SBIRT in Rhode Island

A GUIDEBOOK FOR IMPLEMENTATION IN RHODE ISLAND HEALTHCARE SETTINGS

RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
What Will I Learn in This Guide?

- What is SBIRT
- Helpful SBIRT Vocabulary
- SBIRT in Rhode Island
- Screening Tools
- SBIRT Workflows in Various Implementation Sites
- Useful Resources and Handouts
- Provider Perspectives on Benefits and Challenges of SBIRT Implementation
- Impacts of Federal Funding Cessation
- Lessons Learned and Advice for Future Implementation

Special Thanks: Samantha Borden, Candace Rodgers, Catherine Hunter, Linda Cabral, and The SBIRT Executive Committee

This guide-book was researched, written, and designed by: Elecia Cardarelli, MPH and Stephen Sando
What is SBIRT?
Screening, Brief Intervention, Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with substance use disorders as well as those who are at risk of developing these disorders. It is an evidence-based approach used to identify, reduce, and prevent problematic use and dependence on alcohol, illicit drugs, and tobacco.

SBIRT can be provided by licensed and non-licensed healthcare professionals and can be implemented in clinical and non-clinical settings. SBIRT was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the 1980’s as an approach to address substance misuse. This model provides opportunities for early intervention with individuals with risky alcohol and drug use before more severe consequences occur.

The SBIRT Process

1. Pre-Screening: Brief Strategy to identify at-risk population using a valid, brief, standardized questionnaire at the initial point of service
2. Full Screening: Valid extended standardized questionnaire administered with patient if they qualify based on prescreen scores
3. Brief Intervention: One or more discussions with a healthcare professional focused on reducing or stopping unhealthy substance use, including assessment and feedback on substance use as well as providing advice, setting goals, and agreeing on a plan
4. Brief Treatment: Applies techniques used in the Brief Intervention more comprehensively
5. Referral to Specialty Treatment: If patients require more than a brief intervention based on extent of substance use, referrals will be made using procedures to help patients access and receive services through a specialized care provider (i.e., an addiction treatment program)
AUDIT: Alcohol Use Disorder Identification Test— an instrument used in SBIRT developed by the World Health Organization by an international group of substance use researchers to detect and manage substance use related problems in primary and general medical care centers.

**Brief Intervention (BI):** Comprised of a 5–10-minute face-to-face conversation involving elements of motivational interviewing and information about risky substance use.

**Brief Treatment (BT):** Consists of time-limited, structured therapy by a trained clinician, including several sessions of cognitive behavioral therapy and elements of motivational interviewing as needed.

**CHT:** Community Health Teams— a collaboration between community-based licensed health professionals, community health workers, and community-based specialty consultants or referrals. Used in RI to efficiently implement SBIRT in its various settings.

**DAST:** Drug Abuse Screening Test— a brief instrument used in SBIRT to detect drug misuse or dependence disorders. The DAST provides a general measure of lifetime problem severity that can be used to guide further inquiry into drug-related problems and to help determine treatment intensity.

**Motivational Interviewing:** A style of patient-led discussion intended to change behaviors. Important concepts include partnership, acceptance, compassion, and evocation.

**Referral to Treatment (RT):** Consists of a referral to a higher level of care for substance use disorder treatment (i.e., inpatient/detoxification, partial hospitalization/intensive outpatient program, medication-assisted treatment, longer-term outpatient treatment).

**SAMHSA:** Substance Abuse and Mental Health Services Administration— Federal agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.

**SUD:** Substance use disorder— a complex condition in which there is uncontrolled substance use despite harmful consequence.

**Workflow:** Refers to the process of SBIRT implementation in different implementation sites. Outlines who performs each piece of SBIRT (Screening, Brief Intervention, and Referral to Treatment) in order from start to finish.

*Source: SBIRT Glossary, University of Pittsburg School of Pharmacy*
The Federal Government established the SBIRT grantee program within SAMHSA’s Center for Substance Abuse Treatment in 2003 with the goal of implementing SBIRT services in primary care and community health settings for individuals with substance use disorders. Since its start, SAMHSA has funded four portfolios for SBIRT grantees:

1. SBIRT Cooperative Agreements to Single State Authorities for Substance Abuse Services
2. SBIRT implementation on college campuses
3. SBIRT implementation within Federally Qualified Health Centers
4. Implementation within medical residency programs

Research on SBIRT’s effectiveness indicates that the approach clearly leads to short-term health improvements and may also yield substantial long-term benefits. Data collected from SAMHSA grant programs have shown the following results:

- Reduction in alcohol and drug use 6 months after receiving intervention
- Improvement in quality-of-life measures including employment/education status, housing stability, and 30-day past arrest rates
- Reduction in risky behaviors, including fewer unprotected sexual encounters and decrease in injection drug use

Now, as of Fiscal Year 2021, every state, including US Territories in the Pacific Islands and Caribbean has been awarded some form of Federal SBIRT grant at one point in time.
In 2015, Rhode Island (RI) had the highest rate of illicit drug use in the nation according to the National Survey on Drug Use and Health. Treatment data indicated that during this time, heroin and other opioids were regularly misused and were the main driver of overdose and overdose deaths throughout the state. From 2010 to 2013, RI had consistently surpassed the national average for drug-related overdoses. In 2015, RI had the highest rate of illicit drug use, third highest rate of alcohol poisoning deaths, and fifth highest rate of opioid overdose deaths among all states. At that time, RI was also one of only eighteen states where more people died each year due to drug overdoses than due to any other cause of accidental death (including motor vehicle accidents, falls, firearms, and fire). In the past, the opioid epidemic has been primarily fueled by prescription opioid abuse; however, use has largely shifted in recent years from prescription drugs to heroin. At that time, this shift coincided with a dramatic spike in overdose deaths.

Substance use disorders (SUD) are very common, multifaceted issues. Nearly every healthcare provider will at some point encounter clients who present with SUDs either as a primary or secondary issue. Despite this, little time is spent learning about SUDs in medical programs, and over 60% of medical students feel unprepared to screen for or treat SUDs. This has created a huge barrier in diagnosing and treating SUDs and has continued to present challenges in controlling and ending the ongoing opioid epidemic we have seen not just in RI, but across the nation (Aanavi et al., 1999; Harwood et al., 2004; Madson et al., 2008).

SBIRT Implementation Sites in Rhode Island

Community Health Team/SBIRT Locations Include:
- Blackstone Valley
- Newport
- Providence
- South County
- West Warwick
- Woonsocket

SBIRT Locations Include:
- Butler Hospital
- Comprehensive Community Action Program
- Crossroads
- Department of Corrections
- East Bay Community Action Program
- Kent Hospital
- Progreso Latino
- The Providence Center
- Rhode Island Parent Information Network
- South County Hospital
- University Medicine
- Ocean State Urgent Care
To address substance use in the highest need communities, the Rhode Island SBIRT (RI-SBIRT) project was developed to implement SBIRT in non-traditional healthcare settings more frequently utilized by low-income and minority populations. It was first implemented in 2016, and as of 2021:

- Screenings are happening in over 50 sites across RI
- 27,350 Rhode Islanders have been screened
- 1,671 clinical and non-clinical providers are trained in SBIRT

In a 2020 evaluation conducted by the University of Rhode Island, evaluators reported many positive outcomes as a result of the RI-SBIRT program. Results showed decreases in average reported monthly alcohol use, binge drinking, marijuana use, opioid use, and illegal drug use. The evaluation also showed improved reports of health, mental health, and quality of life.

