fits into a typical day in their life.
- **Step 2: Ask about Pros and Cons of Use** – Explore both the good and not-so-good things about their use using open-ended questions; reflect back what you heard and summarize the pros and cons.



## **Additional Resources**

- [Boston University School of Public Health's BNI ART Institute](#)
- [BNI-ART Institute Adult BNI Algorithm](#)
- [BNI-ART Institute Adolescent BNI Algorithm](#)
- [SAMHSA TIP 35: Enhancing Motivation for Change in SUD Treatment](#)
- [NORC Adolescent SBIRT Learner's Guide](#) (Module 3 Brief Intervention, Module 5 Motivational Interviewing)
- [NORC Using SBIRT to Talk to Adolescents about Substance Use](#) (Part 2 Brief Intervention for Adolescents Part I: BNI Using MI Strategies, Part 3 Brief Intervention for Adolescents Part II: BNI Using MI and CBT Strategies)

## **Component 3: Referral to Treatment**

Referral to more intensive services can be appropriate at any risk level when you identify a need. For individuals in risk level Zone 3: Harmful, after receiving EBI, consider referral to SUD treatment if needed. If you can't provide EBI, consider a referral for further assessment by a certified addiction counselor, licensed mental health counselor, or other addiction or mental health professional. For individuals in Zone 4: High Risk, provide a referral for further assessment at a SUD program as well as to other services in your community (e.g., mutual support groups). When conducting any type of referral, it is best practice to use a warm hand-off to connect people directly to care rather than just providing them with the name of a health professional, support group, or treatment provider. A warm hand-off may include making a call to a referral agency while the individual is with you, accompanying them to the referral program, and/or arranging transportation. Be familiar with the programs to which you are referring so you know whether they are reputable and can help individuals understand what to expect. By taking these steps, you can increase the chances that an individual will successfully transition from your care to that of another professional.

Prior to conducting a referral, it is important to describe the types of treatment services and community resources available. Most individuals don't know what is available or what the services entail. After describing what's available, it's important to get their input about which services they would be willing to consider.

Below are the most common treatment services and evidence-based treatment approaches.

### **Most Common Treatment Services**

- **Outpatient Services** – Outpatient services provide SUD treatment at different levels of intensity according to the needs of the individual. Outpatient services may include counseling, education, medications for addiction treatment (MAT) and/or connections to community services.

- **Residential Services** – Residential Services are recommended for individuals who are in need of support in their recovery and may not be able to participate without a 24-hour residential setting. The duration of treatment can be from one month to one year and includes group support, skills development related to independent living, and services to support recovery.
- **Inpatient Rehabilitation Services** – provide a safe and supportive setting for the evaluation, treatment, and rehabilitation of patients with a SUD. Inpatient services offer 24-hour, 7-day a-week care that is supervised by a medical professional and include intensive management of symptoms related to addiction and monitoring of the physical and mental health complications of substance use.
- **Opioid Treatment Programs (OTPs)** – OTPs offer medication such as methadone and buprenorphine, counseling, and education in an outpatient setting to individuals with opioid use disorder. Medication may be used in the short-term to reduce withdrawal symptoms and cravings in the earliest stages of recovery. In some cases, patients may receive treatment over a lifetime, similar to how chronic physical illnesses are managed.

### Effective Treatment Approaches

- **Behavioral** approaches aim to strengthen the individual’s motivation to change, actively participate in their recovery, and enhance their ability to decrease or eliminate alcohol and other substance use. Examples include Cognitive Behavioral Therapy, Motivational Enhancement Therapy, and Adolescent Community Reinforcement Approach.
- **Family-based** approaches aim to strengthen family relationships by improving communication and developing family members’ ability to support individuals with an SUD. Examples include Brief Strategic Family Therapy, Functional Family Therapy, and Multisystemic Therapy.
- **Medication for Addiction Treatment (MAT)**, also known as medication treatment and pharmacotherapy, is effective for treating opioid, alcohol, and nicotine use disorders in adults and there is some evidence for its efficacy with youth. Examples of MAT include naltrexone, buprenorphine, methadone, and nicotine replacement therapies like patches or gum.
- **Recovery Support Services** aim to improve quality of life and reinforce progress made in treatment. Examples include mutual support groups, peer recovery services, and recovery high schools.

You can use the [OASAS Provider and Program Look-up](#) tool to find programs and counselors at various levels of care from outpatient counseling to residential care who can identify treatment options and other services that meet the needs of the individual. The [OASAS Treatment Availability Dashboard](#) can help you find an open slot in an OASAS-certified program.

Figure 9: OASAS Provider and Program Look-up tool

The screenshot shows the 'OASAS Provider and Program Search' interface. At the top, it says 'Office of Addiction Services and Supports' and 'Treatment > Provider and Program Search'. The main heading is 'OASAS Provider and Program Search'. Below this are several sections: 'Choose a Category' with radio buttons for 'Substance Use Disorder Treatment Programs' (selected), 'Substance Use Disorder Prevention Programs', 'Providers of Clinical Screening and Assessment Services for the Impaired Driving Offender', and 'Problem Gambling Treatment and Prevention'. 'Program Location' includes options for 'Statewide Search', 'County' (set to 'Albany'), 'City', and 'ZIP', with a '5 Miles' radius and an 'Include neighboring counties' checkbox. 'Search by' has a 'Provider Name' field, 'OR', 'Program Type' (set to 'All Program Types'), 'OR', and 'Designation/Endorsement(s)' with checkboxes for 'Telepractice Services', 'Adolescent Designation', 'Problem Gambling Services', 'Parents with Children', 'Integrated Outpatient Service', and 'LGBTQ Designation'. 'Data Dictionary' has links for 'Substance Use Disorder Treatment Programs' and 'Substance Use Disorder Prevention Programs'. 'Format' has radio buttons for 'Screen' (selected), 'PDF', and 'Spreadsheet'. A 'Submit' button is at the bottom right.

In addition to SUD treatment referrals, SBIRT can be used to provide referrals to other community-based services, resources, and supports including mental health services, self-help groups, social services, vocational services and job supports, afterschool programs, volunteer opportunities, and Medicaid and other insurance enrollment, among others. OASAS providers also offer [Regional Support Services](#) that build on traditional treatment and recovery programs and address the needs of individuals, families, and communities in New York such as housing services, youth clubhouses, peer specialists, and family navigators.

### **Additional Resources**

- [National Institute on Drug Abuse \(NIDA\) Principles of Drug Addiction Treatment: A Research-Based Guide](#)
- [NORC Adolescent SBIRT Learner's Guide](#) (Module 4 Referral to Treatment and Follow-up)

- [NORC Using SBIRT to Talk to Adolescents about Substance Use](#) (Part 4 Discussing Options and Referring Adolescents to Treatment)
- [Agency for Healthcare Research and Quality \(AHRQ\) Implementation Quick Start Guide: Warm Handoff](#)

## Module 3: How to Implement SBIRT

Whether you work in a medical setting, a school, college, or community organization, there are important things to consider as you plan to deliver SBIRT. For example:

1. How do you make a convincing case for SBIRT?
2. How do you create a culture that supports SBIRT?
3. How do you assemble a team to oversee SBIRT?
4. How do you develop a workflow?
5. How do you identify potential facilitators and barriers?
6. What training and support options are available for staff?
7. How do you evaluate your implementation of SBIRT?
8. If you work in a medical facility, how do you set up billing and reimbursement?



Let's walk through each of these questions in detail below (see Appendix D for a SBIRT Implementation Checklist).

### Question 1: How do you make a convincing case for SBIRT?



Organizations are faced with competing demands, and it can be difficult to take on one more thing, even if it is for the better of the community you serve. That is why a carefully crafted pitch is critical when trying to convince your organization to adopt SBIRT.

#### ***What makes a successful pitch to leadership?***

The success of the pitch depends primarily on resource capacity and how well SBIRT aligns with organizational goals and priorities. The pitch may vary based on the type of setting, geographic location, and population(s) being served. Here are some examples of talking points that can be useful in advocating for the adoption of SBIRT.

- SBIRT is an early intervention approach that helps address risky substance use before it becomes more severe. By doing so, we can help prevent SUDs and other physical, mental, and social consequences of substance use. It is evidence-based, cost-effective, and recommended by several professional associations as well as the U.S. Preventive Services Task Force.
- I know that our organization values health and wellness. We screen for many things, but not substance use. Substance use has a significant impact on overall wellness. SBIRT can identify and support people in our community who may be at risk and can help them identify motivations and strategies for reducing or eliminating use. It fits so well with our mission!
- A lot of our clients are reporting that they don't feel well, are stressed, and/or are feeling overwhelmed. My colleagues and I are concerned about rising rates of substance use in the community and think that these reports may be related to alcohol and other drug use. If we had a standardized process for asking about alcohol and other drug use, I think we could improve clients' overall wellness.
- We're already asking whether the people we serve use alcohol or other substances, we just don't have a standardized system or guidelines for responding. SBIRT will help us more accurately identify who is at risk and guide us on how to support them.
- Ever since the COVID-19 pandemic, we've seen more alcohol and substance use in our community. SBIRT will give us the tools we need not only to identify and refer to SUD treatment but also to prevent and reduce risk by providing brief advice and interventions right here on site.
- Recently, I've referred several people to SUD treatment, but I don't think any of them have gone. If we use SBIRT, we can triage more efficiently and effectively. We can help some of our clients right here in the office, especially those that don't need specialty treatment. We can also provide more support during the treatment referral process to increase the chances that they go to the appointment.
- SBIRT provides a simple process for connecting our community with resources and supports that can help them live healthy lives. Screening and intervention will help us better identify our population's needs and, by the end of the process, we can connect them with additional substance use, mental health, social service, and/or other community supports.
- *For health care settings:* SBIRT is a billable service under Medicare, Medicaid, and private insurance. We should talk to our billing department.

## Question 2: How do you create a culture that supports SBIRT?



When an organization values SBIRT and sees it as part of an approach to improving health and wellness, it sets the tone for how staff engage with the people they serve. This can make the difference between normalizing conversations about substance use, health, and wellness throughout the community versus SBIRT being one more task to complete. A supportive culture also reduces stigma around substance use, making the community more comfortable sharing their experiences and challenges with staff.

Leadership plays a crucial role in shaping culture. Leadership can model and provide organization-wide education and training on guiding principles that help reduce stigma. These principles include:

- Use person-centered language and avoid terms that introduce negative biases and increase stigma. For example, “a person with an addiction or an SUD” rather than “an addict.” See NIDA’s [Words Matter](#) for more information.
- Emphasize situational and environmental factors that contribute to developing an SUD rather than individual factors.
- Incorporate messages that focus on evidence-based solutions rather than problems.
- Use sympathetic narratives or stories to humanize the struggles and experiences of individuals with SUDs. This strategy has been shown to enhance receptivity of staff to new services like SBIRT by enhancing engagement and eliciting emotional responses.

In addition, leadership can make SBIRT an organization-wide strategy and norm rather than resting responsibility for SBIRT solely on the staff delivering SBIRT. They can foster an environment in which staff feel supported and equipped to deliver SBIRT. It is important to recognize that stigma exists for staff as well as clients. Training sessions and educational opportunities should be offered and covered during work hours to help staff feel comfortable and confident talking about substance use in a non-stigmatizing way. Leadership can routinely discuss the importance of SBIRT, normalize conversations around substance use, and emphasize the importance of stigma reduction to the organization’s mission.

## Question 3: How do you assemble a team to oversee SBIRT?



It is important to assemble a team that is responsible for the overall implementation of SBIRT in your setting. One person should be assigned as the team lead. Key characteristics of a team lead are being a team player, being knowledgeable about the organization, understanding the SBIRT process, and being enthusiastic and well-respected. In addition to the team lead, there should be at least 2-3 additional team members. Depending on the setting, additional team members may include a clinical supervisor, staff responsible for delivering one or more of the components of SBIRT, an administrator, someone familiar with data collection or managing records, and/or someone involved with quality assurance. Appendix E.1 provides further information on how to successfully form a team, assign roles, and structure meetings.

## Question 4: How do you develop a workflow?



Module 2 walked you through each component of SBIRT and the way each component is implemented within your workflow will vary. That is why it is important to assess your current workflow, staffing levels and types, facility space and privacy, and existing programming. It is critical that each organization tailor their process so that SBIRT can be implemented seamlessly with minimal disruption to existing processes.

Process mapping can be used to help you develop and refine your workflow. First, map your current process without SBIRT and then engage in discussion with your SBIRT team about where the components of SBIRT may be incorporated. You will then add SBIRT components to your map. Appendix E.2 takes you step-by-step through process mapping and provides an example of a process map that has incorporated SBIRT components into an existing workflow.

Depending on your population, existing processes, location, and site, you may need to make some preliminary decisions about how SBIRT will be conducted. For example, how will screening be completed? Will you use a paper-and-pencil form that individuals complete themselves, will you do an in-person interview, or will you use a virtual screening technology? Appendix E.3 will help you identify some of the decisions that need to be made and will prompt you to identify pros and cons involved with each option. This worksheet can be used in conjunction with process mapping (Appendix E.2) to help you make decisions along the way.

It is important that everyone on the SBIRT team is familiar with existing processes and workflows throughout your organization. This familiarity is easier to achieve in a small organization. Large organizations with multiple settings or organizations that host programs in community settings may need more time to plan and learn about system-wide processes. To improve the SBIRT team's understanding of existing workflows, you may want to arrange for team members to observe a particular site or location, shadow a key staff member, and/or conduct a walk-through. When conducting these activities, ask yourself the following:

- Where in the workflow do staff engage with those they serve?
- How long do staff spend with clients at different times during their visit?
- Which staff are interacting with service recipients and when?
- Is there sufficient privacy to conduct screening and brief intervention?

Developing a successful workflow takes patience and requires constant review and adjustment to get it right. You may need to change several aspects of the process including the point in which screening is conducted, whether the screening is conducted verbally or is self-administered, who conducts which components of SBIRT, whether all components are conducted during the visit, and/or whether a follow up is required.

## Question 5: How do you identify potential facilitators and barriers?



Change is never easy for an organization. Implementing a new process like SBIRT can be challenging. That is why it is important to think about, anticipate, and address what you think may help and hinder the successful implementation of SBIRT in your setting.

A first step in understanding your setting's needs is to identify facilitators and anticipate any barriers that may arise. The SBIRT team can identify the relevant barriers and facilitators at your site and develop potential solutions.

Potential facilitators and barriers may include the following:

- *Staff knowledge and attitudes* – some staff may not have the knowledge or confidence to effectively deliver SBIRT or may feel that addressing substance use is not their role or responsibility.
- *Workflow, time, and resources* – In busy settings, staff have limited time and are faced with competing priorities. Some organizations may have limited resources and may not have the staff needed to deliver SBIRT, or the budget to hire new staff.
- *SBIRT adaptability* – The SBIRT model was originally developed for medical settings, so it may take more time and effort to adapt to other settings. While this may be so, it is critical that SBIRT be expanded into community settings since many people do not access traditional medical care. Adaptation of SBIRT to novel settings while maintaining fidelity to the model will take time and effort but will result in increased accessibility of services for a larger community population.
- *Organizational support* – Having the support of leadership is a strong facilitator for successful implementation. Without this support, staff may not be able to access the training and supervision they need to deliver SBIRT.
- *SBIRT recipient comfort level* – Some individuals may be more or less comfortable talking about substance use, often depending on cultural background, religious beliefs, the relationship they have with the person asking the questions, and the way the SBIRT screening questions are introduced. The setting may also play a role, as one may expect to be asked about substance use in a health clinic whereas they may not expect it at a community center. All of these considerations should be taken into account when introducing SBIRT to those you serve. A sample “SBIRT pitch” for service recipients can be helpful to guide providers in language and talking points unique to the needs of each population and setting.

## Question 6: What training and support options are available for staff?



Training and support for staff delivering SBIRT are important to ensure that SBIRT is being delivered as intended and to maintain staff engagement in the process. A variety of staff can perform the different components of SBIRT, and each should be trained by an [OASAS approved Education and Training Provider](#) using the State-certified training curriculum.

