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

Reference and Resource Guide for Providers

HIGHMARK HEALTH OPTIONS | HIGHMARK

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Overview

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) program is a crucial initiative designed to proactively address substance use.[1] Its primary goals are:

- **Prevention:** To prevent members from developing a substance use disorder (SUD).
- **Early Detection:** To facilitate the early identification of suspected SUDs.
- **Referral to Treatment:** To effectively connect members with appropriate treatment services when needed.

Important Note: SBIRT services are specifically intended for individuals who have not yet been diagnosed with a SUD or who are not currently receiving SUD treatment. These services are foundational for early intervention rather than ongoing treatment.

Program Updates and Compliance: This guide will be updated periodically to reflect evolving industry standards, best practices in screening, and the latest advancements in evidence-based treatment modalities. Highmark Health Options West Virginia wants to ensure that providers are informed with the most current knowledge and tools to effectively identify, assess, and guide patients toward appropriate interventions and comprehensive treatment pathways, ultimately enhancing patient care.

Brief Screening / Assessment

The pre-screen, also referred to as a Brief Screen or Assessment, involves asking brief, broad questions related to a patient's alcohol and drug use, typically focusing on the past 12 months. A standard pre-screening form will usually consist of two questions: one to assess alcohol consumption and another for recreational drug use.

Administration and Review: The pre-screen can be administered efficiently, for example, by the patient completing a written screener in the waiting room or as part of the rooming process when vital signs are taken by staff. While a licensed professional is not required to administer the pre-screener, the results *must* be reviewed with the patient by a licensed/credentialed provider.

Outcome and Follow-up: If the pre-screening results do not indicate a need for a full screen or assessment, it is important to still provide positive reinforcement and education to the patient regarding substance use prevention. If the pre-screening results indicate the presence of concerning patterns of substance use, a full screening and assessment should then be completed.

Full Screening/Assessment

Full screenings and assessments involve the administration of an evidence-based/validated screening tool to comprehensively evaluate a patient's substance use patterns and levels. These in-depth assessments are crucial for understanding the extent of risk and guiding appropriate interventions.

Purpose and Provider Responsibility: Providers are asked to utilize an evidence-based screening and assessment tool to accurately identify patients at risk for substance use-related problems. Highmark Health Options supports these services across a wide variety of settings to maximize the identification of at-risk individuals.

Evidence-Based Tools: Several evidence-based screening and assessment tools are recognized for their effectiveness. These include, but are not limited to:

- The Alcohol Use Disorders Identification Test (AUDIT)[2]
- The Drug Abuse Screening Test (DAST)[3]
- The Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)[4]
- The Car, Relax, Alone, Forget, Friends, Trouble Screening Test (CRAFFT) (specifically for adolescents)[5]
- The Problem Oriented Screening Instrument for Teenagers (POSIT)[6]

Additional resources and links to these and other screening/assessment tools can be found at: https://oasas.ny.gov/sbirt

Brief Intervention

Brief Interventions are targeted, interactive conversations with patients designed to motivate and support positive changes in health-related behaviors concerning substance use. These interventions are a critical management strategy for patients identified with risky or problematic alcohol or other drug use, particularly those who are not yet dependent on the substance.

- **Approach and Focus:** Brief Intervention may consist of a single session or multiple sessions. The primary goal is to increase a patient's insight and awareness regarding the potential risks of ongoing substance use to their overall health.

- **Recommended Technique**: The use of Motivational Interviewing (MI) is highly suggested as an integral part of Brief Intervention. MI is a patient-centered approach that strengthens an individual’s own motivation and commitment to

positive behavior change, effectively opening the conversation to discuss resources and support.[7]

- **Timing:** Intervention services may be delivered on the same date of service as the screening/assessment or on a subsequent date, based on clinical need.

