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

E2i Implementation Guide

An evidence-informed intervention, adapted for the Health Resources and Services Administration's Ryan White HIV/AIDS Program, to identify, reduce, and prevent patterns of substance use that put the health of people with HIV at risk.

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RYAN WHITE
HIV/AIDS PROGRAM
E2i

A SPECIAL PROJECT OF
NATIONAL SIGNIFICANCE

Authors

Intervention experts (Massachusetts SBIRT Training and Technical Assistance at Boston Medical Center)
Lee Ellenberg, LICSW
Alissa Cruz, MPH

E2i Coordinating Center for Technical Assistance (The Fenway Institute and AIDS United)
Hilary Goldhammer, SM
Sean Cahill, PhD
Richard Cancio, MPH
Linda Marc, ScD, MPH
Mabel Sheau Fong Low, MPH
Massah Massaquoi, MPH
Alicia Downes, LMSW
Reagin Wiklund
Neeki Parsa
Hannah Bryant, MPH
Joseph D. Stango
Bryan Thompson
Tess McKenney
Alex Keuroghlian, MD, MPH

E2i Evaluation Center (Center for AIDS Prevention Studies, University of California San Francisco)
Beth Bourdeau, PhD
Starley Shade, PhD
Mary Guze, MPH
Kimberly Koester, PhD
Andres Maiorana, MA, MPH
Greg Rebchook, PhD
Carol Dawson-Rose, RN, PhD, FAAN
Janet Myers, PhD, MPH

Health Resources and Services Administration, HIV/AIDS Bureau
Nicole Chavis, MPH
Demetrios Psihopaidas, PhD, MA
Stacy Cohen, MPH
Antigone Dempsey, MEd

THE FENWAY INSTITUTE

AIDS United

UCSF Center for AIDS Prevention Studies
Prevention Research Center
Division of Prevention Science

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This Implementation Guide was adapted from the following publications:

» Screening, Brief Intervention, and Referral to Treatment: Addressing Substance Abuse in HIV Care Settings. Boulder, CO: Mountain Plains AIDS Education and Training Center; 2014.

   Available at: *aidsetc.org/sites/default/files/resources_files/sbirt.pdf*

» Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices. Atlanta, GA: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities; 2014.

   Available at: *www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf*

Table of Contents

EXECUTIVE SUMMARY

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-informed intervention that has been adapted by HIV experts in collaboration with community members to improve health outcomes among people with HIV. SBIRT is a system-level integrated care approach to identify, reduce, and prevent patterns of substance use that put the health of people with HIV at risk. SBIRT has three basic steps: screening for severity of substance use (alcohol and drugs), providing a brief intervention to increase awareness of substance use risk and motivation to change behaviors, and referring clients for further evaluation and treatment as needed.

This Implementation Guide was developed for *Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)*, which tested SBIRT within Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) settings and evaluated its impact. Additional easy-to-use implementation tools, tips, and resources to support replication of SBIRT in the RWHAP and other HIV service organizations can be found in the *SBIRT E2i Toolkit*.

ℹ️ INTRODUCTION TO THE IMPLEMENTATION GUIDE

INTRODUCTION TO THE IMPLEMENTATION GUIDE

What is SBIRT?

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a system-level integrated care approach that aims to detect, prevent, and treat substance use disorders among people with HIV. The three steps of SBIRT are to: screen clients for severity of alcohol and drug use; provide a brief intervention to increase awareness of substance use risk and motivate a change in behaviors; and refer, as needed, for further evaluation and treatment of substance use disorders.

Purpose of the Implementation Guide

The purpose of this Implementation Guide is to provide essential information and tools necessary for understanding, planning, and delivering SBIRT in the Ryan White HIV/AIDS Program (RWHAP) and other HIV service organizations. This Guide is part of the **_SBIRT E2i Toolkit_**, a comprehensive collection of helpful resources for implementing SBIRT.

Implementation Guide Background

This Guide was developed as part of the RWHAP Part F Special Projects of National Significance (SPNS) _Program Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)_, a four-year initiative (2017-2021) funded by the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB) of the U.S. Department of Health and Human Services. E2i was designed to improve HIV health outcomes for people with HIV who experience persistent gaps along the HIV care continuum, such as engagement in care, retention in care, adherence to antiretroviral therapy (ART), and viral suppression. Because risky substance use is associated with adverse effects on HIV health outcomes, people with HIV who engage in risky substance use are among those most in need of interventions that integrate behavioral health care within HIV care settings.

E2i chose to pilot the implementation of SBIRT because of its demonstrated efficacy in reducing risky substance use in primary care and other clinical care settings.[1,2] Through a competitive request for proposals, two HIV service organizations in the RWHAP were selected to implement SBIRT between 2018 and 2020. These sites reported implementation and client outcome data to a team of evaluators who then analyzed these data. The stories, experiences, and evaluation outcomes of the sites are integrated and highlighted throughout this Guide.

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[1] Agerwala SM, McCance-Katz EF. Integrating screening, brief intervention, and referral to treatment (SBIRT) into clinical practice settings: a brief review. J Psychoactive Drugs. 2012;44(4):307-317.

[2] Bray JW, Del Boca FK, McRee BG, Hayashi SW, Babor TF. Screening, Brief Intervention and Referral to Treatment (SBIRT): rationale, program overview and cross-site evaluation. Addiction. 2017;112 Suppl 2:3-11.

The E2i Implementation Sites

FIGURE 1. Locations of the two sites that implemented SBIRT through the E2i initiative.
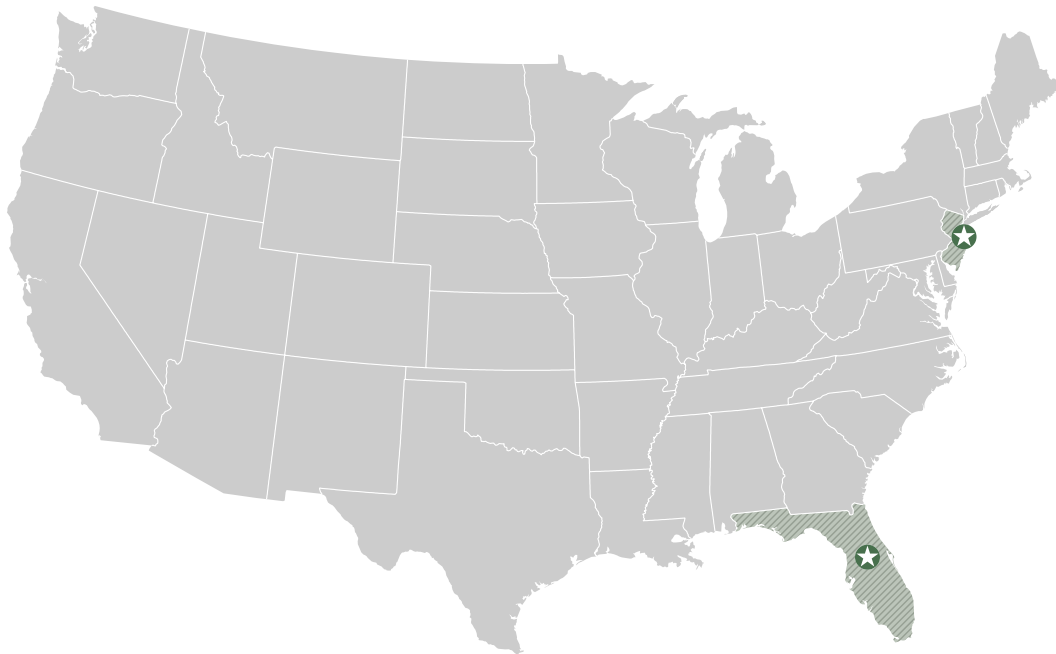
North Jersey Community Research Initiative (Newark, New Jersey)
- Community-based organization that provides "one stop service delivery" including HIV medical care and behavioral health care
- RWHAP Part A recipient
- 3,900 clients with HIV a year
- 18 employees provide HIV services
- Most common non-medical services accessed by clients with HIV: health education (71%), outreach (70%), other professional services (70%)

The Poverello Center, Inc. (Wilton Manors, Florida)
- Food pantry
- RWHAP Part A recipient; subrecipient of RHWAP funds
- 2,275 clients with HIV a year
- 18 employees provide HIV services
- Most common services accessed by clients with HIV: food pantry (100%), referral for health care (99%), other professional services (29%)

Implementation Science Evaluation

E2i used an implementation science approach to evaluate SBIRT. The evaluation aimed to answer the following questions:

» "What does it take to implement SBIRT in HIV service organizations?"

