



# Screening, Brief Intervention & Referral to Treatment (SBIRT): Emergency Room and Outpatient Settings

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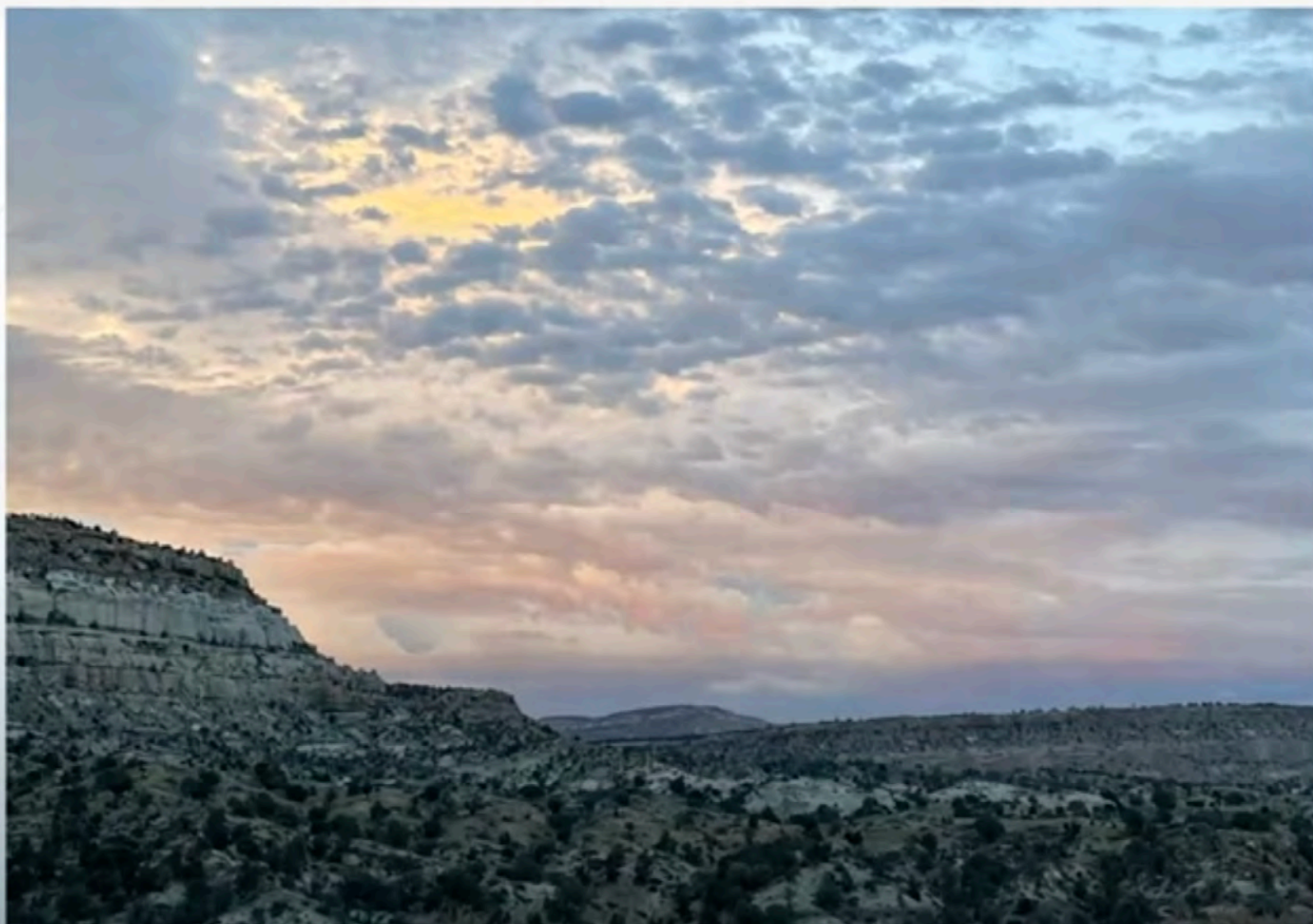
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# Introduction