Patient Education Opportunities

While not all patients will require brief intervention and a referral to treatment for substance use when screened, opportunities will present themselves to provide prevention education to lessen the likelihood that a substance use disorder will develop in the future:

Opportunity	Talking Points
Adolescent populations	• Addressing Peer Pressure • Predisposition to developing a substance use disorder[8]
Adult Populations who admit to social drinking	• Signs that social drinking is progressing to problematic drinking • Binge drinking • Long term health effects of alcohol • Impact of alcohol use on chronic physical conditions[9] • Alcohol interactions with prescription medications
Childbearing age/ Pregnancy	• Risk to unborn child related to alcohol or substance use • Risk of opioids during pregnancy[10]
When prescribing a new medication that has the potential for misuse/ abuse/ dependency *(Opioids, benzodiazepines, stimulants)*	• The potential for misuse of, or dependency upon medications • Importance of appropriate medication disposal/ drug take back programs • Use of naloxone (Narcan), especially with high dosages of opioids being prescribed.[11]
Family member or friend of someone with a substance use disorder	• Offer resources for support groups for family and friends such as Nar Anon and Al anon

Opportunity	Talking Points
For patients who are not interested in treatment or do not view their patterns of use as problematic	• Provide resources and information on safer use practices and reduced risks, including education on safe injection practices, fentanyl test strips, wound care, and prevention of infectious diseases like HIV and Hepatitis C.[12] • Emphasize the critical importance of naloxone (Narcan) education, including recognizing an overdose and effective administration • Highlight the availability of services that meet individuals "where they are," offering support without preconditions, such as drop-in centers, peer support, and basic needs linkages

Documentation

The procedure codes used to report SBIRT services are consistent among all provider types.

Line of Business (LOB)	Procedure Code	Description
WV Medicaid **WV Medicare D-SNP**	90791 90792	• Psychiatric Diagnostic Evaluation (No Medical Services) • Psychiatric Diagnostic Evaluation with Medical Services (Includes Prescribing of Medications)
WV Medicaid **WV Medicare D-SNP**	H0031	• Mental Health Assessment by Non-Physician

Additional Information

- Screening Brief Intervention Treatment (SBIRT) may be provided face-to-face with the member, through telehealth/telemedicine, or telephonically.
- SBIRT may be given to patients 12 years and older.
- Screening Brief Intervention Treatment (SBIRT) is not designed to address smoking and tobacco cessation services unless it is a co-occurring diagnosis with another substance such as drugs or alcohol.
- SBIRT screening does not increase costs for the patient; there is no additional co-payment.

Training and Education

To directly deliver screening, assessment and intervention services, providers are encouraged to participate in training that provides information about the implementation of evidence-based protocols for screening, brief interventions, and referrals to treatment (SBIRT). Face-to-face training and consultations are available through various entities.

Training Provider	Course Description	Credits & Cost	How to Access
Highmark Health Options	Virtual and live webinar options on "Introduction to SBIRT" offered by Highmark.	Free course. Offers CME and CEU credits to physicians, nurses, LPC, LMFT, and Social Workers (LSW/LCSW).	Providers may access training through the Allegheny Health Network (AHN) continuing education credits website at https://cme.ahn.org/content/introduction-sbirt-enduring-training-expires-january-21-2026 or reach out to Shannen Lauffer, Clinical Addiction Specialist, at Shannen.lauffer@highmark.com.
Addiction Technology Transfer Center (ATTC)	The Northwest ATTC offers a range of SBIRT training and technical assistance (TA) services to healthcare organizations and professionals.	Free online training videos and resources. Continuing Education credit options are available.	Providers can find more information at https://attcnetwork.org/northwest-sbirt/.
Caron Treatment Services	A leader in addiction medicine, they offer several resources and educational trainings related to substance use and behavioral health topics.	Free online virtual training for healthcare professionals and school-based professionals. No Continuing Education credits are currently offered.	Providers can find more information at https://www.caron.org/digital-learning.
Health Knowledge	Health Knowledge offers two virtual online SBIRT training	Continuing Education: This course offers 3 contact hours of	Providers can find more information at

	options, including "SBIRT for Health & Behavioral Health Professionals" and "Dental School SBIRT Curriculum - Foundational Training for SUDs."	continuing education for nursing, social work, and counseling professionals (CNE, NASW, and NAADAC) for a fee of $5 per hour.	https://healtheknowledge.org/.

