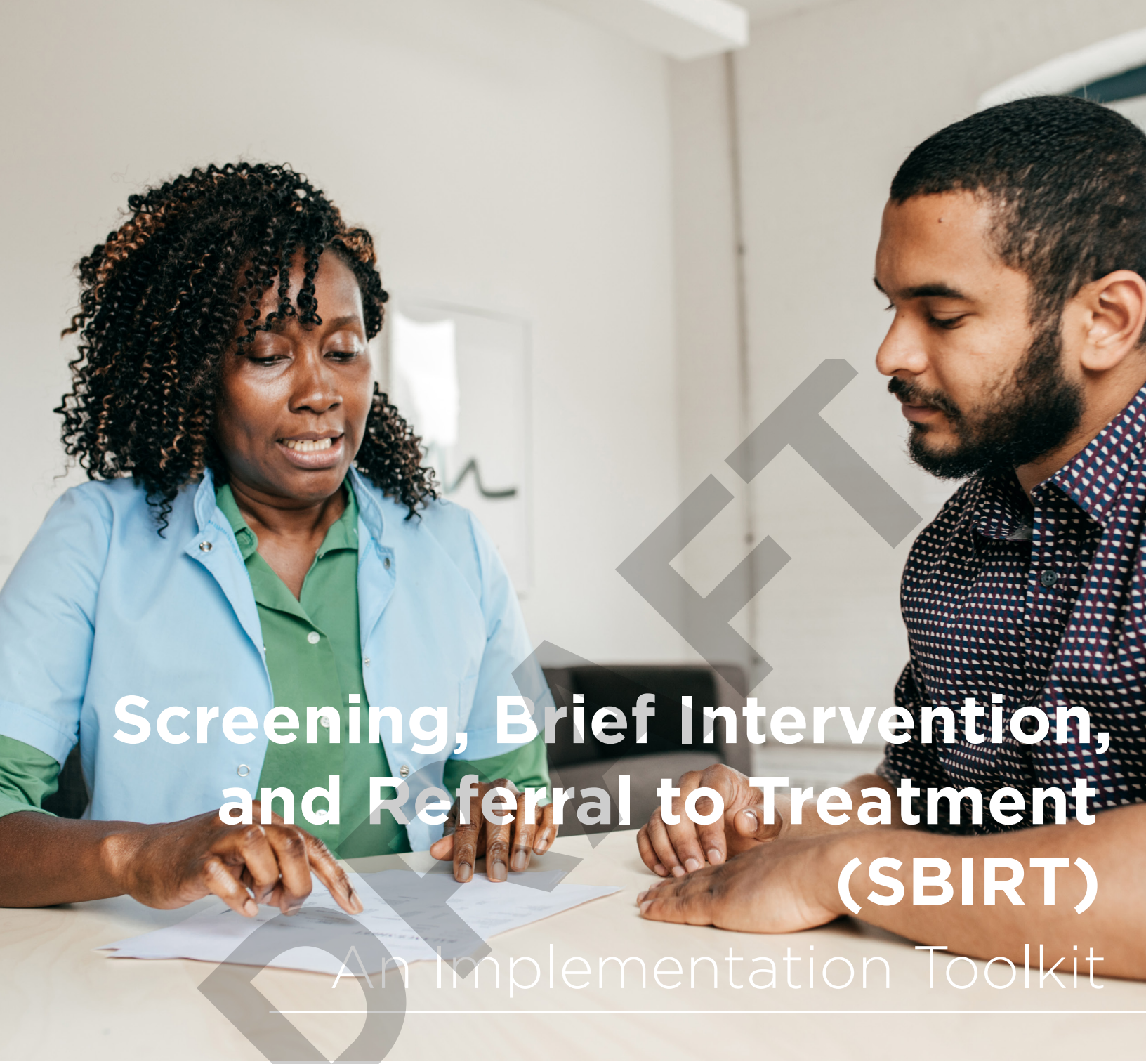


Screening, Brief Intervention, and Referral to Treatment (SBIRT)

An Implementation Toolkit

EVIDENCE-INFORMED INTERVENTIONS (E2i)

HRSA
Health Resources & Services Administration

Acknowledgements

Adapted by:

MASBIRT TTA (Massachusetts SBIRT Training and Technical Assistance) at Boston Medical Center

Edited by:

Sean Cahill, PhD, Hilary Goldhammer, MS, Linda Marc, ScD, MPH, Alex Keuroghlian, MD, MPH

Graphic design by:

Rachel Kohn and Anna Laurence, John Snow, Incorporated

Suggested citation: Massachussetts SBIRT Training and Technical Assistance at Boston Medical Center. Screening, Brief Intervention, and Referral to Treatment (SBIRT): An Implementation Toolkit. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, 2018.

