

## 4.a.ii

# SBIRT: Screening, Brief Intervention, Referral to Treatment



## Project goal

**Immediate:** Implement SBIRT (screening, brief intervention, referral to treatment) protocol in all Suffolk County Hospital Emergency Departments for patients age 13 or older (encouraged for inpatient and observation units as well when a patient is directly admitted without flowing through the ED)\*.

**Long-term:** Connect patients with treatment for substance use/abuse and reduce incidence of substance misuse.

## Interventions

Emergency Department staff will learn and understand the OASAS LOCADTR tool for level of care determinations and the relationship to insurance authorization for substance use treatment. Implement SBIRT protocol for all patients over the age of 13 who present in the ED.

- Pre-Screen (*universal*) – four (4) questions based on evidence based screening tools
- Full Screen for those with a *positive* pre-screen – completion of evidence based tools
- <sup>1</sup>Brief intervention for those scoring over the cutoff point – any SBIRT trained individual can deliver
- <sup>2</sup>Referral to treatment (for those who are assessed to be in need of services and are willing to engage) – qualified health professionals specifically trained in substance use disorders

## Substance Abuse Screening Tools: Adults age 18 and older

**Audit C** (First three questions of AUDIT); followed by the Full AUDIT when a patient scores positive on the AUDIT-C. AUDIT-C positive score is 3 or higher for women and 4 or higher for men. A positive on the full AUDIT is greater than 7.

**DAST-10** pre-screen followed by the FULL DAST-10 when a patient screens positive ('yes' to question 1) on the pre-screen. Full DAST-10 add score to determine severity.

## Substance Abuse Screening Tools: Age 13-17

**Pre-Screen CRAFFT:** Provider asks first 3 questions. If "No" response to all three pre-screen questions, the provider needs to ask the fourth question – the CAR question. If the adolescent answers "Yes" to any one or more of the three opening questions, the provider asks all six CRAFFT questions. CRAFFT Scoring: Each "yes" response in Part B scores 1 point. A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

## Depression Screening Tool: Age 13 or older

**PHQ2:** followed by the PHQ9 when a patient scores positive on the PHQ2. PHQ2 positive result is defined as a score of 3 or higher. PHQ9: add score to determine severity. Within the scope of the DSRIP 4.a.ii project, PHQ2/ PHQ9 implementation is optional. However, implementation is encouraged as it may be pertinent to patient safety goals or other initiatives in hospital institutions.

\*It is highly recommended that each facility begin to establish linkage agreements with local OASAS/OMH providers to receive expedited hand-offs.

<sup>1</sup>Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. (SAMHSA <http://www.samhsa.gov/sbirt>)

<sup>2</sup>Referral to treatment provides those identified as needed more extensive treatment with access to specialty care. (SAMHSA <http://www.samhsa.gov/sbirt>)

**Tools to be employed:** AUDIT-C (first 3 questions of AUDIT); AUDIT-C; DAST-10; CRAFFT; PHQ2/9

## References/Guidelines

1. PHQ-Questions; DAST-10; WHO\_audit interview tool; WHO\_audit guide; CMS Decision Memo CRAFFT; SBIRT factsheet; SBIRT info and resource for DSRIP 3-3-15 <http://www.samhasa.gov/sbirt>
2. <https://www.oasas.ny.gov/treatment/health/locadtr/documents/LOCADTRManual.pdf>