» "To what extent is successful implementation related to better HIV outcomes for the clients?"

E2i evaluators collected SBIRT client data from the E2i implementation sites throughout the initiative to measure engagement in care, prescription of ART, retention in care, and viral suppression. They also collected and reviewed site staff surveys, client encounter forms, site visit reports, and meeting notes in order to learn more about: key factors for successful implementation; challenges encountered by the interventionists; and adaptations needed for successful implementation. The major findings from the evaluation are reported throughout this Guide. For additional detail on the theoretical approach and evaluation methods, see *Appendix A*. See also the *SBIRT E2i Toolkit* for additional evaluation findings reported in manuscripts.

SBIRT OVERVIEW

SBIRT OVERVIEW

Goal

The primary goal of implementing SBIRT in an HIV service organization is:

» To identify, reduce, and prevent patterns of substance use that put the health of people with HIV at risk

Intervention Description

The SBIRT approach within an HIV service organization has three basic steps:

1. **Screen** clients for severity of substance use (alcohol and drugs)

2. Provide a **brief intervention** to increase client awareness of substance use risk and to motivate behavioral change

3. **Refer** clients for further evaluation and **treatment** for substance use disorder, as needed.

Each SBIRT step provides information and assistance tailored to individual clients and their needs. Just as checking a client's blood pressure can reveal potential medical problems and guide recommendations for a healthier lifestyle, SBIRT can provide insight on potential problems with substance use and guide recommendations for appropriate intervention.

Priority Population

» SBIRT is for all people with HIV, regardless of level of substance use.

**SBIRT Enrollment
at the E2i Sites**

943 clients

44-60 years old

70% male

52% Black/African American

18% Hispanic/Latinx

Rationale

» Many people with HIV struggle with risky or dependent substance use.

» Risky substance use is associated with a number of adverse effects for people with HIV, including reduced adherence to medication, increased viral replication, and more rapid disease progression.[3,4]

Intervention Background

Several decades of research on the delivery of SBIRT in various clinical care settings have shown positive health effects.[1,2,5,6] SBIRT also shows promise in HIV care and service settings.[7,8] Positive effects include:

» Reduced alcohol and drug use six months after receiving an intervention

» Improved quality of life (e.g., employment, education, housing stability, and arrest rates)

» Reduced risky behaviors (e.g., condomless sex)

The National Commission on Prevention Priorities ranked alcohol screening and brief intervention as cost effective and important for public health promotion. *The National Institute on Alcohol Abuse and Alcoholism*, *World Health Organization*, *National Council for Behavioral Health*, and *Centers for Disease Control and Prevention (CDC)* have all published implementation guidelines on alcohol-specific screening and brief intervention.

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[3] Kalichman SC, Grebler T, Amaral CM, et al. Intentional non-adherence to medications among HIV positive alcohol drinkers: prospective study of interactive toxicity beliefs. J Gen Intern Med. 2013;28(3):399-405.

[4] Volkow ND, Montaner J. The urgency of providing comprehensive and integrated treatment for substance abusers with HIV. Health Aff (Millwood). 2011;30(8):1411-1419.

[5] Barata IA, Shandro JR, Montgomery M, et al. Effectiveness of SBIRT for alcohol use disorders in the emergency department: A systematic review. West J Emerg Med. 2017;18(6):1143-1152.

[6] Babor TF, Del Boca F, Bray JW. Screening, Brief Intervention and Referral to Treatment: Implications of SAMHSA's SBIRT initiative for substance abuse policy and practice. Addiction. 2017;112 Suppl 2:110-117.

[7] Satre DD, Leibowitz AS, Leyden W, et al. Interventions to reduce unhealthy alcohol use among primary care patients with HIV: The health and motivation randomized clinical trial. J Gen Intern Med. 2019;34(10):2054-2061.

[8] Dawson-Rose C, Draughon JE, Cuca Y, et al. Changes in Specific Substance Involvement Scores among SBIRT recipients in an HIV primary care setting. Addict Sci Clin Pract. 2017;12(1):34.

E2i EVALUATION:
SBIRT HIV CARE CONTINUUM OUTCOMES

◆ **Enrollment:** During a 14 month period, the E2i sites conducted SBIRT screening with 943 clients (159 at one site, and 784 at the other site). Clients were older (44-60 years old) and mostly male (70%). About half of the clients identified as Black/African American (52%), and 18% identified as Hispanic/Latinx.

◆ **Outcomes:** The E2i initiative measured HIV care continuum outcomes at the time of enrollment and 12 months later. Among the clients enrolled in SBIRT, the percentage with a prescription of ART and who achieved viral suppression increased significantly. There were no statistically significant changes in engagement or retention in HIV care.

FIGURE 2. HIV care continuum outcomes among the 943 clients enrolled in SBIRT as part of the E2i initiative.
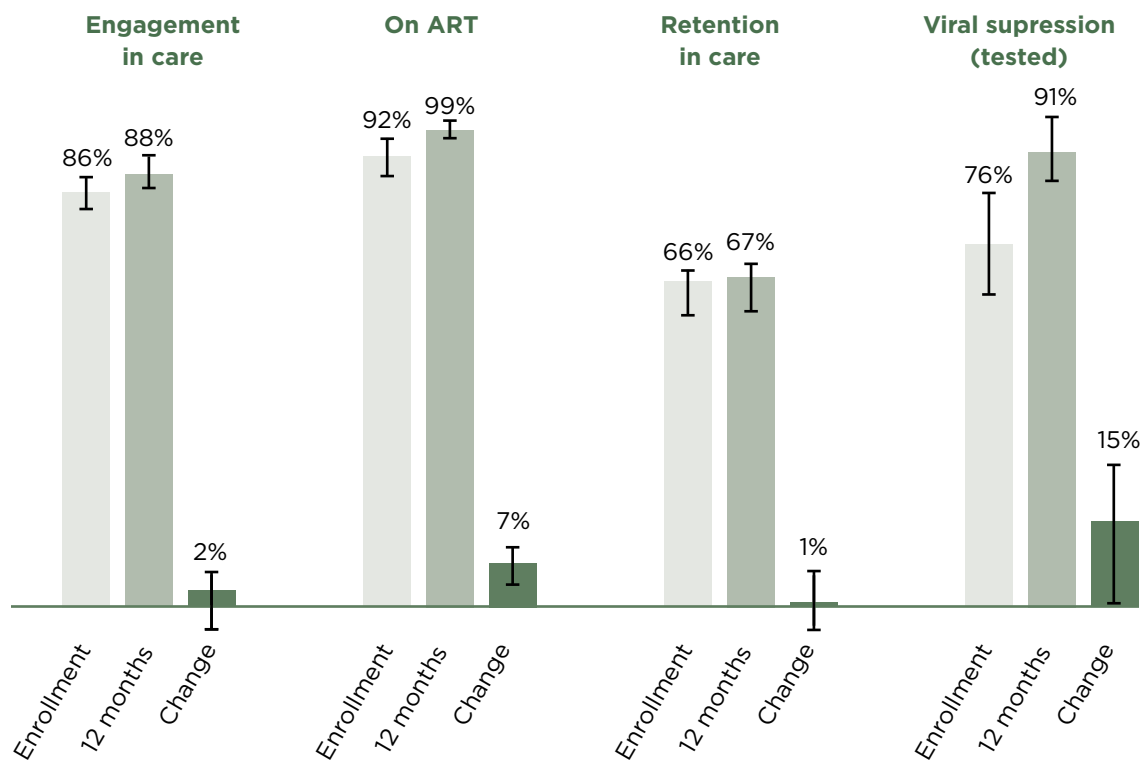
Note: E2i used the following HRSA definitions for HIV care continuum outcomes:
• *Engagement in care* = At least one primary HIV care visit in the previous 12 months
• *On ART (adherence)* = Having been prescribed ART in the past 12 months
• *Retention in care* = At least two HIV care visits in the past 12 months
• *Viral suppression* = Having an HIV viral load test in the past 12 months AND having a result of less than 200 copies/mL at the last viral load test

Settings

SBIRT can be implemented wherever people with HIV receive services, including public health clinics, primary and specialty care settings, hospital emergency rooms and ambulatory care settings, and non-clinical settings, such as food pantries and housing assistance agencies.