New York State has two certified trainings, a 4-hour training for licensed professionals such as Physicians, Nurse Practitioners, Physician Assistants, Nurses, Psychologists, Credentialed Alcohol and Substance Abuse Counselors, Credentialed Prevention Specialists, and Social Workers and a 12-hour training for unlicensed professionals such as Health Educators. Note that Health Educators and unlicensed individuals may only provide SBIRT services under the supervision of a licensed professional, must follow consistent protocols, and must have at least a high school diploma or GED. Click [here](#) for more information about training requirements by certification. For medical settings, SBIRT services delivered by professionals who complete these trainings are eligible for reimbursement See “Question 8” for more information.

Once the appropriate training is identified for your staff, it is time to set a training date. The best strategy for training is “just-in-time” training. You should have a clear workflow with staff assignments, a specific implementation date, and all staff should be informed of the program and implementation plan prior to training. This way, the training will be fresh, and staff can begin to implement SBIRT immediately following the training. Note that it may also be useful to train key organizational partners in SBIRT to gain support for the program even if these individuals will not be providing direct care or supervision.

It is important that supervisors be trained in SBIRT and be introduced to fidelity tools so that they can provide regular and ongoing support to staff providing SBIRT services during supervision. See Appendix F for Adult and Adolescent BNI Fidelity Checklists.

Supervision should be a time for staff to discuss the challenges they have experienced in the process, what has been working for them, and to bring up any questions or concerns. It also allows for supervised role play to increase comfort and confidence with SBIRT.

## Question 7: How do you evaluate your implementation of SBIRT?



Once you begin delivering SBIRT, it is important to know whether it is working. Your leadership may be wondering:

- Are people who would benefit from intervention being identified?
- How do they feel about the services they are receiving?
- Have they been able to reduce their substance use?

To make sure you can answer these questions, it is important to make an evaluation and quality improvement plan during the SBIRT planning process. There may be several other questions that are important to leadership. It is important to have conversations about additional factors

leadership may want to measure to assess progress and effectiveness when you are developing your evaluation and quality improvement plan.

Regularly monitoring the delivery of all components of SBIRT is critical to the success of the program. It is recommended that you collect the following:

- # of individuals served in the area of your organization where you are implementing SBIRT
- # of individuals screened who receive a pre-screen
  - # of individuals who screen positive on the pre-screen
- # of individuals who receive a full screen (who screened positive on the pre-screen)
- # of individuals who receive a full screen (who did not receive a pre-screen)
- # of individuals who screen positive on the full screen (total of all full screens)
  - # of individuals who screen in lower-risk zone 1
  - # of individuals who screen in risky zone 2
  - # of individuals who screen in harmful zone 3
  - # of individuals who screen in high-risk zone 4
- # of individuals who screen positive on the full screen that receive a brief intervention
- # of individuals who screen positive on the full screen that receive a referral to treatment or other services, resources, and supports
  - Services individuals were referred to

By collecting this information, you will be able to make simple calculations that will help you determine whether SBIRT is being delivered as intended. These include the following:

- % of individuals in your in the area of your organization where you are implementing SIRT that are being screened
- % of individuals screened who pre-screen positive
- % of individuals who pre-screen positive that receive a full screening
- % of individuals who screen positive on the full-screen
- % of individuals who screen positive on the full-screen that receive a brief intervention
- % of individuals who screen positive on the full screen that receive a referral to treatment or other services, resources, and supports

This information can be valuable for identifying service delivery issues and making mid-course corrections to your implementation process.

In addition to monitoring the delivery of services through data collection, it is important to conduct regular fidelity checks to ensure that SBIRT is being delivered with fidelity to the model. As mentioned in “Question 6” above, it is important to train clinical supervisors to conduct fidelity

checks with their staff using the [BNI Fidelity Checklist](#) (see Appendix F). Build in time for feedback and support so that any discrepancies from the model can be addressed.

To engage in quality improvement, regularly review data with your SBIRT team to identify any problem areas with service delivery or data collection, come up with solutions, test those solutions, and reassess your approach. One way to address an identified problem area is by using the [Plan, Do, Study, Act \(PDSA\) model](#) (see Appendix G). This includes:

1. **Plan** – First, plan for how you want to address the problem area. The plan should identify who will do what; what will be done; and when, where, and how it will be done.
2. **Do** – Then, you'll carry out the plan. This is when you try out your new idea or change.
3. **Study** – After you've carried out your plan, review the data and information you collected and summarize the lessons you learned. Did it go the way you thought it would? Did it make things better? If it didn't, you might change your plan or try something else.
4. **Act** – Based on what you learned, decide if your new approach worked and whether you should implement it or try something else.



Once you know that SBIRT is being delivered as intended, you will be more likely to see a positive impact on the individuals you serve. As part of the SBIRT process, individuals can be re-screened periodically. Review screening scores to see whether there are reductions in scores, downward movement on risk zones, and/or overall reductions in substance use and other risk behaviors. You can also ask those who have received an intervention how they felt about it to help improve the process.

Medical settings can use electronic health records or manual chart reviews to conduct their evaluations. Other settings can use their organization's electronic intake systems; develop electronic screening and data collection platforms using systems like Survey Monkey, Microsoft Forms, Qualtrics, or REDCap; or use paper forms which can be just as effective as electronic systems.

## Question 8: How do you set up billing and reimbursement?



In New York State, insurance companies like Medicare, Medicaid, and commercial insurance can help pay for screening and brief intervention services delivered in medical settings. Whether and how much money healthcare organizations can be reimbursed depends on the insurance company, the way the organization receives payments (e.g., fee-for-service, bundled payments), and the service being delivered. The Substance Abuse and Mental Health Services Administration (SAMHSA) offers information about reimbursement for SBIRT at: <https://www.samhsa.gov/sbirt/coding-reimbursement>. New York State guidance for billing Medicaid and other services is available at:

1. General Medicaid Billing Guidance for SBIRT, New York State Department of Health: [https://www.health.ny.gov/health\\_care/medicaid/program/update/2016/2016-04.htm#sbirt](https://www.health.ny.gov/health_care/medicaid/program/update/2016/2016-04.htm#sbirt)
2. OASAS Telehealth Standards for Designated Providers: [https://oasas.ny.gov/system/files/documents/2023/08/telehealth\\_standards.pdf](https://oasas.ny.gov/system/files/documents/2023/08/telehealth_standards.pdf)
3. OASAS Ambulatory Patient Group (APG) Manual: [https://oasas.ny.gov/system/files/documents/2023/09/apgmanual\\_1.pdf](https://oasas.ny.gov/system/files/documents/2023/09/apgmanual_1.pdf)

The Centers for Medicare and Medicaid Services (CMS) and SAMHSA also provide some resources for Medicare and Medicaid billing and reimbursement.

1. Medicare SBIRT Billing guidance (includes telehealth): [MLN904084 – SBIRT Services \(cms.gov\)](https://www.cms.gov/MLN904084-SBIRT-Services)
2. SAMHSA SBIRT Billing guidance: [Coding for Screening and Brief Intervention Reimbursement | SAMHSA](https://www.samhsa.gov/coding-for-screening-and-brief-intervention-reimbursement)

If you work in a medical setting, consult your billing department about codes, requirements, and reimbursement rates.

In New York State, to receive Medicaid reimbursement for screening and brief intervention, those delivering these services must have completed OASAS-certified SBIRT training and received a certificate of completion. Licensed providers must have completed the 4-hour training and non-licensed providers the 12-hour training. More information about these trainings can be found at the “Training” tab [here](#).

This module provided a wide range of guidance on how to implement SBIRT. Proceed to Module 4 for key considerations for implementing SBIRT in different settings.

### **Additional Resources**

- [Johns Hopkins Medicine: Reducing the Stigma of Addiction](#)
- [AHRQ PDSA Directions and Examples](#)

## Module 4: Key Considerations for Implementing SBIRT in Different Settings

Although SBIRT was originally developed for medical settings, it is well suited for a variety of different settings including mental health clinics, social service agencies, colleges and universities, schools, or other community-based settings. To deliver SBIRT in each of these settings, it is important to first gain buy-in from leadership. You will be more likely to gain buy-in and to have SBIRT implemented with fidelity if you tie SBIRT to the goals or mission of the setting being approached. Below are some key considerations for implementing SBIRT in a variety of settings. In all settings, it is important to adopt a trauma-informed approach to ensure that interactions are sensitive to individuals' past experiences and current priorities.

### Medical

In medical settings – such as primary care clinics, hospitals and emergency departments, urgent care centers, and other specialty clinics (e.g., pain management or women's health clinic) – SBIRT can be integrated into routine care with patients. Physicians, nurses, medical assistants, health educators, and other types of medical professionals can deliver SBIRT services. Some considerations to keep in mind:



- Healthcare professionals often have limited time during appointments. SBIRT should fit within the time they have allotted for patients. One way to save time is by having patients complete the screening on paper or tablet in the waiting room before they are seen for their visit.
- With training, health educators or medical assistants are well-suited to deliver SBIRT, taking the burden off physicians, nurse practitioners, physician assistants, and nurses. Given their background and scope of work, SBIRT can easily be integrated into other health and wellness screenings they conduct, making this advantageous for a medical clinic. The screening and brief intervention services they deliver can be billed to Medicaid if they complete the New York State-certified 12-hour SBIRT training.
- Having onsite behavioral health staff also allows providers to refer for “in-house” assessment and referral assistance if needed.
- Using electronic health records (EHRs) can help track SBIRT results, making it easier to provide consistent care and track patient progress.

Clinical supervision and team huddles can be an effective way for staff to meet consistently to troubleshoot any challenges they may be experiencing with implementing SBIRT with patients.

## Mental Health

There is a close connection between mental health conditions and substance use. Substance use is a leading risk factor for suicide,<sup>4</sup> and the rate of suicide among individuals with opioid use disorders is six times higher than the general population.<sup>5</sup> Substance use may often be a way to cope with mental health issues. Considering these factors, it is important to screen for substance use in mental health settings and provide brief intervention when necessary. Some considerations to keep in mind:



- When making the case for SBIRT in a mental health setting, view substance use and mental health from an integrated behavioral health lens. Substance use should be monitored and addressed alongside mental health concerns, and the SBIRT model fits nicely with other mental health screenings and interventions. Considering the close connection between substance use and suicide, an integrated SBIRT-Suicide Care model which includes screening, safety planning, follow-up, and ongoing monitoring for suicide risk may be warranted.
- Look at existing workflows for intake, treatment planning, and walk-in visits. Processes at these points of contact may be modified to incorporate and/or expand screening for substance use.
- Mental health settings screen for a variety of conditions including depression, anxiety, and suicide risk. It is important to consider the results of these screenings in addition to the substance use screening as you prepare to deliver the brief intervention. When multiple screenings are taking place, it is important to work with the individual and use clinical judgement to determine the areas of highest risk and the potential focus of the brief intervention.
- In some cases, for example when there is imminent risk of suicide, it may not be appropriate to screen for substance use. Consider all agency protocols when integrating SBIRT into the existing workflow.

## Social Services

Social workers, case managers, and other behavioral health professionals can implement SBIRT in social service agencies, such as child welfare agencies, local community-based youth programs, family social services, during home visits, and in housing facilities. Individuals receiving services at social service agencies may have unique needs and backgrounds, therefore it is important to keep in mind the following considerations:

- Recognize that individuals in social service agencies may have a history of trauma, mental health challenges, or unstable living situations. Conduct a thorough assessment that considers these factors when discussing substance use.

- Individuals may be concerned about employers, peers, family members, or others finding out about what they report on a screening or during a brief intervention. Staff should develop a policy around SBIRT that honors privacy and confidentiality to the greatest extent possible. If issues are identified and further assessment is warranted, staff may need to inform other agencies or programs. This information should be conveyed to the individual prior to screening.
- Work with individuals to determine their own priorities and goals (for example an individual may not be ready to address substance use until they have a stable and safe housing situation). Create a plan based both on the individual's readiness and priorities, and their level of risk.
- Make sure agency staff members are culturally competent and aware of the diverse backgrounds and experiences of the individuals they serve.
- Collaborate with various departments within an agency, such as mental health, housing, employment, and family services, to provide integrated care that addresses multiple needs.

## Schools

SBIRT can be used in middle and high schools to help prevent and reduce substance use among students. Addressing students' substance use is important for academic settings, as those who abstain from substance use do better in school than their substance-using peers. Substance use prevention and early intervention programs like SBIRT can lead to better grades and lower dropout rates among student populations.<sup>6</sup>



Trained nurses, counselors, school psychologists, and social workers can provide SBIRT services and have supportive conversations with youth about their substance use. Students who require further support should be connected to community-based counseling services for further assessment as well as other school/community resources for additional support. Some considerations to keep in mind:

- Schedule appointments with students at times that reduce disruptions to their classes and/or extracurricular schedule. Consider where the screening is conducted and who is conducting the screening to encourage open and honest responses.
- Students may be worried about their peers, parents or guardians, or teachers finding out about what they report on a screening or during a brief intervention. School administrators should develop a policy around SBIRT that honors students' privacy and confidentiality to the greatest extent possible. If issues are identified and further assessment is warranted, parents or guardians will have to be notified, and this must be conveyed to students prior to screening.

- More and more, students are comfortable with online and text-based services. Research has shown that electronic screening can effectively identify and assess risky substance use.<sup>7,8</sup> For example, the Center for Behavioral Health Integration’s Youth SBIRT program (YSBIRT) implements universal electronic screening in schools via an app. Students complete the screening in the app and results are sent in real time to guidance counselors, administrators, and counseling staff with guidance on providing targeted and immediate brief interventions and referral to additional services as needed. Determining a process for SBIRT that utilizes these methods for screening, brief advice, follow up, and appointment reminders may help increase reach.<sup>7,8</sup> SBIRT privacy and confidentiality policies developed by school administrators and provided to students should also address the use of SBIRT screening apps, including what circumstances would result in a parent or guardian being notified of any potential issues.
- New York State has a large network of school-based health centers (SBHCs) that deliver medical care to students in underserved areas. SBHCs are primary care clinics operated by hospitals or diagnostic and treatment centers that are in schools. SBHCs are staffed by trained medical providers including physicians, nurse practitioners, physician assistants, and nurses. They also either have a social worker or mental health counselor on site or by contract in a community-based setting. Because they are a medical clinic, they are covered by HIPAA confidentiality rules, minimizing confidentiality concerns for students. SBHCs are an ideal setting to implement SBIRT. For more information on SBHCs in New York State, please click [here](#) to visit the New York State Department of Health SBHC program website.

Figure 10: SBIRT in School-Based Health Centers

# SBIRT-in-SBHCs

## Screening, Brief Intervention, and Referral to Treatment in School-Based Health Centers

WE HAVE A RESPONSIBILITY TO DO EVERYTHING WE CAN TO MAKE SURE YOUNG PEOPLE GROW UP TO HAVE HEALTHY, STRONG FUTURES. And one thing that stands in the way of that is drug and alcohol use. Drinking and substance misuse can negatively affect young people's school performance, future job prospects, and physical and mental health, damaging their lives well into adulthood.

**SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)** is an evidence-based practice used to identify, reduce, and prevent abuse and dependence on alcohol and drugs.

**MOST SUBSTANCE USE BEGINS IN ADOLESCENCE OR YOUNG ADULTHOOD, AT THE height of brain development<sup>1</sup>**

**THE EARLIER ADOLESCENTS START USING SUBSTANCES, the higher their risk** of developing addiction later in life<sup>2,3</sup>

**BUT TOGETHER, WE CAN prevent this from happening.** It's our job to support policies and programs that prevent and reduce drug use among adolescents

**School-based health centers (SBHCs) are uniquely positioned to address substance use among adolescents**

**STUDENTS ARE 21X MORE LIKELY TO visit a school-based health center** for behavioral health care than they are to visit a community clinic<sup>4</sup>

**STUDENTS WITH ACCESS TO behavioral health services at SBHCs** report lower frequencies of cigarette, marijuana, and unauthorized prescription drug use<sup>5</sup>

**SBHC STAFF CAN PARTNER WITH SCHOOL STAFF TO OFFER therapeutic interventions** for substance use as an alternative to suspension

Source: School-based Health Alliance, <https://www.sbh4all.org/what-we-do/initiatives/sbirt-in-sbhcs>

- Alcohol and substance use education campaigns at schools can complement SBIRT services and reduce stigma around substance use. Education should always be age appropriate. A social norms approach can be a great way to dispel myths about peer substance use and show youth that most of their peers are not using substances.

