oklahoma complete health™

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

An Implementation Guide for OK Health Care Providers

Agenda

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

Learning Objectives

Define SBIRT and its 6 components

Identify 4 screening tools for adults and 2 screening tools for adolescents

List 2 brief interventions used in SBIRT

Identify referral to treatment options

List general guidelines for documenting SBIRT

Review HEDIS Guidelines

Poll Question

Please rate your current knowledge of SBIRT:

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

Sooner Select Provider Incentive Directed Payment Plan

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

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

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

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

What do I need to do to participate?

- Screen patients and use SBIRT model of care
- H0049 is used when the screening is negative, and no Brief Intervention is completed. This code triggers a $25 incentive.
- 99408 is used when a Brief Intervention is performed after a positive screen and is paid FFS
- Payments are made Quarterly to providers.

Sooner Select DPP Guidance SoonerSelect Provider Incentive DPP.pdf

What is SBIRT?

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

The SBIRT model represents a paradigm shift in substance use interventions

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

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

Who Should Be Screened with SBIRT?

SBIRT screens ALL patients annually regardless of an identified disorder

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

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

- (SAMHSA, 2013; NORC at the University of Chicago, 2016)

Components of SBIRT

Components of SBIRT

SCREENING

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

BRIEF INTERVENTION

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

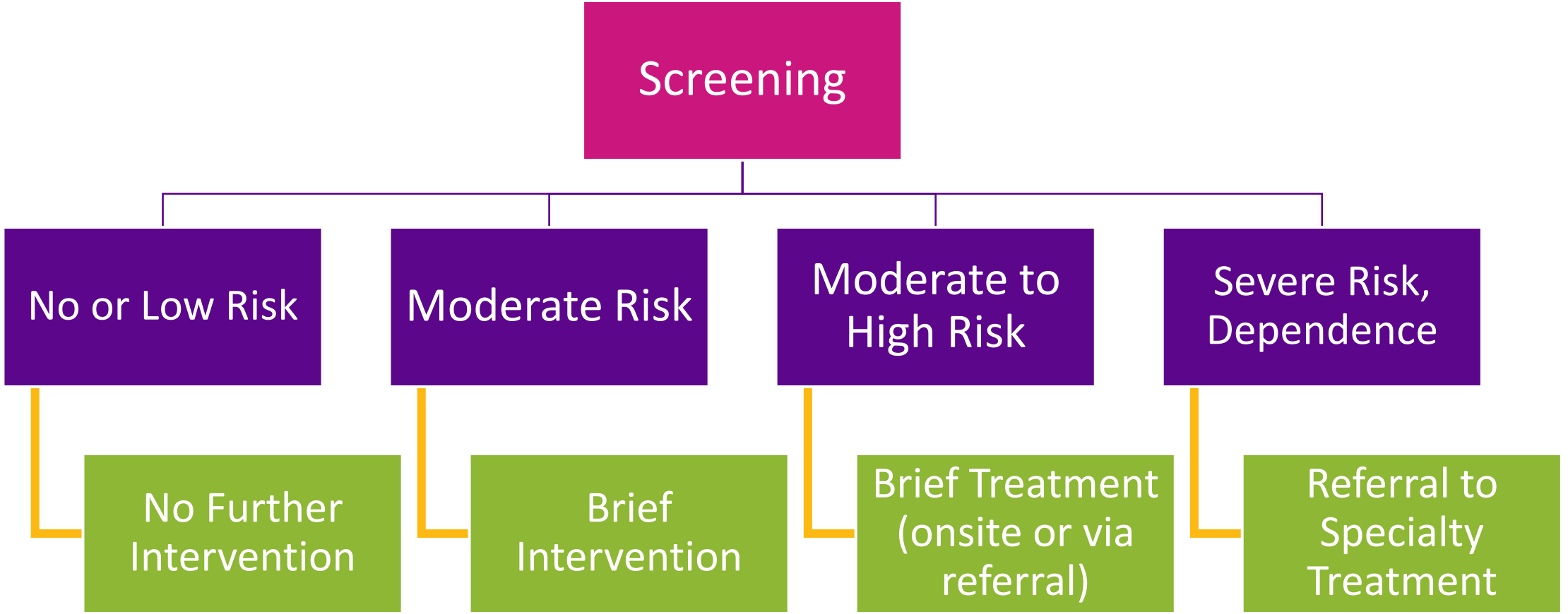
Can be implemented in single or multiple sessions