Table of Contents

OVERVIEW

OVERVIEW

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

Purpose

This toolkit consists of essential information and materials to help your organization implement Screening, Brief Intervention, and Referral to Treatment (SBIRT). All materials can be adapted to meet the unique needs of your organization and local community.[1]

Goal

» To reduce risky and unhealthy substance use in people living with HIV (PLWH) in order to optimize HIV health outcomes and quality of life

Target Population

» People living with HIV (PLWH)

Description

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-informed intervention in which a health care provider screens clients for substance use (alcohol and other drugs), provides brief motivational counseling, and refers to treatment if needed. When integrated into the standard delivery of HIV health care and social services, each part of the SBIRT process provides information and assistance tailored to individual clients and their needs. Just as checking a client's blood pressure can reveal potential health problems and guide recommendations for a healthier lifestyle, SBIRT for substance use provides early insight into potential health problems and a chance to address problems before they worsen.

OVERVIEW

Background

Unhealthy substance use is associated with a number of adverse effects for PLWH, including increased viral replication, reduced adherence to medication, and more rapid disease progression.[2,3] Nonetheless, few HIV clinics screen or provide interventions for substance use in their clients. SBIRT has demonstrated positive effects on client health in a variety of health care settings, and shows promise for HIV settings. Positive effects include:

- Reduced alcohol and drug use 6 months after receiving an intervention
- Improved quality of life (e.g., employment, education, housing stability, and arrest rates)
- Reduced risky behaviors, including condomless sexual intercourse.

The National Commission on Prevention Priorities ranked alcohol screening and brief intervention (SBI) as one of the five most clinically effective and cost-effective prevention services.[4] The National Institute on Alcohol Abuse and Alcoholism,[5] the World Health Organization,[6] and the Centers for Disease Control and Prevention (CDC)[7] have all published implementation guidelines on alcohol-specific screening and brief intervention.

Setting

SBIRT can be implemented wherever PLWH receive services, including community health clinics, primary and specialty health care settings, as well as hospital emergency rooms and ambulatory care settings.[8,9]