## Colleges and Universities

SBIRT has been implemented widely on college and university campuses, most frequently in health and counseling centers. Health and counseling centers can easily integrate substance use screening and brief intervention into their existing workflow, enabling them to identify substance use and reduce risk. More recently, colleges and universities have sought alternative strategies for reaching students, particularly since many never access the health or counseling centers due to various concerns such as monetary costs or stigma. Furthermore, students may only seek out health or wellness services in response to a concern, which means without other opportunities, some students may never be screened. Some considerations to keep in mind:

- It is beneficial to screen all incoming first-year students for substance use and determine a process for following up with brief intervention if necessary. For most first-year students, it is the first time they are away from home and living on their own. It can be stressful and anxiety-producing to be responsible for so much of their day-to-day lives including coursework, social activities, meals, physical activity and athletics, and their sleep schedule. They are also learning a new environment and having to make new friends. This can lead not only to substance use but to social isolation, loneliness, depression, stress, and anxiety.
- Consider conducting SBIRT in settings on campus that are frequently accessed by students. This can be done using an outreach model where trained staff drop-in to the campus center, library, writing center, athletic building, or other location.<sup>9</sup> Alternately, peer navigators or other staff can be co-located in areas that are frequently accessed by students (e.g., academic advising locations, student centers, etc.). This convenience is key to reaching students if there is a private space.
- College students have become increasingly comfortable with online and text-based services. Leveraging these methods for screening, brief advice, follow up, and appointment reminders may help increase reach.
- The diversity of student populations on college and university campuses is increasing in New York State and across the country. It is important to be sensitive to different backgrounds, beliefs, and experiences of your students and to tailor your SBIRT process to meet their needs.
- Fraternities and sororities, often referred to as the Greek system or Greek life, are a big part of the social life at many colleges and universities. The culture of drinking in some



fraternities and sororities can be concerning, so it is important to consider routine screening among this student population. Fraternities and sororities have program requirements depending on their local chapter and national organization. There may be easier buy-in from fraternities and sororities to implement SBIRT if it can be provided in a way that helps meet those requirements, possibly with additional educational components.

- Establish a network of community resources, treatment centers, recovery services, and support services for students who need additional care for substance use or related mental health concerns. Consider providing transportation to help students access these services when needed.

## Community

Implementing SBIRT in community settings will help reach a large proportion of the population that may be hesitant to seek traditional medical care. By training staff in SBIRT or partnering



with organizations that employ outreach workers, settings like YMCAs, Boys and Girls Clubs, health and fitness centers, senior centers, and American Legions can screen individuals for substance use. Community health fairs, workshops, and events can be ideal for reaching a diverse population if delivered correctly. Some considerations to keep in mind:

- Think about the flow of individuals in and out of your location(s). When do people first interact with staff? Where do they go after they come in? How long are they there? Then, think about when it is most convenient to conduct screening and where there is sufficient privacy to conduct brief interventions.
- Don't wait for people to come to your setting. Identify opportunities to go out into the community to conduct screenings. Take advantage of community fairs, events, workshops, and screening days. If there is a private space, conduct brief interventions with individuals who screen positive. If there is not, come up with a process for scheduling appointments in-person or virtual brief interventions at another time.
- Collaborate with local organizations, schools, clinics, and community leaders to build a strong network that supports SBIRT implementation and connecting individuals to care.
- Tailor your approach to SBIRT with sensitivity to different cultures within the community. Make sure that SBIRT screening tools, materials, and conversations are available in languages spoken by community members. Hire staff or outreach workers that represent the population(s) they serve so that individuals can relate to them and feel comfortable being open and honest about their substance use.

This module provided some key considerations for tailoring SBIRT implementation to several settings. Proceed to Module 5 for more information about working with diverse populations.

## Additional Resources

- [Massachusetts SBIRT in Schools Toolkit](#)
- [School-Based Health Alliance SBIRT in School-Based Health Centers Toolkit](#)
- [State University of New York \(SUNY\) Guidance Document for Substance Use Services](#)
- [JED Campus College Mental Health Promotion and Suicide Prevention Program](#)
- [National Institute on Alcohol Abuse and Alcoholism \(NIAAA\) College AIM Alcohol Intervention Matrix](#)
- [SAMHSA: SBIRT in mental health settings PowerPoint presentation](#)

## Module 5: Key Considerations for Working with Diverse Populations

So far, this manual has introduced SBIRT, walked you through the components, described what to consider when implementing SBIRT in a variety of settings, and explored how to adapt implementation to different environments. What is important to note is that these processes are not one-size-fits all for the population at large; there are special considerations that can and should be made for the diverse communities throughout New York State.

This module identifies six specific populations that either have higher rates of substance use or that have unique risk and protective factors that should be considered when delivering SBIRT. Though each population may experience elevated risk, it is important to note that it is not the simple fact that they belong to one of these populations that puts them at risk but rather the systems, supports, and environment around them. They also have a specific set of strengths and assets which should be noted, honored, and leveraged when implementing SBIRT. All of this will be addressed in the following sub-sections.

Note that all of these populations also have higher rates of suicide or suicide attempts. Though these considerations are shared in each sub-section, please visit the [Suicide Prevention Center of New York's website](#) for additional information and resources.

### Adolescents and Young Adults

Adolescence is a time when young people often have their first drink. Their use may increase as they go through their teen years into young adulthood. The [2022 Monitoring the Future Survey](#)<sup>10</sup> captured this trend:

- 23% of 8<sup>th</sup> graders, 41% of 10<sup>th</sup> graders, and 62% of 12<sup>th</sup> graders reported having **tried alcohol** in their lifetime.
- 28% of 12<sup>th</sup> graders reported **drinking alcohol in the past month**.

- 11% of 8th graders, 24% of 10th graders, and 38% of 12th graders reported **using cannabis** in the past 12 months.
- 14% of 12<sup>th</sup> graders reported **daily cannabis use**.

Adolescents are unique in that the brain is still developing until the age of 25, with the part of the brain responsible for risk-taking outpacing the part responsible for reasoning. This means that adolescents and young adults are prone to risk-taking and may make risky decisions when it comes to alcohol and other substance use.<sup>11</sup> They are also overly prone to peer pressure and the desire to fit in. What also makes adolescents unique is that they answer to authority figures such as teachers and parents or guardians.

Once adolescents become young adults, they reach a transition period. Stressors that they face during this transition may include the need to transition to college and/or the workforce, take on financial responsibility, independently take care of their basic needs and transition to their own health insurance. All of these factors create unique risk for this group which should be considered when delivering SBIRT. Here are some considerations for implementing SBIRT with youth:

- A specific SBIRT model has been tried and tested with adolescents. This includes adolescent-specific screening tools like the [CRAFFT](#) and [S2BI](#) as discussed in the Delivery module and an adolescent-specific BNI algorithm for the brief intervention. Education and training resources are readily available including NORC's Adolescent SBIRT Learner's Guide, Trainer's Guide, and accompanying PowerPoint training slides. These resources can be accessed here: <https://www.sbirteducation.com/adolescents>.
- Adolescents and young adults have unique interests and motivations compared to other age groups. Tailor your questions and discussion around their interests and values during the brief intervention. For example, find out what the adolescent is interested in. Are they an athlete? In the orchestra or band? A good student? Also, what level of influence do their friends and family have over them? Do they want to please their teachers? All these questions will be helpful when driving the conversation during the brief intervention. You want to make sure you connect with them based on their unique interests and perspectives and that the conversation is focused on what motivates them.
- Recent research has shown that today's adolescents do not think that alcohol or drug use is as risky as adolescents in past years.<sup>12</sup> With the legalization of cannabis for use by adults aged 21 and older, risk perception has only decreased further. Using what you know about the adolescent or young adult you are working with, find out how risky they find alcohol, cannabis, or other drug use to be and think about how you can demonstrate the risk in a way that matches to their goals and interests. For example, could it impact



their academic performance and hurt their chances of getting into college? Could it impact their athletic performance, hurt their chances of winning games, and put their athletic scholarship in jeopardy?

- Adolescents are influenced greatly by their peers and often believe that their peers are drinking alcohol or using other substances more frequently than they are.<sup>13</sup> This is called a normative belief. Come prepared with some information or statistics that correct this misperception. Adolescents are often surprised to learn they misjudged their peers, and this information is usually quite impactful during a brief intervention to help an adolescent choose to reduce their use.
- Be sure to empower adolescents during the brief intervention by focusing on their interests, strengths, and resilience. They are approaching adulthood and are seeking independence.
- With permission from the adolescent, involve parents, guardians, and/or caregivers when appropriate. In certain settings like medical clinics, confidentiality is built into the delivery of care while other settings may have different confidentiality policies and procedures in place. In certain cases, like when a referral to treatment is warranted, parents or guardians and caregivers will have to be notified so that the adolescent can access treatment. In some cases, it may be beneficial to the progress of the adolescent if parents or guardians and caregivers are aware and can monitor progress and provide support.
- Provide age-appropriate information and education on substance use, emphasizing the facts and dispelling any myths.
- Adolescents have the highest rates of suicide attempt of all age categories; although lethality of the attempts tend to be lower, suicide rates have been increasing faster among adolescents than any other age category.<sup>14</sup> Consider integrating depression and suicide risk screening into your SBIRT protocol using the PHQ-3 or [PHQ-9](#) to screen for depression and suicide risk or the [C-SSRS](#) for a more in-depth suicide risk screen that assesses for method, plan, and intent. Provide all youth with the numbers for the [988 Suicide and Crisis Lifeline \(988\)](#) and Crisis Text Line (text “GOT5” to 741-741).

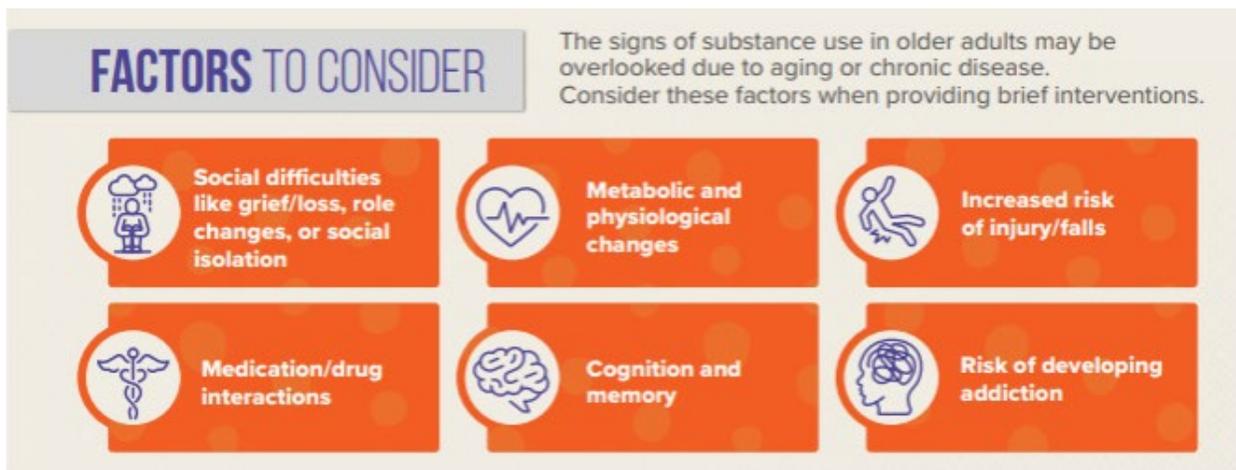
### **Additional Resources**

- [The Power of Prevention: Using SBIRT with Young People](#) – video of young people and advocates making the case for SBIRT
- [NIDA resources for parents or guardians and educators](#)
- [NIDA Monitoring the Future Survey](#)

## Older Adults

Nearly one million adults aged 65 and older live with an SUD. Alcohol is the most commonly used substance, with about two-thirds of older adults who use substances reporting high-risk drinking.<sup>15</sup>

**Figure 11: Factors to Consider for Brief Interventions with Older Adults**



Source: SBIRT Brief Intervention Card for Older Adults, see Appendix C.2.

Older adults exhibit unique risk and protective factors when compared to other age groups. Any of these can have an impact on their wellbeing, lead to risky substance use, and have implications for both physical and mental health. Here are some special considerations for working with older adults:

- Older adults undergo several significant life changes or transitions that can have an impact on mental health. These may include retirement, losing a spouse or partner, experiencing medical stressors, or losing friends in their social network. These factors impact social connection, social support, identity, and meaning in life. Drinking or other substance use can be used as a mechanism to cope, so it is important to explore underlying stresses or losses during a brief intervention.
- Older adults are more likely to be prescribed medication for physical ailments. Medication history is important to know, since some medications can have negative interactions when used in combination with other substances including alcohol.
- Alcohol and other substance use can increase the risk of falling and injury which can have a significant impact on the health and wellbeing of older adults. Be sure to have information available during the brief intervention when this may be a concern.
- Think about the best ways to involve family or other loved ones in helping to support and monitor substance use among older adults. Family engagement can increase the likelihood of positive outcomes.

- It is important to note that men 85 and older have the highest rates of suicide as compared to any other age group.<sup>2</sup> This is related to frailty and the lower likelihood that they will recover from an attempt, more careful planning and the use of more lethal means, access to prescription medications, social isolation, and the likelihood that they are living alone and will not be discovered and rescued.<sup>16</sup> For this population and other older adults, be sure to screen for suicide risk in addition to substance use.
- Be prepared with a network of referral resources for older adults. A resource list should not only include SUD treatment programs for older adults but also medical care, social services, benefits enrollment, and health and wellness centers. In addition, with social isolation, identity, and meaning in life sometimes in flux, be ready with referrals to social programs or volunteer opportunities, a process known as “[social prescribing](#).” Through volunteering and community engagement, older adults can give back to the community, connect with others of all ages, add structure to their day, and feel good about themselves and what they are doing. This can help to reduce substance use and improve mental health.
- Focus brief interventions on resiliency and how older adults have overcome past challenges by leveraging their strengths. Storytelling is an effective way of eliciting this information and identifying ways they can draw on past experiences to reduce their substance use.