REFERRAL TO TREATMENT

Is for patients identified as needing more intensive treatment than Brief Intervention

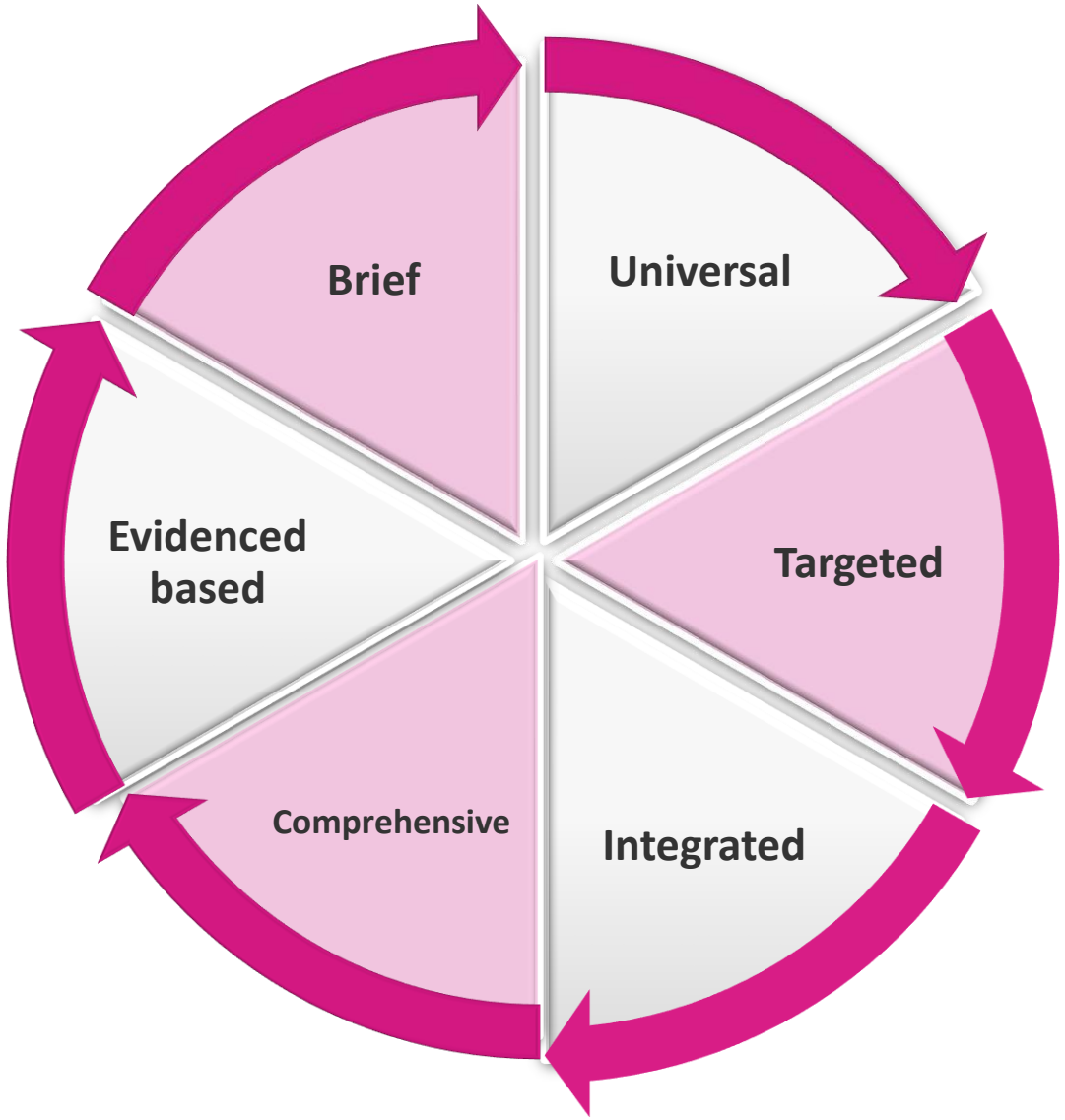
Aims to identify an appropriate treatment program and facilitate engagement in treatment

The SBIRT Process



(SAMHSA, 2013)

SAMHSA's SIX



(SAMHSA, 2013)

