

Best in Show: Screening, Brief Intervention, and Referral to Treatment (SBIRT) Tips and Tricks

October 8, 2025

1:00 to 2:00 p.m. ET

Submitting Questions and Comments

- Submit questions by using the questions-and-answer (Q&A) feature. To open your Q&A window, click the Q&A icon at the bottom center of your Zoom window.
- If you experience any technical issues during the webinar, please message us through the chat feature or email bphc-ta@bizzellus.com.

Continuing Education (CE)

- We offer behavioral health (BH) continuing education units (CEUs) for participation in BH/substance use disorder (SUD) integration technical assistance (BH/SUD TA) events.
- You must attend the event and complete the online Health Center TA Satisfaction Assessment Form after the event (2–3 minutes).
- A link with instructions will be provided at the end of the session.
- CE certificates will be sent within 5 weeks of the event from the Health Center BH/SUD TA Team via Smartsheet <user@app.smartsheet.com>.



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Presenter

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Session Objectives

Participants of today's session will be able to:

- Discuss the role of SBIRT in the delivery of behavioral health and substance use disorder integration in primary care.
- Evaluate evidence-based screening and assessment tools for SBIRT use.
- Identify key skills for brief interventions (e.g., motivational interviewing) for training planning.
- Outline staff and workflow considerations to ensure SBIRT fidelity and effectiveness.
- Review approaches to building accessible treatment referral networks.



What is SBIRT?

A comprehensive, integrated, public health approach to the delivery of universal screening, brief motivational interventions and referral to treatment services for behavioral health risks.



SBIRT Aligns with Integrated Care Models



**Team-based
approach**



**Reduces
stigma**



Patient-directed

Three Phases

1

Screening

Determines the severity and risk level of the patient's risky health behavior(s).

2

Brief Intervention

Uses motivation interviewing and an appropriate brief intervention.

3

Referral to Treatment

Connects to specialty care as appropriate.

Polling Question #1

What SBIRT challenges are you and your team facing right now?

- a. Designating responsibilities within the clinical workflow
- b. Keeping staff trained
- c. Maintaining accessible BH/SUD referral networks for our patients
- d. Documentation and/or uncertainty about patient access and data privacy processes
- e. Other...share your response in the Q&A



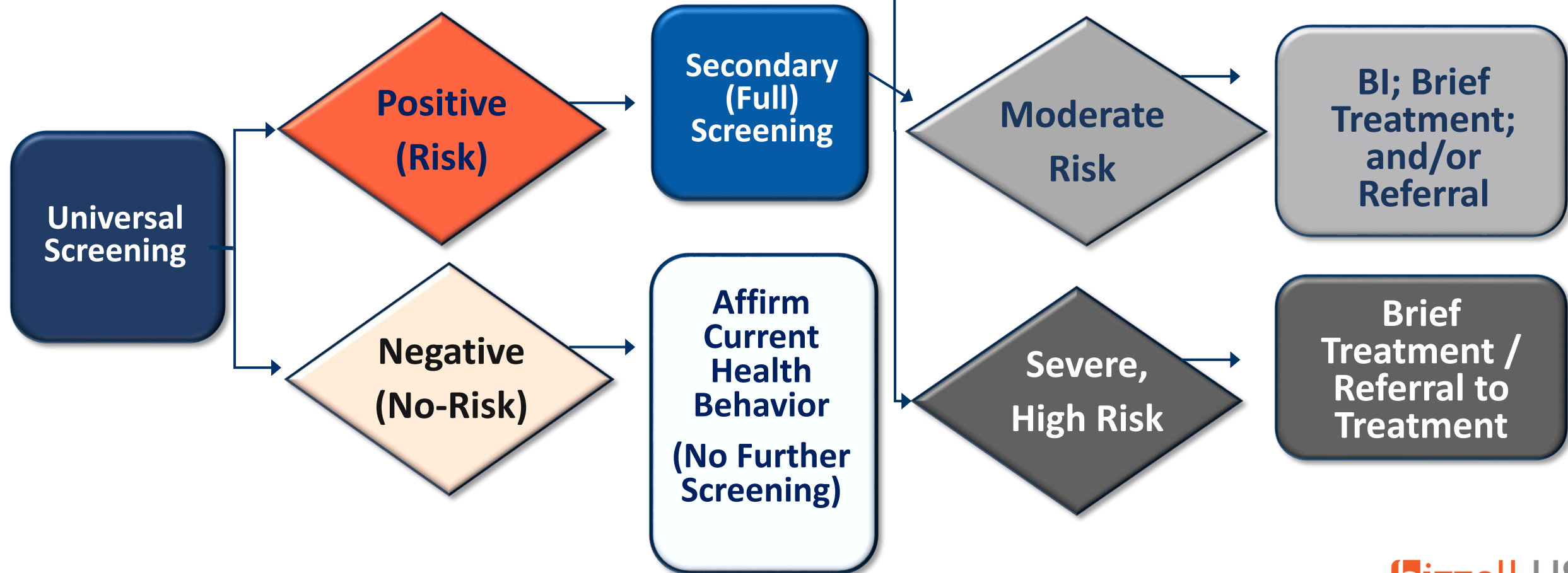
SBIRT is a
framework
based on
“motivational
interviewing”
strategies