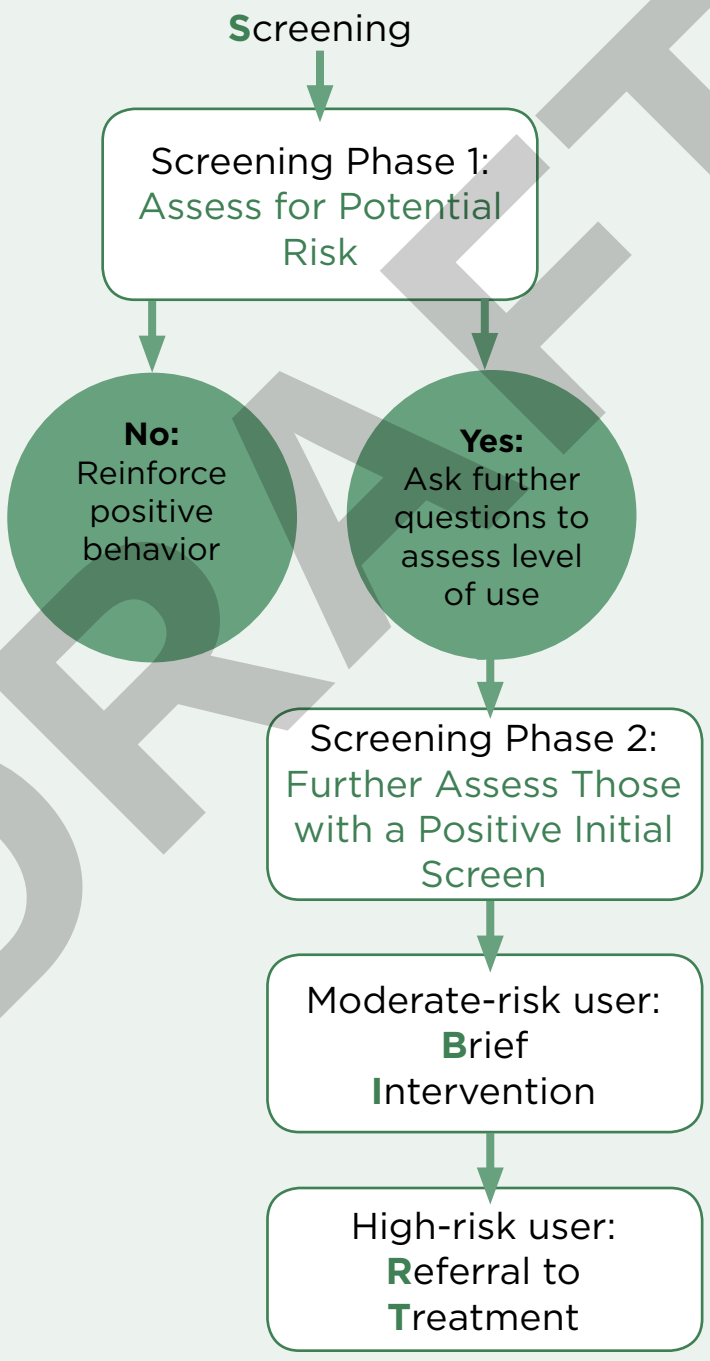
Staffing

SBIRT does not require additional staffing, but does require training in SBIRT delivery. A variety of professionals can implement SBIRT, including case managers, health educators, nurses, physicians, social workers, addictions and mental health counselors, and system navigators. All staff who deliver SBIRT must demonstrate the ability to be empathetic, non-judgmental, and good listeners. The Substance Abuse and Mental Health Services Administration (*SAMHSA*) website offers training and other resources.[10]

OVERVIEW

Main Components

SBIRT: Screening, Brief Intervention, and Referral to Treatment



ACTIVITIES

SCREENING

The aim of screening is to quickly assess the client's severity of substance use and identify the appropriate level of treatment.

For all HIV clients, provide universal, routine substance use (alcohol and other drugs) screening at least once a year with the following two-phase screening procedure:

Screening Phase 1: Assess for Potential Risk

Screening question for alcohol use:

> "How many times in the past year have you had [X]* or more drinks in a day?"
>
> *X = 5 for men; 4 for women, or for anyone over age 65

Positive Screens:

- One or more times in the past year
- Any alcohol use if the client is under the age of 21
- Any alcohol use if pregnant

Screening question for drug use:

> "How many times in the past year have you used an illegal drug, marijuana, or a prescription medication for non-medical reasons?"

Positive Screen:

- One or more times in the past year

Screening Phase 2: Further Assess Those with a Positive Initial Screen

For clients who screen positive in Phase 1, providers should administer a validated screening instrument to further assess for substance use risk and to identify the appropriate level of intervention.

Screening tool options include:

- USAUDIT (Alcohol Use Disorders Identification Test, adapted for use in the US)[22]
- CUDIT-R (Cannabis Use Disorder Identification Test)[12]
- DAST-10 (Drug Abuse Screening Test)[12]
- ASSIST (Alcohol, Smoking, and Substance Involvement Screening Test)[14]
- CRAFFT (alcohol and drug use screening for adolescents)[15]

Many screening tools can also be accessed on the SAMHSA website at: *https://www.integration.samhsa.gov/clinical-practice/sbirt/screening*.

Screening results establish if a client is at low, moderate, or high risk, and help determine next steps for the client. Each tool has its own scoring system.

- **Low risk score:** Offer positive reinforcement and leave the door open for further discussion. See guidance on positive reinforcement in the Brief Intervention section below.
- **Moderate risk score:** Provide a brief intervention. See guidance in the Brief Intervention section below.
- **Higher risk score:** Refer to treatment.

BRIEF INTERVENTION

The aim of the brief intervention is to increase client's insight and awareness regarding substance use and motivation toward behavioral change.

When a client's substance use screening indicates moderate (non-dependent) risk, providers should deliver a brief intervention that motivates the client to cut back or stop substance use. This occurs through a 3-5 minute conversation (or longer depending on the setting) preferably delivered immediately after, and in the same care setting as the screening.

The conversation focuses on helping the client:

- Become aware of own substance use patterns
- Understand the health consequences of substance use, especially how substance use can affect HIV disease and interact with medications
- Understand the negative mental health, social, legal, financial, and physical consequences of use
- Understand the risks of substance use during pregnancy (assess for contraceptive use, as relevant)
- Consider positive behavior change(s)
- Set goals to improve health outcomes.

Rather than giving the client information and instructions, the provider responds to the client's ideas by using reflective listening and other strategies to draw out the client's own motivation and ideas for change. Using a compassionate and empathic approach, the provider:

- Emphasizes the client's strengths
- Talks about change, decisions, and goals
- Arranges for follow-up as appropriate.

Providers sometimes feel nervous broaching the topic of substance use, but when providers open conversations in a positive way, focused on health and not on assigning diagnostic labels, clients often appreciate the chance to discuss issues related to substance use.

BRIEF INTERVENTION

Motivational Interviewing

Using the Motivational Interviewing style of communication during a brief intervention can assist clients in resolving ambivalence about unhealthy substance use, and in considering changes to support their health.