Program Highlights

- To date, RI-SBIRT has succeeded in reaching minority populations at rates proportional to RI population estimates
- Results suggest RI-SBIRT has been successful in reaching low-income patients, particularly in community-based settings

2020: A sample of clients who reported alcohol use, binge drinking, marijuana use, and illegal drug use at intake reported significantly fewer days of use six months later. Evaluators found an average decrease of 40%.
RI-SBIRT Screening Tools

The SBIRT Model utilizes screening tools to determine the appropriate level of intervention needed for an individual. The commonly used tools are the AUDIT and the DAST. Both tools are in the form of a questionnaire, where patients gain points based on their answers to questions pertaining to their substance use habits. The AUDIT contains questions on alcohol use, and the DAST contains questions on other substance use. These questionnaires are displayed on the following pages.

**AUDIT-10**

The AUDIT is a 10-item alcohol screen assessing past year alcohol use, alcohol dependence symptoms, and alcohol-related problems. Total scores range from 0-40 with responses rated on a Likert scale ranging from 0-4 with higher scores indicating more problematic alcohol use.

**Scoring**

- **0**: Abstainer who has never had any problems with alcohol.
- **1-7**: Low Risk: Intervention not required.
- **8-15**: Risky or hazardous level: Brief Intervention of simple advice- reinforce safe drinking behavior.
- **16-19**: High-risk: Brief Intervention, brief counseling and continued monitoring needed. Assessment and referral for more intensive intervention where necessary.
- **20+**: High-risk, dependence likely: Further assessment and more intensive intervention required.

**DAST-10**

The DAST is a 10-item questionnaire assessing past year drug use on a dichotomous scale (yes = 1, no = 0) with total scores ranging from 0 to 10.

**Scoring**

- **1-2**: At Risk, Brief Intervention Needed
- **3-5**: Moderate Substance Use Disorder, Brief Treatment Needed
- **6+**: Severe Substance Use Disorder, Referral to Treatment

**CAGE-AID**

The CAGE-AID is also used in some settings in RI. This screening tool has 4 questions related to drug and alcohol use. The questions focus more on the behavioral effects of drinking or drug use rather than the amount or frequency of use. The CAGE-AID is not used to diagnose diseases, but rather indicate whether a problem might exist. Answering “Yes” to any of the CAGE-AID questions could indicate problematic use.
The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying “Now I am going to ask you some questions about your use of alcoholic beverages during this past year.” Explain what is meant by “alcoholic beverages” by using local examples of beer, wine, vodka, etc. Code answers in terms of “standard drinks.” Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?
   (0) Never [Skip to Qs 9-10]
   (1) Monthly or less
   (2) 2 to 4 times a month
   (3) 2 to 3 times a week
   (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   (0) 1 or 2
   (1) 3 or 4
   (2) 5 or 6
   (3) 7, 8, or 9
   (4) 10 or more

3. How often do you have six or more drinks on one occasion?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily
   Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) 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?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   (0) No
   (2) Yes, but not in the last year
   (4) Yes, during the last year

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
    (0) No
    (2) Yes, but not in the last year
    (4) Yes, during the last year

Record total of specific items here

If total is greater than recommended cut-off, consult User’s Manual.

https://www.drugabuse.gov/sites/default/files/audit.pdf
Screening Tools: DAST Questionnaire

**Drug Abuse Screening Test, DAST-10**

The following questions concern 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.

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

<table>
<thead>
<tr>
<th>In the past 12 months...</th>
<th>Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you used drugs other than those required for medical reasons?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Do you abuse more than one drug at a time?</td>
<td>No</td>
</tr>
<tr>
<td>3. Are you unable to stop abusing drugs when you want to?</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Have you ever had blackouts or flashbacks as a result of drug use?</td>
<td>No</td>
</tr>
<tr>
<td>5. Do you ever feel bad or guilty about your drug use?</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
<td>No</td>
</tr>
<tr>
<td>7. Have you neglected your family because of your use of drugs?</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>No</td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?</td>
<td>No</td>
</tr>
</tbody>
</table>

**Scoring:** Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point.

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CAGE-AID Substance Abuse Screening Tool

The CAGE-AID screening tool was adapted from the CAGE alcohol assessment tool to include questions about drug use. The target population for the CAGE-AID is both adults and adolescents and can be administered by patient interview or self-report. These tools are not used to diagnose diseases, but only to indicate whether a problem might exist.

When thinking about drug use, include illegal drug use and the use of prescription drugs other than as prescribed

<table>
<thead>
<tr>
<th>C</th>
<th>Have you ever felt the need to <strong>cut</strong> down on your drinking or drug use?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Have people <strong>annoyed</strong> you by criticizing your drinking or drug use?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>G</td>
<td>Have you ever felt <strong>guilty</strong> about drinking or drug use?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>E</td>
<td>Have you ever felt you needed a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (<strong>Eye-Opener</strong>)?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Scoring**

A "yes" answer to one item indicates a possible substance use disorder and a need for further testing.

SBIRT Workflows in RI Implementation Sites

The following six pages contain SBIRT workflows for some of the different types of implementation sites in Rhode Island. There is a unique mix of clinical and nonclinical sites, all of which provide a solid outline of how SBIRT can be implemented in different settings.

Rhode Island Parent Information Network

Rhode Island Parent Information Network (RIPIN), located in Warwick, RI, is a charitable, nonprofit organization with a mission of helping adults and children with special needs, parents to children with special needs, and families caring for someone with special needs achieve their goals for health, education, and socio-economic well-being by providing information training, education support and advocacy for person/family centered care.

SBIRT implementation at this site is unique because it is a nonclinical site, however SBIRT practices have been effectively ingrained in their workflow, which is outlined in the graphic below.

RIPIN Programs

- SBIRT prescreen embedded into Health Risk Assessment and Safety and Wellness Survey. Community Health Workers complete screenings and submit to SBIRT Team for scoring and outreach

Progreso Latino/Community Partners

- SBIRT Screeners attend monthly Wellness Clinics/Events. SBIRT screenings are conducted. Resources and education provided. High screen scores are followed up with. Brief Intervention is provided

Outreach Events

- SBIRT Screeners attend Outreach Events. SBIRT screenings are conducted. Resources and education provided. High screen scores are followed up with. Brief intervention provided

Clients with positive results are followed up with to conduct DAST/AUDIT/Secondary screening. Additional follow up call/text/email conducted in 6 months.
South County Health: Community Health Team

South County Health (SCH) is a preeminent resource for health in Washington County, RI. SCH supports community-based initiatives that improve health. It encompasses four healthcare entities: South County Hospital, South County Home Health, South County Medical Group, and South County Surgical Supply. SBIRT is implemented by staff in South County Hospital’s emergency department, as well as community health teams in nursing homes and community health centers. Workflows for each setting are displayed below, and on the following two slides.

