

SBIRT

Screening, Brief Intervention, Referral to Treatment

*Implementation
Toolkit*
**for Your
Dental Practice**

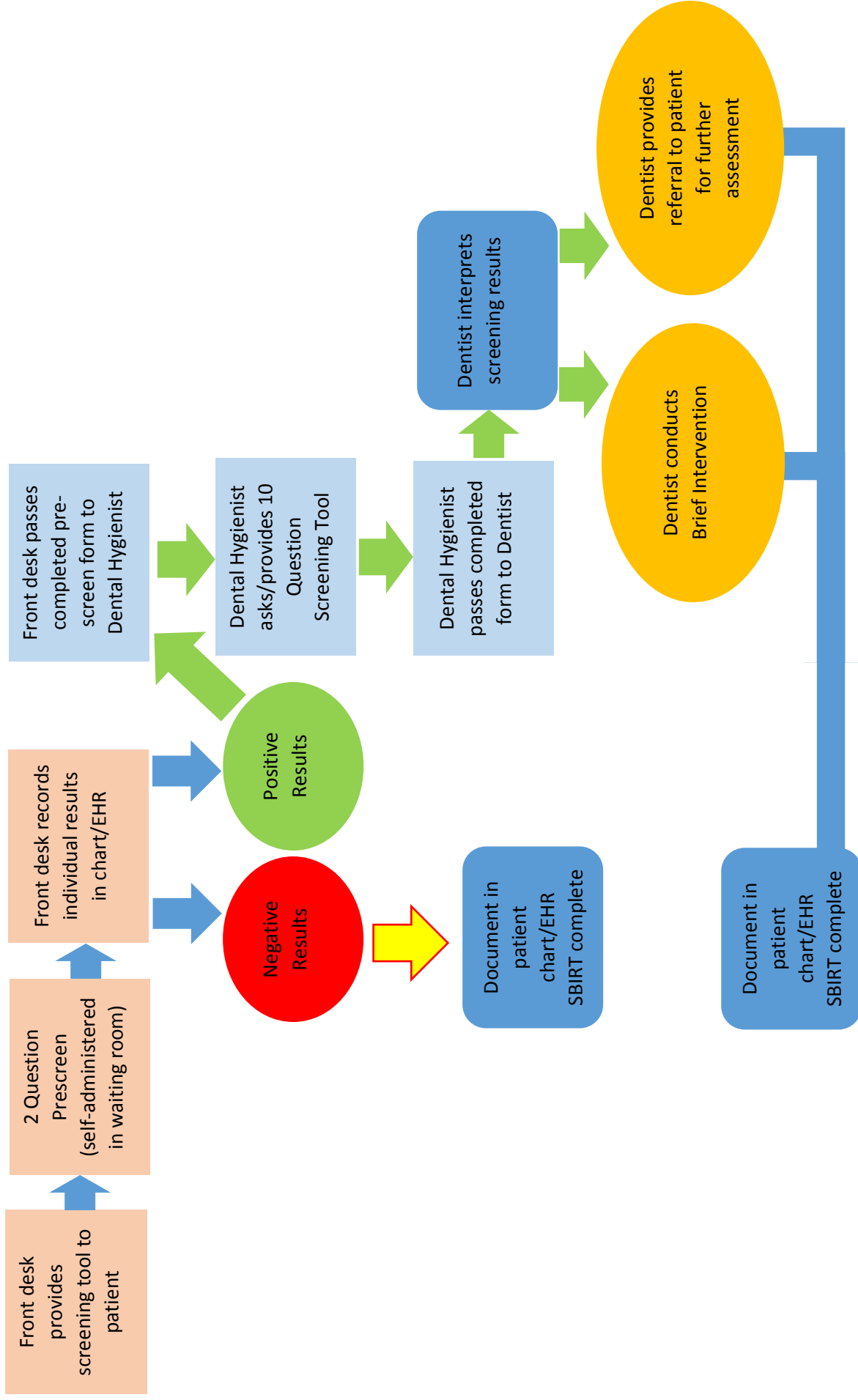
Provided by: the Utah Addiction Center, University of Utah