- Dine': Towering House, born for Meadow People. Maternal- Water's Edge, Paternal- Bitter Water.
- Education: Gallup High School. BS from Northern Arizona University, Flagstaff, AZ. MA from University of New Mexico, Albuquerque, NM. Licensed Clinical Mental Health Counselor (LPCC) in NM.
- Prior Professions: Special Education Teacher, Early Childhood Education, NM Probation and Parole Counselor, Clinical Director for Inpatient Treatment, GIMC SBIRT for approximately 10 yrs.

Deep  
Breaths...





# Objectives

- ▶ Definition of SBIRT, SBIRT Model and SBIRT process.
- ▶ General Data on alcohol and drug abuse.
- ▶ Case Study.
- ▶ Stages of Recovery; Sobriety and Relapse.
- ▶ Brief concepts of Motivational Interviewing.
- ▶ Strengths and weaknesses of SBIRT.
- ▶ Cultural Considerations.
- ▶ Integration of SBIRT and Behavioral Health outpatient settings.
- ▶ Billing.
- ▶ Resources.

## SBIRT: Screening, Brief Intervention, Referral to Treatment

- ▶ SBIRT, a public health model designed to provide universal screenings.
- ▶ Allows health care professionals to address spectrum of behavioral health problems even when the patient is not actively seeking intervention or treatment.
- ▶ Similar Names: Brief Negotiated Intervention (BNI), Alcohol Screening Brief Intervention (ASBI).