Motivational Interviewing is a collaborative, client-centered style of communication designed to strengthen personal motivation for--and commitment to--a specific goal. The provider helps elicit and explore the client's own reasons for change within an atmosphere of autonomy and compassion. More than 24 studies of Motivational Interviewing have demonstrated positive outcomes, including improved medication adherence, decreased alcohol and illicit drug use, and decreased injuries and hospitalizations due to substance use.[16,17]

Principles of Motivational Interviewing

The principles behind Motivational Interviewing are called "the spirit." Providers who maintain the spirit of Motivational Interviewing throughout conversations tend to have more success. To sustain the spirit during a brief intervention, providers can focus on the following 4 principles:

Collaboration: A provider's counseling style should reflect an equal partnership rather than a provider-recipient conversation. Recognize that clients are the experts in their own lives. Ask permission. Do more listening than talking.

Evocation: Understand that clients already have most of the information and skills they need to make a change in a given behavior. The provider's task is to draw it out. Try to understand the client's perspective and unique wisdom. Use techniques to strengthen their own reasons for change.

Acceptance: Meet clients where they are by clarifying ambivalence and aligning with their motivation. Try (hard!) to remain non-judgmental.

Compassion: Listen to what clients are saying and not saying. Genuinely aspire to understand what they mean, and how they are feeling about their situation.

BRIEF INTERVENTION

Conversation Skills

Motivational Interviewing relies on a few core skills (the OARS approach) to move conversations forward. Pay attention to the use of these skills when counseling, and practice, practice, practice!

O – Open-ended questions: Ask broad questions that allow clients time to reflect and answer with what is most important to them. Examples:

> "How does this fit into your life right now? What would get better if you decided to make a change?"

A – Affirmations: Use statements of appreciation that support clients' strengths, capacity, and values. Affirmations are genuine and specific. Beware the trap of using a positive judgement instead of affirmation. State an accomplishment. Start with the word "you" instead of the word "I." One example:

> "It was hard to talk about this and you did it anyway. You really value having a good relationship with your children."

R – Reflections: Use statements that demonstrate you are listening for understanding and curious to know more. These can be simple – verifying what clients have said – or complex – verifying what clients meant by what they said. One example:

> "You are on the fence about your marijuana use. On the one hand marijuana helps you relax, and on the other hand it is getting expensive."

S – Summaries: End the conversation with a short collection of reflections that highlight what you would like the client to leave thinking about. Summaries can review ambivalence towards change, or review an action plan if there is one. Allow time for clients to make edits if needed. One example:

> "What I heard today is that you have identified some reasons why you want to make a change in your marijuana use, and for now you are willing to try to cut back to smoking only on weekends. You are going to tell your friends that you want to focus on your job so that they don't pressure you to smoke with them. How does that sound to you? Did I miss anything?"

BRIEF INTERVENTION

A few reminders:

- Listen more than talk
- Use more affirmations, reflections and summaries than questions
- Value client's opinions over your own
- Ask permission before giving information or feedback
- Say thank you!

Brief Negotiated Interview (BNI)

The Brief Negotiated Interview (BNI) is an evidence-informed process to deliver brief interventions in health care settings.[18]BNI aims to encourage the client to reduce unhealthy substance use and the risk of related consequences through a process of negotiation, using Motivational Interviewing techniques.

During a brief intervention, the provider can use the following "algorithm" or "scripts" with carefully phrased key questions and responses. Appendix A: Sample Brief Negotiated Interview Card and Readiness Ruler offers a card that providers can use to guide them during the BNI. Appendix B offers a worksheet for interviewers to rate how well they did in providing the BNI for a client.

Build Rapport:

"I would like to learn a little more about you. What are some important things in your life? OR What is a typical day like for you? How does your use of [X] fit in?"

Explore Pros and Cons:

"Help me understand what you enjoy about using [X]."

"What do you enjoy less about using [X]?"

"So on the one hand [PROS] and on the other [CONS]. Where does that leave you?"

Reflect back CONS.

BRIEF INTERVENTION

Provide Feedback:

"What risks are you aware of related to [X]?"

"Is it okay if I share some information with you?" Provide 1-2 salient facts e.g., NIAAA low-risk drinking limits. "What are your thoughts about that?"

Use Readiness Ruler:

"How ready are you to change any aspect of your use of [X]?"

Use the readiness ruler (See Appendix A).

"Why did you choose this number and not a lower number?" If the client chooses "1": "What would need to happen for you to consider making a change?"

Reflect back reasons for change.

Negotiate Action Plan:

"Given our discussion, what might you do?"

"How confident are you that you could meet this goal?"

Use confidence ruler (See Appendix A).

"What might help you get to a higher number?"

Provide resources as appropriate.

"Thank you for speaking with me today!"

BRIEF INTERVENTION

Positive Reinforcement for Clients with Low or No Risk

For clients who screen negative for unhealthy substance use (i.e., clients who report no substance use, or who are at low risk), the provider positively reinforces the client's healthy decisions using the REACT model. REACT is a three-step process that stands for Reinforce, Educate, and Anticipate Challenges of Tomorrow. It is best to include all three components of this model in the conversation.