For the E2i initiative, SBIRT was implemented in a food pantry that partners with behavioral health service organizations, and in a community-based organization that provides medical care, mental health care, as well as services to treat substance use disorders.

Staffing

Staffing for SBIRT depends on whether the organization decides to use a team approach to delivery, or chooses to hire one dedicated staff member to conduct the entire SBIRT process, from screening to referral. Anyone who delivers SBIRT must receive training in SBIRT, and must demonstrate the ability to be empathetic, non-judgmental, and listen reflectively.

Team approach: An example of a team approach in a primary care setting may occur as follows:

1. A front desk staff gives the initial screening questions to the client in the waiting room, often along with mental health screening questions.

2. The medical assistant asks clients who screen positive to complete a full screening assessment.

3. The primary care provider reviews the screening results with the client, provides a brief intervention, and makes a referral, as appropriate.

Dedicated SBIRT provider approach: HIV service organizations may find it more effective to have only one dedicated staff member conduct the entire SBIRT process. Having a dedicated staff member, such as a case manager, peer navigator, or nurse, helps with fidelity and consistency in

The E2i sites used dedicated staff members to deliver SBIRT. One site had a case manager as the dedicated SBIRT provider. The other site trained four peer staff to deliver SBIRT.

the delivery of the intervention. Additionally, because people with HIV may feel unsure about addressing their substance use, it is helpful to have a dedicated staff person trained specifically to engage clients using a culturally responsive and compassionate approach. Because of their shared lived experiences, peers (i.e., people with HIV who represent the priority population) may be uniquely able to build trusting relationships with clients.

✓ CORE ELEMENTS

CORE ELEMENTS

Core elements are the "active ingredients" essential to achieving an intervention strategy's desired outcomes. It is critical to closely follow the core elements when implementing an intervention in an HIV service organization; otherwise, the intervention may not work as intended.[9] All other activities, such as staffing arrangements and clinical workflows, can be adapted to fit the unique circumstances of an organization and the priority population(s). However, adaptations should not compete with or contradict the core elements. **SBIRT has three core elements:**

1. **Universal screening**
   - All clients with HIV are screened at least annually for alcohol AND drug use.
   - *Aim*: To quickly assess each client's level of substance use in order to identify the appropriate type of intervention.

2. **Brief intervention**
   - Clients with low or no substance use receive positive reinforcement.
   - Clients who screen for moderate to severe substance use immediately receive a brief intervention.
   - Clients with moderate substance use may receive three or more additional brief intervention sessions (known as "brief therapy") with a behavioral health counselor. The counselor may be the same person who provides the initial brief intervention.
   - *Aim*: To increase client awareness of their substance use, and to begin to engage them in behavioral intervention.

3. **Referral to treatment**
   - Clients with severe substance use are referred for further evaluation and treatment after the brief intervention. The referral process is integrated within the brief intervention. Examples of intensive specialty treatment include medication-assisted treatment for opioid or alcohol use disorders, in-patient or out-patient detoxification, and counseling.
   - *Aim*: To provide evaluation and access to specialty care and treatment, and to increase motivation to change.

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[9] Psihopaidas D, Cohen SM, West T, et al. Implementation science and the Health Resources and Services Administration's Ryan White HIV/AIDS Program's work towards ending the HIV epidemic in the United States. PLoS Med. 2020;17(11):e1003128.

E2i EVALUATION:
SBIRT PARTICIPATION OUTCOMES

FIGURE 3. Participation outcomes among the 943 clients enrolled in SBIRT as part of the E2i initiative.
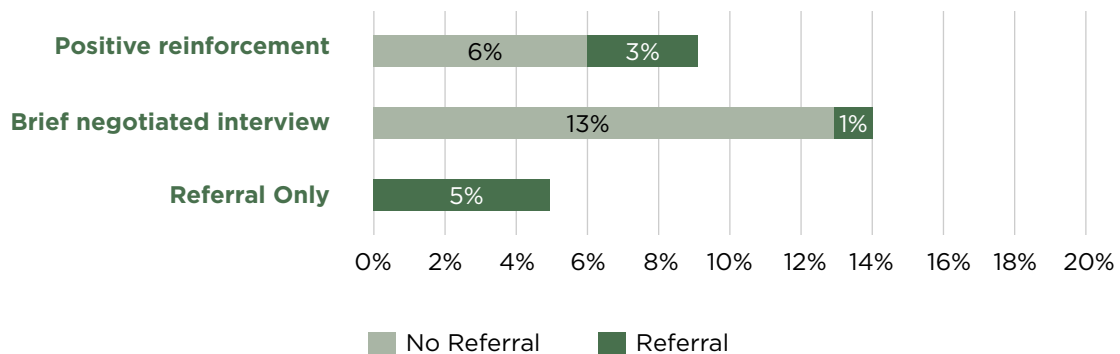
◆ **Screening:** 943 clients with HIV were screened for alcohol and drug use at the E2i sites.

◆ **Brief interventions and referrals:** Only 217 (23%) of all screened clients received either positive reinforcement (the REACT model) or a brief negotiated interview (BNI) during their first SBIRT encounter. Of the 85 clients who received positive reinforcement, one-third received a referral, likely for a mental health consultation. Of the 132 clients who received BNI for moderate or severe substance use, 9 received a referral to further evaluation and treatment.

◆ **Referral only:** One in 20 clients (5%) received a referral for further evaluation and treatment without a brief intervention. Referrals were not limited to those who reported moderate or severe substance use, and may have included people who wanted to access mental health counseling services. Overall, the E2i sites found it challenging to provide and/or document brief interventions and referrals for screened clients.

PLANNING ACTIVITIES

PLANNING ACTIVITIES

This section provides recommended activities for planning to implement SBIRT. For helpful tools to support the planning of SBIRT, see:

Appendix B: General Best Practices for Planning to Implement an Intervention Strategy
Appendix C: SBIRT "Go Live" Worksheet

Identify SBIRT Providers

An organization may choose to hire a new staff member to deliver SBIRT, or may instead identify existing staff within the agency to deliver all or parts of the SBIRT process. It is important for SBIRT providers to be people who show compassion, are non-judgmental, do not impose their beliefs and own experiences onto their clients, and have the ability to engage clients who are ambivalent about making changes with their substance use.

Train Providers and Other Staff Members

SBIRT providers require training in delivering SBIRT. Training and technical assistance can be accessed from several organizations, including the *Addiction Technology Transfer Center Network* and the *Center of Excellence for Integrated Health Solutions*.

Additionally, SBIRT staff will benefit from training in:

» Motivational interviewing (MI) to enhance the effectiveness of brief interventions. A list of trainers who provide MI is available from the *Motivational Interviewing Network of Trainers*. MI trainers may also be available locally. Skills practice should be included in the training.

» Training on client engagement, person-first language, stigma reduction, and other aspects of cultural responsiveness to help build trusting relationships with clients. Training and resources on these topics are available from the *Addiction Technology Transfer Network* and the *National LGBTQIA+ Health Education Center*.