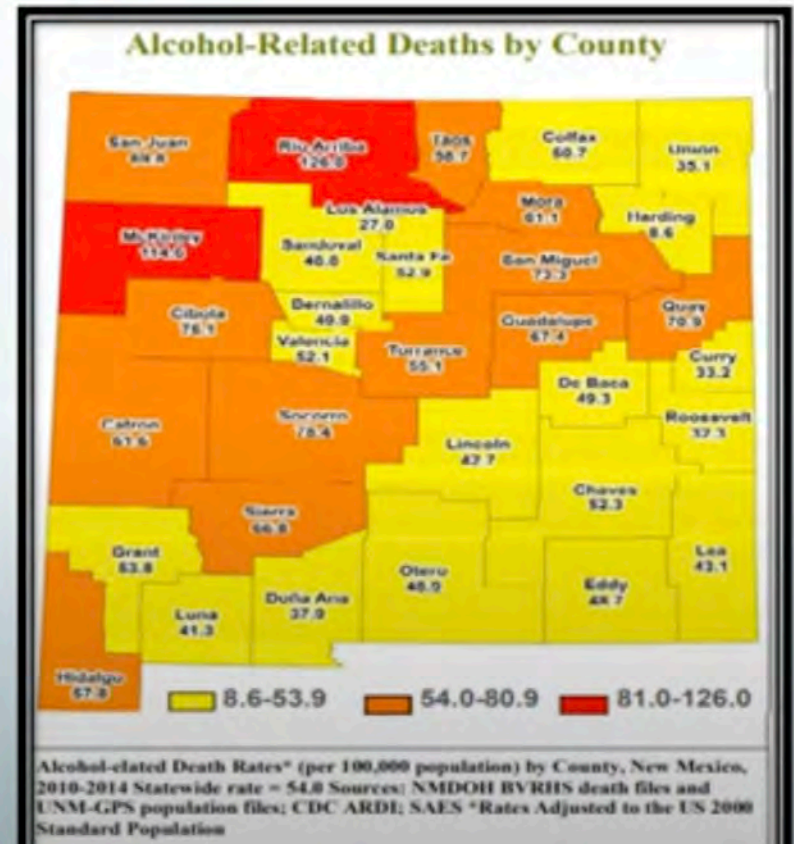
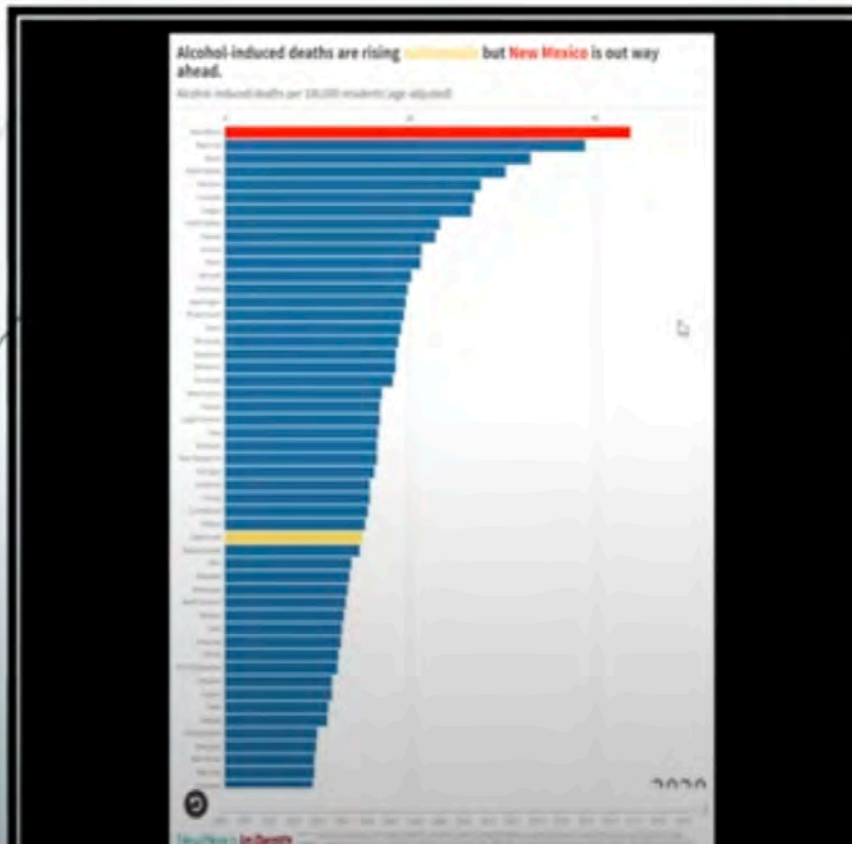
ADEPT Introduction Video  
(Alcohol and Drug Education for Prevention  
and Treatment)