Consent
- CHW* explains SBIRT process and obtains consent to be screened from the client either on paper or verbally.

Pre-Screen
- CHW completes pre-screen with patient.

SA Screen
- CHW completes full AUDIT/DAST if clinically indicated, and conducts appropriate intervention level.

SA Referral
- CHW attains consent to referral to SA treatment facility if necessary and indicated by DAST/AUDIT scores.

GPRA Data
- CHW hands off SBIRT Pre-screen and GPRA to designated staff member to enter collected data into SPARS website and document in internal excel spreadsheet.

Follow Up Tracking
- Designated staff tracks every 7th patient with a positive screen in excel spreadsheet and informs CHW to conduct outreach for follow up survey at 6 months.

Follow Up Interview
- CHW completes follow up interview with patient and provides them with incentive gift card.

SPARS
- PC discharges patient via SPARS website when indicated per grant protocol.

GPRA Data
- CHW completes appropriate sections of the GPRA based on client indications.

*CHW: Community Health Worker

All steps below the dashed, orange line are only required if the SBIRT implementation is federally funded by SAMHSA. Without SAMHSA funding, GPRA data collection and data input into SPARS is NOT REQUIRED. For information on the GPRA, please visit: [https://spars.samhsa.gov/](https://spars.samhsa.gov/)
SBIRT Workflows in RI Implementation Sites

South County Health: Emergency Department

**Patient**
- **Arrival**
  - Patient presents to SCH ED
- **Hold**
  - Patient proceeds to waiting room

**Registration Specialist**
- **Check In**
  - Patient Checks in to Front Desk
- **Registration**
  - Specialist completes patient registration
- **Triage**
  - Assessment completed by RN
- **Acuity**
  - RN assigns acuity level
- **Intervention**
  - RN administers immediately needed intervention

**Workup Nurse/Support Staff**
- **Workup**
  - Assists with clinical workup
- **Discharge**
  - Patient discharged or moved to different unit
- **Discharge Planning**
  - Determines patient admission/discharge status

**Independent Provider**
- **Referral**
  - Receives referral from LIP/RN
- **Intervention**
  - Collaborates with external resources relevant to patient’s care

**Case Manager**
- **Documentation**
  - Documents all context regarding patient in EHR
- **Discharge Planning**
  - Assists patient/family to understand medical/resource recommendations

**SBIRT Screener**
- **Referral**
  - Upon agreement with CM, supports referral to appropriate resource
- **Check In**
  - Checks in with Triage Nurse for appropriate screen based on acuity level
- **Communication**
  - Notifies appropriate nurse regarding patient to be screened
- **Education**
  - Explains screening process to patient
- **Screen**
  - Completes indicated level of screening forms and intervention
- **Communication**
  - Communicates outcome and clinical indications with Case Manager (CM)

**ENTERS UNIT**
- Checks in with Triage Nurse for appropriate screen based on acuity level
- **Consent to or declines SBIRT Screen**
- **Roomed**
  - Patient placed in treatment room
SBIRT Workflows in RI Implementation Sites

South County Health: Senior Centers

*Safety screen will include the following screen: SBIRT pre-screen, AUDIT, DAST10, QAD7, PHQ9, Health Awareness question and Home Safety Questions.

**IPV= Intimate Partner Violence

***PPE and Cleaning supplies in possession, or the screener include masks, face shield, sanitizing wipes, hand sanitizer, gloves, surface sanitizing spray, thermometer

START

Patient comes in for health clinic screening by Home Health nursing staff

Home Health nurse introduce safety screening* (SBIRT) to patient to assess patient’s interest in participating

Is patient interested in participating in the safety screening?

YES - patient is directed towards private screening room. Screening room will allow for SBIRT worker and patient to remain 6-feet apart but will be wearing facial coverings throughout the entirety of their encounter.

NO - patient leaves health clinic

Upon entering the room, the SBIRT worker has the patient complete and sign an SBIRT consent form. The pen used by patient is then theirs to keep.

Once consent is completed, SBIRT worker conducts safety screen including screening focused on mental health, IPV**, and home safety.

If patient score positive on any of the screening topics, SBIRT worker will discuss further with patient and will develop a plan by either making a referral to the CHT or connecting patient to another community resource.

Upon completion of screening and determination of supplemental services, patient leaves private screening room.

END

SBIRT worker will debrief with the CHT team lead and will follow up with any needing additional resources.

SBIRT worker sanitizes any surface that patient encountered to prepare for the next patient***

Completed SBIRT screens are to be stored securely with the individual workers while on site at the Senior Center.
Family Service of Rhode Island

Family Service of Rhode Island (FSRI) is a comprehensive non-profit social service organization that manages programs across Rhode Island, providing essential resources for underserved individuals and communities. They provide several quality, innovative, and transformative services to young children and their families, 80% of whom live in low-income households. Their services include counseling, prenatal and early childhood support, school-based services, and adult and family services including housing support and family unification coaching. FSRI, like RIPIN, has effectively integrated SBIRT into its intake processes. Their workflow is featured below.

Approach
patient to complete pre-screen introduction of screener and FSRI, we ask everyone these questions to identify resources available if needed. Time 3 minutes Location: PCP office/community

Pre-screen and Consent
If patient agrees to screening, patient is asked to "please sign consent, release, HIPPA form". If patient agrees the patient is informed of the possibility of being selected for a 6 months follow and if they are chosen, they will receive a gift card. Time 5 minutes Location: PCP office/community

Full screen
(If positive requires full Audit/DAST). Patient is asked "Based off the way you have answered these questions I would like to ask you a few more questions to get more information". Time 10-15 Location PCP office/community

Intervention
If positive full screen patient is asked for permission to be given a Brief intervention and/or Brief Treatment, and/or referral to treatment, patients are asked how they feel about answers they have provided to the screening questions and discussed risks that we have educated on to that point including standards of drinking. Time 10-60 minutes depending on intervention Location: PCP office/community

Challenges
* Patient declines SBIRT screen

Challenges
* Patient asking questions on the necessity of consent forms.
* Patient is off topic and needs redirection to screening questions.
* Patient may decline to answer questions once screen has begun.
* Patient may not fully disclose answers to screening questions.
* PCP or NCM needs the exam room once screening has begun.

Continued CHT Services
Patient is followed on the Community Health Team until he/she to longer needs services.

Documentation
CHT staff enters the clients into FSRI EMR documents screening.
Comprehensive Community Action Program (CCAP) is Rhode Island’s largest community action program. It provides Family Medicine and Dental Care, Behavioral Health Services and Substance Use Counseling, Head Start and Child Care, Social Services, WIC Nutrition programs, Foodbank, Home Heating, and energy assistance to low-income communities. CCAP is unique, as it presents both clinical and nonclinical settings. The CCAP SBIRT program is implemented in clinical CCAP sites, and their workflow is outlined below.