Professional development and training are important for peers, as this may be their first professional work experience. The E2i sites found the following training topics to be very useful for peers:

• *Self-Care and resiliency*
• *Restorative and healing justice*
• *Facilitation skills*
• *HIV "101"*

*Organizations that offer training and resources on these topics include **Black Emotional and Mental Health Collective** (BEAM) and **AIDS United**.*

Develop Referral Partnerships

To ensure smooth and effective referrals, it is important to develop strong partnerships with in-house and external substance use treatment providers as well as psychologists, counselors, and other specialists. To help find providers in your community, the Substance Abuse and Mental Health Services Administration (SAMHSA) *offers a service locator*.

Develop a Plan for Each SBIRT Component

Relevant staff can collaborate on developing a plan for each SBIRT component.

Screening plan

Develop a plan for screening that specifies:

- » Which clients will be screened (e.g., all clients except for children under 9 years old)
- » How often clients will be screened
- » Where clients will be screened
- » Who will screen clients
- » Which screening tools will be used
- » How SBIRT will be introduced to clients
- » How screening results will be stored and shared, including documentation in electronic health records

The E2i sites report that SBIRT's benefits to an HIV service organization include the following:

- *Relevant providers are aware of each client's substance use and related risks.*
- *Providers intervene in an appropriate and timely manner for clients at risk.*
- *Providers develop increased confidence and comfort when discussing substance use with clients.*
- *Clients and providers develop stronger relationships with each other.*

Addressing substance use improves HIV health outcomes (retention in care, medication adherence) and comorbidities (e.g., sexually transmitted infections)

Brief intervention plan

Develop a plan for brief intervention delivery that specifies:

- » Who will deliver the brief intervention
- » How the brief intervention will be documented
- » What process will be used to follow-up with clients

Referral to treatment plan

Develop a plan for evaluation and referrals that specifies:

» Who will conduct diagnostic evaluations

» What process will be used for referrals; utilizing a "warm handoff" is recommended, whenever possible

» Where clients will be sent for detoxification and other levels of treatment

» What can be done to ensure timely referrals

» How client progress will be monitored

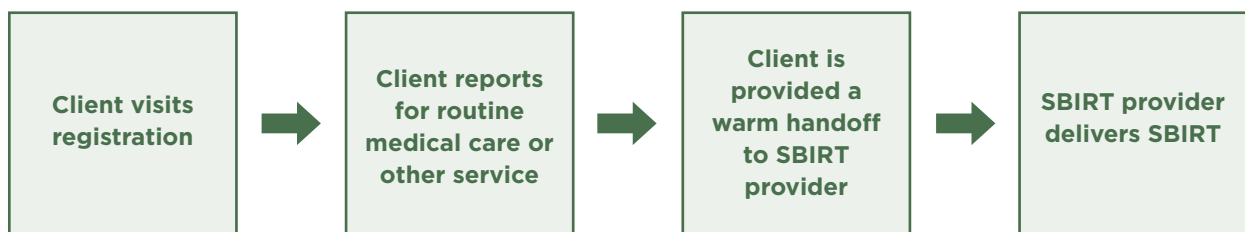» How follow-up conversations will be delivered

Brief therapy plan

If offering brief therapy to clients, develop a plan that specifies:

» Who will conduct brief therapy sessions (these are additional brief intervention counseling sessions)

» How many sessions clients will receive before completing therapy or being referred to treatment

» What standard and process will be used for transitioning clients from brief therapy into treatment

» What evidence-based model of brief therapy will be used

» How to develop a "disengagement" or "termination" plan for clients who complete the designated number of sessions but who are not yet ready for referral

» How client progress will be monitored

» How follow-up conversations will be delivered

Design a Process Flow

The SBIRT process flow is flexible and will depend on whether you are using a dedicated SBIRT provider or team approach. To design the process flow, collaborate with all relevant staff to decide and clarify roles. It may help to draw a diagram to illustrate the proposed process flow. For example, a diagram can show the steps a client goes through from entering the facility to receiving the brief intervention. An example is provided in Figure 4.

FIGURE 4. Sample SBIRT process flow

Client visits registration	→	Client reports for routine medical care or other service	→	Client is provided a warm handoff to SBIRT provider	→	SBIRT provider delivers SBIRT

Plan for Reimbursement and Sustainability

Sustainability refers to the ability to maintain programming and its benefits over time. Achieving sustainability typically involves both applying for grants and accessing available reimbursement options.

Reimbursement

» SBIRT is covered by Medicare and commercial insurers under "alcohol and/or substance (other than tobacco) abuse structured assessment and brief intervention." Medicare may not pay for screening services unless specifically required by statute.

» Medicaid coverage for SBIRT is currently available in 25 states. Coverage varies by state in terms of settings, payment, and clinicians that can bill.

» SAMHSA provides more information on *coding, reimbursement*, and *grant opportunities* for SBIRT.

» Outpatient substance use treatment, which includes screening and assessment, is an allowable core medical service under RWHAP funding.

» RWHAP-funded organizations can receive technical assistance on health coverage options from the *Access, Care, and Engagement Technical Assistance (ACE TA) Center*.

Building capacity for sustainability

A helpful resource for building capacity for sustainability is the *Program Sustainability and Assessment Tool* developed by the Center for Public Health Systems Science at the Brown School, Washington University in St. Louis.

This tool helps program planners achieve the following:

1. Understand the factors that influence a program's capacity for sustainability

2. Assess the program's capacity for sustainability

3. Review results from the Assessment

4. Plan to increase the likelihood of sustainability by developing an Action Plan

Quality improvement

To keep your SBIRT program performing consistently over time, it is important to engage in a continuous quality improvement process. This involves seeking feedback from staff, clients, referral partners, and community partners; making time to incorporate changes into your program; and testing and evaluating those changes.

Ideas for quality improvement include:

» Seek feedback from clients via program satisfaction surveys

» Solicit regular input and feedback from SBIRT providers and support staff

» Meet regularly to review all feedback and evaluate changes

» Update policies, forms, and plans as needed

» Keep up on recent research findings about SBIRT

» Learn from other SBIRT programs by attending meetings, conferences, and learning collaboratives

» Use a continuous quality improvement tool, such as the *Plan-Do-Study-Act (PDSA) worksheet*

» Hold case review sessions to support fidelity to the SBIRT model and adherence to MI principles and skills

» Provide periodic booster training sessions for staff

» Develop a protocol on how new staff will be trained on SBIRT and integrate that into new staff orientation procedures

Anticipate Barriers to Implementation

During planning meetings, discuss potential barriers to successful implementation, and brainstorm strategies to prevent and address these barriers. Potential barriers and solutions are presented below.

Barrier	Solutions
Limited time for screening	• Build two- or three-item screening questions into existing health screening processes • Hire a dedicated case manager or nurse to conduct all screening
Lack of in-house substance use disorder treatment programs	• Collaborate with local community partners who offer these programs; work with pharmacists and HIV case managers to establish timely referrals
Provider discomfort with talking about substance use with their clients, including the belief that clients themselves are uncomfortable	• Offer training to providers to help reduce stigma related to substance use, including cultural humility and implicit bias training • Share findings from research studies, such as the Cutting Back Study, that showed over 90% of clients are comfortable answering questions about alcohol and believe this information is important to their health care.[10]
Provider and staff resistance to change	• Share research findings on the high prevalence of substance use in HIV populations and the benefits of treating substance use in HIV settings • Share research on successful SBIRT programs • Use a team approach that incorporates the skills of all staff • Provide hands-on help to staff whose jobs have changed; work together to create alternative procedures that work for them • Offer feedback, encouragement, and thanks as quickly as possible about how the clients are benefitting from SBIRT

The E2i food pantry site reported that clients experienced insurance coverage barriers to accessing substance use disorder treatment. To reduce this barrier, the site would check with agencies prior to referral to ensure a client's insurance would be accepted.