Referral to Treatment

After a patient has a positive substance use screen and has received a brief intervention to discuss changing their substance use patterns, a referral to treatment may be offered. It is crucial to understand that **treatment and recovery are not one size fits all.** Patients' unique life circumstances, preferences, and challenges mean that the most clinically appropriate level of care might not always be immediately accessible or suitable. Therefore, when offering a referral, **educate patients on a variety of pathways and treatment options.** Presenting diverse choices increases the likelihood that patients will find a suitable fit and be willing to engage in treatment and recovery.

Below is a table of treatment options that can be offered and reviewed with the patient:

Treatment Option	Abbr.	Definition
Community Mental Health Centers	CMHC	While their primary focus is mental health, many CMHCs integrate substance use disorder treatment due to the high co-occurrence of these conditions, serving as a "dual diagnosis" or "co-occurring disorders" facility.
Medication Assisted Recovery	MAR	Usually refers to FDA-approved medications for either Opioid Use Disorder (OUD) or Alcohol Use Disorder (AUD). May also include other medications like nicotine replacement therapy, mental health medications, and other medications that support the recovery process. Medications for Opioid Use Disorder (MOUD) can include Methadone, Buprenorphine, and Naltrexone, including brand names such as Suboxone, Subutex, and Vivitrol.

Treatment Option	Abbr.	Definition
Office-Based Addiction Treatment / Office-Based Opioid Treatment	OBAT / OBOT	Seeking treatment from trained professionals, particularly those experienced in managing and treating SUDs. Offers individual and group therapy sessions. May be medical, clinical, or both. Some examples of professionals include LSW, LCSW, LPC, LMFT, psychologists, providers board-certified in Addiction Medicine or Psychiatry, and other professionals with addiction-related certifications such as CAADC, CARN, CADC, and CARN-AP.
Mutual Aid Groups	AA / NA / Celebrate Recovery	Voluntary collaborative groups serving community members. These groups create networks of care and generosity to meet the immediate needs of individuals. Can be secular (not concerned with religion, spirituality, or church) or non-secular (relating to or involving religious or spiritual matters).
Peer-Based Recovery Support	CRS / CPS	Services provided by individuals who have lived experience with substance misuse and identify as in recovery from SUD. The peers help others determine and navigate their individualized recovery pathway, ensuring it best suits them, their needs, and their wants. Embedded in both a variety of professional treatment settings as well as within a variety of community settings.
Recovery Community Organizations	RCO	A non-profit organization founded and led by people with direct lived experience with substance use challenges and recovery. No formal framework allows individuals to use any pathway to recovery to connect and provide support.
Harm Reduction	HR	Encompasses practical strategies and ideas focused on reducing the negative health and social consequences associated with drug use. This approach supports positive change without judgment and respects the rights of individuals who use drugs.

Harm Reduction Concepts

- **Syringe Service Programs (SSPs):** Community-based prevention programs offering a range of vital services. These programs typically provide linkage to substance use treatment, along with access to sterile syringes and injection equipment, and safe disposal of used equipment. SSPs also offer vaccination, testing, and linkage to care for various infectious diseases.[13]
- **Safe Consumption Sites:** A health and social response to the substance use epidemic, particularly for intravenous drug use. These are controlled, fixed, or mobile spaces where individuals can use pre-obtained drugs under the supervision and support of trained personnel.
- **Naloxone (Narcan):** A life-saving medication that rapidly reverses opioid overdose. As an opioid antagonist, it attaches to opioid receptors, effectively blocking and reversing the effects of other opioids. Naloxone can quickly restore normal breathing in individuals whose breathing has slowed or stopped due to an opioid overdose.[11] Importantly, Naloxone has no effect on someone without opioids in their system and is not a treatment for opioid use disorder.