Client checked in, roomed in exam by medical assistance.

Screener administers SBIRT pre-screening in exam room, before or after medical visit.

**Positive Pre-screen**
- Complete full AUDIT/DAST in exam room.
- Clinician reviews results of screening and provides Brief Intervention
- Patient need referral to treatment.
- Positive, Screener provide referral to local treatment

**Negative Pre-screen**
- No further activity with patient

Negative. No further activity with patient.
Thundermist Health Center (THC) is a federally qualified health center that serves much of Rhode Island’s low-income populations. Their services include primary medical care, dental care, behavioral health services, social services, pharmacy services, chronic disease management, medication-assisted treatment (MAT), and size-inclusive healthcare. The workflow below outlines the workflow for their Patient Suboxone Induction process, in which SBIRT is ingrained.

Each patient at Thundermist, aged 12 and above shall be screened for alcohol and drug misuse/dependence. The CAGE-AID Questionnaire, every 3 months, is used to detect problematic alcohol and drug use. The provider’s medical assistant administers the screening prior to seeing the provider.

- **A negative result occurs when the patient does NOT report misusing alcohol or drugs.**
  - The medical assistant communicates the result to the provider.
  - The provider briefly acknowledges the result to the patient. The provider reinforces/supports the patient’s healthy life choices.

- **A positive result occurs when the patient does report misusing alcohol or drugs.**
  - The medical assistant communicates the result to the provider.
  - The provider has a brief intervention to discuss the issue in more depth with the patient and talks about possible treatment options.

Whether as a result of SBIRT or other indications, the patient or provider calls site’s MAT trained nurse requesting suboxone induction.

- **MAT trained nurse, either during a Warm Handoff or telephone interview uses the standard MAT intake to establish if a patient qualifies for MAT.** The nurse will also refer to a patient care coordinator if pre-authorization is required by insurance.

  - **Patient does NOT meet criteria. Patient is referred by social worker to Behavioral Health or other appropriate resource.**
  - **Patient MEETS criteria. MAT-trained nurse reviews patient’s chart for any contradictions, and if patient has had a physical exam within the last year.**
Ocean State- East Side Urgent Care
Ocean State Healthcare is one of the largest independent providers of primary care, urgent care and related services in Rhode Island. It was founded in 2013 to create a differentiated and integrated network of primary care services and to make healthcare as inclusive as possible. They have 17 locations and offer both primary care and urgent care services. Their East Side Urgent Care location workflow is outlined below.

1. Screener is stationed in the back station
2. Screener checks with Medical Assistant or nurse to determine appropriate patients for screening
3. Screener engages with patient, briefly explains who they are, purpose of SBIRT screen, asks patient to participate
4. If patient agrees to participate, screener obtains client’s signature at bottom of consent form
5. If patient denies to participate, no further action is necessary
6. If prescreen score is > 4 for females and >5 for males for alcohol, and >1 for drugs, complete AUDIT & DAST
7. If prescreen score is > 3 for females and >4 for males for alcohol, and 0 for drugs, no further action is necessary
8. Screener conducts pre-screen
9. Screener conducts AUDIT/DAST if applicable
10. If AUDIT score is < 7 & DAST is 0, no further action needed
11. If AUDIT score is 8-15 & DAST is 1-2, conduct Brief Intervention
12. If AUDIT score is 16-19 & DAST is 3-5, conduct Brief Treatment, and discuss options for treatment
13. If AUDIT score is >20 & DAST is 6-10, conduct Referral to Treatment
14. If AUDIT score is 16-19 & DAST is 3-5, conduct Brief Intervention, and discuss options for treatment
What is a Substance Use Disorder?

**Substance use disorders and symptoms:** A substance use disorder is usually identified by the continued use of alcohol and/or drugs despite negative consequences that impact different areas of your life such as finances, relationships, school, work, legal, mental health, medical, or spiritual. A substance use condition is when you continue to drink or use drugs despite negative consequences. Use often involves increased tolerance where you need more of the same substance to get the feeling you want. Continued or excessive use of certain substances can cause cancer, brain damage, respiratory issues, heart damage, stroke, and even result in death. The coexistence of a mental health condition with a substance use condition is referred to as a co-occurring condition, which is common in young adults. Read below to see if you might have a problem. If you are pregnant or plan to become pregnant, you need to be especially careful with using substances as your baby can be born dependent on the drugs you use while pregnant.

**Withdrawal from drugs, alcohol or tobacco:** You may experience serious withdrawal symptoms when you stop using any substance. Withdrawal symptoms can include irritability, abdominal pain, nausea or vomiting, drenching sweats, nervousness, and seizures. For your health and safety, please do not attempt to withdraw from using alcohol or benzodiazepine (benzos) on your own. Serious medical emergencies can result while attempting to detox from alcohol and benzos, and anyone attempting to detox from alcohol or benzodiazepines should be under medical supervision to detoxify.

### Types of substances that can be misused:

**Alcohol, Cannabis, Tobacco, Opioids, Benzodiazepines, Stimulants, and Hallucinogens**

<table>
<thead>
<tr>
<th>Substance Misused</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol misuse:</strong></td>
<td>the continued or excessive use of alcohol puts you at risk for developing tolerance to alcohol. Potential consequences include increased use to get the effects you want, risky behaviors, or serious alcohol withdrawal symptoms which often require medical detoxification.</td>
</tr>
<tr>
<td><strong>Tobacco misuse:</strong></td>
<td>persistent smoking, including vaping nicotine (e-cigarettes), can damage nearly every organ in your body. Potential consequences can include lung cancer, respiratory conditions, heart disease, stroke, or other illnesses, and can cause tolerance and withdrawal symptoms.</td>
</tr>
<tr>
<td><strong>Opioid misuse:</strong></td>
<td>includes both illegal use of prescribed pain medications or those bought on the street. These drugs include heroin, fentanyl, oxycotin, Vicodin, and Tylenol with codeine. Continued misuse can lead to serious health problems such as severe tolerance and withdrawal symptoms and even death.</td>
</tr>
<tr>
<td><strong>Stimulant misuse:</strong></td>
<td>the misuse of stimulants like Molly, Ecstasy, cocaine, and amphetamines can cause tolerance, long-term brain changes, and sleep or appetite loss. Withdrawal symptoms can include craving, fatigue, hallucinations, depression, violence, and paranoia.</td>
</tr>
<tr>
<td><strong>Cannabis (weed) misuse:</strong></td>
<td>weed use can change your mood, cause difficulty with talking and problem-solving, impaired memory, delusions, hallucinations, and psychosis. Withdrawal can include cravings, sleeplessness, irritability, and rage. Use may cause brain damage or psychosis symptoms.</td>
</tr>
<tr>
<td><strong>Inhalant misuse:</strong></td>
<td>sniffing glue, huffing and other types of inhalant use can cause short-term and long-term health problems like respiratory failure, seizures, choking, liver or kidney damage, and even death. This includes use of aerosol sprays, cleaners and other household chemicals.</td>
</tr>
<tr>
<td><strong>Hallucinogen misuse:</strong></td>
<td>use of hallucinogens such as LSD, peyote, and mushrooms can make you feel out of control, experience memory loss, anxiety, depression, and suicidal thoughts. Withdrawal can include irrational thoughts or behaviors, paranoia and violence.</td>
</tr>
<tr>
<td><strong>Benzodiazepine (Benzos) misuse:</strong></td>
<td>Benzos include valium, Xanax, Klonopin, Ativan, Halcion, and SeIt wrax. They can be used to treat conditions like anxiety, panic attacks, seizures, depression, trouble sleeping, and alcohol withdrawal. It is important that discontinuing using benzos is done under a doctor’s treatment. Benzos should not be used if you are pregnant. Combining benzos with alcohol and other drugs can lead to overdose, even death. Signs of overdosing include dizziness, inability to talk or respond, confusion, drowsiness, blurred vision, agitation, difficulty breathing, comas, and hallucinations.</td>
</tr>
</tbody>
</table>
Where Can I Find Substance Use Treatment?