[10] "Cutting Back: Managed Care Screening and Brief Intervention for Risking Drinking" at *http://www.rwjf.org/en/researchpublications/find-rwjf-research/2007/04/cutting-back.html*

E2i EVALUATION:
SBIRT IMPLEMENTATION OUTCOMES

To learn more about how SBIRT was viewed by the leadership and staff members at the E2i sites, E2i collected data from the people implementing the intervention. The data included: (1) an organizational survey completed by key site staff once during the planning period, and every six months during implementation; and (2) a review of site documents created during implementation, including site visit reports, meeting notes, and cost workbooks (see *Appendix A*).

| Measure (definition)	Results at the E2i sites
Acceptability: how well staff and leadership regard the intervention	Both sites found SBIRT highly acceptable for the duration of E2i. Each site believed that the intervention was a good fit for their organization's mission and goals.
Adoption: the intention, initial decision, or action to implement the intervention	Both sites reported high levels of adoption of SBIRT throughout the initiative.
Appropriateness: the compatibility of the intervention to address a particular issue or problem	Both sites reported that SBIRT was highly appropriate and filled a service need.
Feasibility: the extent to which the intervention can be successfully carried out	One site considered SBIRT highly feasible for the duration of the initiative, while the other came to the same conclusion soon after implementation began. Screening was easily integrated into both sites because it was paired with existing client intake processes.
Fidelity: the degree to which a site felt able to (a) implement the intervention as it was intended by the program developers, and (b) monitor progress	Both sites reported high levels of fidelity.
Penetration: the integration of the intervention within the organization	Both sites reported high levels of integration into their organizational operations shortly after beginning intervention delivery.
Cost: the costs associated with planning and implementation, such as: personnel, training, supplies, incentives, and outreach activities	Costs included both direct and in-kind expenses. The average expenditures for each site were: • *Planning period:* $18,567 • *Recruitment:* $51 per client screened • *Implementation activities:* $211 per client screened • *Supervision and management of intervention:* $97 per client screened These numbers do not necessarily reflect what it would cost to implement SBIRT at other HIV service organizations. Costs per client would be lower in settings with larger populations of people with HIV.

IMPLEMENTATION ACTIVITIES

The following activities describe how to progress through the SBIRT steps with clients. Figure 5 provides an algorithm for the entire SBIRT process. To help guide staff in conducting SBIRT, use the **Client-level Implementation Checklists** (*Appendix D*).

FIGURE 5. Algorithm for the SBIRT approach
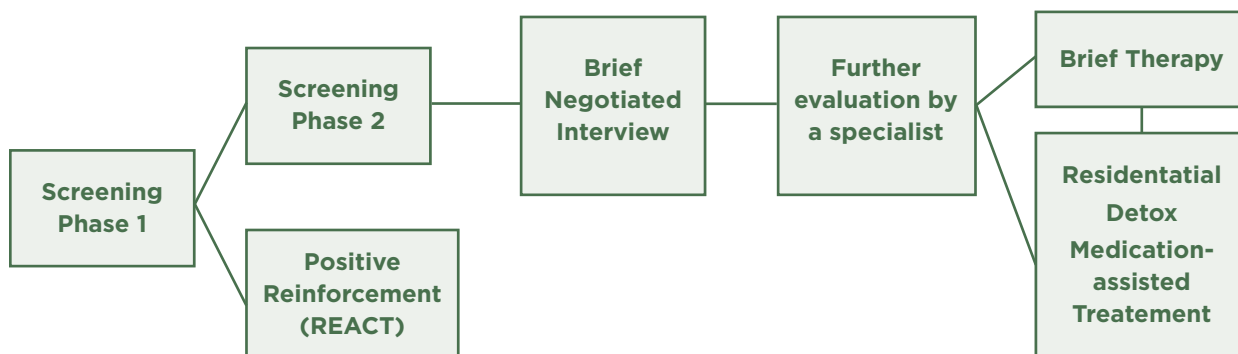
Conduct Universal Screening for Clients with HIV

Alcohol and drug use screening instruments can be administered along with mental health and other screening questions, or they can be administered separately.

Clients may prefer to answer questions on paper or electronic forms (e.g., tablets or portals), as it gives them more privacy as well as time to think about their answers. Clients with low literacy, however, are better served if asked the questions verbally, as this gives them an opportunity to ask for clarification.

Clients are more likely to disclose their substance use when they feel safe and comfortable. SBIRT providers therefore may need additional training to build skills in developing rapport and trust with clients before asking these questions.

When introducing substance use screening to a client, the following steps can help to normalize the process and encourage client openness:

» Ask the client's permission to ask about substance use

» Define the substances you are asking about

» Inform client that all clients are asked about substance use

» Explain why asking about substance use is important for HIV care

» Explain how the information will be kept confidential, as well as any limits on confidentiality

For example:

"Because alcohol and drug use can affect your health, including your viral load, we ask all clients about their use of alcohol and other drugs. Everything you tell me will be kept confidential within your care team, unless you or someone else's safety is in immediate danger. Do you mind if I ask you a few questions about your use of alcohol and other drugs?"

When conducting screening, the E2i site SBIRT providers meet clients "where they are" in terms of readiness to open up about their substance use. They recognize that clients cannot be pushed, and will share when they feel ready.

Screening Phase 1

Alcohol and Other Drug Use Questions for Adults

Question 1: Do you sometimes drink beer, wine, or other alcoholic beverages?
    • If yes, continue to question 2.
    • If no continue to question 3.

Question 2: How many times in the past year have you had **X** or more drinks in a day?
    • **X** = 5 for men
    • **X** = 4 for women
    • **X** = 4 for anyone over 65 years old
  ✓ A report of 1 or more times is considered a positive screen
 	
[See guidelines for *prenatal* and *adolescent* screening. There are not yet guidelines for transgender and gender diverse people.]

A standard drink is: 12 fl oz beer = 5 fl oz wine = 1.5 fl oz liquor   ~ 5% Alcohol   ~ 12% Alcohol   ~ 40% Alcohol
Question 3: How many times in the past year have you used an illegal drug, marijuana, or a prescription medication for non-medical reasons? (a non-medical reason means because of the experience or feeling that the drug caused)   ✓ A report of 1 or more times is considered a positive screen

Next Steps:
  ✓ If client has a positive alcohol or drug screen, continue to Screening Phase 2
  ✓ If client has negative screen for both alcohol and drugs, provide positive reinforcement (See the REACT model on p. 65)

Screening Phase 2

Clients who screen positive for alcohol and/or drug use in Phase 1 receive a validated screening instrument that further assesses substance use severity and risk. The results of the screening will inform the next steps for intervention. Some organizations may combine Phases 1 and 2 by using just one screening instrument.

Screening tools vary in terms of length, ease of use, validity, and reliability. Most can be self-administered; however, providers may wish to ask the questions themselves, depending on the clients' literacy levels, and the comfort level and training of the providers. Validated screening tool options include:

- » *USAUDIT-C* (Alcohol Use Disorders Identification Test, adapted for use in the US, and recommended for SBIRT by the *National Council for Behavioral Health*)[11]

- » *ASSIST* (Alcohol, Smoking, and Substance Involvement Screening Test)[12]

- » *CRAFFT* (Alcohol and drug use screening for adolescents, ages 12-21)[13]

- » *TAPS* (Tobacco, Alcohol, Prescription Medication, and other Substance Use tool)[14,15]

- » *CUDIT-R* (Cannabis Use Disorder Identification Test)[16]

- » *DAST-10/20* (Drug Abuse Screening Test)[17]

- » *GAIN-SS* (Global Appraisal of Individual Needs–Short Screener; also assesses for mental distress and violence)

To screen for severity of substance use, one of the E2i sites used the GAIN-SS because it assesses for mental distress as well as for risky substance use. The other site screened with ASSIST. The sites suggest that organizations take the time to carefully select a screening tool that will best work within their unique setting.