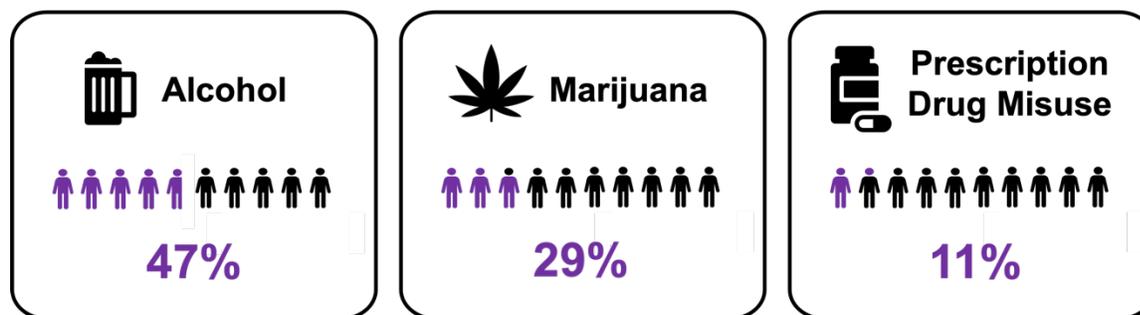
### **Additional Resources**

- [OASAS SBIRT Older Adult Pocket Card](#)
- [NIDA Substance Use in Older Adults](#)
- [National Institute of Mental Health \(NIMH\) Older Adults and Mental Health](#)
- [A Systematic Review of Social Prescribing for Older Adults](#)
- [University of Iowa: SBIRT Resources for Older Adults](#)

## **LGBTQIA2S+ Communities**

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and Two-Spirit (LGBTQIA2S+) individuals experience elevated risk for substance use, mental health concerns, and suicide.<sup>17</sup> Over half of LGBTQIA2S+ youth used alcohol and over one-third used marijuana in the past year. One in ten reported using a prescription drug not prescribed to them, and 41% thought about suicide in the past year.<sup>18</sup>

**Figure 12: Substance Use in the Last Year Among LGBTQ Youth**



Source: The Trevor Project, <https://www.thetrevorproject.org/research-briefs/substance-use-and-suicide-risk-among-lgbtq-youth-jan-2022/>

Several factors contribute to this elevated risk including discrimination, higher rates of housing insecurity, and bullying. Politicization of LGBTQIA2S+ communities and recent anti-LGBTQIA2S+ laws in states across the country have only made matters worse.<sup>19</sup> In fact, the 2023 Trevor Project annual [survey](#) found that nearly one in three LGBTQIA2S+ youth considered their health to be poor most or all of the time due to anti-LGBTQIA2S+ legislation.<sup>20</sup> It is also important to note that there are several protective factors (e.g. affirming homes, schools, and communities; positive peer supports; access to LGBTQIA2S+ role models) that can be strengthened to help LGBTQIA2S+ individuals and communities thrive. Here are some considerations for working with these populations:

- Being LGBTQIA2S+ is a positive thing, and there is often a sense of pride in being a part of these communities. It is important to focus on positives. What brings feelings of hope, joy, and accomplishment? How can changes to substance use patterns improve their feelings of success and accomplishment? Eliciting this information may help them leave with more hope.
- It is important to know how someone specifically identifies – whether it be lesbian, gay, transgender, nonbinary, or some other identity – because everyone experiences the world differently. Make sure you are familiar with each identity, as it is not the role of the person you are working with to explain it to you. Asking people how they identify at the outset will make them feel more comfortable, accepted, and affirmed.
- Be sure to ask their preferred name and pronouns and use the name and pronouns they give you throughout your session. Your organization should update all forms to capture LGBTQIA2S+ identity and preferred names and pronouns. Using preferred names and pronouns will help those you’re working with feel affirmed. If you make a mistake, quickly acknowledge and correct it.
- The U.S. guidelines and screening tools defining risky alcohol use are based on cisgender and binary gender identities and exclude transgender and non-binary people. Additionally, it is unclear if the factors, such as body fat composition and muscle mass, that go into defining risky alcohol use are related to natal sex-based physiology or current sex-based physiology. These factors may vary for transgender people who have accessed gender-affirming medical or surgical care.”<sup>21</sup> When working with transgender

and nonbinary individuals, follow [SAMHSA's guidance from the Center of Excellence in LGBTQ+ Behavioral Health Equity](#). Universal screening using a validated tool is an ideal way to identify those who could benefit from a brief intervention. During screening and brief interventions, follow suggested drinking limits for adults described in guidance document. Brief Interventions (BIs) can help clients identify healthier choices and motivations to change alcohol or other substance use. It is important for SBIRT providers to develop skills in offering affirming education and counseling for transgender and nonbinary individuals.

- Engaging supportive loved ones can usually be important in providing care for individuals who are engaging in risky substance use. For LGBTQIA2S+ individuals, it is possible that their parents or guardians or other family members may not be supportive; in fact, LGBTQIA2+ youth may not even be living at home. Ask the individual you are working with who their supports are and whether they want to involve them in care.
- There are several services, resources, and supports beyond substance use intervention and treatment that could be useful to LGBTQIA2S+ individuals and could help them live happy, healthy, and safe lives. Be prepared with a list of referral resources that includes food, housing, medical care, employment options, transportation, education, and benefits.
- LGBTQIA2S+ individuals are at an elevated risk for suicide for many of the reasons discussed at the beginning of this subsection. Consider screening for depression and suicide risk as part of your SBIRT process. You can use the PHQ-3 or [PHQ-9](#) to screen for depression and suicide risk or the C-SSRS for a more in-depth screening for suicide risk. Provide the number to [Trevor Talk \(1-866-488-7386\)](#) and [Text \(text "Start" to 678-678\)](#) and the [988 Suicide and Crisis Lifeline](#) for 24/7 support.

### **Additional Resources**

- [Center of Excellence on LGBTQ+ Behavioral Health Equity: Use of the SBIRT Model among Transgender and Nonbinary Populations](#)
- [SAMHSA Suicide Prevention Resource Center: Mental Health Promotion and Suicide Prevention for LGBTQIA2S+ Youth](#) – Resources and Focus Guides for Professionals, State Agencies, Families, and Communities
- [Trevor Project](#)
- [NIDA Substance Use and SUDs in LGBTQ+ Populations](#)

## American Indian/Alaska Natives

American Indian/Alaska Native (AI/AN) have the highest rate of illicit drug use (25.9%) of any racial or ethnic group in the U.S. AI/AN people were also more likely to have a substance use disorder in the past year compared with any other racial category.<sup>22,23</sup> Additionally, AI/AN people have the highest rate of substance-related deaths of any racial or ethnic group; between 2016 and 2020, the rate of alcohol-related death among AI/AN people was 51.9 per 100,000 people compared to 11.7 per 100,000 among the rest of the U.S. population. Lastly, AI/AN people also have the largest overdose death rate, which increased 39% between 2019 and 2020 alone.<sup>24</sup>

There are many factors which may contribute to higher rates of substance use and substance-related deaths within AI/AN communities including decades of violence and trauma, displacement, forced assimilation, and genocide. Despite these challenges, AI/AN people continue to thrive and serve as leaders of their communities. Implementing SBIRT with AI/AN people requires a deep understanding of the impact of historical trauma as well as the unique cultural values and traditions of individual tribal communities. Here are some considerations for working with AI/AN populations:

- Establish a relationship with the tribe; working collaboratively is the most important first step.
- Consider input, feedback, and support from tribal leaders, healers, and community members when preparing for SBIRT implementation. AI/AN individuals may be used to and prefer tribal approaches to health rather than western medical care. Infusing healing techniques may be most beneficial for positive outcomes among AI/AN individuals.
- Tribal communities face several barriers to treatment including stigma and limited resources. This makes implementation of SBIRT in primary care and community-based locations even more critical. Ensure you have a private space and protect confidentiality. Know your available SUD treatment resources ahead of time and connect individuals to transportation if needed. All referrals should be culturally appropriate.
- It is important to use a historical, trauma-informed approach that respects cultural traditions and historic and lived experiences.



Consider screening for multiple factors related to the social determinants of health so you have a better understanding of how they may relate to substance use.

- Do what you can to have someone who is AI/AN deliver SBIRT to the AI/AN individuals you serve.
- Focus on the positives of the AI/AN and tribal culture. Tie the brief intervention to cultural values that are defined by the individual; by working collaboratively with the Tribe, you will have a better understanding of these values. Leaving the brief intervention on a positive note, reinforcing autonomy and goals, will help one's journey to reduce their substance use.
- AI/AN people have the highest rate of suicide of any racial or ethnic group.<sup>24</sup> Consider screening for depression and suicide risk and provide brief intervention and referral to treatment when needed. Provide all AI/AN people you screen with numbers for [the 988 Suicide and Crisis Lifeline](#) and the [Native Crisis Text Line](#) (text "Native" to 741-741). These services can be used for substance use, depression, anxiety, interpersonal violence, relationship problems, and suicide risk, among other concerns.

### **Additional Resources**

- [American Indian and Alaska Native Addiction Technology Transfer Center: The Application of SBIRT in a Tribal Healthcare Setting](#)
- [Institute for Research, Education, and Training in Addictions: SBIRT in Native American Populations](#)
- [SBIRT Quick Guide: Native American Youth](#)
- [Indian Health Services SBIRT page](#)
- [SAMHSA TIP 61: Behavioral Health Services for American Indians and Alaska Natives](#)

## **Veterans**

More than 10% of veterans have been diagnosed with an SUD; those who were deployed and experienced combat are more likely to engage in risky behaviors, substance use, and self-harm than veterans who were not deployed. Veterans are also more likely than the general population to be diagnosed with Post-Traumatic Stress Disorder (PTSD); over one-quarter of veterans with PTSD also exhibit symptoms of an SUD.<sup>25</sup>

Providing SBIRT services to veterans requires an understanding of the experiences and mental health conditions that veterans may be facing. Care should acknowledge trauma, mental health (e.g., depression, PTSD), and other possible difficulties related to readjusting to civilian life.

Here are some considerations for working with veterans:

- The experience of being a veteran is unique and is important to understand when conducting a brief intervention. In fact, the number one barrier to receiving treatment reported by veterans is that the person providing the care does not understand them. That is why it is important first to know whether someone is a veteran, as it may not be

apparent or noted elsewhere. The [Ask the Question Campaign](#) recommends that the question, “Have you or a family member ever served in the military?” get added to intake, enrollment, or health history forms to allow for more informed care and optimal veteran-specific referrals.

- Because understanding what it is like to serve in the military is important for veterans when seeking care, have veterans on staff be a part of the SBIRT process, whether they are licensed professionals, health educators, or peers. Having someone there that veterans can relate to will increase comfort and open and honest discussion about substance use.
- Even if you have peers or staff who are veterans, it is important that everyone have a certain level of military cultural competency. [Psych armor](#) provides over 250 online military culture educational trainings for health care providers, employers, other professionals, veterans, and their families.
- The transition from military to civilian life can be challenging for veterans. Be sure to ask veterans about this transition and how it may have impacted the relationships in their lives (e.g., spouse, partner, children, siblings). Find out who is there to support them and ask permission to include them in the ongoing monitoring of the veteran’s care.
- Veterans may be experiencing multiple issues that relate to their substance use including physical and mental health problems, unemployment, financial strain, and homelessness. Have several types of referral resources available for any issues veterans might be experiencing. SBIRT is an opportunity to connect veterans not only to SUD treatment but for health and mental health care, employment opportunities, financial assistance, benefits enrollment, and housing assistance.
- Veterans may be hesitant to seek services at a medical facility, particularly a Veterans Affairs (VA) hospital. Think about where they may go in the community and consider sending outreach workers to those locations. For example, you could conduct screening at a local American Legion or where veterans apply for disability compensation



*In recent surveys, veterans have indicated that one of the top barriers to receiving care was that they “do not feel understood by the providers who serve them.”*

Source:  
Ask the Question Campaign, 2022



or other benefits. Ensure there is a private space at these locations or plan for a way to follow up with brief intervention for those who screen positive.

- Veterans are at elevated risk for suicide.<sup>26</sup> Consider screening all veterans for suicide risk using the [C-SSRS](#) and for access to lethal means such as a firearm; if lethal means are available, come up with a plan for temporary removal in the event of a crisis. In addition, train your staff in [Question, Persuade, and Refer](#) (QPR) or [VA S.A.V.E](#) training so that they can identify warning signs and refer veterans at risk for help. Provide all veterans information about the [Veteran's Crisis Line](#), for which they can dial 988 then press 1, chat online, or text 838255.

### **Additional Resources**

- [NIDA Substance Use and Military Life Drug Facts](#)

### **Rural Communities**

Several unique characteristics of rural communities lead to higher rates of alcohol or other substance use. For example, there are limited recreation, health, and social services available, leaving issues unaddressed and residents to frequent bars for entertainment and social connection.<sup>27</sup> With the close-knit nature of rural communities, there is heightened stigma around substance use, making residents hesitant to tell friends or family or to seek formal care. Specialty services are often a long distance away with long wait times, and transportation options are limited. On top of these factors, rural areas also have a culture of self-determination, meaning that they prefer to address concerns on their own rather than seeking help. Many rural economies are struggling, and job opportunities may be limited.<sup>28</sup> Here are some considerations for working with rural communities:

- Although rural areas may experience the challenges noted above, they exhibit several strengths and assets that should be leveraged, both professionally and among the community. The small size of the community puts professionals across organizations in a position to collaborate to support individuals involved in multiple service systems. They also feel a connection to their communities and go out of their way to serve them; the community is like their family. Because communities are close-knit, residents are often there to help and support each other. Think about how you can collaborate with other organizations in your community and be sure to ask the individuals you are working with about their support network and the resources available to them.
- Long travel distances in rural areas means greater risk of driving while under the influence. Adolescents and young adults who live in rural communities are more likely to engage in high-risk behaviors like driving under the influence. The CRAFFT screening tool



assesses for driving risk among adolescents; make sure you are comfortable providing brief interventions about both driving and riding risk.

- Be familiar with all resources in your local community and have numbers and contacts ready for referrals. Think about all the different resources and supports that may help someone in reducing their substance use including connections to health and wellness facilities, childcare, transportation, benefits enrollment, job training, and physical and mental health care.
- Think about where residents in your community go to socialize, run errands, and receive services. Send an outreach worker to those settings to screen for substance use; community events may be a good place to do this. This will help reach residents who do not seek care or who are isolated from community centers.
- Identify the different populations who live in the rural community in which you work. Are there a lot of farmers or construction workers? Is there an Amish or Mennonite community? Think about how to tailor your SBIRT approach to each unique population and consider seeking input from these populations.
- Promote access to free, 24/7 resources to the individuals you serve. These include the OASAS HOPEline (dial 1-877-8-HOPENY or text 467369), the [988 Suicide and Crisis Lifeline \(988\)](#), and Crisis Text Line (text “GOT5” to 741-741).
- Rural areas have higher suicide rates than urban areas of New York State.<sup>2</sup> Consider training staff in QPR and integrating suicide risk screening and safety planning intervention into your SBIRT model.

### Additional Resources

- [Mental Health in Rural New York: Findings and Implications of a Listening Tour with Residents and Professionals](#)
- [Rural Healthcare Information Hub \(Rheu\) SBIRT page](#)
- [NADAAC webinar: Implementing SBIRT in Rural Clinics](#)
- [Rural Community Action Guide: Building Stronger, Healthier, Drug-Free Rural Communities](#)

## Conclusion

This manual introduces SBIRT as a health and wellness approach for identifying risky substance use and providing early intervention to reduce use before it becomes more severe. A quick and easy universal screening – just like a screening for depression or blood pressure – is a cost-effective way for addressing issues before they begin to cause negative consequences. The manual goes through each step of the model, provides guidance for how to successfully implement SBIRT in a variety of settings, and shares several considerations for how to tailor your approach to SBIRT for populations with higher rates of substance use. This manual links to several high-quality resources for more information. Take time to review these resources and come up with an implementation plan that includes your selected screening tools, intended workflow, implementation start date, unique training needs, and a process for quality improvement to ensure that SBIRT is delivered as intended. Once this plan is in place, provide training for your staff that is followed by routine clinical supervision that includes fidelity checks, feedback, and refresher training. The efforts you take will greatly benefit the communities you serve.

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## Appendices

- A. Screening Tools
  - A.1 AUDIT Pre-Screen
  - A.2 DAST Pre-Screen
  - A.3a CRAFFT 2.1+ N Pre-Screen – Clinician Administered
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## Appendix A. Screening Tools

## A.1 AUDIT Pre-Screen

# AUDIT-C

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or “pure” alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many standard drinks containing alcohol do you have on a typical day?	1 or 2	3 to 4	5 to 6	7 to 9	10 or more	
3. How often do you have 4 or more drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
					Total	

## **Alcohol Use Disorders Identification Test-Concise (AUDIT-C)**

### **Scoring Information for facilitator:**

A score of 3 is a positive score.

Clients with positive scores should complete the full AUDIT.

## A.2 DAST Pre-Screen

## Drug Abuse Screening Test

The following question concerns information about your possible involvement with drugs not including alcoholic beverages during the past 12 months.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcoholic beverages.

In the past 12 months...		Circle answer	
1	Have you used drugs other than those required for medical reasons?	Yes	No

# A.3a CRAFFT 2.1+ N Pre-Screen – Clinician Administered

# The CRAFFT 2.1+N Interview

To be verbally administered by the clinician

**Begin:** "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential." \*Pre-Screen items highlighted in yellow and marked with a "^"

## ^ Part A

During the PAST 12 MONTHS, on how many days did you:

^1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say "0" if none.

  
# of days

^2. Use any marijuana (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "synthetic marijuana" (like "K2," "Spice")? Say "0" if none.

  
# of days

^3. Use anything else to get high (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none.

  
# of days

^4. Use a vaping device\* containing nicotine and/or flavors, or use any tobacco products†? Say "0" if none.

  
# of days

\*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.

## If the patient answered...

"0" for all questions in Part A



Ask 1<sup>st</sup> question only in Part B below, then STOP

"1" or more for Q. 1, 2, or 3



Ask all 6 questions in Part B below

"1" or more for Q. 4



Ask all 10 questions in Part C on next page

## Part B

Circle one

^C Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

No Yes

R Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

No Yes

A Do you ever use alcohol or drugs while you are by yourself, or ALONE?

No Yes

F Do you ever FORGET things you did while using alcohol or drugs?

No Yes

F Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

No Yes

T Have you ever gotten into TROUBLE while you were using alcohol or drugs?