Reinforce: Acknowledge and affirm healthy decisions. Be genuine and specific about what the client is doing well, using open-ended questions to ask about the client's choices regarding substances. One example is:

> "You've decided not to use alcohol and other drugs, which is one way to protect your health and safety. Tell me what helps you make those choices?" **OR**
>
> "You seem to be drinking within the recommended guidelines, which means you are at low risk for alcohol-related problems. What helps you maintain this?"
>
> Use an affirmation or reflection that reinforces the client's response.

Educate: Share information about the health and safety risks of substance use. Maintain a conversational tone and select 1-2 talking points based on the interests and activities of the individual client. For clients who drink, you can inform that low risk does not mean no risk.

Always ask permission before providing information. One example is:

> "What do you know about the risks of substance use?"
>
> **Elicit:** "Would it be okay if I share some information with you?"
>
> **Provide:** Share 1-2 factual and relevant points related to substance use.
>
> **Elicit:** "What are your thoughts about that?"

BRIEF INTERVENTION

Anticipate Challenges of Tomorrow: Use open-ended questions that explore future barriers to remaining low risk. You may briefly ask about potential solutions or alternatives to those barriers. Finally, it is important to always end by thanking the client. One example is:

> "What situations could make it difficult for you to continue to avoid alcohol and other drug use? How might you handle that?" **OR**
>
> "What situations could make it difficult for you to continue to drink within the recommended guidelines? How might you handle that?"
>
> "Thank you for being open to speaking with me today!"

REFERRAL TO TREATMENT

The aim of referral to treatment is to provide those identified as needing more extensive treatment with access to specialty care.

Although screening does not yield a diagnosis of substance use disorder, the screening results and information collected during the brief intervention indicate whether a client is likely to be dependent on the substance(s). These clients are less likely to change their drinking patterns in response to a single brief intervention than those who are not dependent. Clients who screen at this high-risk level require timely referral for further assessment and possible specialty treatment.

Individuals with substance use disorders who receive treatment:

- Engage in less substance use
- Have fewer relapses, and
- Suffer fewer health and social consequences of substance use.

For effective referral, establish contacts with local psychologists, counselors, and treatment facilities that provide services that would benefit your clients who need additional help. To find providers in your community, SAMHSA offers a service locator.[19]

Use a proactive and collaborative referral process involving the primary health care provider, the substance use disorder treatment provider, and the client. The specialist provider can do an extensive assessment to determine the level, type, and site of care for the client. Ultimately, the appropriate level of care may require medication-assisted treatment or detoxification in an inpatient, outpatient, or residential care setting.

Remember that many clients with dependence and some without it will refuse help, at least for now. Nonetheless, any success in motivating a client to accept additional help now or later is an accomplishment worth celebrating.

INCORPORATING SBIRT INTO YOUR PRACTICE

Planning Steps

1. Create a planning team
2. Get commitment from leadership
3. Choose screening measures
4. Choose brief intervention(s) and adapt as needed
5. Develop partnerships with substance use disorder treatment experts and other sources for behavioral health referrals
6. Talk to all staff about the benefits of the program, the changes that will be required
7. Choose pilot staff and train them in SBIRT
8. Discuss how to ensure continuous quality improvement

Implementation Steps

1. Run a pilot with 1-2 providers and assess what is working and what is not
2. Eventually expand the intervention to more providers
3. Practice continuous quality improvement

Getting It Done

Getting Organizational Commitment

Implementing any new service in an established practice typically requires changes in routines, job duties, and administrative procedures. It is essential to obtain a firm commitment from the leaders of your practice, and communicate that commitment to all staff. Share the intervention's rationale before you start to make specific changes in routine, and take into account the ideas and needs of staff whose daily jobs are most affected.

INCORPORATING SBIRT INTO YOUR PRACTICE

Explain the benefits of SBIRT to leadership and staff. For example, SBIRT:

- Ensures that all providers working with the client are aware of the client's substance use and related risks
- Helps providers intervene in an appropriate and timely manner for clients at risk
- Increases provider confidence and comfort when discussing substance use with clients
- Builds stronger relationships between clients and providers.