[11] Bush K, Kivlahan DR, McDonell MB, Fihn SD, Bradley KA. The AUDIT alcohol consumption questions (AUDIT-C): An effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). Arch Intern Med. 1998;158(16):1789-1795.

[12] Humeniuk R, Ali R, Babor TF, Farrell M, et al. Validation of the Alcohol, Smoking And Substance Involvement Screening Test (ASSIST). Addiction. 2008;103(6):1039-1047.

[13] 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):607–614.

[14] Gryczynski J, McNeely J, Wu LT, et al. Validation of the TAPS-1: A four-item screening tool to identify unhealthy substance use in primary care. J Gen Intern Med. 2017;32(9):990-996.

[15] McNeely J, Wu LT, Subramaniam G, et al. Performance of the Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) tool for substance use screening in primary care patients. Ann Intern Med. 2016;165(10):690-699.

[16] Adamson SJ, Kay-Lambkin FJ, Baker AL, et al. An Improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). Drug Alcohol Depend. 2010;110:137-143.

[17] Skinner H. The Drug Abuse Screening Test. Addict Behav. 1982;7(4):363-371.

Provide Positive Reinforcement for Clients Who Screen Negative

Clients who screen negative (i.e., report no substance use, or who are at low risk), receive positive reinforcement to continue these behaviors. The provider can use the REACT model, which is a three-step process that stands for Reinforce, Educate, and Anticipate Challenges of Tomorrow. It is best to include all three components of this model in the conversation.

» **Reinforce:** Acknowledge and affirm the client's habits. Be genuine and specific about what the client is doing well, using open-ended questions to ask about the client's choices regarding substances. Ask about whether the client is in recovery from an alcohol or drug addiction. The strongest reinforcement occurs when client, themselves, states aloud their own reasons for not drinking or using or drugs or drinking within the lower risk guidelines. For example:

  • "You've decided not to use alcohol and other drugs as one way to protect your health and safety. Tell me what helps you make those choices?"

  • "You said you were drinking within the recommended guidelines, which means you are at low risk for alcohol-related problems. What helps you maintain this?"

  • Use an affirmation or reflection that reinforces the client's response.

» **Educate:** Share information about the health and safety risks of substance use. Maintain a conversational tone and select one or two brief talking points based on the interests and activities of the individual client. For clients who use substances, you can inform them that low risk does not mean no risk.

   Always ask permission before providing information. One example is:

  • *Elicit:* "What do you know about the risks of substance use?"

  • *Ask Permission:* "Would it be okay if I share some information with you?"

  • *Provide:* Share one or two factual and relevant points related to substance use.

  • *Elicit:* "What are your thoughts about that?"

» **Anticipate Challenges of Tomorrow:** Use open-ended questions that explore future barriers. You may briefly ask about potential solutions or alternatives to those barriers. Finally, it is important to always end by thanking the client. For example:

- "What situations could make it difficult for you to maintain your current habits? How might you handle that?"

- "What situations could make it difficult for you to continue to drink within the recommended guidelines? How might you handle that?"

- "Thank you for being open to speaking with me today!"

» **Modification for People in Recovery:** When a client discloses that they are in recovery and are working to maintain their health, the provider can congratulate the client and ask:

- "What helps you maintain your recovery?"

- "Are you interested in additional support, such as peer support groups or counseling?"

- "What – if any – concerns do you have regarding taking prescription medications, or other medical issues?"

- "Where are you at with smoking or vaping with tobacco or other nicotine products?"

Provide a Brief Intervention for Clients Who Screen Positive

When a client's alcohol and/or drug use screening is positive, SBIRT providers deliver a single brief intervention immediately after the screening (if feasible). Brief interventions may be as short as three to five minutes, or longer if the setting allows. For example, a dedicated SBIRT case manager likely has more time than a primary care provider.

The brief intervention is a conversation designed to motivate clients to begin contemplating change. Specifically, the conversation focuses on helping the client:

SBIRT providers at the E2i sites found that 15 to 20 minutes was the ideal amount of time for a brief intervention.

» Become aware of their own substance use patterns

» Identify their own reasons for change which may include how substance use impacts the mental health, social, legal, financial, and physical aspects of life

» Understand the health consequences of substance use, especially how substance use can affect HIV disease and interact with medications

» Understand the risks of substance use during pregnancy and assess for contraceptive use, as relevant

» Consider positive behavior change(s)

» Set goals to improve health outcomes

Rather than giving the client information and instructions, the provider responds to the client's ideas by using reflective listening and other strategies to draw out the client's own motivation and ideas for change. Using a compassionate and empathic approach, the provider:

» Emphasizes the client's strengths

» Talks about the client's ideas about change and their goals

» Arranges for follow-up as appropriate

Providers sometimes feel nervous broaching the topic of substance use; but when providers open conversations in a positive way, focused on health and not on assigning diagnostic labels, clients often appreciate the chance to discuss issues related to substance use and their health and safety.

Brief Negotiated Interview (BNI)

The Brief Negotiated Interview (BNI) is a brief intervention that can typically be conducted within 10 minutes, and is appropriate for any setting.[18] BNI is a structured conversation that uses MI techniques to encourage the client to address risky substance use and the risk of potential consequences, by providing information, with permission, and evoking the clients own reasons for change.

During BNI, the provider can use the following "script" with carefully phrased key questions and responses.

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[18] D'Onofrio G, Pantalon MV, Degutis LC, Fiellin DA, O'connor PG. Development and implementation of an emergency practitioner-performed brief intervention for hazardous and harmful drinkers in the emergency department. Acad Emerg Med. 2005; 12(3):249-256.

» **Build Rapport**

- Ask permission to talk about alcohol/drugs: "Is it okay if we talk about [X]?"

- Ask about a typical day, or about what is important to the client: "I would like to learn a little more about you. What is a typical day like for you?" "What are some important things in your life?"

- Ask about how substance use fits in with the client's life: "How does your use of [X] fit in with your day/life?"

» **Explore Pros and Cons of Substance Use**

- Elicit what the client likes (pros) about substance use: "Help me understand what you like about using [X]."

- Elicit what the client likes less (cons) about substance use: "What do you like less about using [X]?"

- Summarize and restate what the client said: "So on the one hand [pros] and on the other [cons]. Where does that leave you?"

- Reflect back the client's cons of substance use.

» **Provide Feedback on Risks**

- Elicit risks of substance use that the client already knows: "What risks are you aware of related to [X]?"

- Ask permission to share salient information: "Is it okay if I share some information with you?"

- Share one to two salient facts about risks of substance use

- Elicit the client's thoughts about the information provided: "What are your thoughts about that?"

» **Discuss Readiness to Change**

- Ask about readiness to change using the **Readiness Ruler** (*Appendix E*): "On a scale of 1-10, how ready are you to change any aspect of your use of [X], with 1 meaning not ready at all and 10 meaning very ready?"

- If client chooses 2-10: "Why did you choose this number and not a lower number?"

- If client chooses 1: "What would need to happen for you to consider making a change?"

- Reflect back the client's reasons for change

» **Negotiate Action Plan**

- Elicit specific action steps: "Given our discussion, what might you do?"
- Ask permission to provide suggestions
- Provide one to two concrete ideas
- Elicit thoughts on suggested ideas: "What are your thoughts on that?"
- Ask about challenges: "What are some challenges in reaching your goal(s)?"
- Ask about past successes: "How did you make changes in the past? Who/what helped you?"
- Ask about confidence to change using the Confidence Ruler: "On a scale of 1-10, how confident are you that you could meet your goal(s)?"
- Elicit ways to increase confidence: "What might help you get to a higher number?"
- Summarize action plan
- Provide resources and referrals as appropriate
- Thank client: "Thank you for speaking with me today!"

See also the **Quick Guide for Screening and Brief Intervention** (*Appendix E*) for a card to guide providers through screening and the BNI, and the **Client-level Implementation Checklist** (*Appendix D*) for a BNI self-rating sheet.