We ALL need to be  
**ADEPT**

**Alcohol & Drug  
Education  
for Prevention & Treatment**



# Data: Alcohol Related Deaths in New Mexico

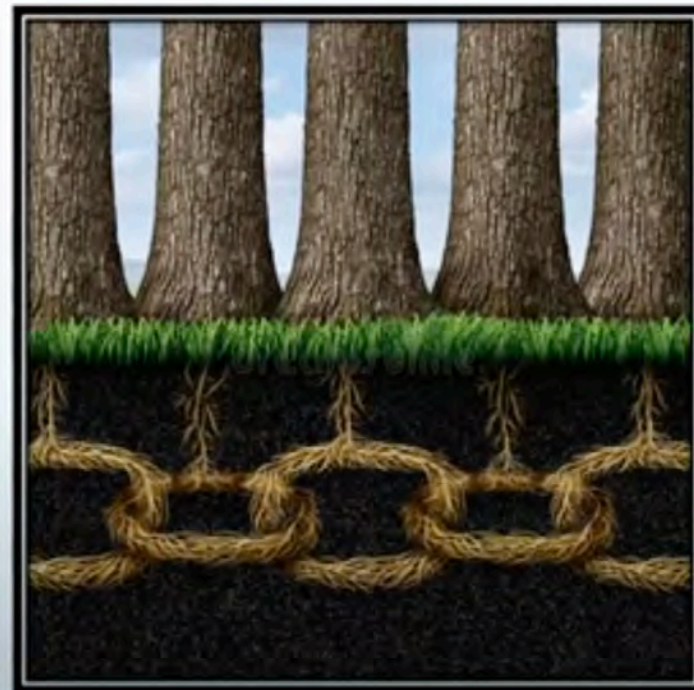




## ...and the numbers continue.

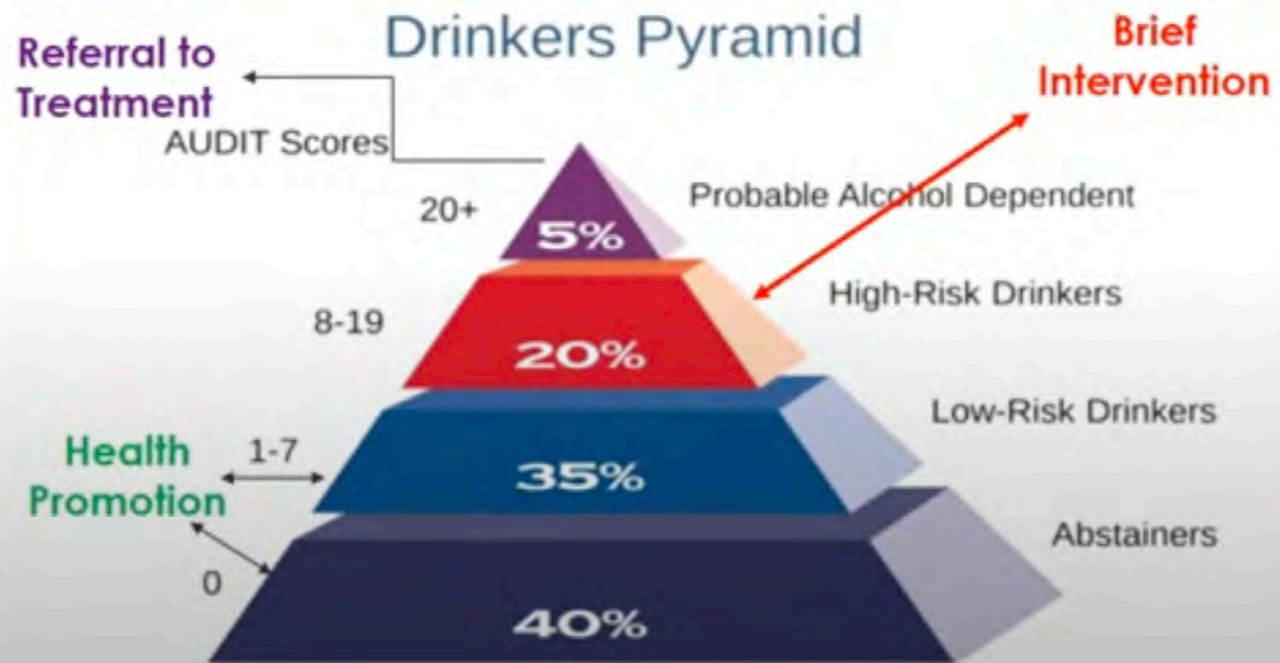
National Center for Health Statistics (CDC)

- Surge in alcohol induced deaths.  
2019 – 39,000  
2020 – 49,000
- 2021 Provisional data:  
52,000 deaths; about a 34 %  
increase from pre-pandemic levels.
- Chronic liver disease and cirrhosis.  
44,000 deaths in 2019 to 56,000 in  
2021; 26% increase.
- 3 million deaths every year,  
worldwide, which is 5.3% of all  
deaths related to alcohol.
- 2018- Increase in opioid abuse or  
dependence diagnosis.