No Yes

Two or more YES answers in Part B suggests a serious problem that needs further assessment. See Page 3 for further instructions. →

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## Part C

“The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products**.\*”

Circle one

- |  | Yes | No |
|--|-----|----|
| 1. Have you ever tried to QUIT using, but couldn't?  |     |    |
| 2. Do you vape or use tobacco NOW because it is really hard to quit?                                     |     |    |
| 3. Have you ever felt like you were ADDICTED to vaping or tobacco?                                       |     |    |
| 4. Do you ever have strong CRAVINGS to vape or use tobacco?  |     |    |
| 5. Have you ever felt like you really NEEDED to vape or use tobacco?                                     |     |    |
| 6. Is it hard to keep from vaping or using tobacco in PLACES where you are not supposed to, like school? |     |    |
| 7. When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)...                |     |    |
| a. did you find it hard to CONCENTRATE because you couldn't vape or use tobacco?                         |     |    |
| b. did you feel more IRRITABLE because you couldn't vape or use tobacco?                                 |     |    |
| c. did you feel a strong NEED or urge to vape or use tobacco?  |     |    |
| d. did you feel NERVOUS, restless, or anxious because you couldn't vape or use tobacco?                  |     |    |

**One or more YES answers in Part C suggests a serious problem with nicotine that needs further assessment. See Page 3 for further instructions. →**

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*\*References:*

Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health, 35*(3), 225–230;

McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open, 1*(6), e183535.

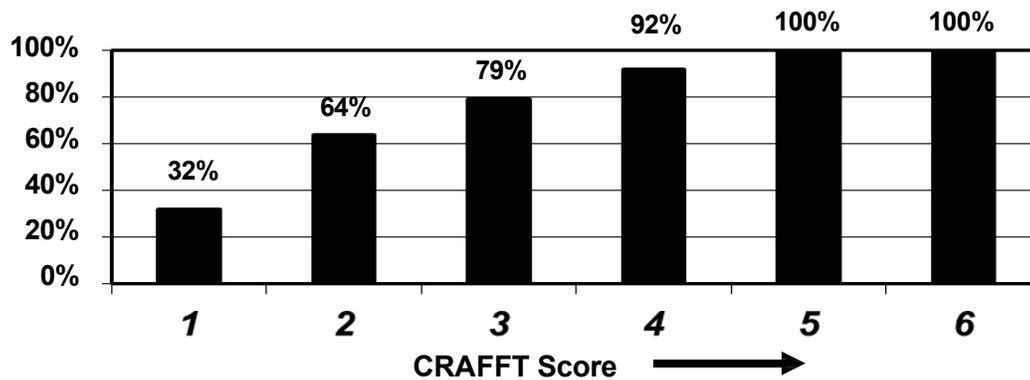
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## CRAFFT Score Interpretation

### Probability of a DSM-5 Substance Use Disorder by CRAFFT score\*



\*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

### Use the 5 R's talking points for brief counseling.



1. **REVIEW** screening results  
For each "yes" response: *"Can you tell me more about that?"*



2. **RECOMMEND** not to use  
*"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, nicotine, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."*



3. **RIDING/DRIVING** risk counseling  
*"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."*



4. **RESPONSE** elicit self-motivational statements  
Non-users: *"If someone asked you why you don't drink, vape, or use tobacco or drugs, what would you say?"* Users: *"What would be some of the benefits of not using?"*



5. **REINFORCE** self-efficacy  
*"I believe you have what it takes to keep substance use from getting in the way of achieving your goals."*

**Give patient Contract for Life.** Available at [www.crafft.org/contract](http://www.crafft.org/contract)

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## A.3b CRAFFT 2.1+ N Pre-Screen – Self-Administered

# The CRAFFT+N Questionnaire

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

**During the PAST 12 MONTHS, on how many days did you:**

- ^ **1.** Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put “0” if none.  # of days
- ^ **2.** vaping, dabbing, or in edibles) or “**synthetic marijuana**” (like “K2,” “Spice”)? Put “0” if none.  # of days
- ^ **3.** Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put “0” if none.  # of days
- ^ **4.** Use a **vaping device\* containing nicotine and/or flavors**, or use any **tobacco products†**? Put “0” if none.  
*\*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*  # of days

## READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put “0” in ALL of the boxes above, ANSWER QUESTION 5 BELOW, THEN STOP.
- If you put “1” or more for Questions 1, 2, or 3 above, ANSWER QUESTIONS 5-10 BELOW.
- If you put “1” or more for Question 4 above, ANSWER ALL QUESTIONS ON BACK PAGE.

**Circle one**

- ^ **5.** Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs? **No** **Yes**
- 6.** Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? **No** **Yes**
- 7.** Do you ever use alcohol or drugs while you are by yourself, or ALONE? **No** **Yes**
- 8.** Do you ever FORGET things you did while using alcohol or drugs? **No** **Yes**
- 9.** Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? **No** **Yes**
- 10.** Have you ever gotten into TROUBLE while you were using alcohol or drugs? **No** **Yes**

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The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products\***. Circle your answer for each question.

**Circle one**

1. Have you ever tried to quit using, but couldn't? **Yes No**

2. Do you vape or use tobacco now because it is really hard to quit? **Yes No**

3. Have you ever felt like you were addicted to vaping or tobacco? **Yes No**

4. Do you ever have strong cravings to vape or use tobacco? **Yes No**

5. Have you ever felt like you really needed to vape or use tobacco? **Yes No**

6. Is it hard to keep from vaping or using tobacco in places where you are not supposed to, like school? **Yes No**

7. When you haven't vaped or used tobacco in a while (or when you tried to stop using)...

a. did you find it hard to concentrate because you couldn't vape or use tobacco? **Yes No**

b. did you feel more irritable because you couldn't vape or use tobacco? **Yes No**

c. did you feel a strong need or urge to vape or use tobacco? **Yes No**

d. did you feel nervous, restless, or anxious because you couldn't vape or use tobacco? **Yes No**

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**\*References:**

Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health, 35*(3), 225–230;

McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open, 1*(6), e183535.

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## A.4 AUDIT Full Screen

# AUDIT

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or “pure” alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	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 of drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have 4 or more drinks on one occasion?	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?	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?	Never	Less than Monthly	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?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than Monthly	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?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

## AUDIT (Alcohol Use Disorders Identification Test)

### Scoring Information for facilitator:

Each question has a score ranging from 0-4 as seen on top row of the table.  
Write the score for each question in the right box and add up the total.

<b>Score</b>	<b>Risk Level</b>	<b>Description of Zone</b>	<b>Intervention/Response</b>
0-7	Zone 1: Low Risk	At low risk for social or health complications	Positive reinforcement/brief advice
8-15	Zone 2: Risky	May develop health or social problems	BI - Brief Intervention
16-19	Zone 3: Harmful	Has experienced negative effects from substance use	EBI -Extended Brief Intervention
20-40	Zone 4: High Risk	Could benefit from more assessment and assistance	RT-Refer to specialist for diagnostic evaluation and treatment

## A.5 DAST-10 Full Screen

## Drug Abuse Screening Test

The following questions concern information about your possible involvement with drugs *not including alcoholic beverages* during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions *do not* include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months...		Circle answer	
1	Have you used drugs other than those required for medical reasons?	Yes	No
<p><b>Note:</b> If you have answered no to question 1 do not continue. If you have answered yes to question 1 continue answering questions 2-10.</p>			
2	Do you abuse more than one drug at a time?	Yes	No
3	Are you ever unable to stop using drugs when you want to?	Yes	No
4	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5	Do you ever feel bad or guilty about your drug use?	Yes	No
6	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7	Have you neglected your family because of your use of drugs?	Yes	No
8	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	Yes	No

## Drug Abuse Screening Test

### Information for facilitator:

Score 1 point for each question answered “Yes.”

### DAST – 1 Pre-Screen Scoring

Clients who answer no to the first question (score of 0) should stop and **not** complete the rest of the questions.

Clients who answer yes to first question (score of 1) should complete the remaining 9 questions.

### DAST- 10 Full-Screen Screening Scoring

Score	Risk Level	Intervention
0	Zone 1: <b>No risk</b>	Simple advice: Congratulations this means you are abstaining from excessive use of prescribed or over-the-counter medications, illegal or non-medical drugs.
1-2	Zone 2: At Risk Use - “low level” of problem drug use	Brief Intervention (BI). You are at risk. Even though you may not be currently suffering or causing harm to yourself or others, you are at risk of chronic health or behavior problems because of using drugs or medications in excess.
3-5	Zone 3: “intermediate level”	Extended BI (EBI) and RT – your score indicates you are at an “intermediate level” of problem drug use. Talk with a professional and find out what services are available to help you to decide what approach is best to help you to effectively change this pattern of behavior.
6-10	Zone 4: Very High Risk, Probable Substance Use Disorder	EBI/RT- considered to be at a “substantial to severe level” of problem drug use. Refer to specialist for diagnostic evaluation and treatment.

## A.6a CRAFFT 2.1+N HONC Full Screen – Clinician Administered

# The CRAFFT 2.1+N Interview

To be verbally administered by the clinician

**Begin:** "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

## Part A

During the **PAST 12 MONTHS**, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say 0 if none.

  
# of days

2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Say "0" if none.

  
# of days

3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none.

  
# of days

4. Use a **vaping device\*** containing **nicotine and/or flavors**, or use any **tobacco products†**? Say "0" if none.

  
# of days

*\*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*

## If the patient answered...

"0" for all questions in Part A



Ask 1<sup>st</sup> question only  
in Part B below, then STOP

"1" or more for Q. 1, 2, or 3



Ask all 6 questions  
in Part B below

"1" or more for Q. 4



Ask all 10 questions  
in Part C on next page

## Part B

Circle one

**C** Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

No Yes

**R** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

No Yes

**A** Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

No Yes

**F** Do you ever **FORGET** things you did while using alcohol or drugs?

No Yes

**F** Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

No Yes

**T** Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

No Yes

**Two or more YES answers in Part B suggests a serious problem that needs further assessment. See Page 3 for further instructions. →**

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## Part C

“The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products**.\*”

Circle one

- |  | Yes | No |
|--|-----|----|
| 1. Have you ever tried to QUIT using, but couldn't?  |     |    |
| 2. Do you vape or use tobacco NOW because it is really hard to quit?                                     |     |    |
| 3. Have you ever felt like you were ADDICTED to vaping or tobacco?                                       |     |    |
| 4. Do you ever have strong CRAVINGS to vape or use tobacco?  |     |    |
| 5. Have you ever felt like you really NEEDED to vape or use tobacco?                                     |     |    |
| 6. Is it hard to keep from vaping or using tobacco in PLACES where you are not supposed to, like school? |     |    |
| 7. When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)...                |     |    |
| a. did you find it hard to CONCENTRATE because you couldn't vape or use tobacco?                         |     |    |
| b. did you feel more IRRITABLE because you couldn't vape or use tobacco?                                 |     |    |
| c. did you feel a strong NEED or urge to vape or use tobacco?  |     |    |
| d. did you feel NERVOUS, restless, or anxious because you couldn't vape or use tobacco?                  |     |    |

**One or more YES answers in Part C suggests a serious problem with nicotine that needs further assessment. See Page 3 for further instructions. →**

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**\*References:**

Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health, 35*(3), 225–230;

McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open, 1*(6), e183535.

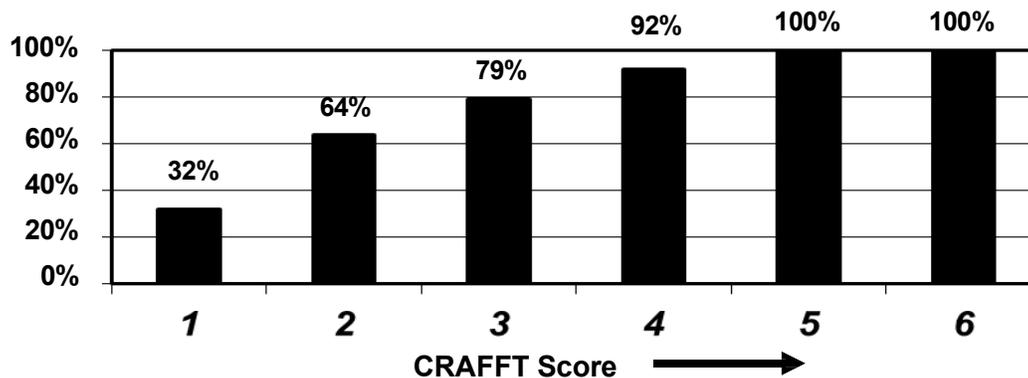
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## CRAFFT Score Interpretation

### Probability of a DSM-5 Substance Use Disorder by CRAFFT score\*



\*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

### Use the 5 R's talking points for brief counseling.



1. **REVIEW** screening results  
For each "yes" response: *"Can you tell me more about that?"*



2. **RECOMMEND** not to use  
*"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, nicotine, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."*



3. **RIDING/DRIVING** risk counseling  
*"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."*



4. **RESPONSE** elicit self-motivational statements  
Non-users: *"If someone asked you why you don't drink, vape, or use tobacco or drugs, what would you say?"* Users: *"What would be some of the benefits of not using?"*



5. **REINFORCE** self-efficacy  
*"I believe you have what it takes to keep substance use from getting in the way of achieving your goals."*

**Give patient Contract for Life.** Available at [www.crafft.org/contract](http://www.crafft.org/contract)

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# A.6b CRAFFT 2.1+N HONC Full Screen – Self-Administered

# The CRAFFT+N Questionnaire

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

**During the PAST 12 MONTHS, on how many days did you:**

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.

  
# of days

2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.

  
# of days

3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none.

  
# of days

4. Use a **vaping device\*** containing nicotine and/or flavors, or use any **tobacco products†**? Put "0" if none.

*\*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*

  
# of days

## READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 5 BELOW, THEN STOP.
- If you put "1" or more for Questions 1, 2, or 3 above, ANSWER QUESTIONS 5-10 BELOW.
- If you put "1" or more for Question 4 above, ANSWER ALL QUESTIONS ON BACK PAGE.

**Circle one**

5. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

No Yes

6. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

No Yes

7. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

No Yes

8. Do you ever FORGET things you did while using alcohol or drugs?

No Yes

9. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

No Yes

10. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

No Yes

### NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

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The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products\***. Circle your answer for each question.

**Circle one**

1. Have you ever tried to quit using, but couldn't? **Yes No**

2. Do you vape or use tobacco now because it is really hard to quit? **Yes No**

3. Have you ever felt like you were addicted to vaping or tobacco? **Yes No**

4. Do you ever have strong cravings to vape or use tobacco? **Yes No**

5. Have you ever felt like you really needed to vape or use tobacco? **Yes No**

6. Is it hard to keep from vaping or using tobacco in places where you are not supposed to, like school? **Yes No**

7. When you haven't vaped or used tobacco in a while (or when you tried to stop using)...

a. did you find it hard to concentrate because you couldn't vape or use tobacco? **Yes No**

b. did you feel more irritable because you couldn't vape or use tobacco? **Yes No**

c. did you feel a strong need or urge to vape or use tobacco? **Yes No**

d. did you feel nervous, restless, or anxious because you couldn't vape or use tobacco? **Yes No**

---

**\*References:**

Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health, 35*(3), 225–230;

McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open, 1*(6), e183535.