Motivational Interviewing

The motivational interviewing (MI) style of communication during a brief intervention can assist clients in resolving ambivalence about their risky substance use, and in considering changes to support their health.

MI is a collaborative, client-centered style of communication designed to strengthen personal motivation for—and commitment to—a specific goal. The provider helps elicit and explore the client's own reasons for change within an atmosphere of autonomy and compassion. More than 24 studies of MI have demonstrated positive outcomes, including improved medication adherence, decreased alcohol and illicit drug use, and decreased injuries and hospitalizations due to substance use.[19,20] To learn more about MI for people with HIV, see the *Tailored Motivational Interviewing E2i Toolkit*.

According to an E2i SBIRT provider, MI was a great tool for building trust and having open communication with clients.

> » **MI Spirit:** The principles behind MI are called "the spirit of MI." Providers who maintain the spirit of MI throughout conversations tend to have more success. To sustain the spirit during a brief intervention, providers can focus on the following four principles:
>
> - *Collaboration:* A provider's counseling style should reflect an equal partnership, and should recognize that clients are the experts in their own lives. It is therefore important to ask permission before providing information or offering suggestions, and to do more listening than talking.
> - *Evocation:* Clients already have most of the information and skills they need to make a change in a given behavior. Therefore, the provider's task is to draw out the client's perspective and unique wisdom, and to strengthen the client's own reasons for change.
> - *Acceptance:* Providers can meet clients where they are by clarifying ambivalence, aligning with their motivation, trying to remain non-judgmental, and acknowledging the client's right to make their own decisions.
> - *Compassion:* By listening to what clients are saying and not saying, providers can aspire to understand what the clients' mean and how they are feeling about their situation.

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[19] Rollnick S, Miller WR, Butler C. Motivational Interviewing in Healthcare: Helping Patients Change Behaviour. London: Guilford Press; 2008.

[20] Rollnick S, Miller WR. Motivational Interviewing, Third Edition: Helping People Change. London: Guilford Press; 2012.

» **Conversation Skills:** MI relies on a few core skills (the OARS approach) to move conversations forward.

- *Open-ended questions*: Ask broad questions that allow clients time to reflect and answer with what is most important to them.

  Examples: "How does this fit into your life right now? What would get better if you decided to make a change?"

- *Affirmations*: Use statements of appreciation that support clients' strengths, capacity, and values. Affirmations are genuine and specific. Avoid positive judgement phrases, such as "good job" or "I'm proud of you". State an accomplishment. Start with the word "you" instead of the word "I."

  Example: "It was hard to talk about this and you did it anyway. You really value having a good relationship with your children."

- *Reflections*: Use statements that demonstrate you are listening for understanding and curious to know more. These can be simple – paraphrasing what clients have said – or complex – trying to understand a deeper meaning of the client's comment.

  Example: "You are on the fence about your marijuana use. On the one hand marijuana helps you relax, and on the other hand you mentioned it's getting expensive for you."

- *Summaries*: End the conversation with a short collection of reflections that highlight what you would like the client to leave thinking about. Summaries can review ambivalence towards change or review an action plan if there is one. Allow time for clients to make edits if needed.

  Example: "What I heard today is that you have identified some reasons why you want to make a change in your marijuana use, and for now you are willing to try to cut back to smoking only on weekends. You are going to tell your friends that you want to focus on your job so that they don't pressure you to smoke with them. How does that sound to you? Did I miss anything?"

» **A few reminders:**

- Listen more than talk.
- Use more affirmations, reflections and summaries than questions.
- Value client's opinions over your own.
- Ask permission before giving information or feedback.
- Thank the client for being willing to have this conversation and for spending the time to have this conversation.

Provide Referral to Further Evaluation and Treatment

Although screening does not yield a diagnosis, the screening results and information collected during the brief intervention can indicate whether a client is likely to be dependent on one or more substance(s) and/or have or develop health problems due to their substance use. After receiving their brief intervention, clients who screen at this high-risk level require timely referral for further evaluation by a behavioral health specialist. The goal of the evaluation is to determine the level and type of care best suited to the client's needs. Ultimately, the client may require medication-assisted treatment or detoxification in an inpatient, outpatient, or residential care setting.

When making a referral, it is important to use a collaborative process involving the client. Be sure to work with the client so they are ready and confident to follow through on the referral. If the client is not ready for a referral, ask permission to bring it up in future conversations, or try referring them to brief therapy sessions. Check-ins can happen while the client has come to the clinic for other services. Remember that many clients may refuse help, at least for now. Nonetheless, any success in motivating a client to address their substance use now or later is an accomplishment worth celebrating.

What if a client is not ready for referral? The E2i sites recommend checking in with clients regularly, even when they are coming for services other than behavioral health. Consider a different type of referral that the client may be more interested in. At some point, the client may decide they are ready to commit to change. The check-in can also be used to explore the client's ambivalence about seeking services, and the provider can use MI skills to resolve ambivalence.

Eight steps for a more effective referral are:[21]

1. Use MI techniques to determine the client's interest in a referral.

2. Collaborate with the client to determine preferences for treatment options.

3. Determine logistical barriers and solutions (transportation, childcare, etc.).

4. Facilitate a warm hand-off (in-person, phone) to the treatment provider.

5. Schedule the referring appointment with the client, as appropriate.

6. Provide a list of additional care options and resources.

7. Link client to peer support to facilitate treatment engagement, if appropriate.

8. Conduct follow-up with client, provider, or agency to determine if treatment was initiated.

Monitoring the status of clients who have been referred to community partners has been a challenge for the E2i food pantry site. As much as possible, peer staff follow-up with clients and the referral agencies to determine the client's status.

Promote Your Success

As you plan, develop, and refine your SBIRT service, you may want to publicize your achievements and lessons learned.

Consider sharing your successes with:

» Your organization's leaders and staff to enhance continued commitment and buy-in

» Local community members and organizations to generate discussion around substance use and to help your organization identify new community needs and partnerships

» Other organizations committed to addressing substance use that will benefit from how your organization implemented SBIRT

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[21] Vendetti JA, McRee BG, Del Boca FK. Development of the SBIRT checklist for observation in real-time (SCORe). Addiction. 2017;112 Suppl 2:34-42.

E2i EVALUATION: CHALLENGES, SUCCESSES, ADAPTATIONS, AND LESSONS LEARNED

The E2i sites that implemented SBIRT encountered barriers and facilitators to achieving their implementation goals. They also made changes to the original intervention to meet the specific needs of their clients and staff members. Here is a summary of adaptations and lessons learned. Additional information about the sites' experiences can be found in the Program Spotlights below.

◆ **Integration of mental health screening with substance use screening.** Many people with HIV have co-morbid substance use and mental health disorders and require referral to behavioral health care for both. The SBIRT approach, however, is designed specifically for alcohol and drug use, and not for depression or other mental health concerns. The E2i sites integrated screening for depression and psychiatric distress with substance use screening because of high co-morbidity in their populations. The sites also provided brief interventions to clients who scored positive on their mental health screening, even if they did not score positive on substance use screening. Clients received mental health referrals as needed, but this referral process differed from the substance use referral process.

◆ **Advantages and challenges with peer SBIRT providers.** The food pantry site, which had peer SBIRT providers, reported that peers were able to make strong connections with clients as a result of their ongoing involvement in assessing and referring clients to needed services. Because peer staff did not have extensive experience or training in providing counseling or brief interventions, however, they may not have had the skill level needed to carefully follow the SBIRT protocol and conduct a brief intervention. High staff turnover may have also reduced new peer staff's access to training in MI, thus limiting their skills in providing brief interventions. Organizations that implement SBIRT should ensure that all peer providers receive adequate training in providing brief interventions using MI techniques.