<http://healthsciences.utah.edu/utahaddictioncenter/>



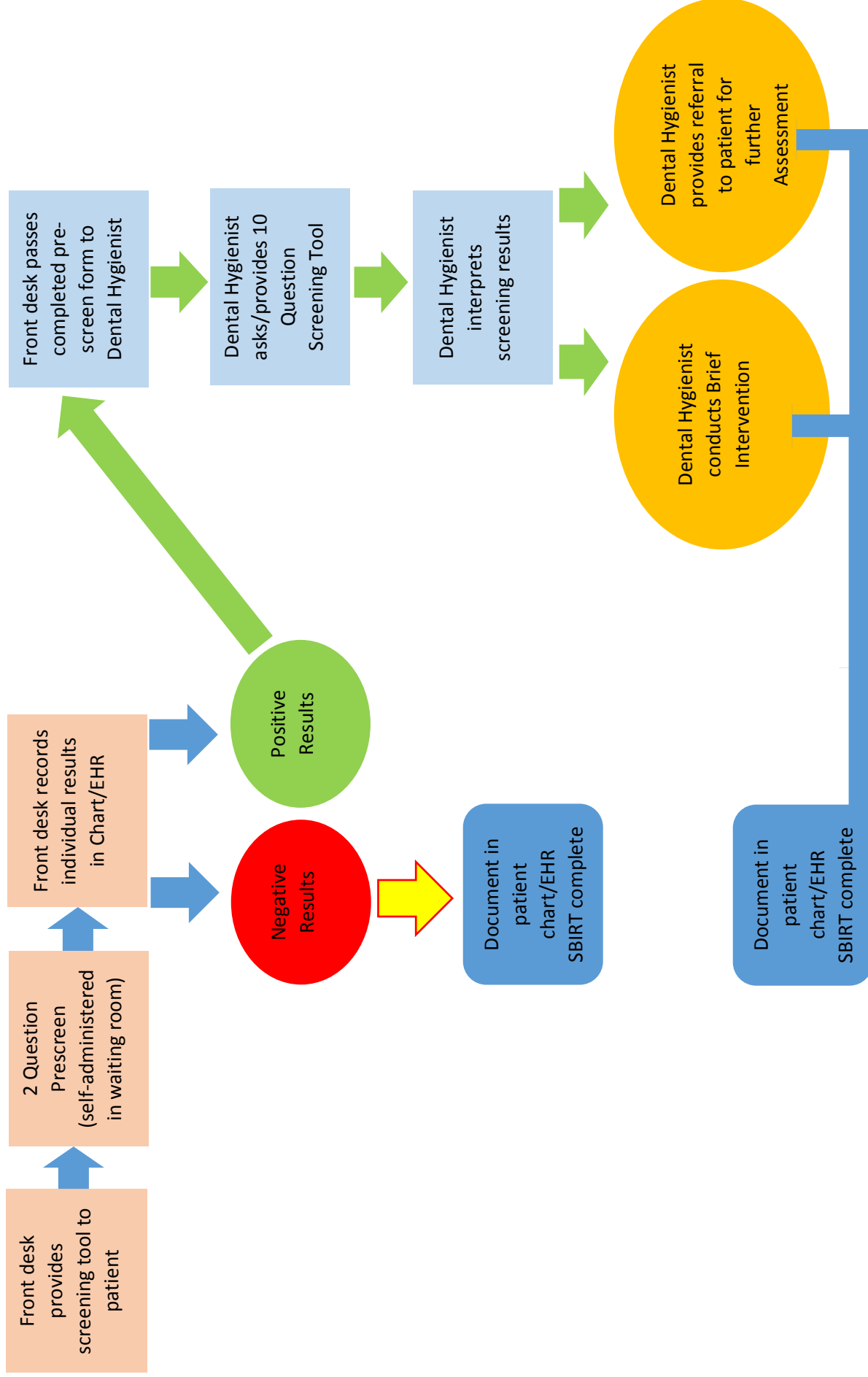
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Flow - Option A

(Front Desk, Dental Hygienist, and Dentist)