Consider and address the potential barriers to successful implementation of SBIRT in HIV primary care settings, such as:

- Limited time for providers to conduct screening
- Incomplete disclosure of substance use by clients
- Lack of access to substance use disorder treatment
- Difficulty prioritizing SBIRT services in a busy setting when clients are in crisis
- Provider beliefs that clients will refuse or be uncomfortable talking to them about substance use
- Provider resistance to addressing the culture of substance use.[20]

Ways to overcome many of these barriers include:

- Collaborate with community partners, HIV testing and prevention programs, pharmacists, and HIV case managers to gain a more complete understanding of substance use and to establish timely referrals
- Use a team approach that incorporates the skills of all staff
- Share findings from research studies, such as the Cutting Back Study that showed over 90% of clients are comfortable answering questions about alcohol and believe this information is important to their health care.[21]

INCORPORATING SBIRT INTO YOUR PRACTICE

- Share SBIRT research findings that show improvements in retention in care, medication adherence, and other health measures, such as depression, rates of sexually transmitted infections, and reduced levels of substance use.
- Build SBIRT into existing processes, including documentation in health records
- Use billing codes for SBIRT services when applicable and available. Some health plans pay for alcohol and substance use screening and brief intervention. SAMHSA has more information on reimbursement for SBIRT.[22]

When adapting SBIRT to your practice, fully plan all elements of the service before you start implementing. **Appendix C** and **Appendix D** provide examples of planning tools to adapt for your practice.

Plan for Screening

In general, the SBIRT screening plan specifies:

- Which clients will be screened
- How often clients will receive screening
- Where clients will be screened
- Which screening instrument(s) will be used
- How screening results will be stored and shared

Plan for Brief Intervention

In general, the SBIRT brief intervention plan specifies:

- Who will deliver the interventions
- Which brief interventions will be used
- How the interventions will be introduced to clients
- How clients who receive the intervention will be followed

INCORPORATING SBIRT INTO YOUR PRACTICE

Plan for Referral Procedures

In general, the SBIRT referral to treatment plan specifies:

- Which providers and/or organizations will receive clients
- What changes to processes and forms are needed to ensure timely referrals
- How clients who receive referrals will be followed.

Pilot Testing

Prior to full implementation, conduct a pilot test under "real world" conditions to evaluate the feasibility and acceptability of the SBIRT plan you have prepared. A pilot time period allows you to address procedural issues, such as the ease with which the practice is able to use paper or electronic health records (EHR) to document SBIRT.

Pilot testing has multiple other advantages:

- Makes clear that you expect glitches to occur and expect staff to suggest improvements
- Identifies precisely what works and what does not
- Allows time to fix problems and make improvements on a smaller scale
- Garners the attention of all staff.

Full Implementation

Once pilot testing has demonstrated that SBIRT is functioning at the desired level, launch the new program as an official and permanent part of the practice's standard and routine services. A few considerations may help the official start-up:

- ***Communicate:*** After the pilot, provide results of what worked and what changes improved operations
- ***Provide hands-on help:*** In the first week of implementation, the planning team should observe and assist staff whose jobs have changed

- ***Address unforeseen issues quickly:*** Even the best plans may not work in real time. Call on your team to help staff assess problems and work together to create alternative procedures
- ***Offer feedback, encouragement, and thanks:*** Sharing feedback as quickly as possible about how the clients are benefitting from SBIRT will give staff an incentive to make the new program work.

Monitoring and Updating Plans

The following approaches will help to monitor quality improvement within your own practice, and to stay current with developments in other SBIRT programs. As with all health care services, ideas for improving SBIRT come both from research and practical experience.

Four approaches to consider are:

1. Seek front-line feedback
2. Set specific time intervals to evaluate the program
3. Keep up on research
4. Learn from others.

Promoting Your Success

As you plan, develop, and refine your SBIRT service, you may want to publicize your achievements and let others know about the new service you are implementing, how you have integrated it into your everyday routine, and how it is accepted by your staff and clients.

APPENDICES

APPENDIX A

Brief Negotiated Interview (BNI) Card

Adult SBIRT

Alcohol and Other Drug Screening

Do you mind if I ask you a few questions regarding your use of alcohol and other drugs?

1 Do you sometimes drink beer, wine or other alcoholic beverages?

Yes = Continue to question 2 · No = Continue to question 3

2 How many times in the past year have you had more than [X] drinks in one day?

Men X = 4 · Women X = 3 · Over 65 X = 3

3 How many times in the past year have you used an illegal drug, marijuana, or a prescription medication for non-medical reasons?

Report of one or more times is considered a positive screen. Perform a brief intervetion and/or consider further evaluation.