Requires coordination between clinical and operations staff to effectively implement.

There are **two key aspects** of the SBIRT process:

- **Risk stratification**
- Using **Motivational Interviewing** throughout each step of the SBIRT process for better outcomes

A Screening and Response Pathway



SBIRT: Screening

Screening determines the severity and risk level of the patient's risky health behavior(s).

Screening results allow the provider to determine the level of behavioral intervention that is appropriate for the patient.

Common Universal and Secondary Screening Tools

Mental Health

- **PHQ-2, PHQ-9:** Patient Health Questionnaire – 2, 9
- **GAD-7:** Generalized Anxiety Disorder-7
- **PROMIS:** *Patient-Reported Outcomes Measurement Information System*

SUD

- **NIDA Quick Screen:** National Institute on Drug Abuse (NIDA) Quick Screen
- **DAST-10:** Drug Abuse Screening Tool-10
- **TAPS:** Tobacco, Alcohol, Prescription medication, and other Substance use
- **BSTAD:** Brief Screener for Alcohol, Tobacco, and other Drugs
- **AUDIT-C:** Alcohol Use Disorders Identification Test

Polling Question #2

What validated BH/SUD screening and assessment tools does your health center use?

What do you like about them?

Please share your responses in the Q&A.



Defining Risk

No/Low Risk: No substance use or very minimal use without consequences

Moderate/At-Risk Use: Regular use that exceeds low-risk guidelines but has not caused major problems yet

High Risk/Harmful Use: Clear evidence of alcohol/substance-related harm or consequences; may include physical, social, legal, or psychological problems

Severe Risk/Dependence: Signs of tolerance, withdrawal, loss of control; significant impairment in daily functioning



Screening Results Inform Next Steps

Brief Intervention (BI), Brief Treatment (BT),
Referral to Treatment (RT)

**Severe
Risk/
Dependence**

More intensive BI & BT

**High Risk/
Harmful Use**

BI

**Moderate/
At-Risk Use**

Positive reinforcement,
general health education

**No/
Low Risk**

Factors to Consider

- Medical conditions exacerbated by substance use
 - Medications that interact with alcohol/drugs
 - Mental health comorbidities
 - Pregnancy
- Age (e.g., adolescents, older adults)
 - Occupational hazards (e.g., driving, operating machinery)
 - Family history

Other Considerations



Beyond screening scores, clinicians also assess:

- Patient's readiness to change
- Social support systems
- Previous treatment history
- Severity of consequences experienced
- Co-occurring disorders

SBIRT: Brief Intervention (BI)

A structured, 5–15 minute counseling conversation using motivational techniques to help patients reduce risky substance use and prevent progression to more serious problems.