Types of Substance Use Treatment and Recovery Resources

**BHDDH** maintains a list of licensed detoxification, outpatient, and residential treatment providers, including Centers Of Excellence (COE) for Opioid Disorders.

**The Substance Use and Mental Health Leadership Council of RI** maintains a list of mental health and substance use treatment providers on its website.

**Detoxification Treatment**: Programs provide medically supervised outpatient or residential detox treatment.

**Outpatient Treatment**: Treatment is provided in an outpatient setting and can include individual and/or group sessions.

**Intensive Outpatient and Partial Hospital Treatment Programs**: Treatment is more frequent and intense than outpatient treatment. Treatment includes individual and group sessions.

**Residential Treatment Programs**: Offer substance use therapies and participants stay overnight.

**Medication-assisted Treatment (MAT)**: Treatment includes therapy and the use of medication like suboxone, naltrexone, or methadone. This includes services through the Centers of Excellence (COE) for Opioid Disorders.

**Naloxone**: Naloxone Kits are available from any pharmacy in RI. They are free if you have Medicaid and there may be a co-pay for other insurances. Naloxone may save your life or the life of a friend.

**Peer-to-peer support and recovery centers**: Peer support and recovery centers provide support to individuals in recovery from people who are in recovery from a substance use or co-occurring condition.

**RICARES**: RICARES is a grassroots alliance of people in recovery.

**Recovery Housing**: Recovery Housing is safe, sober and healthy housing available for individuals 18 or older.

**BH Link Crisis Center**: 401-414-LINK (414-5465) 975 Waterman Avenue, East Providence RIPTA Route 34 (Seekonk). Triage and treatment services are available 24/7 for adults 18 and older.

**Prevent Overdose RI** is dedicated to stopping the Opioid epidemic, resources are available for families, providers, and emergency personnel. Call 942-STOP 24/7.

**The RI Community Mental Health Centers** provide substance use and co-occurring treatment.

**BHDDH** maintains information on self-help programs and groups, overdose grief support, proper disposal of medications, reducing stigma and advocacy resources, culturally specific resources, and other resources.

**Virtual Recovery Programs**: Find virtual recovery resources like AA, NAMI...

**SAMHSA’s National Substance Use Treatment Locator**: enter your zip code to find a provider near you. RI Regional Prevention Coalitions: provide substance use resources including Raising Healthy Teens, parent resources, and tool kits.

What to look for and what to avoid when searching for a drug treatment program. What questions to ask when searching for a substance use treatment provider.

**Drug Facts Challenge**: Jeopardy-style game of drug facts.

**RI Prevention Resource Center (RIPRC)**: Information and resources on e-cigarettes, marijuana, and drinking.

**Growing Up Drug Free: A Parent’s Guide** includes risk factors for youth, descriptions of substances...

**Get Smart About Drugs**: a federal website resource for parents, educators and caregivers.
What counts as **ONE DRINK**?

One drink is:
- One 12-ounce can of beer
- One 5-ounce glass of wine
- One shot of hard liquor (1.5 ounces)

**Are you at risk?**

If you use alcohol, taking a look at your drinking pattern and knowing your risks is important for your health, now and in the future. Know the difference between low-risk versus risky or harmful drinking. You owe it to yourself!

**What is low-risk drinking?**

- For healthy adults age 65 and under:

<table>
<thead>
<tr>
<th>LOW-RISK DRINKING LIMITS</th>
<th>MEN</th>
<th>WOMEN</th>
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<tr>
<td>On any single day</td>
<td>No more than 4 drinks on any day <strong>AND</strong> no more than 3 drinks on any day</td>
<td>No more than 3 drinks on any day <strong>AND</strong> no more than 2 drinks on any day</td>
</tr>
<tr>
<td>Per week</td>
<td>No more than 14 drinks per week</td>
<td>No more than 7 drinks per week</td>
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</tbody>
</table>

To stay low risk, keep within BOTH the single-day AND weekly limits.

National Institute on Alcohol Abuse and Alcoholism

- For people over 65: low-risk limits are 3 drinks a day or 7 drinks a week.
- Women who are pregnant or may become pregnant should not drink.

**What’s risky or harmful drinking?**

- **Risky alcohol use** is drinking more than the single-day or weekly amounts shown above.
- **Harmful alcohol use** is drinking more than the single-day or weekly amounts shown above, and having negative effects from drinking such as accidents, not being able to stop drinking, or not doing what you normally do (work, school, family) because of drinking.

**What can happen from risky or harmful alcohol use?**

- People who use alcohol at risky or harmful levels are at greater risk for health problems—cancer, obesity, high blood pressure, stroke, injury, diabetes, accident/death, suicide, and cirrhosis.
- It makes a difference both how much you drink on any day and how often you have a heavy drinking day.
- The more drinks in a day and the more heavy drinking days over time, the greater risk for problems.

**Tips for cutting down on alcohol use**

- **Measure and Count.** Measure drinks per standard drink size and count how much you drink on your phone, a card in your wallet, or calendar.
- **Set Goals.** Decide how many days a week you want to drink, and how many drinks to have on those days.
- **Pace and Space.** Pace yourself. Sip slowly. Have no more than one drink per hour. Alternate “drink spacers”—non-alcohol drinks (water, soda, or juice).
- **Include Food.** Don’t drink on an empty stomach.
- **Avoid “Triggers.”** What triggers you to drink? Avoid people, places, and activities that trigger the urge to drink.
- **Plan to Handle Urges.** When an urge hits: remind yourself of reasons for changing, talk it through with someone, do a healthy, distracting activity, or “urge surf” and accept the feeling and ride it out, knowing it will pass.
- **Know your “no.”** Have a polite, convincing “no” ready for times when you don’t want a drink.