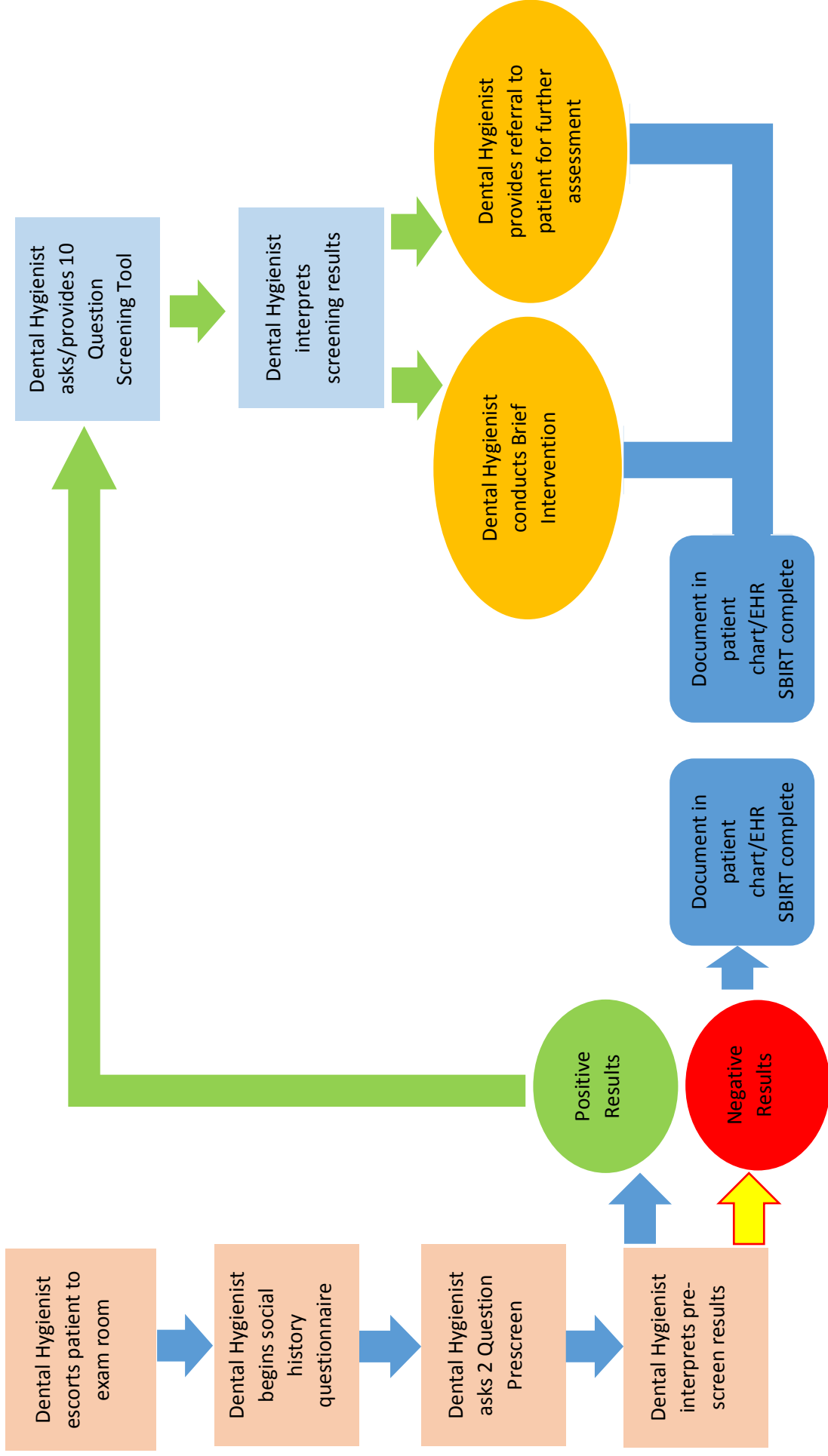
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Flow - Option B

(Front Desk and Dental Hygienist)