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## A.7 Screening to Brief Intervention Tool (S2BI)

# Screening to Brief Intervention (S2BI) Tool

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

## IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:

---

### Tobacco?

- Never
- Once or twice
- Monthly
- Weekly or more

*S2BI Tool developed at Boston Children's Hospital with support from the National Institute on Drug Abuse.*

*It is best used in conjunction with "The Adolescent SBIRT Toolkit for Providers" [mass.gov/maclearinghouse](http://mass.gov/maclearinghouse) (no charge).*

### Alcohol?

- Never
  - Once or twice
  - Monthly
  - Weekly or more
- 

### Marijuana?

- Never
  - Once or twice
  - Monthly
  - Weekly or more
- 

***STOP*** if answers to all previous questions are "never." Otherwise, continue with questions on the back.

**OVER**

**Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?**

- Never
  - Once or twice
  - Monthly
  - Weekly or more
- 

**Illegal drugs (such as cocaine or Ecstasy)?**

- Never
  - Once or twice
  - Monthly
  - Weekly or more
- 

**Inhalants (such as nitrous oxide)?**

- Never
  - Once or twice
  - Monthly
  - Weekly or more
- 

**Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)?**

- Never
  - Once or twice
  - Monthly
  - Weekly or more
-

## Appendix B. BNI Algorithm

## B.1 Adult

## BRIEF NEGOTIATED INTERVIEW (BNI) ALGORITHM

1) BUILD RAPPORT	Tell me about a typical day in your life. Where does your current [X] use fit in?
2) PROS & CONS  Summarize	<p>Help me understand, through your eyes, the good things about using [X]. What are some of the not-so-good things about using [X]?</p> <p>So, on the one hand [PROS], and on the other hand [CONS].</p>
3) INFORMATION & FEEDBACK  Elicit  Provide    Elicit	<p>I have some information on low-risk guidelines for drinking and drug use, would you mind if I shared them with you?</p> <p>We know that <b>drinking...</b></p> <ul style="list-style-type: none"> <li>• 4 or more (F) / 5 or more (M) drinks in 2 hrs</li> <li>• or more than 7 (F) / 14 (M) drinks in a week</li> <li>• having a BAC of ____</li> </ul> <p>...and/or use of <b>illicit drugs</b> such as _____</p> <p>...can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [insert medical information].</p> <p>What are your thoughts on that?</p>
4) READINESS RULER  Reinforce positives  Ask about lower #	<p>This Readiness Ruler is like the Pain Scale we use in the hospital. On a scale from 1-10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your [X] use?</p> <p>You marked ____ . That's great. That means you are ____ % ready to make a change.</p> <p>Why did you choose that number and not a lower one like a 1 or a 2?</p>
5) ACTION PLAN  Identify strengths & supports  Write down steps  Offer appropriate resources   Thank patient	<p>What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about using [X]?</p> <p>What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now?</p> <p>Those are great ideas! Is it okay for me to write down your plan, your own <b>prescription for change</b>, to keep with you as a reminder? Will you summarize the steps you'll take to change your [X] use?</p> <p>I have some additional resources that people sometimes find helpful; would you like to hear about them?</p> <ul style="list-style-type: none"> <li>• Primary Care, Outpatient counseling, Mental Health</li> <li>• Suboxone, Methadone clinic, Needle Exchange, AA/NA, Smoking cessation</li> <li>• Shelter, Insurance, Community Programs</li> <li>• Handouts and information</li> </ul> <p>Thank you for talking with me today.</p>

## INTERVENCIÓN BREVE NEGOCIADA: ALGORITMO

<p>1. ESTABLECER RELACIÓN CON EL PACIENTE</p>	<p>Me podría decir como es un día típico en su vida. ¿Que papel juega su uso de [X] en su vida?</p>
<p>2. LOS PROS Y LOS CONTRAS</p> <p>Resuma</p>	<p>Me ayuda a entender, a través de sus ojos, las cosas buenas de usar [X]. ¿Cuales son algunas de las cosas no tan buenas de usar [X]?</p> <p>Así que, por un lado usted dice [Los Pros], Y por otra parte usted ha dicho [Cons]</p>
<p>3. INFORMACIÓN &amp; RECOMENDACIONES</p> <p>Obtener respuesta</p> <p>Proveer</p> <p>Obtener respuesta</p>	<p>Tengo algo de información sobre las recomendaciones saludables del consumo de alcohol, ¿le importaría si las comparto con usted?</p> <p>Sabemos que <b>tomar</b> ....</p> <ul style="list-style-type: none"> <li>• 4 o mas (mujer)/5 o mas (hombre) bebidas en dos horas</li> <li>• más de 7 (mujer)/14 (hombre) bebidas en una semana</li> <li>• Tener un BAC de _____</li> </ul> <p>....y/o usar <b>drogas ilegales</b> como _____</p> <p>....Te pueden poner en riesgo de problemas sociales o legales, y también de enfermarse o lesionarse. De igual forma puede causar problemas de salud tales, como <i>[mencionar la información médica]</i>.</p> <p>¿Qué piensa al respecto?</p>
<p>4. ESCALA DE DISPOSICIÓN AL CAMBIO</p> <p>Reforzar lo positivo</p> <p>Preguntar sobre un # mas bajo</p>	<p>Esta Regla de Preparación es como la Escala de Dolor que utilizamos en el hospital. En una escala del 1-10, siendo el 1 que no esta listo para nada y el 10 que esta completamente listo, ¿qué tan listo se encuentra usted para cambiar su uso de [X]?"</p> <p>Usted marco ____ ¡Estupendo! Quiere decir que usted esta ____% listo para hacer un cambio.</p> <p>¿Por qué eligió ese número y no otro # inferior, como un 1 o un 2?</p>
<p>5. PLAN DE ACCIÓN</p> <p>Identificar refuerzos y recursos</p> <p>Escribir los pasos a seguir</p> <p>Ofrecer los recursos apropiados</p> <p>Darle las gracias al paciente</p>	<p>¿Cuales son algunos pasos/opciones que trabajarían para que usted este saludable y seguro? ¿Qué le ayudará a reducir las cosas que no le gustan del uso de [X]?</p> <p>¿Qué apoyos tiene usted para hacer este cambio? Dígame sobre un desafío que usted venció en el pasado. ¿Cómo puede usted usar aquellos apoyos/recursos para ayudarle ahora?</p> <p>¡Esas son ideas estupendas! ¿Está bien si escribo su plan, su propia <b>receta de cambio</b>, para que las mantenga con usted como un recordatorio? Podría resumir los pasos que usted tomara para cambiar su uso de [X]</p> <p>Tengo algunos recursos adicionales que le podrían ser útiles; ¿le gustaría escuchar acerca de ellos?</p> <ul style="list-style-type: none"> <li>• Atención Primaria, asesoramiento ambulatorio, Salud Mental</li> <li>• Clínica de tratamiento de metadona, intercambio de jeringuillas, AA/NA, dejar de fumar</li> <li>• Vivienda, seguros, programas comunitarios</li> </ul> <p>Información y folletos</p> <p>¡Muchas gracias por haber hablado conmigo hoy!</p>

## B.2 Youth

BNI-ART INSTITUTE YOUTH & ADOLESCENT BRIEF INTERVENTION

BNI STEPS	DIALOGUE/PROCEDURES
<p>Introduction/Ask Permission</p> <p><b>1. Engagement</b></p>	<p>“Before we start, I’d like to know a little more about you. Would you mind telling me a little bit about yourself?”</p> <p>“What is a typical day like for you?”</p> <p>“How does alcohol/drugs fit in?”</p> <p>“What are the most important things in your life right now?”</p>
<p><b>2. Pros &amp; Cons</b></p> <ul style="list-style-type: none"> <li>• Explore pros and cons</li> <li>• Use reflective listening</li> <li>• Reinforce positives</li> <li>• Summarize</li> </ul>	<p>“I’d like to understand more about your use of (X). What do you enjoy about (X)? What else?”</p> <p>“What do you enjoy less about (X) or regret about your use?”</p> <p><i>If NO con’s: Explore problems mentioned during the RAPS4:</i></p> <p>“You mentioned that... Can you tell me more about that situation?”</p> <p>“So, on one hand you say you enjoy (X) because... And on the other hand you say...”</p>
<p><b>3. Feedback</b></p> <ul style="list-style-type: none"> <li>• Ask permission</li> <li>• Provide information</li> <li>• Elicit response</li> </ul>	<p>“I have some information about the guidelines for low-risk drinking, would you mind if I shared them with you?”</p> <p>“We know that for adults drinking more than or equal to 4F/5M drinks in one sitting or more than 7F/14M in a week, and/or use of illicit drugs can put you at risk for illness or injury, especially in combination with other drugs or medication. <i>[Insert medical information.]</i> It can also lead to problems with the law or with relationships in your life.”</p> <p>“What are your thoughts on that?”</p>
<p><b>4. Readiness Ruler</b></p> <ul style="list-style-type: none"> <li>• Readiness scale</li> <li>• Reinforce positives</li> <li>• Envisioning change</li> </ul>	<p>“To help me better understand how you feel about making a change in your use of (X), <i>[show readiness ruler]</i>... On a scale from 1-10, how <u>ready</u> are you to change <u>any</u> aspect related to your use of (X)?”</p> <p>“That’s great! It mean’s your ___% ready to make a change.”</p> <p>“Why did you choose that number and not a lower one like a 1 or a 2?”</p> <p>“It sounds like you have reasons to change.”</p>
<p><b>5. Negotiate Action Plan</b></p> <ul style="list-style-type: none"> <li>• Write down Action Plan</li> <li>• Envisioning the future</li> <li>• Exploring challenges</li> <li>• Drawing on past successes</li> <li>• Benefits of change</li> </ul>	<p>“What are you willing to do for now to be healthy and safe? ...What else?”</p> <p>“What do you want your life to look like down the road?” <i>[Probe for goals.]</i></p> <p>“How does this change fit with where you see yourself in the future?”</p> <p>“What are some challenges to reaching your goal?”</p> <p>“What have you planned/done in the past that you felt proud of? Who/what has helped you succeed? How can you use that (person/method) again to help you with the challenges of changing now?”</p> <p>“If you make these changes, how would things be better?”</p>
<p><b>6. Summarize &amp; Thank</b></p> <ul style="list-style-type: none"> <li>• Reinforce resilience &amp; resources</li> <li>• Provide handouts</li> <li>• Give Action Plan</li> <li>• Thank the patient</li> </ul>	<p>“Let me summarize what we’ve been discussing, and you let me know if there’s anything you want to add or change...” <i>[Review Action Plan.]</i></p> <p><i>[Present list of resources]:</i> “Which of these services, if any, are you interested in?”</p> <p>“Here’s the action plan that we discussed, along with your goals. This is really an agreement between you and yourself.”</p> <p>“Thanks so much for sharing with me today!”</p>

# BNI-ART INSTITUTE: Intervención Breve Para Jóvenes y Adolescentes

PASOS del BNI	Diálogo/Procedimientos
<p>Introducción/Pedir Permiso</p> <p><b>1. Estableciendo una relación con el paciente</b></p>	<p>"Antes de comenzar, me gustaría saber un poco más acerca de usted. ¿Le molestaría compartir un poco sobre usted?"</p> <p>"¿Como es un día típico para usted?" "Describame un día cualquiera en su vida." "¿Que papel juegan el alcohol o las drogas en un día típico en su vida?"</p> <p>"¿En este momento o actualmente cuáles son las cosas más importantes en su vida?"</p>
<p><b>2. Pros y Contras</b></p> <ul style="list-style-type: none"> <li>• Explorar los pros y los contras del uso de X</li> <li>• Escuchar detalladamente y compasivamente</li> <li>• Reforzar las conductas y actitudes positivas</li> <li>• Mientras resume, parafrasee para que el paciente reflexione y escuche lo que el mismo dijo</li> </ul>	<p>"Me gustaría entender más sobre su uso de (X). ¿Qué le gusta de (X)? ¿Qué más?"</p> <p>"¿Qué le gusta menos de (X), o de que se arrepiente al usar (X)?" [Si no hay contras: Explore los problemas mencionados durante el RAPS4]: "Usted ha dicho que... ¿me puede decir más acerca de esa situación?"</p> <p>"Así que, por un lado usted dice que disfruta de (X), porque..."</p> <p>"Y por otra parte usted ha dicho que..."</p>
<p><b>3. Recomendaciones</b></p> <ul style="list-style-type: none"> <li>• Pedir permiso, sea empático</li> <li>• Proveer información, verbal y de textos simple</li> <li>• Obtener respuesta y reflexionar</li> </ul>	<p>"Tengo algo de información sobre las recomendaciones saludables del consumo de alcohol, ¿le importaría si las comparto con usted?"</p> <p>"Sabemos que para los adultos que toman más de 0 (4 bebidas para una mujer/5 bebidas para un hombre) en una sola ocasion, o más de 7 bebidas para una mujer o 14 bebidas para un hombre en una semana estan en riesgo de enfermarse o lesionarse. "</p> <p>"Tambien si usa drogas puede enfermarse o padecer alguna lesión, podría incluso llegar a tener problemas con la ley o ser arrestado y hasta podría tener problemas con las personas más allegadas a usted. También puede causar problemas de salud, especialmente en combinación con otra drogas o medicamentos [mencionar la información médica].</p> <p>¿Qué piensa al respecto?"</p>
<p><b>4. Escala de Disposicion al Cambio</b></p> <ul style="list-style-type: none"> <li>• Escala de disposicion al cambio</li> <li>• Reforzar las acciones y actitudes positivas</li> <li>• Visualizar cambios, resalte lo positivo del cambio</li> </ul> <p>Disposicion –hallarse listo para algun fin.</p>	<p>"Ayudeme a entender mejor cómo se siente acerca de hacer cambios en su uso de (X)." [Mostrar la escala de disposicion]. "En una escala del 1-10, ¿qué tan listo se encuentra usted para cambiar cualquier aspecto relacionado con su uso de (X)?"</p> <p>"¡Estupendo! Quiere decir que usted esta ___% listo para hacer un cambio."</p> <p>"¿Por qué eligió ese número y no otro # inferior, como un 1 o un 2?" "Parece ser que usted tiene razones para cambiar."</p>
<p><b>5. Negociar el Plan de Acción</b></p> <ul style="list-style-type: none"> <li>• Escriba el plan de acción</li> <li>• Visualizar el futuro, que la meta sea real</li> <li>• Explorar los obstáculos</li> <li>• Aplicar lecciones, métodos, programas y herramientas que fueron de gran ayuda en éxitos anteriores</li> <li>• Beneficios del cambio</li> </ul>	<p>"¿Qué está dispuesto a hacer por ahora para mantenerse sano y seguro?" ... "¿Qué más?"</p> <p>"¿Cómo quiere que su vida sea más adelante?" [Sondee sobre las metas.] "¿Cómo encajan los cambios que esta dispuesto a hacer en el futuro?"</p> <p>"¿Cuáles son algunos retos para alcanzar sus metas?"</p> <p>"¿Qué ha planeado / hecho en el pasado de lo cual se siente orgulloso?" "¿Quién o qué le ha ayudado a tener éxito? ¿Cómo puede usar esa (persona o método) de nuevo para vencer los desafíos de querer cambiar ahora?"</p> <p>"Si realizara estos cambios, ¿cómo mejorarían las cosas?"</p>
<p><b>6. Resumir y Agradecer</b></p> <ul style="list-style-type: none"> <li>• Reforzar voluntad y recursos</li> <li>• Proveer materiales y canalizacion</li> <li>• Proveer el Plan de Acción</li> <li>• Darle las gracias al paciente</li> </ul>	<p>"Permítame resumir lo que hemos estado discutiendo y déjeme saber si hay algo que usted desea agregar o cambiar..." [Revise el Plan de Acción.]</p> <p>[Presente la lista de los recursos]: "¿Cuál de estos servicios, en su caso, le interesa?" "Aquí está el plan de acción que hemos discutido, junto con sus metas. El Plan de Acción realmente es un acuerdo con usted mismo."</p> <p>"¡Muchas gracias por compartir su tiempo y sus vivencias conmigo!"</p>

## Appendix C. SBIRT Pocket Cards

## C.1 SBIRT Brief Intervention Pocket Card

# SBIRT BRIEF INTERVENTION CARD

## WHAT IS A STANDARD DRINK?\*

12 fl. oz. of regular beer



≈ 5% alcohol

8–9 fl. oz. of malt liquor  
(shown in a 12 oz. glass)



≈ 7% alcohol

5 fl. oz. of table wine



≈ 12% alcohol

1.5 fl. oz. shot of distilled spirits

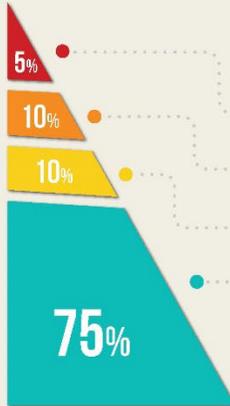
(gin, rum, tequila, vodka, whiskey, etc.)



≈ 40% alcohol

\*Adapted from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The percent of pure alcohol in beverages varies widely. Read beverage labels to find out how much alcohol is in your drink.