A Standard Drink

12 fl oz beer ~5% alcohol	=	5 fl oz wine ~12% alcohol	=	1.5 fl oz liquor ~40% alcohol

Low Risk Drinking Limits

Adapted from NIAA

	Per Day	Per Week
Men	4	14
Women	3	7
Over 65	3	7

Avoid alcohol if you: Plan to drive · Are pregnant or trying to become preganant · Take meds that interact with alcohol

APPENDIX A *(CONTINUED)*

Brief Intervention

Build Rapport	I would like to learn a little more about you. What are some important things in your life? OR What is a typical day like for you? How does your use of [X] fit in?
Explore Pros and Cons	Help me understand what you enjoy about using [X]. What do you enjoy less about using [X]? So on the one hand [PROS] and on the other [CONS]. Where does that leave you? **Reflect back CONS.**
Provide Feedback	What risks are you aware of related to [X]? Is it okay if I share some with you? **Provide 1-2 salient facts e.g. NIAAA low risk drinking limits.** What are your thoughts about that?
Use Readiness Ruler	How ready are you to change any aspect of your use of [X]? **Use Readiness Ruler on the right side of this card.** Why did you choose this number and not a lower number? If 0: What would need to happen for you to consider making a change? Reflect back reasons for change.
Negotiate Action Plan	Given our discussion, what might you do? How confident are you that you could meet this goal? **Use Confidence Ruler on the right side of this card.** What might help you get to a higher number? Provide resources as appropriate. Thank you for speaking with me today!

HOW READY ARE YOU? NOT AT ALL 1 2 3 4 5

HOW CONFIDENT ARE YOU? 6 7 8 9 10 EXTREMELY

Referral to Treatment

APPENDIX B

Brief Intervention Fidelity Checklist

CRITERIA	Y	N
Engagement » Ask permission to talk about alcohol/drugs » Ask about a day in the person's life » Ask how use of "X" fits in with life » Ask about client's values (what's important to them)		
Decisional Balance: Pros and Cons of Alcohol/Drug Use » Elicit good things about alcohol/drug use » Elicit less good things about alcohol/drug use » Draw upon screening answers » Sum up and restate in client's own words (reflective listening)		
Feedback » Ask permission to share salient information » Ask what client already knows » Elicit response from client		
Readiness Ruler » Use readiness to change question (ruler); ask why not a lower number » Reflect reasons for changing		
Negotiate Action Plan » Elicit specific steps » Ask about challenges to change » Ask about past successes ; what they did; who/what helped them (social support), community/resources that helped » Ask key question – what will you do? what are your next steps? » Asks confidence ruler		
Summarize & Thank (Referrals) » Summarize action plan » Offer referrals, if appropriate » Thank client Modified from BNI-ART Institute Adolescent BNI Scoring Sheet found at *https://www.bu.edu/bniart/files/2011/02/Adolescent-BNI_Scoring-1.19.11.pdf*		

APPENDIX C

SBIRT Implementation Planning Outline

Goals for first 6 months:

Goal:_____

Measured by:_____

Goal:_____

Measured by:_____

Goal: _____

Measured by:_____

Staffing plan:

_____

_____

_____

_____

_____

Anticipated barriers:

_____

_____

_____

_____

_____

Policy level considerations:

_____

_____

_____

_____

_____

Current Practices:

Current process for addressing substance use:

Current protocols:

Current tools:

SBIRT Protocol:

Staff responsible for conducting SBIRT:

APPENDIX C *(CONTINUED)*

Screening tools:
Clients who will be screened:
Plan for referrals:
Documentation plan:

APPENDIX C *(CONTINUED)*

Confidentiality plan:
Frequency for screening:
Educational Materials:
Sustainability Plan:

APPENDIX D

SBIRT Planning Tool (sample)

I. The Planning Team

Who is on the Planning Team?	
Name	**Position**
How will the planning team work together?	
How and why was the planning process established?	
Who does each team member represent and how will their input and feedback be elicited?	
What specific tasks should the planning process accomplish?	
What is the timeline?	
What are each person's responsibilities?	
How will decisions be made?	

II. The Screening Plan

Who will be screened?	
When will screening take place?	
How often will screening occur?	
Who will perform the screening and where?	
What screening instruments will be used?	
Where will screening forms be stored and who will manage them?	
How will screening results be recorded in the patient's chart?	
How will screening results be shared with staff who provided brief interventions?	

III. Brief Intervention Plan

Who will deliver the interventions?	
When will interventions be delivered?	
What elements will be included?	
How will we introduce the intervention for clients who screen positive?	
How will staff receive information about the client who needs the intervention?	
How will we intervene with clients who are likely to have alcohol dependence?	
How will we follow clients who receive an intervention?	
How will the intervention be documented?	

IV. Referral Plan

☐	**We have in-house staff who handle referrals.**
☐	**We have readily available list of local treatment service providers, including local hospitals.**
☐	**We have a contact at the state agency responsible for alcohol and other drug treatment services.**
☐	**We have a list of local psychiatrists, psychologists, and counselors who work with patients who have alcohol and other drug dependence.**
☐	**We have the phone numbers of local support groups.**

V. Implementation Plan

What training will be provided?		
Training	**Who**	**When/Where**
General orientation to SBIRT		
How to conduct screening		
How to conduct brief interventions		
Specialized training: » **For supervisors** » **For quality improvement** » **For billing** » **Other**		
How will we pilot test our program?		
When will the pilot test begin?		
Where will the pilot test be implemented? Which clinic? System wide?		
How will the pilot test be announced?		
What reminders and aids will be used to support staff?		
What data will be collected, how, and by whom?		
How and by whom will collected data be analyzed, summarized, and shared with staff?		
When will the planning team meet to review results and revise program plans?		
When will results of the pilot test be shared with key staff?		