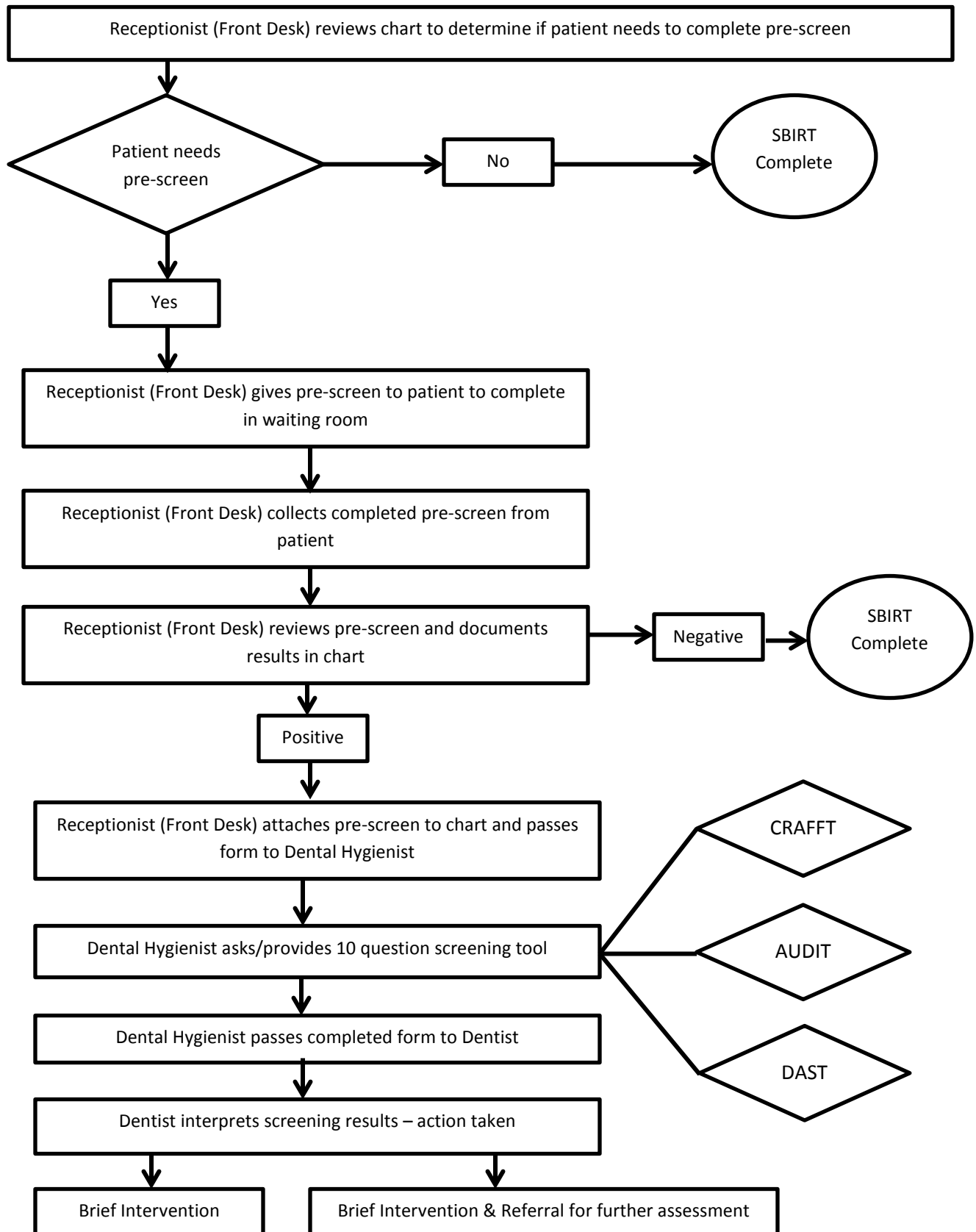


Screening, Brief Intervention, and Referral to Treatment (SBIRT) Flow - Option C

(Dental Hygienist)



Screening, Brief Intervention, and Referral to Treatment (SBIRT) Service Flow - Dental Practice



Referral for Further Assessment:

- Follow appropriate confidentiality (42, CFR-Part 2 and HIPAA regulations when sharing information)
- Develop relationships between health centers in your community who do assessments and treatment
 - Utah's Local Substance Abuse and Mental Health Centers listing
 - <https://dsamh.utah.gov/substance-use-disorders/#box1>
- Establish a relationship with your community treatment providers(s) and ensure you have a referral agreement
- Maintain an updated list of treatment providers and support services
- Facilitate warm hand-off
 - Front Desk may call to make treatment assessment appointment for patient
 - Provide phone number, directions and clinic hours to patient
- Patient may need to contact their insurance company, if applicable, to verify coverage

Utah Referral Resources:

- Department of Human Services, Division of Substance Abuse & Mental Health:
 - <http://dsamh.utah.gov/substance-use-disorders/>
- Assessment and Referral Services, University of Utah (for Salt Lake County residents only)
 - <http://medicine.utah.edu/psychiatry/assessment-referral-services/>

Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Treatment Services Locator:

- Search for Treatment Providers
- Specify Treatment Search Options
 - <http://findtreatment.samhsa.gov/>



<http://healthsciences.utah.edu/utahaddictioncenter/>

Referral for Further Assessment Process

Ask permission to explain options to patient.