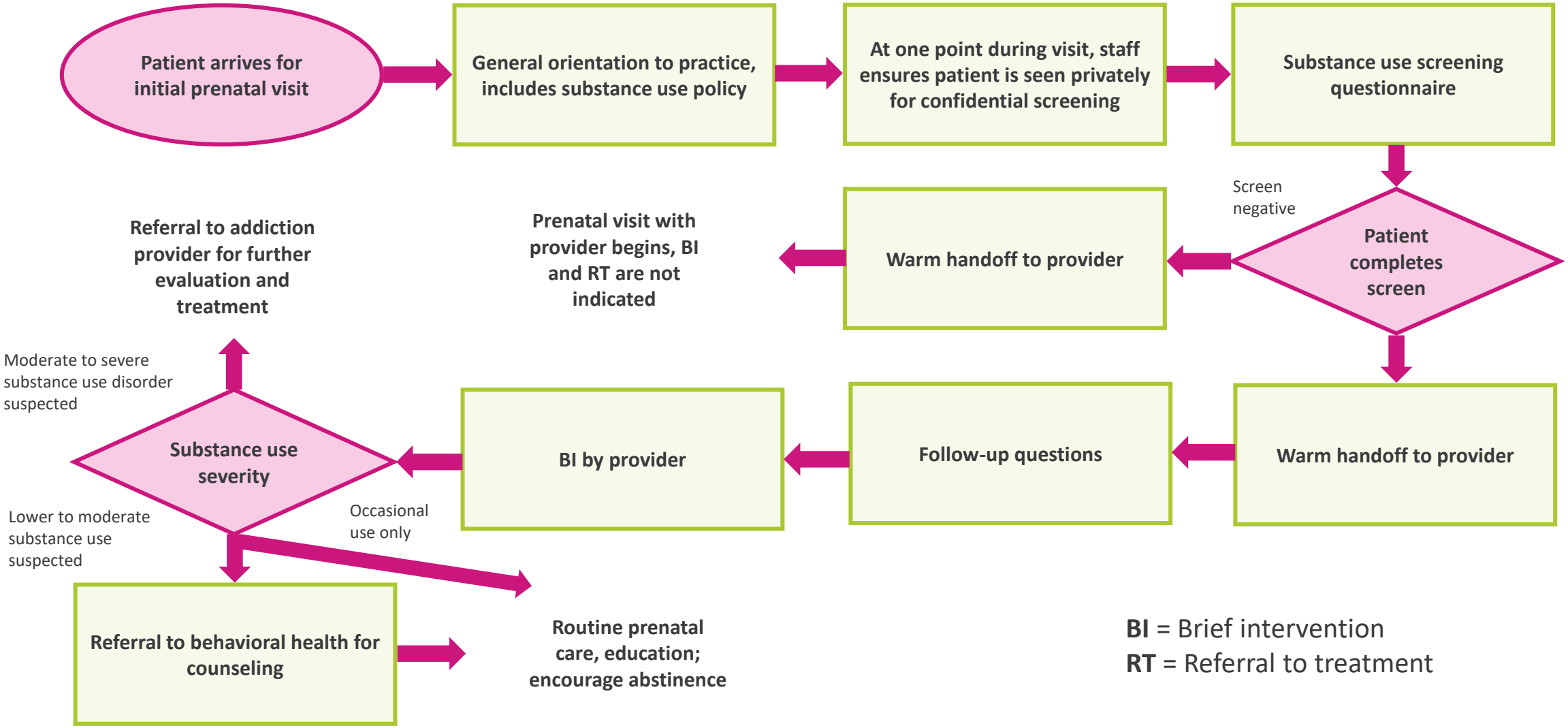
Why is SBIRT effective?

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

Widely endorsed by:

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

Implement SBIRT What triage could look like in your practice



SBIRT and Integrated Care

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

- Primary care settings that can implement SBIRT include:
  - Primary care practices
  - Federally qualified health centers (FQHCs)
  - School-based health centers (SBHCs)
  - Emergency room (ER) departments
- Best practices for implementing SBIRT in primary care settings:
  - Utilizing an interprofessional team
  - Developing relationships with referral partners
  - Aligning SBIRT with the office flow
  - Integrating SBIRT into the EHR

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

Cultural Considerations for SBIRT

Strategies to address culture in SBIRT implementation:

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

(National Council for Mental Wellbeing, 2021)

Confidentiality and Parental Involvement

Privacy and minor consent laws vary by state

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

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

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

(National Council for Mental Wellbeing, 2021)

Considerations for Alcohol Screening

Scope of the Problem

Alcohol is a factor in about:

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

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

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

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

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

Drinking Levels Defined

Drinking in Moderation

2 drinks in a day or less for men

1 drink or less in a day for women

Binge Drinking

5 or more drinks for men

4 or more drinks for women

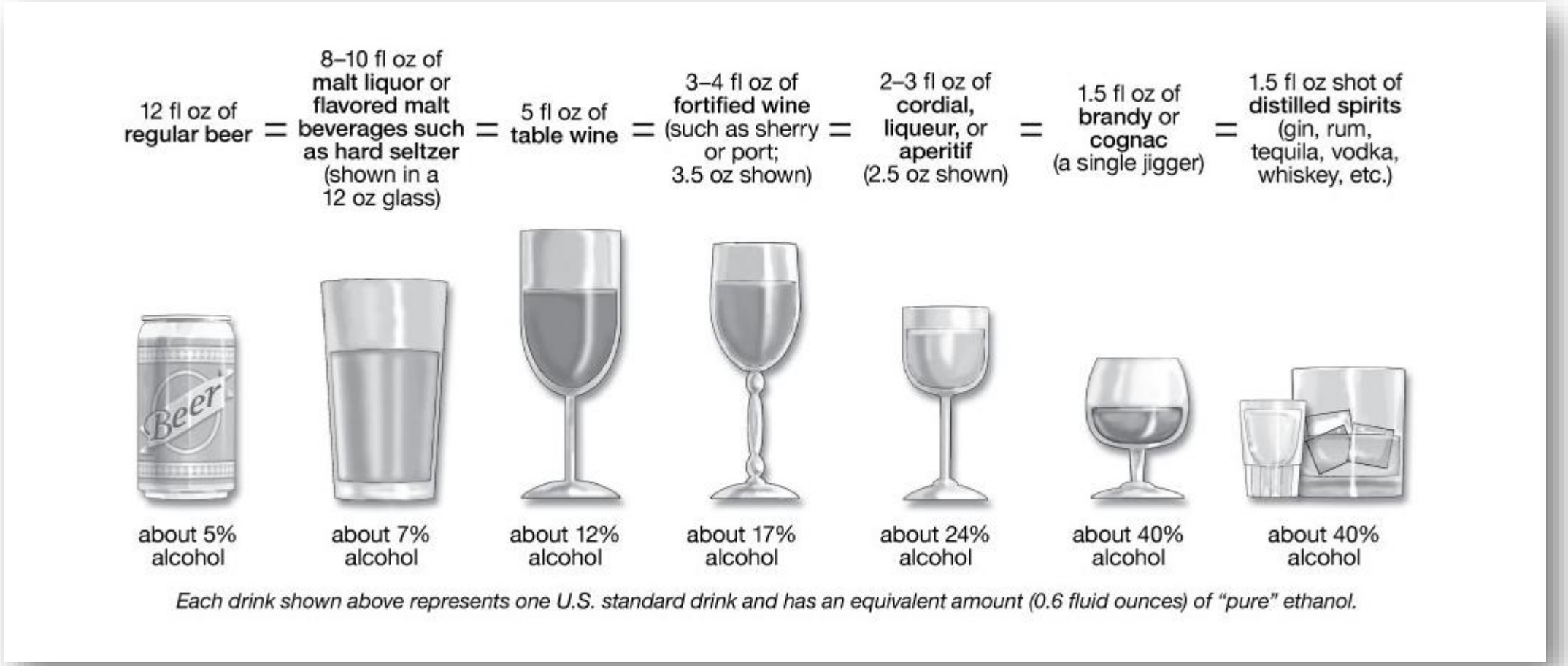
Heavy Alcohol Use

More than 4 drinks on any day or more than 14 drinks per week for men

More than 3 drinks on any day or more than 7 drinks per week for women

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

Low Risk Drinking



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

Adult Substance Use Screening Tools

Screening

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

(SAMHSA, 2013)

Adult Substance Use Screening Tools

CAGE

4 Questions for Alcohol Use Disorder.

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

AUDIT

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

https://auditscreen.org/

DAST-10

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

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

TWEAK

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

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

Adolescent Substance Use Screening Tools

Adolescent Substance Abuse Screening Tools

CRAFFT-Car, Relax, Alone or Friends, Trouble

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

Link to tool:

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

Screening to Brief Intervention

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

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

Brief Intervention

Brief Intervention

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

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

Defining the Stages of Change

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

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

Stages of Change – Treatment Needs

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

(Center for Substance Abuse Treatment, 1999)