What additional steps will be taken to ensure a strong start-up?

VI. Plan for Refining and Promoting

How will we evaluate our program?	
What quality improvement measures will we track?	
How will we share our successes?	

REFERENCES

1. The toolkit was adapted from the following sources:

   » Marx M, Corwin MA. Screening, Brief Intervention, and Referral to Treatment: Addressing substance abuse in HIV care settings. Mountain Plains Aids Education and Training Center; June 2014. *https://aidsetc.org/sites/default/files/resources_files/sbirt.pdf*

   » Centers for Disease Control and Prevention. Planning and implementing Screening and Brief Intervention for risky alcohol use: a step-by-step guide for primary care practices. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, 2014. *https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf*

2. Volkow ND, Montaner J. The urgency of providing comprehensive and integrated treatment for substance abusers with HIV. Health Affairs (Project Hope). 2011;30(8):1411-1419.

3. Kalichman S, Grebler T, Amaral C, et al. Intentional non-adherence to medications among HIV positive alcohol drinkers: Prospective study of interactive toxicity beliefs. JGIM. 2013: 28(3):399-405.

4. See: *www.prevent.org/National-Commission-on-Prevention-Priorities/Rankings-of-Preventive-Services-for-the-US-Population.aspx*

5. See: *https://pubs.niaaa.nih.gov/publications/practitioner/PocketGuide/pocket_guide.htm*

6. See: *www.who.int/substance_abuse/activities/sbi/en/*

7. See: *www.cdc.gov/ncbddd/fasd/alcohol-screening.html*

8. Dawson-Rose C, Draughon JE, Zepf R, et al. Prevalence of substance use in an HIV primary care safety net clinic: a call for screening. JANAC. 2017;28(2):238-249.

9. Madras BK, Compton WM, Avula D, et al. Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and six months. Drug Alcohol Depend. 2009;99(1-3):280-295.

10. See: *www.integration.samhsa.gov/clinical-practice/sbirt/training-other-resources*

11. See: *www.ct.gov/dmhas/lib/dmhas/publications/USAUDIT-2017.pdf*

REFERENCES

12. Adamson SJ, Kay-Lambkin FJ, Baker AL, et al. An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). Drug and Alcohol Dependence. 2010;110:137-143. See also: *www.cpha.ca/sites/default/files/uploads/resources/cannabis/cudit-r(1).pdf*

13. Skinner H. Department of Public Health Sciences, University of Toronto, 1982. See: *www.emcdda.europa.eu/attachements.cfm/att_61480_EN_DAST%202008.pdf*

14. Humeniuk R, Ali R, Babor TF, Farrell M, et al. Validation of the Alcohol, Smoking And Substance Involvement Screening Test (ASSIST). Addiction. 2008;103(6):1039-1047. See also: *www.who.int/substance_abuse/activities/assist/en/*

15. Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G. Validity of the CRAFFT Substance Abuse Screening Test Among Adolescent Clinic Patients. Arch Pediatr Adolesc Med. 2002;156(6):607–614. See also: *www.ceasar-boston.org/CRAFFT/screenCRAFFT.php*

16. Rollnick S, Miller WR, Butler C. Motivational Interviewing. In: Healthcare: Helping Patients Change Behaviour. London: Guilford Press; 2008.

17. Rollnick S, Miller WR. Motivational Interviewing, 3rd Edition: Helping People Change. London: Guilford Press; 2012.

18. D'Onofrio G, Pantalon MV, Degutis LC, Fiellin DA, O'connor PG. Development and implementation of an emergency practitioner-performed brief intervention for hazardous and harmful drinkers in the emergency department. Acad Emerg Med. 2005; 12(3):249-56.

19. See: *https://findtreatment.samhsa.gov/*

20. Strauss SM, Rindskopf DM. Screening patients in busy hospital-based HIV care centers for hazardous and harmful drinking patterns: The identification of an optimal screening tool. J Int Assoc Physicians AIDS Care (Chic). 2009;8(6):347-353.

21. See: Cutting Back: Managed Care Screening and Brief Intervention for Risking Drinking at *http://www.rwjf.org/en/researchpublications/find-rwjf-research/2007/04/cutting-back.html*

22. See: *www.integration.samhsa.gov/sbirt/Reimbursement_for_SBIRT.pdf*