## A Closer Look

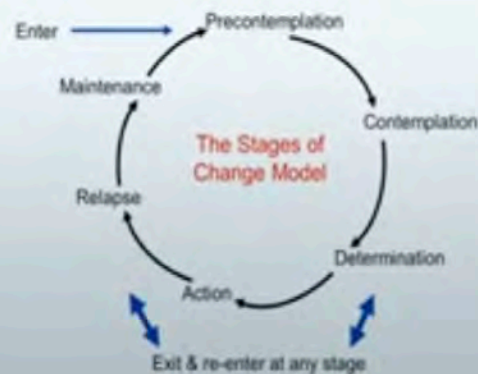
### Screen Review



# Motivational Interviewing

"people are usually more convinced by reasons they discovered themselves, than reasons presented by those found by others." Blaise Pascal

- Righting Reflex.
- Change can be a difficult process. Not linear.
- Ambivalence.
- Disease Process.



- Think about a behavior you want to change. Imagine talking with your provider about this change.
- What if your provider begins your visit telling you the reasons to change, telling you the importance of changing, and telling you how to go about change.
- Now imagine, if your provider; **asks** why **you** want to make the change, **asks you** what your three best reasons are to change, **asks you** how important it is for you to change, **asks** how **you** might plan your way to success.

# Motivational Interviewing

- Ask – Provide- Ask. "Tell me more."  
"I'm curious..."
- Empathy (not sympathy). Power differential.
- Open ended questions.
- Active reflective listening.
- Provide genuine affirmation.
- Summarize.
- OARS: Open Ended questions, Affirm Strengths, Reflect, Summarize.
- FRAMES: Feedback, Personal responsibility for change, Advice, Menu of Options, Empathic, Support autonomy, self efficacy.
- Readiness Ruler: Identify patient's importance and confidence to change. "From 1 to 10, how important is it for you..."

# Assessment, Screenings and Treatment Instruments

- Comprehensive Panel, Complete Blood Count, Blood Alcohol Level / Blood Alcohol Content.
- Alcohol Use Disorders Identification Test (AUDIT-C).
- Patient Health Questionnaire (PHQ 9 or PHQ 2).
- Generalized Anxiety Disorder (GAD7): 2 questions.
- CRAFFT Screening: Adolescents.
- Drug Abuse Screening Test (DAST).
- Alcohol, Smoking and Substance Involvement Test (ASSIST).
- CAGE: Cut down, Annoyed, Guilty, Early Morning.
- Prescription and illicit drug abuse.
- DSM 5- Diagnostic and Statistical Manual of Mental Disorders.
- Brief Treatment: Seeking Safety, IMPACT Model, Bibliotherapy, Acudetox.
- Community Reinforcement Approach (CRA): Functional Analysis of Drinking Behavior. Pro social Behavior Analysis. Problem Solving Treatment (PST).

# SBIRT Adult and Adolescent Screenings

## Adult Healthy Lifestyles Questionnaire

Date: \_\_\_/\_\_\_/\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Chart # \_\_\_\_\_

Please read or give your best possible health care. The following questions are about things that can affect your health and knowing about them can be important in providing you with the best medical care. Your provider will talk to you about your answers.

The information will be kept strictly confidential unless you are at risk of serious harm. Thank you!

Please answer the following:

The following 3 questions are about your drinking during the past year.

One drink is equal to a 12 oz. beer, a 5 oz. glass of wine, or 1.5 oz. (a shot) of liquor.

1. How often do you have a drink containing alcohol?	Never	Monthly	1-2 times	3-4 times	5-6 times
	never	once	twice	per week	per week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 or 8	9 or 10
3. How often do you have five or more drinks on one occasion?	Never	Just once	Monthly	Weekly	2 or 3 times
	never	once	twice	per week	per week
4. Has a relative, friend, doctor or other health care worker ever concerned about your drinking or suggested that you cut down?	No	Yes, during the past year			Yes, during the past year

The following questions are about your use of other substances.