Referral Resources

Once your patient has identified a pathway to recovery that they would like to pursue, there are several resources available to assist in locating services in their area. Below are national, state, and local resources that can assist in locating services.

National

Resource	Service Description	Contact
SAMHSA National Helpline	Provides referrals to local treatment facilities, support groups, and community-based organizations 24 hours a day, 7 days a week, every day of the year.	Call 1-800-662-4357 (TTY: 711)
National Treatment Locator	Confidential and anonymous resource for persons seeking treatment for mental and substance use disorders.	Visit https://www.findtreatment.gov/
Suicide and Crisis Lifeline	Free and confidential support for people in distress, 24 hours a day, 7 days a week. Also offers specialized services for individuals who are deaf or hearing impaired, those who prefer to communicate in Spanish, and military veterans.	Call or text 988

Resource	Service Description	Contact
Never Use Alone	A toll-free national hotline for individuals who use drugs while alone and are at risk of overdose. This harm reduction service offers overdose prevention, detection, and life-saving crisis response. Peer operators are available 24/7/365. An operator will gather the caller's first name, exact location, and phone number. If the caller stops responding, the operator will promptly alert EMS to a possible overdose.	Call 1-877-696-1996

West Virginia Resources

Resource	Service Description	Contact
West Virginia Department of Human Services (DoHS) Bureau of Behavioral Health (BBH)	The primary state agency responsible for planning, developing, overseeing, and coordinating a comprehensive system of behavioral health services in West Virginia (formerly DHHR). This includes services for mental health, substance use disorders, and intellectual/developmental disabilities.	Call 1-304-558-0684 or visit https://bhs.wv.gov/
HELP 4 West Virginia (Help4WV)	24-hour helpline designated to assist people in West Virginia who need help with substance use or mental health. It offers free help in securing referrals or placements for treatment and provides immediate support through call, chat, and text options.	Call 1-844-435-7498 or visit https://www.help4wv.com/
West Virginia Perinatal Partnership: Drug Free Moms and Babies Program (DFMB)	The DFMB Project works in communities by integrating medical and behavioral healthcare through a strong care coordination model that incorporates wraparound recovery support services and social services.	Call 1-304-915-2229 or email admin@wvperinatal.org or visit https://wvperinatal.org/

Mutual Aid Resources

Support Group Name	Group Type	Website Link
LifeRing	Secular: Abstinence-based, anonymous organization, in-person and virtual meeting options.	https://lifering.org/
SMART Recovery	Secular: Self-management and recovery training.	https://www.smartrecovery.org/
Secular Organizations for Sobriety (SOS)	Secular: Anonymous sober support network.	https://www.sossobriety.org/
Celebrate Recovery	Non-Secular: Christ-centered, 12-step recovery programs.	https://www.celebraterecovery.com/
Recovery Dharma	Non-Secular: Mindfulness and Buddhist-based recovery. Peer-led, non-theistic, trauma-informed.	https://recoverydharma.org/
Refuge Recovery	Non-Secular: Buddhist-oriented recovery program.	https://www.refugerecovery.org/
Wellbriety	Non-Secular: Culturally based recovery program based on the beliefs of Indigenous people.	Visit https://wellbrietymovement.com/
Family Support Groups	**Nar-anon Family Groups**: A 12-Step Program for Family and Friends of individuals with substance use disorders. Also offered is Narateen which provides support specifically to teens. - In person and virtual meeting options **Al-Anon Family groups:** A support group for family	https://www.nar-anon.org/ https://al-anon.org/

Support Group Name	Group Type	Website Link
	and friends of individuals with alcohol use disorders. Also offered is Alateen which provides support specifically for teens. In person and virtual meeting options.	
Alcoholics Anonymous (AA)	**Support:** 12-step support group for alcohol use.	https://www.aa.org/
Narcotics Anonymous (NA)	**Support:** 12-step support group for drug use.	https://na.org/

