



FACT SHEET

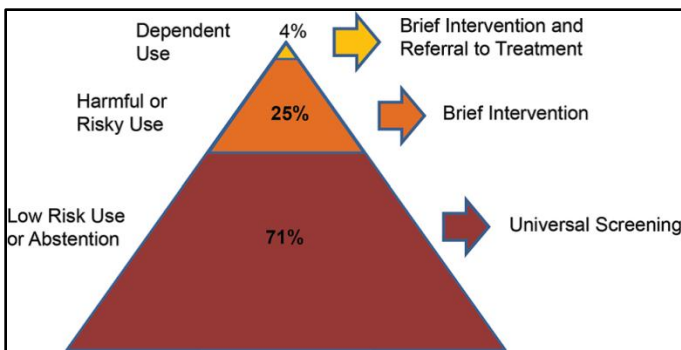
Office of National Drug Control Policy (ONDCP)

Substance Abuse and Mental Health
Services Administration (SAMHSA)

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

A Comprehensive Public Health Approach

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive public health approach for delivering early intervention and treatment services to people with, or at risk of developing, substance use disorders. Healthcare providers using SBIRT ask patients about substance use during routine medical and dental visits, provide brief advice, and then, if appropriate, refer patients who are at risk of



substance use problems to treatment. Release of the Institute of Medicine report *Broadening the Base of Treatment for Alcohol Problems*¹ provided recognition that alcohol and drug abuse occur along a continuum of both level of consumption and

consequences. This recognition is illustrated by a treatment pyramid (shown above) that has been developed to depict the role of SBIRT in addressing needs across the continuum of use.

Studies show the need for a tool such as SBIRT:

- Results of the most recent National Survey on Drug Use and Health (NSDUH) show that an estimated 22.1 million people aged 12 or older have a diagnosable alcohol or illicit drug use disorder.²
- In 2010, according to NSDUH, 8.1 percent of the population aged 12 or older – about 20.5 million people – needed but did not receive substance use treatment at a specialty facility in the past year.³
- In 2006, excessive drinking cost the United States \$223 billion.⁴ Factoring in public health, public safety, and lost productivity, illicit drug use cost the Nation an estimated \$193 billion in 2007.⁵

Elements of SBIRT

Healthcare practitioners have the important responsibility of looking after their patients' general health and welfare. In this role, they must be vigilant in identifying a host of potential health problems. It is critical, therefore, to focus resources and efforts on expanding the continuum of care health practitioners provide for their patients.

SBIRT at a Glance

Step 1

Screen Patients

Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment. Screenings take place in trauma centers, emergency rooms, community clinics, health centers, dental clinics, and school clinics. Screening can be done through one to five pre-screen questions based on evidence from NIDA and NIAAA.

Steps 2 and 3

Conduct Brief Intervention and Brief Therapy

Brief Intervention and Brief Therapy use motivational interviewing techniques to increase a person's awareness of substance use and encourage changes in behavior.

Step 4

Refer to Treatment

Referral to treatment offers access to specialty care for individuals who are in need of treatment for substance abuse.

With SBIRT, substance abuse screening is incorporated into mainstream healthcare settings, such as college health clinics, hospitals, trauma centers, and dental clinics, as well as into tribal and military healthcare settings. Practitioners screen patients to assess substance use, then, based on the screening results, provide the appropriate intervention.

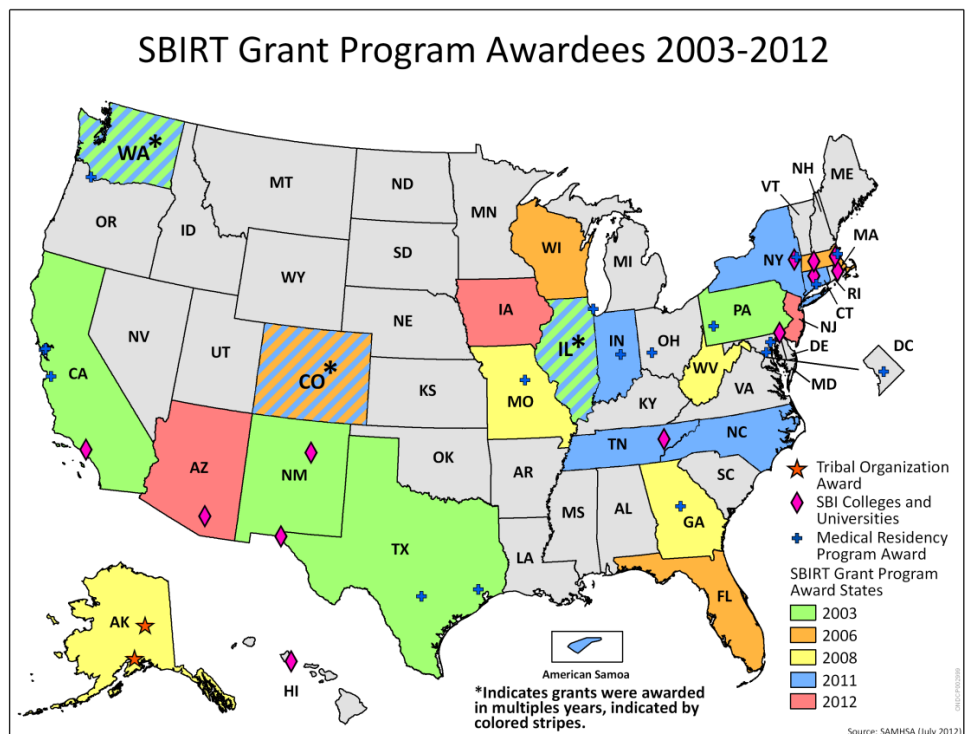
SBIRT is a four-part process:

- **Universal screening** assesses substance use and identifies people with substance use problems.
- **Brief intervention** is provided when a screening indicates moderate risk. Brief intervention utilizes motivational interviewing techniques focused on raising patients' awareness of substance use and its consequences and motivating them toward positive behavioral change.
- **Brief therapy** continues motivational discussion for persons needing more than a brief intervention. Brief therapy is more comprehensive and includes further assessment, education, problem solving, coping mechanisms, and building a supportive social environment.
- **Referral to treatment** provides a referral to specialty care for persons deemed to be at high risk.

A key aspect of SBIRT is the integration and coordination of screening, early intervention, and treatment components into a system of care. This system links community health care and social service programs with specialty treatment programs. In each of the SBIRT grantee programs, healthcare professionals and clinical support staff conduct universal screening that targets risky to harmful use, thereby helping to reduce the number of people who move from substance use to addiction.

History of the Federal SBIRT Program

In 2003, the Federal Government established the SBIRT grantee program within the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment to implement SBIRT services in primary care and community health settings for adults with substance use disorders⁶ (see grantee map at right). To date, SAMHSA has fully or partially funded four portfolios for SBIRT grantees: (1) SBIRT Cooperative Agreements to Single State Authorities (SSAs) for Substance Abuse Services; (2) SBIRT implementation on college campuses; (3) a pilot project for SBIRT implementation within Federally Qualified Health Centers (FQHCs); and (4) SBIRT implementation within medical residency programs. These real-world implementations build on findings of more than 100 research studies conducted over the past 30 years that have supported development of reliable screening tools, empirically proven brief interventions, and implementation and technology transfer research.



Effectiveness of SBIRT

Research on SBIRT's effectiveness for alcohol and drug problems indicates the approach clearly leads to short-term health improvements and, though not fully demonstrated, may also yield substantial long-term benefits.^{7,8} One study found that, in some instances, a brief motivational intervention appears to facilitate abstinence from heroin and cocaine use at a 6-month follow-up interview, even in the absence of specialty addiction treatment.⁹

Data from SAMHSA grant programs¹⁰ help demonstrate the impact of SBIRT on patient health through documented:

- Reduction in alcohol and drug use 6 months after receiving intervention (41 percent of respondents reported abstinence from drugs and/or alcohol at follow-up, compared to just 16 percent at baseline);
- Improvement in quality-of-life measures, including employment/education status, housing stability, and 30-day past arrest rates (95 percent of respondents reported no arrests in the past 30 days at follow-up, compared to 88 percent at baseline); and
- Reduction in risky behaviors, including fewer unprotected sexual encounters (injection drug use decreased from 3.2 percent at baseline to 1.5 percent at follow-up).

SBIRT also reduces the time and resources needed to treat conditions caused or worsened by substance use, making our health systems more cost-effective.¹¹ For example, participants in the Washington State Screening, Brief Intervention, and Referral to Treatment (WASBIRT) program who received a brief intervention experienced a reduction in total Medicaid costs ranging from \$185-\$192 per month. Participants admitted as hospital inpatients after emergency department visits saw reductions in associated costs ranging from \$238-\$269 per month.¹²

Seeking Local Solutions

State and local level actions:

- Healthcare professionals can learn screening techniques to identify patients with, or at risk for, substance use problems and talk to them about consequences and behavioral change. To learn more about SBIRT, visit www.integration.samhsa.gov/clinical-practice/sbirt.
- More training can be made available to primary healthcare providers and staff to ensure fidelity to evidence-based practices such as SBIRT. Training and webinars on SBIRT are available at www.integration.samhsa.gov/clinical-practice/sbirt.
- Parents can talk to their children about the consequences of alcohol and illicit drug use. Advice and information about teen drug use is available online at <http://www.theantidrug.com>.
- Community anti-drug coalitions can apply for Federal grants through ONDCP's Drug Free Communities Support Program (<http://www.whitehouse.gov/ondcp/drug-free-communities-support-program>).