Motivational Interviewing (MI)

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

(Miller & Rollnick, 2013)

Motivational Interviewing

Involves attention to natural language about change

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

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

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

(Miller & Rollnick, 2013)

O.A.R.S Skills

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

(Hall et al., 2012)

Referral to Treatment

- The primary goals of referral to treatment are:
  - To identify an appropriate treatment program
  - To facilitate engagement of the patient in treatment

- The absence of linkages to treatment referrals can be a significant barrier to the adoption of SBIRT.
- Strong referral linkages are critical, as is tracking these patient referrals

(SAMHSA, 2013)

Determining When a Referral is Needed

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

(National Council for Mental Wellbeing, 2021)

Who Should Make the Referral?

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

(National Council for Mental Wellbeing, 2021)

Clinical Skills for Initiating a Referral

Recommend	Make a recommendation and explain the justification
Discuss	Talk about types of treatment and best level of care
Address	Talk about any concerns they may have about accepting the referral
Engage	Ensure the client links to the next level of care

(National Council for Mental Wellbeing, 2021)

Referral to Treatment Sample Scripts

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

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

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

"What do you think of this idea?"

(NORC at the University of Chicago, 2016)

Documentation

Commonly Accepted Standards

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

(NCQA, 2018)

General Guidelines for Documentation of SBIRT

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

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

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

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

(Oregon Health and Science University Family Medicine, 2023)

HEDIS Measures

Healthcare Effectiveness Data and Information Set (HEDIS®)

HOW IS IT RELEVANT?

Offers an apples-to apples comparison of clinical outcomes used throughout the entire health care industry

Major source of data used for Value-Based Care and other Pay for Performance incentive programs

Helps to identify the impact of clinical interventions across a population of health plan members

WHAT IS YOUR ROLE?

Understand and adhere to best practice recommendations for each measure

Provide appropriate care or referrals within the designated timeframes

Document all care in the patient's medical record

Accurately code and submit claims timely

Follow-Up After Hospitalization for Mental Illness (FUH)

Measure Components

- Commercial, Medicaid, Medicare, and Marketplace
- Ages 6 years and older
- Patients discharged from an acute hospitalization with a primary diagnosis of mental illness or any diagnosis of intentional self harm

Goal

- Ensure patients attend a mental health follow-up visit, after discharge:
  - Within 7 days (preferred)
  - Within 30 days (compliant)

Tips

- Discharge date is counted as day zero, visit must occur between day 1-7
- Visit can be with any practitioner including primary care and peer support coded for a mental health diagnosis, or with a mental health provider.
- Performance is measured using claims data

(NCQA, 2024)

Provider Strategies

Integrate Mental Health Care in Primary Care Settings

- PCPs can perform recommended screenings, offer initial counseling, and refer patients to specialists as needed.

Utilize Peer Support

- A peer supporter is a “living example,” of someone who has “been there” and has personal experience with the challenges our members face, someone who is a living proof that people can live well with, or despite, the underlying issue.

Leverage Telehealth

- Offering therapy via video calls, messaging, or phone, make mental health support accessible from the comfort of one’s home and reaching those in remote areas.

Training and Education

- Providers and office staff that use person-centered language, recognize and screen for BH conditions can reduce stigma and improve early detection and intervention.

(National Institute of Mental Health, n.d.)c

Follow-Up After Emergency Department (ED) Visit for Substance Use (FUA)

Measure Components

- Commercial, Medicaid, & Medicare
- Ages 13 years and older
- Discharged from ED with a principal diagnosis of SUD or any drug overdose (unintentional).

Goal

- Ensure patients attend a follow-up service for SUD, upon discharge:
  - Within 7 days (preferred)
  - Or within 30 days (compliant)

Tips

- Discharge date is counted as day zero, visit must occur between day 0-7
- Visit can be with a mental health provider, OR any practitioner, including peer support with **any** SUD, drug overdose diagnosis, or pharmacotherapy dispensing event on the claim.
- Performance is measured using claims data

(NCQA, 2025)

Ways to Impact Follow-Up Treatment for Substance Use

- Complete a comprehensive exam before diagnosing and prescribing.
- Offer maintenance medications for patients with opioid use disorder, alcohol use disorder, and/or tobacco use disorder.
- Use evidence-based screening and treatment as recommended by SAMHSA.
- Provide empathic listening and nonjudgmental discussions for engagement in decision-making.
- Re-evaluate treatment/medication regimen considering presence/absence of adherence & side effects.
- Offer virtual, telehealth and phone visit options when appropriate.
- Reach out proactively to assist in (re)scheduling appointments.
- Partner with health plan to address social determinants, health equity, and quality care.
- Offer information on community support options, like peer support, harm reduction, etc.
- Encourage coordination of care between physical / behavioral health, including transitions in care.
- Provide timely submission of claims and code substance related diagnosis and visits accurately.
- Update patient records & claims (active versus remission) SUD diagnosis codes.