Highmark Health Options West Virginia Benefits

Highmark Health Options West Virginia covers the treatment for substance use disorders for Medicare D-SNP and Medicaid members, including:

- Inpatient care
- Outpatient care
- Outpatient therapy and groups
- Opioid Treatment Programs (OTPs)

Important Links

- **Medicaid Benefits:** WV Medicaid Benefits and Services | HHO West Virginia
- **Medicare D-SNP Benefits:** D-SNP Benefits and Programs | HHO WV
- **Medicaid Provider Directory:** Find Care - West Virginia
- **Medicare D-SNP Provider Directory:** Find Care - West Virginia
- **Pharmacy Benefits:** Pharmacy | Bureau for Medical Services (Information on the preferred drug list, medication prior authorization criteria, and essential details).

Case Management Referrals

Providers can refer a member to case management services for additional assistance in accessing care or treatment:

- **Medicaid:** Call **1-833-957-0020** (TTY: **711**), Monday–Friday, 8 a.m.–5 p.m.
- **Medicare D-SNP:** Call **1-833-957-0025** (TTY: **711**), Monday–Friday, 8 a.m.–5 p.m.

Telehealth and App-Based Support

Broaden your patient's treatment options and reduce geographical transportation barriers by providing telehealth visits. If your practice does not have the capacity to provide telehealth services but you feel your patient would benefit, refer them to CHESS Health, which offers two app options for substance use support free to West Virginia residents:

- **Connections:** Available to individuals with substance use disorders to provide recovery support, peer engagement, virtual meetings, digital cognitive behavioral therapy, and links to local treatment resources. **Enroll at:** westvirginia.signup.connectionsapp.com

- **Companion:** An innovative app for family, friends, and caregivers of individuals with substance use disorders, providing moderated digital communities, educational resources, daily reflections, and support tools. **Enroll at:** signup.companion.health or **text 610-488-2461** to receive a link to download the app.

Works Cited

1. Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
2. Babor, Thomas F., John C. Higgins-Biddle, John B. Saunders, and Maristela G. Monteiro. *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care*. 2nd ed. Geneva: World Health Organization, Department of Mental Health and Substance Dependence, 2001.
3. Skinner, Harvey A. "The Drug Abuse Screening Test." *Addictive Behaviors* 7, no. 4 (1982): 363–71.
4. WHO ASSIST Working Group. "The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Development, Reliability and Feasibility." *Addiction* 97, no. 9 (2002): 1183–94.
5. Knight, John R., Lon Sherritt, Shari L. Shrier, Thomas A. Harris, and Sion Kim Harris. "Validity of the CRAFFT Substance Abuse Screening Test Among Adolescent Clinic Patients." *Archives of Pediatrics & Adolescent Medicine* 156, no. 6 (2002): 607–14.
6. Rahdert, Elizabeth. *The Adolescent Assessment/Referral System Manual*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Drug Abuse, 1991.
7. Miller, William R., and Stephen Rollnick. *Motivational Interviewing: Helping People Change*. 3rd ed. New York: The Guilford Press, 2013.
8. National Institute on Drug Abuse. "Genetics and Epigenetics of Addiction DrugFacts." Last modified February 2020. https://www.drugabuse.gov/publications/drugfacts/genetics-epigenetics-addiction.
9. National Institute on Alcohol Abuse and Alcoholism. "Alcohol's Effects on the Body." Accessed October 26, 2023. https://www.niaaa.nih.gov/alcohols-effects-health/alcohols-effects-body.
10. Centers for Disease Control and Prevention. "Opioid Use During Pregnancy." Last modified August 8, 2023. https://www.cdc.gov/pregnancy/opioids/index.html.
11. National Institute on Drug Abuse. "Naloxone DrugFacts." Last modified January 2022. https://www.drugabuse.gov/publications/drugfacts/naloxone.
12. Centers for Disease Control and Prevention. "Syringe Services Programs (SSPs) Fact Sheet." Last modified September 22, 2023. https://www.cdc.gov/ssp/docs/ssp-factsheet.pdf.