Codes for Reimbursable SBIRT Services

The chart below lists codes approved by the American Medical Association (CPT Codes) and the Centers for Medicare and Medicaid Services (G and H Codes) to be used by healthcare practitioners for reimbursable SBIRT services.¹³

Payer	Code	Description
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes
Medicaid	H0049	Alcohol and/or drug screening
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes

Resources for Codes for Reimbursable SBIRT Services

Private Insurance

- More information about Current Procedural Terminology (CPT) codes for private insurance is available from SAMHSA at <http://www.samhsa.gov/prevention/SBIRT/index.aspx>

Medicare and Medicaid

- More information about Medicare and Medicaid G and H codes is available from SAMHSA at <http://www.samhsa.gov/prevention/SBIRT/index.aspx> and from the Centers for Medicare & Medicaid Services at <http://www.cms.gov/>.
- More information on Codes for Reimbursable SBIRT Services is available from the Medicare Learning Network at <http://www.cms.gov/MLNgeninfo/>.

Physicians

- AMA Healthier Life Steps™: Coding for Routine Adult Lifestyle Screening, Early Intervention, and Motivational Interviewing, published in *cpt Assistant: Your practical guide to current coding (2009)*, is available online from the American Medical Association at <http://www.ama-assn.org/ama1/pub/upload/mm/433/cpt-assistant.pdf>.

Other SBIRT Resources

- To learn more about substance use and SBIRT, visit the websites for SAMHSA (www.samhsa.gov) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) at www.niaaa.nih.gov.
- *Screening for Drug Use in General Medical Settings: Quick Reference Guide*, National Institute on Drug Abuse, 2009. Available online at http://m.drugabuse.gov/sites/default/files/files/screening_qr.pdf
- *Screening for Drug Use in General Medical Settings: A Resource Guide for Providers*, National Institute on Drug Abuse. Available online at www.nida.nih.gov/nidamed/resguide/resourceguide.pdf
- The Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST), developed by the World Health Organization (WHO), is designed to help healthcare providers detect and manage substance use and related problems in primary and general medical care settings. More information about this screening tool is available on WHO's website at http://www.who.int/substance_abuse/activities/assist/en/
- Wisconsin created a coding, billing, and reimbursement guide (http://www.wiphl.com/uploads/media/SBIRT_Manual.pdf)

Notes

¹ Institute of Medicine. 1990. *Broadening the Base of Treatment for Alcohol Problems: Report of a Study by a Committee of the Institute of Medicine, Division of Mental Health and Behavioral Medicine*. Washington, DC: National Academy Press.

² Substance Abuse and Mental Health Services Administration, 2011. Results from the 2010 National Survey on Drug Use and Health: Volume 1. Summary of National Findings. DHHS Publication No. SMA 10-4856.

³ Substance Abuse and Mental Health Services Administration, 2011. Results from the 2010 National Survey on Drug Use and Health: Volume 1. Summary of National Findings. DHHS Publication No. SMA 10-4856.

⁴ Bouchery, E., Harwood, H., Sacks, J., Simon, C., Brewer, R. (2011). Economic Costs of Excessive Alcohol Consumption in the U.S., 2006. *American Journal of Preventive Medicine*, 41(5), 516-524.

⁵ National Drug Intelligence Center (2011). *The Economic Impact of Illicit Drug Use on American Society*. United States Department of Justice. Retrieved from <http://www.justice.gov/ndic/>

⁶ SAMSHA FY 2011 Request for Applications (RFA), Cooperative Agreements for Screening, Brief Intervention and Referral to Treatment (Short Title: SBIRT), Initial Announcement, Request for Applications (RFA) No. TI-11-005.

Posting on Grants.gov: March 30, 2011, http://www.samhsa.gov/grants/2011/ti_11_005.aspx

⁷ Babor TF, McRee BG, Kassebaum PA, Grimaldi PL, Ahmed K, Bray J. Screening, brief intervention, and referral to treatment (SBIRT): Toward a public health approach to the management of substance abuse. *Substance Abuse*, 2007. 28(3): 7-30.

⁸ Madras B., Compton W., Avula D., Stegbauer T., Stein J., & Clark H.W. (2009). Screening, brief intervention, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. *Drug and Alcohol Dependence*, 99 (1-3), 280-295. doi: 10.1016/j.drugalcdep.2008.08.003.

⁹ Bernstein, J., Bernstein, E., Tassiopoulos, K., Heeren, T., Levenson, & S., Hingson, R. (2005). Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug and Alcohol Dependence*, 77, 49-59.

¹⁰ Unpublished data from SAMHSA's Services Accountability Improvement System, July 2012.

¹¹ Estee, S., He, L., Mancuso, D., & Felver, B. (2006). Medicaid cost outcomes. Department of Social and Health Services, Research and Data Analysis Division: Olympia, Washington.

¹² Estee, S., Wickizer, T., He, L., Shah, M.F., Mancuso, D. (2010). Evaluation of the Washington State screening, brief intervention, and referral to treatment project: cost outcomes for Medicaid patients screened in hospital emergency departments. *Medical Care*, 48(1), 18-24.

¹³ Substance Abuse and Mental Health Services Administration, 2011. Retrieved from <http://www.samhsa.gov/prevention/SBIRT/coding.aspx>



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