- Uses motivational interviewing principles
- Focuses on patient's own reasons for change
- Provides personalized feedback about risk
- Collaborative, non-confrontational approach
- Can be delivered by various healthcare providers

Differences between Brief Intervention and Brief Treatment

Brief Intervention

Goal: Increase patient motivation to reduce risky behavior(s)

Duration: 1–5 sessions, 5–60 minutes

Staff: Primary care providers, nurses, behavioral health staff

Brief Treatment

Goal: Change behavior and provide support to maintain a change in behavior to support long-term adoption of healthier behavior(s)

Duration: 5–12 sessions, 5–60 minutes

Staff: Behavioral health consultants

Brief Intervention

ENGAGEMENT

- Build rapport (or check in since last meeting)
- Review progress
- Review between-session practice

INTERVENTION

- Provide rationale for intervention
- Deliver intervention
- Reflect and generalize

TRANSFER OF LEARNING

- Summarize
- Negotiate between-session practice plan
- Negotiate commitment

Training Considerations

- Train **all** care team members
- Use role-playing and scripting to build brief, efficient delivery
- Offer interactive workshops and real-time coaching
- Incorporate ongoing skill assessment and refresher trainings
- Leverage telehealth and e-learning modules for flexibility



SBIRT: Referral to Treatment (RT)

The process of connecting patients with moderate to severe substance use disorders to appropriate specialized treatment services, including assessment, active linkage, and follow-up to ensure successful engagement in care.

- For patients with moderate to severe substance use disorders
- Includes warm handoffs and active facilitation
- Ranges from outpatient counseling to residential treatment
- Involves follow-up to confirm engagement
- Coordinated with primary care for ongoing support

Referral to Treatment

- Connects patients to **more extensive and supportive services**.
- Follows **coordinated decision-making** across different providers (e.g., medical and behavioral health) and services.
- Only **done after screening and brief intervention**.
- Goals:
 1. Determine an appropriate SUD/BH or other specialty treatment program
 2. Facilitate engagement of the patient in SUD/BH treatment services

Polling Question #3

How does your health center develop BH/SUD referral networks?

- a. Employing patient navigators and/or social workers who focus on this daily
- b. Building community partnerships with complementary organizations
- c. Pursuing state and federal grants to train our own clinicians
- d. Creating intercommunity networks
- e. Other...share your response in the Q&A



Referral to Treatment Best Practices

- Develop and maintain a community resource guide of providers, recovery meetings, wellness classes, etc.
 - Conduct RT only if the patient is ready *and* motivated for the referred treatment services.
 - Conduct a warm handoff RT with staff actively involved and following up on the handoff process.
- Determine how you will interact/communicate with the provider.
 - Confirm your follow-up plan with the patient.
 - Decide on the ongoing follow-up support strategies you will use.

Referral Network Expansion

- Explore how technology can support referrals
- Formalize memorandums of understanding with other behavioral health/ substance use disorder providers
- Consider using community health workers or care navigators
- Invest in staff support to develop and regularly maintain a listing of virtual and local partners
- Engage with community organizations and coalitions

SBIRT in Integrated Care

- Improves early detection
- Supports patient-directed care
 - De-stigmatized care with universal screening
- Enhances quality metrics and compliance
 - Supports Uniform Data System measures related to behavioral health screening and treatment
- Maximizes funding and sustainability
 - Often reimbursable under Medicare and Medicaid (varies by state)

Resources/References

- Substance Abuse and Mental Health Services Administration (SAMHSA). (2024). *Screening, Brief Intervention, and Referral to Treatment (SBIRT)*. <https://www.samhsa.gov/substance-use/treatment/sbirt>
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- Department of Veterans Affairs. (2013, July). *The Alcohol Use Disorders Identification Test (AUDIT-C)*. https://www.mentalhealth.va.gov/coe/cih-visn2/Documents/Provider_Education_Handouts/AUDIT-C_Version_3.pdf

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Health Center Satisfaction Assessment

- We'd love your feedback on today's session!
- Please take 2 minutes to complete the Health Center TA Satisfaction Assessment.

Thank you for your time!



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