1. In the last year have you used any of the following within you:

<ul style="list-style-type: none"> <li>-Cocaine/Propoxyphene (TALWIN), opiates, heroin,</li> <li>-Amphetamines (ADDERALL, RITALIN, DAT),</li> <li>-Cannabis (MARIJUANA),</li> <li>-Alcohol (5 or more drinks per day, past 30 days)</li> <li>-Benzodiazepines (XANAX, VALIUM, KLUVEX)</li> <li>-Tranquilizers (SEROXAT, ZOLANZ, SERENITY)</li> <li>-Antidepressants (ZOLANZ, SERENITY, WELLBUTRIN, EFFEXOR)</li> <li>-Other (Specify substance on back)</li> </ul>	No	Yes
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2. Have you taken prescription medications in a non-prescribed way?	No	Yes
3. Do you use tobacco products (cigarettes, chewing tobacco, pipe, etc)?	No	Yes

CRAFT Screen

4. Are you concerned about a family member or friend who's alcohol or drug use?	No	Yes
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During the past month:

5. Have you ever been bothered by feeling nervous, anxious or on edge?	No	Yes
6. Have you ever been bothered by not being able to stop or control drinking?	No	Yes

During the past month:

7. Have you ever been bothered by feeling down, depressed or hopeless?	No	Yes
8. Have you ever been bothered by little interest or pleasure in doing things?	No	Yes

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Form LHM

## 20 and Younger Healthy Lifestyles Questionnaire

Date: \_\_\_/\_\_\_/\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Chart # \_\_\_\_\_

Please read or give your best possible health care. The following questions are about things that can affect your health and knowing about them can be important in providing you with the best medical care. Your provider will talk to you about your answers.

The information will be kept strictly confidential unless you are at risk of serious harm. Thank you!

Please answer the following:

SECTION 1: In the past year did you:

1. Drink any alcohol more than a few times?	No	Yes
2. Smoke any tobacco or tobacco or other combustible products?	No	Yes
3. Use anything else as a high?	No	Yes
<ul style="list-style-type: none"> <li>-Amphetamines (Adderall, Ritalin, Datrilin)</li> <li>-Cocaine (Coke, Snow)</li> <li>-Heroin or other opiates (Vicodin, Percocet, Oxycontin)</li> <li>-Benzodiazepines (Xanax, Valium, Klonopin)</li> <li>-Tranquilizers (Seroquel, Zolanz, Serenity)</li> <li>-Other (Specify substance on back)</li> </ul>	No	Yes
4. Get a ride you were under the influence of a drug that was high or too high to be able to drive or to do anything else?	No	Yes

If you answered YES to any of the above, please also answer the next 5 questions. If not, proceed to SECTION 2.

5. Do you ever use alcohol or drugs to RELAX, to feel better about you, or to get...?	No	Yes
6. Do you ever use alcohol or drugs while you are by yourself, or at work?	No	Yes
7. Do you ever FORGET things you did when you're drinking or drugging?	No	Yes
8. Do you drink or use drugs more often than you think you should, or does your drinking or drugging...?	No	Yes
9. Have you ever gotten into TROUBLE (with you, with family, or with school) because of drinking or drugging?	No	Yes

SECTION 2:

10. Do you ever use alcohol or drugs to RELAX, to feel better about you, or to get...?	No	Yes
--	----	-----

During the past month:

11. Have you often been bothered by feeling down, depressed, or hopeless?	No	Yes
12. Have you often been bothered by little interest or pleasure in doing things?	No	Yes

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Form LHM

## Case Study:

- ▶ 28 year old heterosexual male. Single. No children. Arrives to ER with CC; alcohol withdrawal. Symptoms include nausea, tremors, malaise and anxiety. Denies hallucinations, delusions. Denies seizures. Denies illicit drug use. Also c/o foot pain with numbness since May.
- ▶ LABS: CMP with mildly elevated liver enzymes. CBC- no concerns. Dehydration.
- ▶ Prior to ER visit, patient did not have a PCP. Last visit to GIMC was an outpatient visit for COVID vaccination in 2021.
- ▶ After ER visit, ER doctor placed Family Medicine Consult. Family Medicine Provider placed SBIRT consult.
- ▶ Review of ER and Family Medicine Notes document high risk alcohol use, but focus on the examination of patient's foot.