Best Results

Front desk may call "Utah Local Substance Abuse and Mental Health Center" in appropriate County to make appointment for patient.

Provide phone number to patient, in the appropriate County, from the "Utah Local Substance Abuse and Mental Health Center" list.

Follow appropriate confidentiality (42, CFR-Part 2 and HIPAA regulations when sharing information.

Front desk script - "I am calling to schedule an appointment for our patient, would you like to speak directly to our patient?"

Please **do not say** "I am calling to schedule an appointment for our patient to have a substance use disorder assessment to see if they need further treatment."

Document in patient chart/EHR and follow-up with patient during next annual dental visit

UTAH'S LOCAL SUBSTANCE ABUSE AND MENTAL HEALTH CENTERS

2017

COUNTY	AGENCY	DIRECTOR	MAILING ADDRESS	PHONE
Box Elder, Cache, Rich	BEAR RIVER MENTAL HEALTH	C. Reed Ernstrom	90 East 200 North Logan, Utah 84321	(435) 752-0750
Box Elder, Cache, Rich	BEAR RIVER SUBSTANCE ABUSE	Brock Alder	655 East 1300 North Logan, Utah 84321	(435) 792-6420
Juab, Millard, Piute, Sanpete, Sevier, Wayne	CENTRAL UTAH COUNSELING	Brian Whipple	152 North 400 West Ephraim, Utah 84627-5549	(435) 462-2416
Davis	DAVIS BEHAVIORAL HEALTH, INC.	Brandon Hatch	934 South Main Layton, Utah 84041	(801) 544-0585
Carbon, Emery, Grand	FOUR CORNERS COMMUNITY BEHAVIORAL HEALTH, INC.	Karen Dolan	150 W. 100 N. Price, Utah 84501	(435) 637-7200
Daggett, Duchesne, Uintah	NORTHEASTERN COUNSELING CENTER	Kyle Snow	1140 West 500 South Vernal, Utah 84078	(435) 789-6300
Salt Lake	SALT LAKE COUNTY BEHAVIORAL HEALTH SERVICES	Tim Whalen	2001 South State, Suite S2300 Salt Lake City, Utah 84190-2250	(385) 468-4707
San Juan	SAN JUAN COUNSELING CENTER	Tammy Squires	356 South Main Blanding, Utah 84511	(435) 678-2992
Beaver, Garfield, Iron, Kane, Washington	SOUTHWEST BEHAVIORAL HEALTH CENTER	Mike Deal	474 West 200 North St. George, Utah 84770	(435) 634-5600
Summit	SUMMIT COUNTY SUBSTANCE ABUSE AND MENTAL HEALTH	Dodi Wilson	1753 Sidewinder Drive Park City, Utah 84124	(435) 649-8347
Tooele	TOOELE COUNTY SUBSTANCE ABUSE AND MENTAL HEALTH	Rebecca Brown	100 South 1000 West Tooele, Utah 84074	(435) 843-3520
Utah	UTAH COUNTY DIVISION OF SUBSTANCE ABUSE	Richard Nance	151 So. University Ave, Suite 3200 Provo, Utah 84606	(801) 851-7128
Wasatch	WASATCH COUNTY FAMILY CLINIC	Richard Hatch	55 South 500 East Heber City, Utah 84032	(801) 654-3003
Utah	WASATCH MENTAL HEALTH	Juergen Korbanka	750 No. 200 West, Suite 300 Provo, Utah 84601	(801) 373-4760
Morgan, Weber	WEBER HUMAN SERVICES	Kevin Eastman	237 26 th Street Ogden, Utah 84401	(801) 626-3700

Screening Tools

The CRAFFT Screening Interview

Begin: “I’m going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.”

Part A

During the PAST 12 MONTHS, did you:	No	Yes
1. Drink any <u>alcohol</u> (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Smoke any <u>marijuana or hashish</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Use <u>anything else</u> to <u>get high</u> ? (“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)	<input type="checkbox"/>	<input type="checkbox"/>

For clinic use only: Did the patient answer “yes” to any questions in Part A?