Overall Key Strategies for Providers

Updating Contact Information

Updating Contact Information

Providers and Members please reach out to OHCA for any eligibility concerns.

If a member's information does not match what the provider has, please update the provider record and encourage the member to update their contact information with their OHS worker.

If the member is in state custody, please have the caregiver reach out to the member's case worker to update contact information.

If the member is receiving an adoption subsidy, they should reach out to their post adoption worker to update demographics. OHCA can update some limited demographics, so it is best to work with your OHS Post-Adoption worker.

Contracted Entity Resources

Oklahoma Complete Health- *immediate assistance resources*

Virtual Telehealth

Brave Health- Ages 13+ for therapy and psychiatry

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

Teladoc Health- Ages 13+ for therapy and psychiatry

- Patient registration at: Teladoc Registration

Care Management-Oklahoma Complete Health

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

We will take care of the rest!

Humana Healthy Horizons Resources

Case Management Inquires (Physical and Behavioral Health, Adult and Peds)	OKMCDCaseManagement@humana.com
SDOH and Housing Coordinators	OKMCDSDOH@humana.com
Maternity	OKMCDMaternity@humana.com
Brave Health	Bebravehealth.com

Aetna Better Health of Oklahoma Resources

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

Mental Health Coaching – Members ages 13+ are engaged through an online platform to strengthen their emotional health and are provided tools and support for depression, substance abuse, tobacco cessation, early pregnancy, and more.

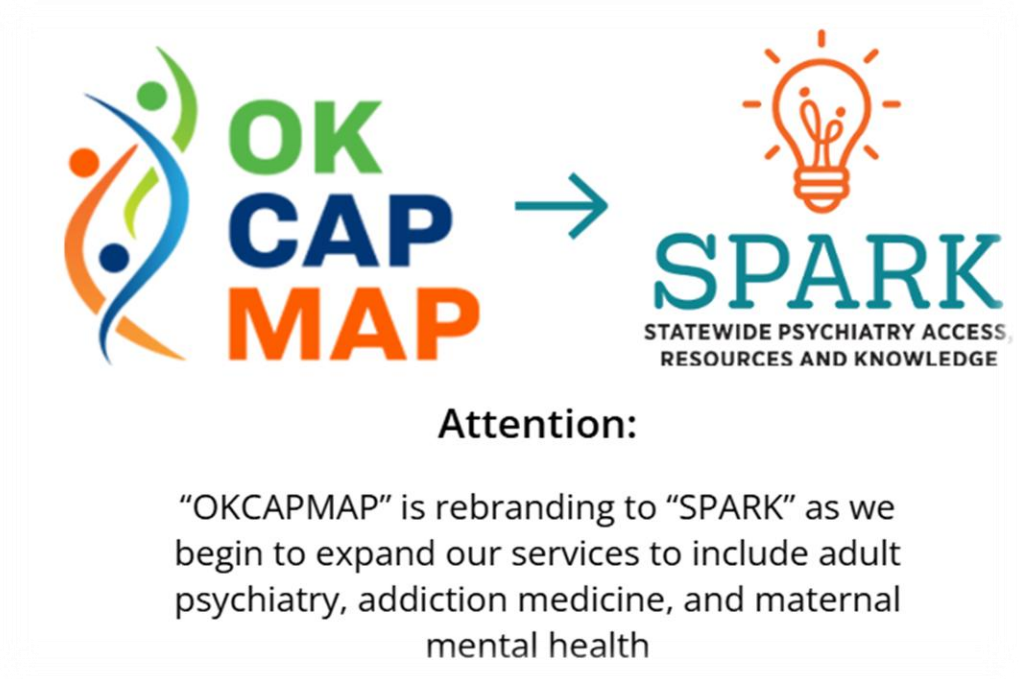
CHESS Health -Technology provides an app-based solution to support members ages 18+ with substance use disorder, mental health and SDOH concerns, and help them connect to services and peer support in the recovery journey.