## SUBSTANCE USE RISK ZONES\*



- High-risk substance use** should be further assessed by a health care professional.
- Harmful substance use** is experiencing negative health effects or social consequences from alcohol and other substance use.
- Risky substance use** is exceeding recommended limits for use, which can lead to health or social problems.
- Lower risk substance use** is either not using substances or staying within recommended guidelines. **For alcohol use**, this typically means drinking **no more than three standard drinks per day and no more than seven standard drinks per week.**\*

\*Some guidelines recommend different amounts for men and women or for different ages. These lower-risk drinking guidelines are intended for most adults.

**Groups that should not drink generally include** people who are pregnant, people younger than 21, people with health conditions that may worsen with alcohol use, and people taking medications that interact with alcohol.

RISK SCORING	LOWER RISK	RISKY	HARMFUL	HIGH RISK
AUDIT SCORE	0–7	8–15	16–19	20+
DAST SCORE	0	1–2	3–5	6+
CRAFFT	0	1–2	3	4+

\*Approximate percentages represent alcohol drinkers in the U.S. Adapted from the World Health Organization (WHO), 2016.

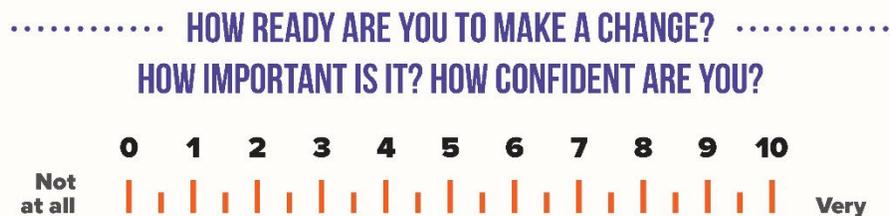
## TALKING POINTS

**Introduce yourself.** “Thanks for filling out the form. Would you mind taking a few minutes to talk with me about your use of \_\_\_\_\_? Before we start, can you tell me a little bit about a day in your life? Where does your use of \_\_\_\_\_ fit in?”

**Ask about pros and cons.** “Can you help me understand, through your eyes, the good things about using \_\_\_\_\_? What are some of the not-so-good things?” Then, work with the participant to summarize pros and cons.

**Share scores, risks, and facts.** “I have some information about the impacts of using \_\_\_\_\_. Is it okay if I share that with you? What do you think?”

**Use the readiness ruler.** “Why did you choose that number and not a lower one?”



**Summarize the conversation.** “What are some steps that you are willing to take to make a change? What and who will support you in making this change? What challenges might you face?”

## GET SUPPORT

For confidential, 24/7 support and referrals, call the toll-free  
**OASAS HOPEline: 1-877-846-7369**  
or text **HOPENY (467369)**

For more information, visit:  
**[oasas.ny.gov](https://oasas.ny.gov)**

**Negotiate an action plan.** Write down goals and next steps. Thank the participant and set a follow-up. Provide warm hand-offs to additional supports and referrals as needed.



Download the pocket guide at  
[https://oasas.ny.gov/system/files/documents/2023/04/oasas-1-practitioner\\_card.pdf](https://oasas.ny.gov/system/files/documents/2023/04/oasas-1-practitioner_card.pdf)

## C.2 SBIRT Brief Intervention for Older Adults Pocket Card

# SBIRT BRIEF INTERVENTION CARD

## FOR OLDER ADULTS

### WHAT IS A STANDARD DRINK?\*

12 fl. oz. of regular beer



≈ 5% alcohol

8–9 fl. oz. of malt liquor  
*(shown in a 12 oz. glass)*



≈ 7% alcohol

5 fl. oz. of table wine



≈ 12% alcohol

1.5 fl. oz. shot of distilled spirits

*(gin, rum, tequila, vodka, whiskey, etc.)*



≈ 40% alcohol

\*Adapted from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The percent of pure alcohol in beverages varies widely. Read beverage labels to find out how much alcohol is in your drink.

### FACTORS TO CONSIDER

The signs of substance use in older adults may be overlooked due to aging or chronic disease. Consider these factors when providing brief interventions.



Social difficulties like grief/loss, role changes, or social isolation



Metabolic and physiological changes



Increased risk of injury/falls



Medication/drug interactions



Cognition and memory



Risk of developing addiction

### LOWER-RISK ALCOHOL USE GUIDELINES

Lower-risk drinking is staying within recommended guidelines for alcohol consumption: Drink no more than three standard drinks per day and no more than seven standard drinks per week.

#### Avoid drinking when:

Driving or **operating machinery**.  
Participating in activities in which you use **balance or coordination**.

Taking over-the-counter, herbal, and/or **prescription medications**.

You have a **medical condition** that may worsen with alcohol use.

\*Approximate percentages represent alcohol drinkers in the U.S. Adapted from the World Health Organization (WHO), 2016.

## ASSIST-LITE SCORING AND INTERVENTION GUIDELINES

SUBSTANCE	LOWER RISK <i>Provide brief education</i>	MODERATE RISK <i>Provide brief intervention</i>	HIGH RISK <i>Provide brief intervention and referral for assessment</i>
TOBACCO, CANNABIS, SEDATIVES, STIMULANTS, OPIOIDS	0	1–2	3
ALCOHOL	0–1	2	3–4

## TALKING POINTS

**Introduce yourself.** “Thanks for filling out the form. Would you mind taking a few minutes to talk with me about your use of \_\_\_\_\_? Before we start, can you tell me a little bit about a day in your life? Where does your use of \_\_\_\_\_ fit in?”

**Ask about pros and cons.** “Can you help me understand, through your eyes, the good things about using \_\_\_\_\_? What are some of the not-so-good things?” Then, work with the participant to summarize pros and cons.

**Share scores, risks, and facts.** “I have some information about the impacts of using \_\_\_\_\_. Is it okay if I share that with you? What do you think?”

**Use the readiness ruler.** “Why did you choose that number and not a lower one?”



**Summarize the conversation.** “What are some steps that you are willing to take to make a change? What and who will support you in making this change? What challenges might you face?”

**Negotiate an action plan.** Write down goals and next steps. Thank the participant and set a follow-up. Provide warm hand-offs to additional supports and referrals as needed.

## GET SUPPORT

For confidential, 24/7 support and referrals, call the toll-free  
**OASAS HOPEline: 1-877-846-7369**  
 or text **HOPENY (467369)**

For more information, visit:  
**[oasas.ny.gov](https://oasas.ny.gov)**

NY Connects can connect older adults, caregivers, and families to local services and resources that support independent living, including home care, transportation, and meals.

**For more information,** visit **[nyconnects.ny.gov](https://nyconnects.ny.gov)** or call **1-800-342-9871**.



Download the pocket guide at

[https://oasas.ny.gov/system/files/documents/2023/04/oasas\\_olderadultspocketcard.pdf](https://oasas.ny.gov/system/files/documents/2023/04/oasas_olderadultspocketcard.pdf)

## Appendix D. SBIRT Implementation Checklist

## Implementation Checklist

The following checklist provides you with an overview of crucial steps to consider when introducing SBIRT to your organization. Depending on your work environment (medical vs. non-medical), you may need to modify some of the bullet points (e.g. staff professions) to reflect the special circumstances of your agency.

Step	Checklist	Person in Charge	Due Date
<b>Define the <u>population</u> you intend to serve.</b>	Which individuals <u>will</u> you screen? <ul style="list-style-type: none"> <li>- All individuals you serve?</li> <li>- Certain department, program, or area within your organization?</li> <li>- Certain subgroups of people?</li> <li>- Adults/Adolescents?</li> </ul> Which individuals will you <u>exclude</u> from screening?		
<b>Develop a <u>screening</u> protocol.</b>	<u>Who</u> will conduct screening? <ul style="list-style-type: none"> <li>- Nurse</li> <li>- Medical Assistant</li> <li>- Receptionist</li> <li>- Behavioral health staff</li> <li>- Health Educator</li> <li>- Substance use counselor</li> <li>- Injury prevention staff</li> <li>- Social worker</li> <li>- Program staff</li> <li>- Other</li> </ul>		
	<u>When and where</u> will screening be conducted? <ul style="list-style-type: none"> <li>- Triage</li> <li>- Quiet room</li> <li>- Waiting room</li> <li>- Exam Room</li> <li>- Bedside/During care</li> <li>- Post-appointment/discharge</li> </ul>		

Step	Checklist	Person in Charge	Due Date
<b>Develop a <u>brief intervention and referral protocol</u>.</b>	<u>Who</u> will conduct the brief intervention and RT? <ul style="list-style-type: none"> <li>- Screening staff, MSW, MD, Psychologist, RN, CASAC, health educator, social worker?</li> <li>- If the screener is not the same person that conducts the intervention, what <u>alert</u> process needs to be created?</li> <li>- If a referral is needed, who will do this? If not the same person that does the BI, what alert process needs to be created?</li> <li>- What linkages and contacts need to be made for a smooth referral process?</li> </ul>		
	Which BI support <u>materials</u> will be used?		
	Which <u>handouts</u> will be used?		
	<u>When</u> and <u>where</u> will brief intervention be conducted? <ul style="list-style-type: none"> <li>- Triage</li> <li>- Quiet room</li> <li>- Bedside/During care</li> <li>- Pre-discharge</li> </ul>		
	When selecting BI providers take the following into account: <ul style="list-style-type: none"> <li>- <u>Time</u> availability.</li> <li>- <u>Knowledge</u> and experience.</li> <li>- Interpersonal <u>skills</u>.</li> <li>- <u>Willingness</u> to take on responsibility.</li> <li>- <u>Flexibility</u> in work schedule.</li> </ul>		
<b>Develop a <u>charting and billing protocol</u>.</b>	Where will chart note be kept? <ul style="list-style-type: none"> <li>- <u>Main</u> medical or program record.</li> <li>- <u>Locked</u> files.</li> <li>- <u>Separate</u> from the medical or program record.</li> </ul>		
	What information <u>will</u> be included related to the screen and/or brief intervention?		
	What information <u>will not</u> be included?		
	Determine the <u>flow</u> of information, paperwork, and data.		

Step	Checklist	Person in Charge	Due Date
<b><u>Develop Quality Improvement initiatives.</u></b>	<ul style="list-style-type: none"> <li>- Form a Change Team</li> <li>- Process Map and Walk Through</li> <li>- Identify Barriers</li> <li>- Plan-Do-Study Act</li> <li>- Performance Monitoring</li> </ul>		
<b><u>Inform all staff of the SBIRT initiative and set a date for the full initiative to begin.</u></b>	<p>How will you inform all staff?</p> <ul style="list-style-type: none"> <li>- General staff meeting</li> <li>- Memo</li> <li>- Other</li> </ul>		
<b><u>Train all relevant staff.</u></b>	<p>Who needs to be trained? How will staff be trained?</p> <ul style="list-style-type: none"> <li>- Group training</li> <li>- Individual training</li> <li>- Online training</li> </ul>		
<b><u>Determine a process for clinical supervision and fidelity checks</u></b>	<p>Who will be performing fidelity checks?  How will they be trained?  How often will fidelity checks be performed?</p>		

## Appendix E. Implementation Worksheets

## E.1 SBIRT Team Checklist

## SBIRT Team Checklist

The task of the **SBIRT Team** at your venue is to successfully implement SBIRT while minimizing disruption to your organization.

The SBIRT Team will have regular on-site meetings to evaluate and optimize the implementation and effectiveness of SBIRT. The team will be self-directed and employ quality-improvement strategies that result in rapid cycle change. In other words, the team will foster innovation through small-scale experimentation using the so-called Plan-Do-Study-Act (PDSA) framework.

The success of the team will depend on the team's ability to work together. Team members should be creative and motivated to simplify the way work is organized.

### 3 STEPS TO A SUCCESSFUL CHANGE TEAM

#### 1. Choose the Team

---

The SBIRT Team will consist of 2-3 members. Consider the following professionals as possible team members:

- Medical provider
- Behavioral Health Specialist
- Health Educator
- Outreach Worker
- Administrative Staff
- Reception/Intake Staff
- Representative of Record Keeping/Billing/Data Management

Potential ad hoc members may also be invited.

#### 2. Assign Roles

---

Delegating responsibilities within the team will help things move along in an efficient and effective manner. Roles will differ in scope and time investment, but every team member should have specific responsibilities. Specific project roles include:

*Project Champion* – This person will lead the team in implementing SBIRT at your organization.

*Delivery Team* – These individuals actually deliver SBIRT in your setting. It will include people who are involved in the process, from intake/reception to the person delivering the intervention.

Once you have formed the SBIRT Team and assigned team member roles, you can use **Table 1** for documentation.

### 3. Structure Meetings

Structuring team meetings based on the following outline will help your SBIRT Team work together efficiently. Creating a routine meeting day and time that is compatible with the members' schedules can be very helpful.

- Clarify the objective of the meeting
- Review the agenda of the meeting
- Work through the agenda items
- Summarize the content of the meeting
- Develop an agenda for the next meeting
- Evaluate the meeting
- Distribute the meeting summary and agenda among SBIRT Team members via email

**Table 1 |** Template for SBIRT Team Members' Contact Information

<b>VENUE NAME:</b>	
<i>VENUE DIRECTOR</i> The venue director is someone who understands the objectives of the SBIRT program and is committed to leveraging resources to deliver SBIRT services to individuals within their setting.	
Name & credentials Phone number E-mail address Office location(s)	
<i>PROJECT CHAMPION</i> The project champion is someone who is able to champion the project on-site. This person should have insight into the local work environment and be able to influence the successful implementation of SBIRT.	
Name & credentials Position/role at venue Phone number E-mail address Office location(s)	
<i>OTHER SBIRT TEAM MEMBERS</i> (Suggest having 1-2 members to represent various groups of staff)	
Name & credentials Position/role at venue Phone number Email address	

## E.2 How to Create a Process Map

## How to Create a Process Map

Process mapping will make you gain an organizational focus on work processes at your agency.

### 1. Why Process Mapping

---

Developing a process map will allow your site to visualize the SBIRT implementation process and create a workflow. Process maps can be used to describe new and/or existing processes and can help you identify bottlenecks and errors. A completed process map organizes your client flows, SBIRT strategies and decision rules into a plan from which you can work out the details of what each screen, brief intervention, or referral to treatment will look like. A process map will allow you to identify key problems/bottlenecks within your system and determine where to test ideas to optimize impact.

Specifically, a process map should address and answer the following questions:

- What's the name of process?
- Where does the process begin, and where does it stop?
- Who does what?
- What does the process include/not include?

**EXERCISE:** Develop a process map of the steps that a typical individual follows from initial contact (phone, walk-in, or referral) to a screening session (for an example, see **Figure 1**).