No



Ask CAR question only, then stop

Yes



Ask all 6 CRAFFT questions

Part B	No	Yes
1. Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to <u>RELAX</u> , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever <u>FORGET</u> things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your <u>FAMILY</u> or <u>FRIENDS</u> ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into <u>TROUBLE</u> while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

CONFIDENTIALITY NOTICE:

The information recorded on this page may be protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient for this purpose.

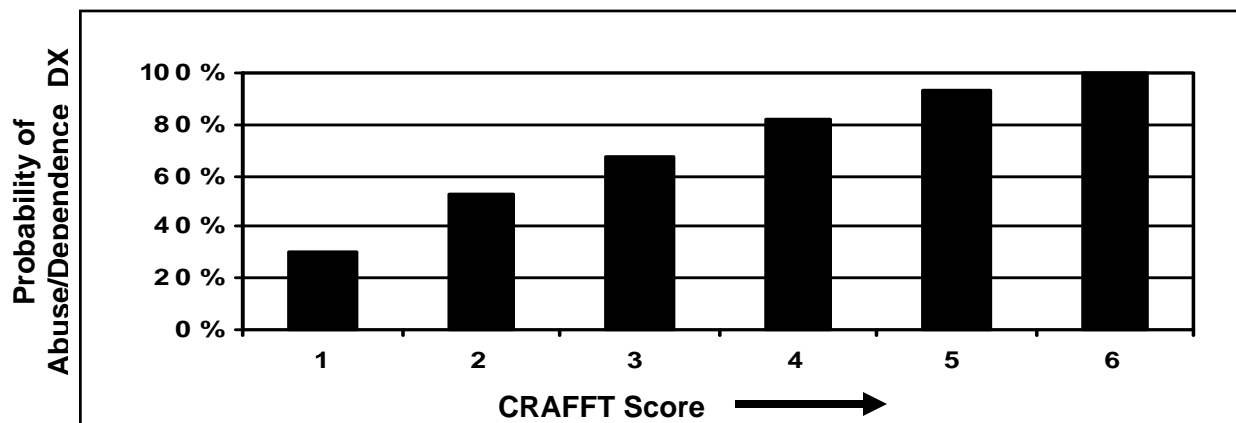
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SCORING INSTRUCTIONS: FOR CLINIC STAFF USE ONLY

CRAFFT Scoring: Each “yes” response in **Part B** scores 1 point.
A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

Probability of Substance Abuse/Dependence Diagnosis Based on CRAFFT Score^{1,2}



DSM-IV Diagnostic Criteria³ (Abbreviated)

Substance Abuse (1 or more of the following):

- Use causes failure to fulfill obligations at work, school, or home
- Recurrent use in hazardous situations (e.g. driving)
- Recurrent legal problems
- Continued use despite recurrent problems

Substance Dependence (3 or more of the following):

- Tolerance
- Withdrawal
- Substance taken in larger amount or over longer period of time than planned
- Unsuccessful efforts to cut down or quit
- Great deal of time spent to obtain substance or recover from effect
- Important activities given up because of substance
- Continued use despite harmful consequences

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References:

1. Knight JR, Shrier LA, Bravender TD, Farrell M, Vander Bilt J, Shaffer HJ. A new brief screen for adolescent substance abuse. Arch Pediatr Adolesc Med 1999;153(6):591-6.
2. Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. Arch Pediatr Adolesc Med 2002;156(6):607-14.
3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision. Washington DC, American Psychiatric Association, 2000.

DAST-10

Introduction

The Drug Abuse Screening Test (DAST-10) is a 10-item brief screening tool that can be administered by a clinician or self-administered. Each question requires a yes or no response, and the tool can be completed in less than 8 minutes. This tool assesses drug use, not including alcohol or tobacco use, in the past 12 months.

DAST-10 Questionnaire

I'm going to read you a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, 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 alcohol or tobacco.

If you have difficulty with a statement, then choose the response that is mostly right. You may choose to answer or not answer any of the questions in this section.