Pyx Health-24/7 digital companionship for mental health and loneliness support. Chat with staff for support and encouragement and receive help with mood improvement, anxiety motivation, and more.

Brave Health- Virtual Outpatient mental health provider offering therapy and medication management geared toward complex members. This is for members 13 and older. These are web-based video sessions. A provider can refer a member for this benefit, or a member can self-refer.

- Find a ABHOK Provider**:** Find a Provider | Aetna Better Health of Oklahoma
- Nonemergency Medical Rides: Modivcare | Home or call 1-877-718-4208 (TTY: 1-866-288-3133)
- REACH Teams: Connect to programs (finances, food, education, housing, legal issues, Jobs, Support groups, Baby supplies, Clothing) Call 1-833-316-7010
- Peer Support: A provider can refer a member to peer support by completing the form at Oklahoma PSS Referral Form 2024.pdf
- Care Management: A provider can request care management services for a our member by sending an email to AetnaBetterHealthOKCM@aetna.com
- ABHOK Community Resource Directory: Community Resource Directory | CVSHealth

Statewide Psychiatry Access, Resources and Knowledge



Home- OKSPARK

Request Clinical Consultation

SPARK psychiatrists and mental health professionals are here to help.

- **Provider Consultation- OKSPARK**

Access enhanced education

SPARK educators and trainers are excited to connect with you and support your mental health care experience.

- **Provider Education- OKSPARK**

Find Supportive Resources

SPARK provides information about services and supports for the specific needs of your patient.

- **Provider Resources- OKSPARK**

References

American Academy of Pediatrics (2011). Policy statement: Substance use screening, brief intervention, and referral treatment. Pediatrics, 128(5), e1330-e1340. Reaffirmed December 2014

Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). The Alcohol Use Disorders Identification Test. World Health Organization. https://www.samhsa.gov/resource/dbhis/alcohol-use-disorders-identification-test-audit

Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): A replication study. Journal of the American Academy of Child and Adolescent Psychiatry, 38(10), 1230–6.

Boston Children's Hospital & Harvard Medical Teaching Hospital. (2018). ABOUT THE CRAFFT. Retrieved from CRAFFT: https://crafft.org/about-the-crafft/

Center for Substance Abuse Treatment. Brief Interventions and Brief Therapies for Substance Abuse. Treatment Improvement Protocol (TIP) Series, No. 34. HHS Publication No. (SMA) 12- 3952. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999. (Treatment Improvement Protocol (TIP) Series, No. 34.) [Table], Figure 2-1: The Stages of Change. Available from: https://www.ncbi.nlm.nih.gov/books/NBK64942/table/A61041/

Chan AWK; Pristach EA; Welte JW; Russell M. Use of the TWEAK test in screening for alcoholism/heavy drinking in three populations. Alcoholism: Clinical and Experimental Research 17(6): 1188-1192, 1993.

References

Global Appraisal of Individual Needs Coordinating Center (2023). About the GAIN. Chestnut Health Systems. Retrieved from, https://gaincc.org/instruments/

Hall, K., Gibbie, Tania, G., Lubman, D. I., (2012). Motivational interviewing techniques: Facilitating behaviour change in the general practice setting. Australian Family Physician Volume 41, No.9, Retrieved from https://www.racgp.org.au/afp/2012/september/motivational-interviewing-techniques/

Hargraves, D., White, C., Frederick, R. et al. (2017). Implementing SBIRT (Screening, Brief Intervention and Referral to Treatment) in primary care: lessons learned from a multi-practice evaluation portfolio. Public Health Rev 38, 31. https://doi.org/10.1186/s40985-017-0077-0

JA Ewing "Detecting Alcoholism: The CAGE Questionaire" JAMA 252: 1905-1907, 1984

Jellinek, M., & Murphy, M. (n.d.). Pediatric symptom checklist. Massachusetts General Hospital. Retrieved January 5, 2023, from https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist

Levy, S., Weiss, R., Sherritt, L., Ziemnik, R., Spalding, A., Van Hook, S., & Shrier, L. A. (2014). An electronic screen for triaging adolescent substance use by risk levels. JAMA Pediatrics. 168(9), 822-828.