### 2. Process Mapping in 5 Easy Steps

---

- **Step 1:** Needed resources?
  - ✓ *A roll of brown paper/flipchart*
  - ✓ *One extra sheet of paper*
  - ✓ *Markers*
- **Step 2:** Before getting started, the SBIRT Team should...
  - ✓ *Define the objectives*
  - ✓ *Identify additional staff members who can provide input on the process map.*
- **Step 3:** Draw process map, using symbols below (see **Table 2**)
  - ✓ *Define the process name, beginning, and end*
  - ✓ *Identify decision points*
  - ✓ *Identify bottlenecks*

- **Step 4:** On a separate sheet of paper, list any data collection forms that are used
  - ✓ Identify where along the process map the forms are used
  - ✓ Record what is done with the data collection forms
- **Step 5:** Gather suggestions for process improvements
  - ✓ Review suggested changes
  - ✓ Evaluate ideas
  - ✓ Discuss next steps: Test most promising ideas using PDSAs

**Table 2 | Process Mapping Symbols**

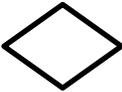
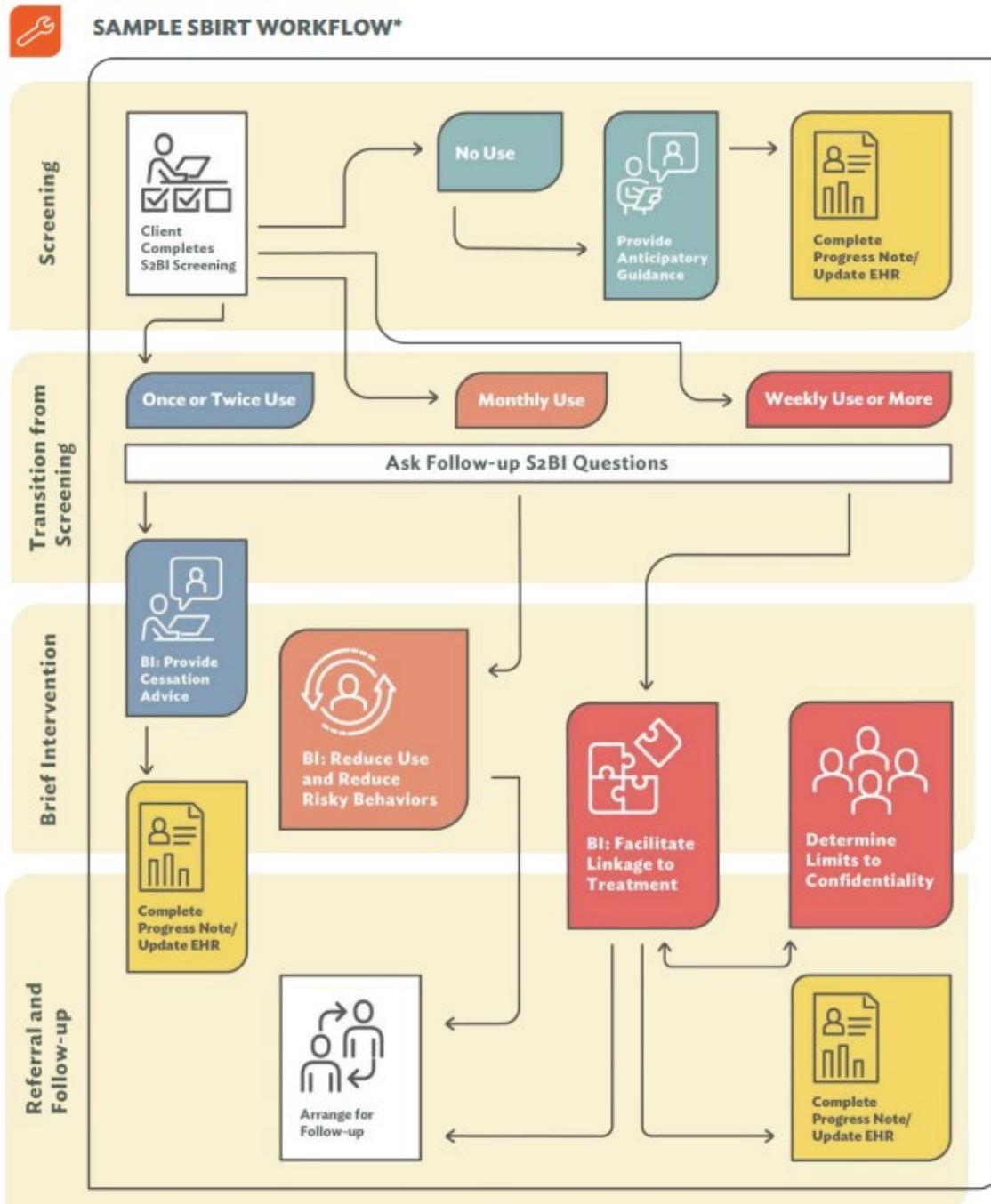
 <i>process step</i>	 <i>data symbol</i>
 <i>decision point</i> <i>(needs 2 lines leaving it)</i>	 <i>terminator</i>
 <i>document symbol</i>	 <i>connector</i>

Figure 1 | Example of an SBIRT Workflow

DESIGN YOUR WORKFLOW



\*When tailoring the workflow for your setting, include as much detail as possible. Specify staff roles within tasks (PCP, BH provider, nurse, front desk, etc), how the information will be tracked (paper, electronic, etc) and where each task will occur (waiting area, exam room, etc).

Source: National Council for Mental Wellbeing. Improving Adolescent Health: Facilitating Change for Excellence in SBIRT. [https://www.thenationalcouncil.org/wp-content/uploads/2021/07/2021.11.10\\_NC\\_SBI RT\\_ChangePackage1.pdf](https://www.thenationalcouncil.org/wp-content/uploads/2021/07/2021.11.10_NC_SBI RT_ChangePackage1.pdf)

## E.3 Preliminary Decisions About SBIRT

## Preliminary Decisions about SBIRT

### 1. Screening

---

Decision Tree rules for screening will depend on many factors. Below is a list of general pros and cons for the different scenarios of *when, how, what/how long, where, and who*.

**Disclaimer:** You may need to adjust this decision tree to your specific work environment.

<b><i>When To Screen</i></b>		
	<b>PROS</b>	<b>CONS</b>
Option 1: _____		
Option 2: _____		
Option 3: _____		
Option 4: _____		
Option 5: _____		
<b><i>How to Screen</i></b>		
NOTE: The “how” will depend on privacy restrictions (HIPAA policy) and other important factors when collecting alcohol and substance use information.		
	<b>PROS</b>	<b>CONS</b>
Brief Screening Questions (Intake Form) Paper and Pencil Screening Self-report. Online Screening Self-report. Interview		
<b><i>What/How Long</i></b>		
	<b>Whether to Integrate</b>	<b>Barriers</b>
Pre-Screen Full Screen Follow-up Screen		
<b><i>Where</i></b>		
	<b>PROS</b>	<b>CONS</b>
Location 1: _____		
Location 2: _____		
Location 3: _____		

<b>Who</b>	
	<b>PROS</b> <b>CONS</b>
Staff Role 1: _____	
Staff Role 2: _____	
Staff Role 3: _____	
Staff Role 4: _____	
Staff Role 5: _____	
Staff Role 6: _____	
Staff Role 7: _____	
Staff Role 8: _____	
Staff Role 9: _____	

## 2. Brief Intervention and Referral to Treatment

Decision Tree rules for the Brief Intervention piece will depend on many factors. Below is a list of general pros and cons for the different scenarios of *when, how, what/how long, where, and who*.

**Disclaimer:** You may need to adjust this decision tree to your specific work environment.

<b>When to Conduct BI</b>	
	<b>PROS</b> <b>CONS</b>
Option 1: _____	
Option 2: _____	
Option 3: _____	
Option 4: _____	
Option 5: _____	

<b>What/How Long</b>	
	<b>Whether to Integrate</b> <b>Barriers</b>
Brief Feedback	
Brief Intervention	
Extended Brief Intervention	
Referral	
Referral Follow-up	

<i>Where</i>	
	PROS                      CONS
Location 1: _____ Location 2: _____ Location 3: _____	
<i>Who</i>	
	PROS                      CONS
Staff Role 1: _____ Staff Role 2: _____ Staff Role 3: _____ Staff Role 4: _____ Staff Role 5: _____ Staff Role 6: _____ Staff Role 7: _____ Staff Role 8: _____ Staff Role 9: _____	

## Appendix F. Brief Intervention Observation Sheets

## F.1 Adult Scoring Sheet



## PART 2

General Performance Feedback: **20 points total; An answer of 5=2 points; 4=1 point; <4=0**

- Language appropriate

Not appropriate			Appropriate		
0	1	2	3	4	5
  
- Reflective listening

Not reflective			Reflective		
0	1	2	3	4	5
  
- Percent of talking by patient compared to interviewer (Voice)

0%	20%	40%	60%	80%
(1)				(5)
  
- Respect

Disrespectful			Respectful		
0	1	2	3	4	5
  
- Negotiation(Choice)

One-sided Agenda			Shared Agenda		
0	1	2	3	4	5
  
- Affirmations

Not Encouraging			Encouraging self-change		
0	1	2	3	4	5
  
- Knowledge of facts

Low			High		
0	1	2	3	4	5
  
- Knowledge of resources

Low			High		
0	1	2	3	4	5
  
- Allowing for silence and duration of pauses before jumping in

No pause			Uses silence effectively		
0	1	2	3	4	5
  
- Listening for cues

Misses opportunities			Uses opportunities to go deeper		
0	1	2	3	4	5

**PART 2 SCORE = \_\_\_\_\_**

**TOTAL SCORE (PARTS 1 & 2) = \_\_\_\_\_**

**A successful BNI constitutes a score greater than 80/100 points.**

## F.2 Adolescent Scoring Sheet

# BNI-ART Institute

## Youth Brief Intervention and Referral: Interview Scoring Sheet

Date \_\_\_\_\_ Interviewer Initials \_\_\_\_\_ Evaluator Initials \_\_\_\_\_

CRITERIA	Y	N
<b>Engagement</b> <ul style="list-style-type: none"> <li>• ask permission for talk about alcohol/drugs</li> <li>• ask about a day in the person's life</li> <li>• ask how drinking and marijuana fits in with life</li> <li>• ask about patient's values, (what's important to them)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Decisional Balance: Pros and Cons of alcohol/drug use</b> <ul style="list-style-type: none"> <li>• elicit good things about alcohol/drug use</li> <li>• elicit less good things about alcohol/drug use</li> <li>• draw upon screening answers</li> <li>• sum up and restate in patient's own words (reflective listening)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Feedback</b> <ul style="list-style-type: none"> <li>• Ask permission to share information</li> <li>• NIAAA guidelines or salient information</li> <li>• Elicit response from patient</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Readiness Ruler</b> <ul style="list-style-type: none"> <li>• use general readiness to change question (ruler)</li> <li>• ask, why not less?</li> <li>• elicit other reasons for changing</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Negotiate Action Plan</b> <ul style="list-style-type: none"> <li>• elicit specific steps</li> <li>• write steps on the prescription for change form</li> <li>• ask about future goals (discrepancy) &amp; how change fits in</li> <li>• ask about challenges to change</li> <li>• ask about past successes               <ul style="list-style-type: none"> <li>▶ what they did</li> <li>▶ who/what helped them (social support)</li> <li>▶ community/resources that helped</li> </ul> </li> <li>• explore benefits of change</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Summarize &amp; Thank (Referrals)</b> <ul style="list-style-type: none"> <li>• summarize action plan</li> <li>• offer referrals               <ul style="list-style-type: none"> <li>▶ to primary care</li> <li>▶ for substance abuse treatment if necessary</li> <li>▶ to mental health if depression or past psychiatric problems are mentioned</li> </ul> </li> <li>• Review/ make additions to prescription for change</li> <li>• Sign/Give prescription for change to patient</li> <li>• Thank patient</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Each "Yes" check = 4 points, Maximum score = 100 points

Score \_\_\_\_\_

General Performance Feedback (20 points—5=2 points; 4=1 point;<4=0)

PART 2 SCORE = \_\_\_\_\_ TOTAL SCORE (PARTS 1 & 2) = \_\_\_\_\_

Comments/Examples

- Language appropriate      Not appropriate                      Appropriate  

0	1	2	3	4	5

- Open Questions                      More Closed                      More Open  

0	1	2	3	4	5

- Reflective listening                      Not reflective                      Reflective  

0	1	2	3	4	5

- Percent of talking by patient compared to interviewer (Voice)  

0%	20%	40%	60%	80%
(1)				(5)

- Respect                      Disrespectful                      Respectful  

0	1	2	3	4	5

- Negotiation(Choice)      One-sided Agenda                      Shared Agenda  

0	1	2	3	4	5

- Affirmations                      Not Encouraging                      Encouraging self-change  

0	1	2	3	4	5

- Knowledge of facts/resources Low                      High  

0	1	2	3	4	5

- Allowing for silence and duration of pauses before jumping in  
No pause                      Uses silence effectively  

0	1	2	3	4	5

- Listening for cues                      Misses opportunities                      Uses opportunities to go deeper  

0	1	2	3	4	5

## Appendix G. PDSA Resources

## Plan-Do-Study-Act (PDSA) Resources

### What is a PDSA cycle?

The PDSA (**Plan – Do – Study - Act**) cycle, developed by W. Edwards Deming, and based on statistician Walter Shewart's work during the 1920s, is designed to ease the identification of problems and potential solutions. It is a tool used to actively manage a process while continuously improving it. The SBIRT PDSA Cycle Worksheet serves to document critical points in the decision-making process, as well as provide information about “mini-experiments” that the Change Team will be conducting over time. PDSA helps you identify approaches that appear to be working, as well as approaches that are not working or are unlikely to produce the desired outcomes and need to be revisited and revised.

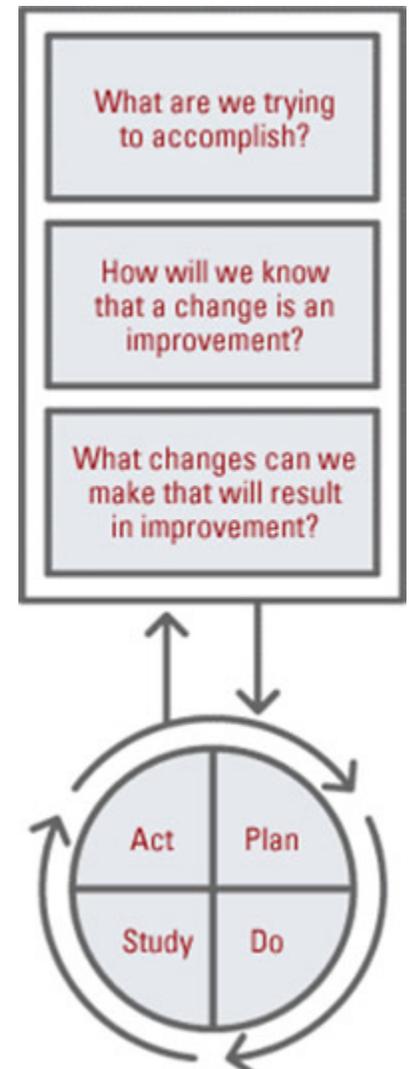
For more information on PDSAs including directions and examples, please see the Agency for Healthcare Research and Quality's (AHRQ) Health Literacy Universal Precautions Toolkit, 2nd Edition: <https://www.ahrq.gov/health-literacy/improve/precautions/tool2b.html>

Here is an example of conducting a PDSA Cycle:

<https://www.ahrq.gov/health-literacy/improve/precautions/tool17.html>

Keep the following in mind when using the PDSA cycles to implement SBIRT:

- **Single Step**—Each PDSA often contains only a segment or single step of the entire implementation. For example, you can use it to assess the screening process and identify areas for improvement.
- **Short Duration**—Each PDSA cycle should be as brief as possible for you to gain knowledge that various components are working or not.
- **Small Sample Size**—A PDSA will likely involve only a portion of the organization (maybe 1 or 2 staff). Once that feedback is obtained and the process refined, the implementation can be broadened to include the whole organization.



## Worksheet

**Protocol:** Fill in here the protocol you are implementing (e.g., SBIRT).

**Step:** Fill in the smaller step within that protocol you are trying to implement (e.g., universal screening).

**Cycle:** Fill in the cycle number of this PDSA. As you work through a strategy for implementation, you will often go back and adjust something and want to test whether the change you made is better or not. Each time you make an adjustment and test it again, you will do another cycle.

### *Plan*

**I plan to:** Here you will write a concise statement of what you plan to do in this testing. This will be much more focused and smaller than the implementation of the protocol. It will be a small portion of the implementation of the protocol.

**I hope this produces:** Here you can put a measurement or an outcome that you hope to achieve. You may have quantitative data like a certain number of staff performed screening, or qualitative data such as staff noticed that clients were hesitant to discuss substance use with them.

**Steps to execute:** Here is where you will write the steps that you are going to take in this cycle. You will want to include the following:

- The population you are working with—for example, are you going to study the staffs' behavior or the clients'?
- The time limit that you are going to do this study—remember, it does not have to be long, just long enough to get your results. You may set a time limit of 1 week but find out after 4 hours that it doesn't work. You can terminate the cycle at that point because you got your results.

### *Do*

After you have your plan, you will execute it or set it in motion. During this implementation, you will be keen to watch what happens once you do this.

**What did you observe?** Here you will write down observations you have during your implementation. This may include how the clients react, how the staff react, how it fit in with your system or flow of the client visit. You will ask, "Did everything go as planned?" "Did I have to modify the plan?"

### *Study*

After implementation you will study the results.

**What did you learn? Did you meet your measurement goal?** Here you will record how well it worked and if you meet your goal.

### *Act*

**What did you conclude from this cycle?** Here you will write what you came away with for this implementation, whether it worked or not. And if it did not work, what you can do differently in your next cycle to address that. If it did work, are you ready to spread it across your entire setting?