

Guidance: SBIRT for timely access to MAT

Purpose of this guidance:

To immediately engage clients seeking substance use disorder treatment services into treatment services when an appointment for an assessment may not be immediately available. There are also instances when there is a delay in placement into treatment following the assessment.

In the instances of individuals seeking opioid treatment services, upon scheduling an assessment appointment or facing a delay following the assessment, agencies can administer SBIRT to screen, determine risk level, and initiate induction to medication and continue providing brief interventions until assessment can be conducted for enrollment into the program.

What is SBIRT?

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, integrated, approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment. Brief intervention focuses on increasing insight and awareness regarding substance use, and motivation toward behavioral change. Referral to treatment provides those identified as needing more extensive treatment with access to specialty care. There is a strong evidence base that supports the efficacy of Motivational Interviewing and SBIRT in helping individuals make positive behavioral change. The approach is supported by SAMSHA and is an evidence based approach used in the VA system.

Brief Intervention will be based on Motivational Interviewing, which is a person centered, directive approach to helping an individual move toward healthy behavioral change. The approach upholds four principles; expressing empathy, avoiding argumentation, developing discrepancy, rolling with resistance, and supporting self-efficacy (client's belief s/he can successfully make a change).

Process:

- Client contacts agency for help with treatment for their SUD
- Agency initiates a brief screening to determine level of risk associated with substance use
- Agency staff share screening results with client and brief intervention begins
- Agency staff will link client to medical staff for initial visit to begin induction with medication
- Brief interventions are provided until client can get integrated assessment and be enrolled in to treatment program,
- Information gathered during brief interventions should be used to inform the assessment

Who can provide SBIRT?

7AAC 70.990 (32) "substance use disorder counselor" means an individual who, subject to the limits of the individual's education, training and experience, provides behavioral health rehabilitation services with a focus on the treatment of substance use disorders, while working for a community behavioral health services provider;

Here are sample screening tools to use:

AUDIT

<https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf>

DAST

<https://cde.drugabuse.gov/instrument/e9053390-ee9c-9140-e040-bb89ad433d69>

Brief Intervention...

*May take place in various settings, such as primary healthcare settings, and can be implemented by a variety of trained behavioral and primary healthcare providers.

*Consist of feedback about personal risk, emphasis on patient's personal capacity for change, and provides a variety of ways to effect change.*Techniques include an empathetic style and support for the patient's perception of self-efficacy or optimism that they can change.

*Can also be referred to as a brief conversation, however for Medicaid billing purposes must last at least 15 minutes, and no longer than 30 minutes.

*Screening must be documented on a standardized self-report questionnaire, or using a structured interview format. A progress note should detail the findings of the conversation.

*SBIRT is billable for a single 15 to 30-minute episode, once a day, with no limit on the amount of days per week, month, or year.

Best Practice Standards for SBIRT:

The guidance provided in this document is intended to support MAT providers in expediting induction of MAT. It is expected that agencies intending to use SBIRT in this way will ensure that staff are trained in the use of brief intervention and SBIRT. If an agencies does not have staff trained in SBIRT, DBH expects that agencies will arrange for training within 3 months of initiating SBIRT.