Massachusetts Department of Public Health. (2012). SBIRT: A Step-By-Step Guide. Bureau of Substance Abuse Services. https://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf

Miller, W.R. & Rollnick, S. (2013). Motivational Interviewing: Helping People Change (3rd ed.). United Kingdom: Guilford Publications

National Council for Mental Wellbeing. (2021, July). Improving adolescent health: facilitating change for excellence in SBIRT. Retrieved from, https://www.thenationalcouncil.org/wp-content/uploads/2021/07/2021.11.10_NC_SBIRT_ChangePackage1.pdf

References

National Institute on Alcohol Abuse and Alcoholism (n.d.). Drinking Levels Defined. Retrieved from, https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking

NCQA. (2018). Guidelines for Medical Record Documentation. https://www.ncqa.org/wp-content/uploads/2018/07/20180110_Guidelines_Medical_Record_Documentation.pdf

NORC at the University of Chicago. (2016). Guide to Adolescent Screening, Brief Intervention and Referral to Treatment (SBIRT). Bethesda, MD: NORC at the University of Chicago. Retrieved from, https://www.chcs.org/media/Copy-of-Adolescent-SBIRT-Learners-Guide-V1.1-all-modules-1.pdf

O'Grady, M. A., & Kapoor, S. (2020). Screening, brief intervention, and referral to treatment in medical and integrated care settings. In M. D. Cimini & J. L. Martin (Eds.), Screening, brief intervention, and referral to treatment for substance use: A practitioner's guide (pp. 105–123). American Psychological Association. https://doi.org/10.1037/0000199-007

Oregon Health and Science University Family Medicine. (2023). Documentation. SBIRT Oregon. Retrieved from, https://www.sbirtoregon.org/billing-and-documentation/documentation/

PHQ-9 Depression Scale. (2022). Retrieved from AIMS Center Advancing Integrated Mental Health Solutions: https://aims.uw.edu/resource-library/phq-9-depression-scale

Russell, M (1994). New Assessment tools for risk drinking during pregnancy: T-ACE, TWEAK and others. Alcohol Health and Research World.

References

SBIRT Education. (2011, April 14a). *SBIRT Brief Intervention Contemplative Stage, Moderate Risk Client*. [Video]. YouTube. Retrieved from, https://www.youtube.com/watch?v=uzUo3ORZC28&t=1s

SBIRT Education. (2011, April 14b). *SBIRT Brief Intervention for Preparation Stage, High Risk Client*. [Video]. YouTube. Retrieved from, https://www.youtube.com/watch?v=SfFF7jcm3tA

SBIRTonline. (2015, March 16). *SBIRT in Primary Care: At-Risk Alcohol Use.* [Video]. YouTube. Retrieved from, https://www.youtube.com/watch?v=ONPlsxurIJg

SBIRT Oregon. (2015). *Adolescent brief intervention: Jacob*. [Video]. YouTube. Retrieved from, https://www.youtube.com/watch?v=GvaOXREccHI

Skinner, H. A. (1982). The Drug Abuse Screening Test. Addictive Behavior, 7(4),363–371.

Substance Abuse and Mental Health Services Administration [SAMHSA]. (2013). *Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment. Technical Assistance Publication (TAP) Series 33*. HHS Publication No. (SMA) 13-4741. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013. Retrieved from, https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4741.pdf

Substance Abuse and Mental Health Administration. (2021). *Advisory, Screening and Treatment of Substance Use Disorders among Adolescents*. Retrieved from, https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-04-008.pdf

References

Substance Abuse and Mental Health Administration. (2022, April 14). *Coding for Screening and Brief Intervention Reimbursement*. Retrieved from, https://www.samhsa.gov/sbirt/coding-reimbursement

U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2020, Dec). *Dietary Guidelines for Americans, 2020-2025*. 9th Edition. Retrieved from, https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf

U.S. Department of Health and Human Services. (n.d.a). *What's a standard drink? - rethinking drinking - NIAAA*. National Institute on Alcohol Abuse and Alcoholism. Retrieved from, https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx

U.S. Department of Health and Human Services. (n.d.b). *What are the consequences? - rethinking drinking - NIAAA*. National Institute on Alcohol Abuse and Alcoholism. Retrieved from, https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/Whats-the-harm/What-Are-The-Consequences.aspx

U.S. Department of Veteran Affairs, Veterans Integrated Services Network, Mental Illness Research Education & Clinical Center.(n.d.). *GAD 7* . Retrieved from, https://www.mirecc.va.gov/cih-visn2/Documents/Clinical/GAD_with_Info_Sheet.pdf

World Health Organization. (2010). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Switzerland: World Health Organization. https://www.who.int/publications/i/item/978924159938-2