Adapted from US Department of Health and Human Services, NIH, NIAAA

**Helpful Links:**

http://rethinkingdrinking.niaaa.nih.gov/
http://www.niaaa.nih.gov/alcohol-health
http://findtreatment.samhsa.gov

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Mid-America (HHS Region 7) ATTC
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

UMKC SBIRT, Substance Use Prevention, and Treatment for Substance Use
Visit www.sbirt.care for more resources!
RISKY AND HARMFUL ALCOHOL USE
Effects on the Body

- Aggressive, irrational behavior, arguments, violence, depression, nervousness
- Cancer of the throat and mouth
- Frequent colds, reduced infection resistance, increased pneumonia risk
- Liver damage
- Trembling hands, tingling fingers, numbness, painful nerves
- Impaired sensation leading to falls
- Numb, tingling toes, painful nerves
- Alcohol use disorders, memory loss
- Premature aging, drinker's nose
- Gum disease, tooth decay, mouth sores
- Weakness of heart muscle, heart failure, anemia, impaired blood clotting, breast cancer, high blood pressure
- Vitamin deficiency, bleeding, severe stomach inflammation, ulcers, vomiting, diarrhea, malnutrition
- Inflammation of the pancreas
- In women: risk of giving birth to babies with brain damage, low birth weight, or other serious health issues
- In men: impaired sexual performance

Alcohol can worsen existing health problems:
- Liver disease
- Heart disease and high blood pressure
- Diabetes
- Ulcers and stomach problems
- Depression and anxiety
- Sleep problems

Something to think about:
Risky and harmful alcohol use frequently leads to social, legal, medical, domestic, job, and financial problems. Alcohol may shorten your lifespan and lead to accidental injury or death.

What are opioids?

- Opioids come in different forms, but have similar effects and can harm you.
- At high doses or when combined with other medications or alcohol, opioids can cause people to stop breathing.
- Opioids are prescribed for pain. Examples are hydrocodone, oxycodone, and fentanyl. Some prescription cough syrups also contain opioids.
- Heroin is an illegal opioid made from the opium poppy plant. Heroin is a white or brown powder or a black/dark brown sticky substance.
- Opioids are swallowed, injected, smoked, or snorted.

Using opioids with other substances

- Opioids shouldn’t be mixed with other drugs, especially depressants like alcohol, benzodiazepines, and sleeping medications. This greatly increases the risk of overdose and death.
- Mixing cocaine with heroin, called speedballing, also increases the risk of overdose.
- Heroin is sometimes mixed with fentanyl or carfentanil, very powerful opioids that cause overdose and death.

Tips for quitting

Getting started.

- Do not stop taking your opioid medicine suddenly. Lowering your dose too quickly can be dangerous.
- Be aware that withdrawal can occur. Physicians and addiction treatment programs can help with withdrawal.

Know your options.

- Treatment. Treatment can include medications, counseling, or a combination. Medications can be provided by a treatment center (residential or outpatient) or provider office.
- Medications. Medications include methadone, buprenorphine (Suboxone), and naltrexone. They help manage cravings and withdrawal symptoms, and are used for long-term recovery.
- Counseling. Counseling options include cognitive behavioral therapy and motivational interviewing.
- Peer support groups and recovery supports are important to help people stay in recovery.

Have naloxone in case of overdose.

- Naloxone is a life-saving tool for people who use opioids. Naloxone reverses opioid overdoses and keeps people from dying from an overdose. It may be available through your healthcare provider, pharmacy, or needle exchange program.

Risks of opioid use

Short Term

- Overdose means taking more of an opioid than your body can handle. Signs of an overdose are small pupils, slowed breathing, cold clammy skin, and unconsciousness. You can stop breathing and die.
- Use can impair learning and ability to drive.

Long Term

- Tolerance means needing more opioids to get the same feeling, which can cause negative effects (see other side).
- Opioids are addictive. Not everyone becomes addicted, but some do. If you have bipolar disorder, anxiety, or problems with alcohol or drugs, talk to your healthcare provider.
- Withdrawal: Symptoms are aches, sweating, nausea, pain, vomiting, chills, and trouble sleeping.
- Pain: Long-term use can lead to an increase in pain.

Opioids and pregnancy

- Use during pregnancy can lead to serious complications.
- But if you are pregnant, do not stop taking opioids without help from a qualified professional.

Do not borrow or share opioids

- Taking opioids that are not prescribed to you is dangerous, and can cause or worsen health problems.
- Pills may look the same but could be different medicines, or have different amounts in each pill. Keep opioids locked up, out of reach of children and teenagers. Most misused medication was taken from someone with a prescription.
- Do not keep extra opioids; destroy them or return them to law enforcement.

Important steps to take if using opioids

- Until you know how the medication affects you, do not use heavy machinery, operate a car, work in unprotected heights, or be responsible for a person who is unable to care for themselves.
- Tell someone you are taking opioids. They should call 911 if you have slowed breathing, cold, clammy skin, or become unconscious.
- Ask your provider if naloxone is something you should have.
- If you need help with pain management, or have health concerns, talk with your healthcare provider. There are other ways to treat pain.

Helpful links

Information on preventing drug overdoses and reducing drug-related harm for opioid users can be found at: http://harmreduction.org. Also, see the www.sbirt.care Resources page for links to more resources.

Prescription Opioids and Heroin

Effects on the Body

- Death from overdose, addiction, withdrawal, loss of consciousness
- Slowed reaction time, confusion, dizziness, sleepiness, irritability, problems concentrating
- Depression, anxiety
- Small pupils, runny nose, yawning
- If injected: Higher chance of HIV and Hepatitis B or C, risk of infections including in heart, vein damage, stroke
- Slowed breathing
- Constipation, nausea, vomiting, cramps, bloating
- Itching and allergic reactions, cold clammy skin, body aches, weakness, increased sensitivity to pain
- Problems urinating
- In women: Decrease in hormones leads to low sex drive, infertility, changes to periods, milky nipple discharge
- In Men: Decrease in hormones leads to low sex drive, infertility, decreased sexual performance
- During pregnancy: Can lead to serious complications, but do not stop taking opioids without getting help from a qualified professional
MARIJUANA

Natural, but not harmless.
• Marijuana use contributes to health problems
• It is four times stronger than in the 1980s
• Risky no matter method of use, including smoking, vaporizing, and edibles (food containing marijuana)
• Heavy use in young adults can cause lasting damage to the brain and decrease intelligence
• Marijuana can directly worsen symptoms of anxiety, depression, and schizophrenia

Marijuana can be addictive.
• Marijuana use can lead to addiction, just like with other drugs
• 4.5 million people in the U.S. are addicted
• Chances of addiction are increased:
  - 17% of adolescents who use will become addicted
  - 25-50% of people who use everyday will become addicted
• Withdrawal symptoms include cravings, trouble sleeping, anxiety, appetite loss

Marijuana use impairs driving.
• Doubles a driver’s risk of an accident
• Use with alcohol increases risk

Legal does not mean safer.
• Marijuana is not FDA-approved
• There may be some chemicals in marijuana that help a range of illnesses or symptoms
• Lack of clinical evidence supporting benefits
• Benefits do not outweigh health risks

Marijuana and pregnancy.
• Marijuana use during pregnancy affects child development
• Health risks for the child include low birth weight; premature birth; problems with attention, memory, and problem solving; and reduced IQ

Using marijuana with other substances.
• Mixing marijuana and alcohol increases risk for nausea and reactions of panic, anxiety, or paranoia
• Mixing tobacco and marijuana increases risk of developing respiratory diseases and/or cancer

Tips for Cutting Back

Think about changing.
• Why do you use? What do you like about it?
• Why do you want to cut down or stop?