## SBIRT Brief Treatment Session

- Motivational Interviewing and Active Reflective Listening to establish rapport.
- Completed screening with AUDIT-C, PHQ 2, GAD screening. Pt screened with high risk results.
- provided educational information on negative impact of alcohol / drugs on health. SBIRT follow up scheduled to complete full PHQ9/ GAD, PTSD screening.
- Patient confirms moderate use of marijuana. Occasional use of cocaine. Cigarettes- "sometimes".
- Drinking 1 pint of vodka with 2 tall cans of beer at least 2 to 3 times a week.
- Importance to stop 7/10; Confidence 5/10.
- With patient permission, provided educational information utilizing concrete example of CMP/CBC.



## Special Considerations

- ▶ Structural Competency
- ▶ Cultural humility; language, culture.
- ▶ Traumatic Brain Injury (TBI).
- ▶ Hepatic Encephalopathy.
- ▶ Reading level (7<sup>th</sup> grade reading level).
- ▶ Continued oppression.
- ▶ Negative attention; propaganda.
- ▶ Lack of community and family education.



## Your Local Resources

- Alcohol Task Force.
- Shelter Resources; Lexington Heading Home; Youth Shelter Group.
- NM BRIDGE Grant; opioid training and certification for providers.
- Law Enforcement Assisted Diversion (LEAD); Gallup Police Department.
- Office of Native Medicine, Traditional Resources.
- Ted Alcorn Article <https://nmindepth.com/2022/blind-drunk/>
- SBIRT Implementation <http://sbirt.samhsa.gov>
- You Tube- Examples of Motivational Interviewing and SBIRT.

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services: 15 to 30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services: greater than 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services: 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services: greater than 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes	\$48.00

## Reimbursement for SBIRT

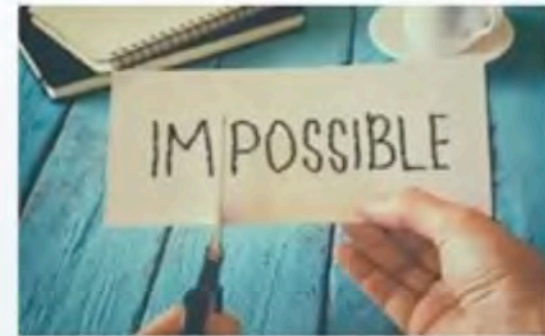
### Last Updated

Last Updated: 04/14/2022 <https://www.samhsa.gov/sbirt/coding-reimbursement>

\* RN's are not reimbursed for SBIRT screenings.

# Disincentives

- Insurance
- Site Differences; how to adapt to specific site needs.
- System Pressures; ER – (Move'em in, move'em out). Complex acuity.
- Natural resistance to change.
- Patients remember very little when discharged.
- "appearance of alcohol / drug abuser in the ED often poses a frustrating problem for emergency personnel."
- Defining roles and responsibilities. In house clinical staff or contractors?



Over come barriers with combination of perseverance, staff training, and data.

# Why SBIRT?

Man Hits Rescue Helicopter, Drinking and Driving



Man Drove School Bus While Drunk



## Integration and Prevention

- “American College of Surgeons Committee on Trauma, and the National Quality Forum endorse SBIRT in various general and mental health care settings including primary, inpatient, urgent and emergency care; criminal justice health care; occupational health care; and school-based health care settings.”
- Innovative; exploring how to utilize current technology, text messages, phone sessions, and face time. Cognizant of ethical considerations.
- T-SBIRT: 1) Insight into extent and effects of trauma exposure. 2) Enhance motivation for behavioral or mental health services. 70% of worldwide population has experienced a traumatic event. Focused on trauma informed care.



Every Door is an Opportunity









"YOU yourself, as much as anybody in the entire universe, deserve your love and affection." Buddha~

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