These questions refer to the past 12 months.	No	Yes
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")	1	0
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

Interpreting the DAST 10

In these statements, the term "drug abuse" refers to the use of medications at a level that exceeds the instructions, and/or any non-medical use of drugs. Patients receive 1 point for every "yes" answer with the exception of question #3, for which a "no" answer receives 1 point. DAST-10 Score Degree of Problems Related to Drug Abuse Suggested Action.





DAST-10 Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1–2	Low level	Monitor, re-assess at a later date
3–5	Moderate level	Further investigation
6–8	Substantial level	Intensive assessment
9–10	Severe level	Intensive assessment

Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, 7(4),363–371.

Alcohol Use Screening (AUDIT)

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some more questions about your use of alcohol. Your answers will remain confidential so please be honest.

Place an X in one box that best describes your answer to each question.

12 fl oz of regular beer  about 5% alcohol	=	8-9 fl oz of malt liquor (shown in a 12 oz glass)  about 7% alcohol	=	5 fl oz of table wine  about 12% alcohol	=	1.5 fl oz shot of 80-proof spirits ("hard liquor"— whiskey, gin, rum, vodka, tequila, etc.)  about 40% alcohol
The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.						

QUESTIONS	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. Women: How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Men: How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the past year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the past year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the past year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the past year		Yes, during the past year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?	No		Yes, but not in the past year		Yes, during the past year	

PROVIDER USE ONLY				Total
I	II	III	IV	
0	8	16	20	

AUDIT

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or “pure” alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

Note: This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization. To reflect drink serving sizes in the United States (14g of pure alcohol), the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care settings is available online at www.who.org.

The AUDIT assessment tool

There are many forms of excessive drinking that cause substantial risk or harm to the individual, and people drinking at these levels are frequently undiagnosed. The Alcohol Use Disorders Identification Test (AUDIT) is a screening instrument to detect excessive and harmful patterns of alcohol use. It has been developed by the World Health Organisation, particularly for use in primary care settings as a simple method of identifying who would benefit from reducing or ceasing drinking alcohol and to assist in brief assessment.

The AUDIT has been validated and used successfully in a number of different populations. It is designed to be administered by health care practitioners in a range of health settings, but does not require specific training and can also be self-administered or used by non-health professionals. The test uses a 10-item scale, takes 2-4 minutes to complete and is quick and simple to score. The test is in the public domain and so can be used without cost, though with acknowledgement of the source.

Guidelines for use of the screening test in primary care propose that all patients should be screened for alcohol use, ideally once a year. This can be done by administering the tool on its own, or by combining the AUDIT with other questions as part of a general health interview or medical history.

Scoring the AUDIT

Each question has a set of possible responses and each response has a score ranging from 0-4 (items 1 to 8 are scored on a 0-4 scale and items 9 and 10 are scored 0, 2, 4). Scores are added together and the total score can be compared with the cut-off scores provided to identify hazardous and harmful drinkers, and those with an established alcohol dependence. A cut-off score of 8 or more indicates a hazardous or harmful pattern of drinking. In addition to the total AUDIT score, a sub-total of 'dependence' can be calculated by adding the scores of **questions 4 to 6**. If this sub-total score is 4 or more, the patient is likely alcohol dependent and further assessment should be considered.

AUDIT Score	Risk Level	Possible Intervention
0 - 7	Low Risk.	Intervention not required
8 – 15	Risky or hazardous level Moderate risk of harm	Brief intervention of simple advice – reinforce safe drinking behaviour
16 - 19	High-risk or harmful level	Brief Intervention, brief counselling and continued monitoring. Assessment & referral for more intensive intervention where necessary.
20 or more	High-risk Dependence likely	Further assessment and more intensive intervention required. Consider referral to medical or specialist services for withdrawal

For more information and to access the guidelines see the World Health Organisation website: http://www.who.int/substance_abuse/publications/alcohol/en/index.html

Source:

Babor, T., Higgins-Biddle, J. Et al (2001) Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care, 2nd edition. World Health Organisation, Department of Mental Health and Substance Dependence.

Saunders J, Wutzke S. (1998) WHO Phase III Collaborative Study on Implementing and Supporting Intervention Strategies in Primary Health Care. Report on Strand 1: General Practitioners' Current Practices and Perceptions of Preventive Medicine and Intervention for Hazardous Alcohol Use. Copenhagen: WHO Regional Office for Europe, Alcohol, Drugs & Tobacco Programme

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