Plan for the change you want.
• Set a goal and date for changing your use. Make it realistic.
• Share your plan with people you trust and ask for support.

Act on your decision.
• Distract and do something. Make a list of fun activities unrelated to your use and keep busy.
• Delay. Stop and think before using. Wait 15 minutes to ride the craving, and the wave of desire may pass.
• Plan ahead. Avoid high-risk situations and people who use.

Have a back-up plan.
• If you haven’t achieved your goal yet, that’s okay.
• Consider the situation in which you used and see what could be changed next time.
• Review your plan and see if it needs revising.

Helpful Links:
http://easyread.drugabuse.gov/marijuana-effects.php
http://www.drugfree.org/drug-guide/marijuana

Relaxation Alternatives:
Everyday Tai Chi:
3-Minute Breathing Space: http://umurl.us/GUii
Breathing and Relaxation Exercise:
http://umurl.us/AMF
Body Scan Meditation: http://umurl.us/B0dyScan

MARIJUANA
Effects on the Body

Problems with coordination, judgment, learning, memory, reaction time, sensory perception, sleeping

Panic/anxiety, depression, paranoia, lack of motivation, mood swings

Cancer of the head and neck

Dry mouth, tooth decay, bad breath

Respiratory problems, asthma attacks, infections, emphysema

Increased blood pressure and heart rate, risk of heart attack

During pregnancy: less oxygen to fetus; premature birth; drug via placenta, umbilical cord, and breast milk; low birth weight; early lung problems

Weight gain, weakened immune system, chronic fatigue, vomiting

In women: low sex drive, irregular periods, fertility problems

In men: low sex drive, low testosterone, low sperm production, erectile dysfunction, increased breast growth, testicular cancer

Visit www.sbirt.care for more resources!
Tobacco, drugs and alcohol affect your health. To provide you the best care possible, we need to ask about them. So we ask - everyone. The conversation can also start with you.

We are here to help!

Fumar, consumir drogas y alcohol afectan a su salud. Para poder darle la mayor attencion posible, temenos que preguntar sobre ellos . Así que les preguntamos a todos. La conversación también puede comenzar con usted. ¡Estamos acqui para ayydar!

RI SBIRT

RISBIRT.ORG
LOWER RISK DRINK LIMITS
Less is better.

12 oz. Beer  5 oz. Wine  1.5 oz Liquor

<table>
<thead>
<tr>
<th></th>
<th>Per Day</th>
<th>Per Week</th>
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<tbody>
<tr>
<td>Women</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Men</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Men (over 65)</td>
<td>3</td>
<td>7</td>
</tr>
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</table>

AVOID ALCOHOL IF YOU:
Take medications that interact with alcohol; Have a health condition made worse by alcohol; Plan to drive a vehicle or operate machinery; Are under 21 years of age; Are pregnant or trying to become pregnant

WHAT IS A STANDARD DRINK?
Any drink that contains about 14 grams of alcohol.

RI SBIRT
In a focus group conducted by The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) in June of 2021, key stakeholders of the RI-SBIRT program were able to voice their opinions on the SBIRT program, its benefits, its challenges, and lessons learned from its implementation. These stakeholders included SBIRT champions from some of the 50 SBIRT implementation sites in Rhode Island. Based on their feedback, it was clear that the SBIRT model was very beneficial to both patients and providers.

SBIRT has acted as a valuable resource for providers since its implementation in 2016. Based on responses from the focus group, one of the most significant benefits of SBIRT was the motivational interviewing techniques they acquired through the SBIRT training. Most of the people present agreed that this skill allowed them to better understand patients and connect them to the appropriate services. This has allowed each implementation site to create significant impacts on patients struggling with substance use and misuse.

Nearly all the providers present for the focus group agreed that the technique of implementing SBIRT could be applicable to any type of positive behavior change, and that it allowed for a positive cultural shift in how all healthcare providers, both clinical and non-clinical, work with people with substance use disorders. SBIRT implementation allows healthcare workers to gather information to paint a holistic picture of one’s health in order to better understand and address risky substance use. Regardless of education level, background, or years of experience, individuals trained in SBIRT techniques were equipped with the tools to appropriately respond to patients and made for a more supportive and comfortable experience for both providers and patients.

“It’s changed the way we ask questions that might be hard to ask, to a way that is very destigmatizing to the person we are asking”

“[SBIRT] is an evidence-based approach. It’s leverageable to other situations beyond substance abuse, which often coexists with depression and anxiety”

“The technique of SBIRT] gives providers, regardless of education or experience, the ability to know how to respond to that person”
Throughout the focus group, the discussion of challenges arose when discussing SBIRT implementation. A challenge unanimously agreed upon was the often-lengthy process for patients to receive appropriate treatment. While the referral itself is rather quick, it can take months to get a behavioral healthcare appointment. This is mostly due to the model of behavioral healthcare in Rhode Island.

Another challenge mentioned was determining the appropriate workflow for their healthcare setting. SBIRT was implemented in several sites, all with unique services and practices. Because of this, there was not a unanimous agreement on the appropriate workflow for SBIRT implementation. This issue relates closely to time. Additionally, there has not been unanimous agreement on whether to obtain consent from patients at some point within the workflow. Some providers believe it is necessary, where others believe this can play into the stigma that surrounds SUDs. While this concern is relevant, the decision to obtain consent is ultimately a matter of what is appropriate for the setting and the patient.

Medicaid reimbursement rates in Rhode Island for SBIRT also pose a challenge in implementation. Currently, there is no reimbursement for SBIRT when billing through Medicaid. Additionally, in Federally Qualified Health Centers (FQHC), any additional charges for SBIRT are washed out by their cost-based reimbursement system. However, studies have found that the preventative care and early intervention provided through SBIRT processes ultimately demonstrates a net-cost savings. SBIRT has been found to decrease the frequency and severity of drug and alcohol use, thus decreasing emergency visits, hospital days and consequently net healthcare costs. Further, the effects SBIRT has had on mental health and substance use disorder treatment since its implementation in Rhode Island, a state that once led the nation in illicit drug use, have been invaluable.
The SBIRT program in Rhode Island has been funded by SAMHSA for the past 5 years. This funding, however, ended in September of 2021, therefore BHDDH asked SBIRT providers what resources they believed could still be used after the cessation in funding and what may be difficult to continue to use without the federal funding. BHDDH also sought recommendations in how to address difficulties in maintaining some of those resources.

Positive Impacts and Useful Resources that can Remain

One positive impact of the SAMHSA funding cessation is there will no longer be a need for data input and reporting. One of the main challenges outlined by the focus group attendees was the amount of time spent inputting data into SPARS and conducting the GPRA, which is required for SAMHSA grantees. However, without SAMHSA funding, it will no longer be necessary and will alleviate providers of this task.

The RI-SBIRT key stakeholders were optimistic about many of the resources continuing to be used despite a cessation in federal funding. Most attendees agreed that they will continue to use many SBIRT training methods and materials, particularly the SBIRT screening tools, such as the DAST and AUDIT, as well as the motivational interviewing techniques taught in SBIRT training. Additionally, vendor presentations and infographics with SBIRT data that are available through the Rhode Island SBIRT website will continue to be available for use.

Challenges

There was a unanimous agreement between stakeholders that staffing, or having a position dedicated to implement the SBIRT workflow and any follow up actions in each unique setting, may prove difficult in the future without federal funding. In most settings, SBIRT is ingrained in their unique intake and follow up processes. However, in other settings, positions were created for the implementation based on the needs of the healthcare setting. These positions will be difficult to sustain without federal funding.

The community outreach aspect could also be difficult to sustain without federal funding. One stakeholder responsible for conducting SBIRT training within a school system mentioned that those trainings would not be sustainable without federal funding. Further, implementation sites conducting screenings in other community settings would most likely have to end that practice altogether without federal dollars.

Recommendations

Some attendees at the focus group offered some recommendations to overcome the potential challenges some sites might face now that funding has come to an end. In terms of staffing, one provider shared that their community health team cross trained all the community health workers to conduct SBIRT screening during intake. In terms of presentations, and community outreach, one provider recommended doing presentations and training on a fee-for-service basis. Another provider recommended recording presentations and trainings and making them easily accessible for people looking to conduct SBIRT trainings or view the progress Rhode Island has made since its implementation. Further, “Train the Trainer”, a program in which individuals are trained in SBIRT implementation and how to conduct the SBIRT training, was implemented in order to ensure SBIRT practices could continue to be taught despite a cessation of federal funds. All the feedback and recommendations pertaining to the impacts of a cessation of federal funding were positive and hopeful. While it is apparent that some adjustment need to be made, many of the providers feel that SBIRT is very ingrained in their processes and workflows and will remain an integral part of behavioral healthcare in Rhode Island.
Lessons Learned

As the focus group was coming to an end, providers were asked to share advice and lessons learned from their experiences with SBIRT implementation in each of their unique settings. Their feedback regarding the SBIRT program was very positive. It was widely agreed upon that the SBIRT model is very useful regardless of setting. It has been an integral part of improving behavioral healthcare in Rhode Island and has created a cultural shift in the way providers care for individuals with substance use disorders. Staff trained in SBIRT feel more comfortable interacting with SUD patients and are better able to gather important information about patients’ substance use habits through SBIRT screening techniques.

Another point emphasized by stakeholders was the importance of learning collaboratives throughout the early stages of implementation. For many healthcare providers unfamiliar with substance use disorder treatment or those from a nonclinical background, SBIRT techniques can have a steep learning curve. However, support and collaboration from other providers can be helpful in overcoming this challenge. Providers at the focus group all agreed that the monthly RI SBIRT Executive Committee meetings were very helpful as they were able to share what they learned as they went through the implementation process, and the community partnerships that they have been able to form through SBIRT implementation has been invaluable.

In terms of lessons learned throughout SBIRT implementation over the last five years, one provider emphasized that SBIRT implementation, and finding the right workflow that works for your setting, takes time. Many of the implementation sites had to mature into the SBIRT model and did not get into the groove of SBIRT until around three years into implementation. It is a big cultural shift in the field of mental health and behavioral healthcare, however now 5 years into its implementation, SBIRT created so much positive change that has become thoroughly ingrained in the behavioral healthcare system. So, despite federal funding coming to an end, SBIRT will continue to be an impactful tool in ending the ongoing substance use epidemic and bettering the health of Rhode Islanders for years to come.
What is the correct wording and scoring for Question #3 of the DAST-10?

*Are you unable to stop abusing drugs when you want?*

If “yes” the participant scores 1
If “no” the participant scores 0

What is the difference between a BI and BT?

**BI** - SBIRT screener uses Motivational Interviewing to gauge the level of interest/awareness of behaviors. During the interview, the screener discusses the pros and cons of behaviors, potentially allowing for change talk.

**BT** - SBIRT screener uses Motivational Interviewing to gauge the level of interest/awareness of behaviors. During the interview, the screener discusses the pros and cons of behaviors, potentially allowing for change talk. Also with BT, the screener can ask to discuss local organizations/groups one could attend, such as NA, AA, substance use groups, and voluntary self-help groups.

What happens if a patient scores positive on the prescreen for marijuana and then scores negative on the DAST-10?

For this the patient will be recorded as negative

Please visit [https://risbirt.org/](https://risbirt.org/) for more resources.
The following resources aided in creating and structuring the information in this Guide:

- University of Pittsburg School of Pharmacy SBIRT Glossary  
  https://www.sbirt.pitt.edu/mod/glossary/view.php?id=97&mode=&hook=ALL&sortkey=&sortorder=&fullsearch=0&page=-1
- SAMHSA's SBIRT Program Website  
  https://www.samhsa.gov/sbirt
- The Addiction Center- Addiction Statistics: Facts About Drug and Alcohol Use  
  https://www.addictioncenter.com/addiction/addiction-statistics/
- Office of National Drug Control Policy- Fact Sheet: SAMHSA's SBIRT Model  
  http://1viuw040k2mx3a7mwz1lwva5-wpengine.netdna-ssl.com/wp-content/uploads/2016/06/SBIRT-Factsheet-.pdf
- Counseling Psychology and Substance Use: Implications for Training, Practice and Research  
- The Need for Training Psychologists in Substance Use Disorders  
  https://psycnet.apa.org/record/2020-04975-003

Special Thanks

Much of the information in this guidebook was gathered from a RI-SBIRT key stakeholder focus group conducted on June 17th, 2021. We wanted to thank those individuals for their time, as well as their helpful feedback and advice. The information provided by this group will be invaluable for organizations wishing to implement SBIRT in the future and will be an integral piece in continuing SBIRT practices and continuing to better the health outcomes of Rhode Islanders struggling with substance use disorders.

Daniel J. McKee  
Governor

Womazetta Jones Secretary, Executive Office of Health and Human Services

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals  
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Cranston, Rhode Island 02920-3080  
401-462-3201  
www.bhddh.ri.gov

Disclaimer: The views, opinions, and content expressed in this document do not necessarily reflect the views, opinions, or policies of the Center for Substance Abuse Treatment, the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

This guide is also available electronically at https://risbirt.org/