◆ **Challenges with tracking off-site referrals.** The food pantry staff reported that it took a lot of time and effort to follow-up on the status of clients' referrals. They made many calls to clients and the partner agencies to determine if clients had accessed the referrals. The referral aspect of SBIRT appears to be more challenging with organizations that do not have in-house substance use counseling and treatment services. Building and maintaining robust relationships with community providers helps to facilitate access for clients in need.

E2i EVALUATION: CHALLENGES, SUCCESSES, ADAPTATIONS, AND LESSONS LEARNED

◆ **Transportation barriers.** The E2i sites were challenged to assist clients with transportation needs and felt these services were critical for their clients to access needed resources. Organizations that implement SBIRT should look for funding to cover the costs of gas cards, bus and ride vouchers, or possibly Wi-Fi hotspots and tablets for telehealth services.

◆ **Readiness to disclose and engage in treatment.** Both E2i sites reported that many clients with risky substance use were not ready to access treatment or even disclose their substance use. The SBIRT providers at these sites did not pressure clients to open up or access services before clients were ready. Instead, providers would use regular check-ins to see if the client had moved closer to readiness. Providers also supported clients in addressing basic needs like housing and food insecurity prior to making referrals for clients not ready to engage. Clients may be ambivalent about accessing services for a variety of reasons. The SBIRT provider can take time during the brief intervention to try to understand why the client feels uncertain about accessing help. It is also important to assure clients that it is up to them to decide if and when they would like services.

PROGRAM SPOTLIGHTS

North Jersey Community Research Initiative (NJCRI)

Organizational Background

North Jersey Community Research Initiative (NJCRI) is a comprehensive HIV primary care clinic located in Newark, New Jersey, that serves five surrounding counties. NJCRI aims to reduce social and health disparities through an integrated and holistic service model for people with HIV. As a "one stop service" organization and recipient of RWHAP Part A funding, NJCRI's services include HIV and primary medical care, mental health counseling, substance use disorder (SUD) counseling, nutrition and exercise counseling, case management, food pantry services, and syringe exchange. In addition, NJCRI provides HIV prevention services and has two drop-in centers for LGBTQIA+ youth and people experiencing homelessness.

Implementation Goals and Context

NJCRI chose to integrate SBIRT into its behavioral health department with the aim of increasing linkage to behavioral health counseling and SUD treatment for patients with HIV. Initially, NCJRI had to rethink their processes and protocols in order to integrate SBIRT into their current model of care. Ultimately, they decided to have a dedicated case manager conduct all screening, deliver a brief intervention, and provide a warm handoff to the substance use or behavioral health counselor for those who need a higher level of care.

Recruitment and Delivery

The SBIRT case manager's office is embedded within the behavioral health department where she screens clients every three months, when possible, and at least annually. Most clients are initially referred to the case manager from HIV providers who determine that a client needs screening. Occasionally clients are referred from NJCRI's homeless drop-in center. The case manager uses the Phase 1 screening questions followed by the Global Appraisal for Individual Needs – Short Screener (GAIN-SS). For clients at moderate risk for an SUD, the case manager delivers a brief MI intervention every two weeks and up to 12 times. In addition, the case manager collaborates with the in-house substance use counselor and project manager to ensure consistency in approach to the clients.

Adaptations and Innovations

» **Mental health referrals:** Because a high percentage of clients with HIV and SUDs have co-morbid psychiatric disorders, NJCRI took the opportunity to integrate screening and referral for mental health disorders into their SBIRT program. They selected the GAIN-SS screening tool because it assesses for potential mental health disorders in addition to SUDs. Clients who screen positive for a possible mental health disorder are referred to in-house mental health counselors using a separate referral process from SUD referrals.

» **COVID-19 pandemic:** NCJRI had to close temporarily and transition to telehealth services during the COVID-19 pandemic. For the many clients without regular access to cell phones, NJCRI provided access to the facility's phone for telehealth visits. The clinic reopened a few months into the pandemic for clients who needed in-person appointments.

Program Integration

SBIRT is now well-integrated into NJCRI's organizational workflow. This high penetration is due to excellent staff coordination, an emphasis on trust and relationship building with clients, and organizational buy-in. Currently, the NJCRI team is exploring opportunities to continue funding the SBIRT program by billing Medicaid for SBIRT activities performed by the SBIRT case manager and by supplementing activities with RWHAP funding.

Lessons Learned

» **Not all clients are ready to engage in treatment:** NJCRI reports that it is challenging to re-engage clients who have risky substance use but are not ready for treatment. For these clients, it is important for the case manager to regularly check-in to see whether the client has moved closer to readiness, and to support them in addressing other needs like housing, food, etc. Once those needs are addressed, some clients are more open to discussing their substance use.

» **Attendance in brief therapy is challenging** for clients who lack transportation and experience housing instability. It is critical to determine ways to cover the costs of gas cards, bus and ride vouchers, or possibly Wi-Fi hotspots and tablets for telehealth services. Working closely with housing programs is important as well.

» **Build relationships with community providers:** For SUD and other services that NCJRI did not offer internally, building relationships with community providers was very helpful in facilitating efficient access for clients in need.

"With SBIRT, we have seen clients go from homelessness and addiction, to becoming sober, getting housing and their GED, and decreasing their viral load." —NJCRI staff member

» **Organizational buy-in:** To gain organizational awareness and support for SBIRT, it is necessary to regularly educate and remind different staff departments about the SBIRT program and its benefits to all clients.

Contact Information

North Jersey Community Research Initiative (NJCRI)
393 Central Avenue, Newark, NJ 07103
973.483.3444 • info@njcri.org • www.njcri.org

The Poverello Center, Inc.

Organizational Background

The Poverello Center, Inc., provides nutritious food, services, and basic living essentials for individuals with critical and chronic illnesses, including 2,200 people with HIV. Located in Wilton Manors, Florida, Poverello serves the entire Broward County Region and is the only food bank funded to serve RWHAP (under Part A) clients in the region.

Implementation Goals and Context

Poverello set out to demonstrate how providing SBIRT in an unconventional, non-clinical setting can help to reduce barriers and engage clients in treatment for risks related to alcohol use, drug use, and depression. The Poverello Center is well known in the local community as a welcoming, client-centered organization. Peer staff, reflective of the community served, help to establish trust with clients, which can often be challenging to establish in a more traditional, clinical environment. By implementing SBIRT, the Poverello Center aims to increase effective linkage and referrals to behavioral health counseling and treatment for clients with HIV.

Recruitment and Delivery

Poverello trained four peer staff to follow SBIRT protocols. While clients wait for their food orders to be collected, peers give clients a survey of non-clinical questions about food insecurity, housing, and transportation, along with the Phase 1 alcohol and drug use screening questions. Clients who screen positive receive the Alcohol, Smoking, and

Substance Involvement Screening Test (ASSIST). To assess for mental health, Poverello also included the two-item Patient Health Questionnaire (PHQ-2). Sometimes peers visit public parks and a bus terminal to find active food bank clients who may be open to screening and referral.

When conducting screening, peers never push clients to answer questions or open up about their substance use. They recognize that clients will share when they feel ready. For clients who do wish to talk more, peers invite them into a private office for a brief intervention and a referral to a partner organization for substance use or mental health counseling and HIV care. The Poverello Center has a strong, established network of community partners to support the referral process. SBIRT has also enabled Poverello to further strengthen their relationships with partners that had been underused prior to SBIRT. The end goal is to ensure that each client has a customized care plan.

Adaptations and Innovations

» **Tracking tool:** The Poverello team created an internal data management system using Excel to track client SBIRT interactions, including the outcomes of the screening and resulting referrals.

» **COVID-19 pandemic:** During the first months of the pandemic, the Poverello Center had to reduce their staffing to two peers because of limited revenue and social distancing requirements. Despite challenges, the team managed to deliver SBIRT by developing contactless screening and referral via texting, and to approach clients while they waited in their cars for food drop-off. Staff, however, found that clients were less willing to follow-up with referrals during the pandemic.

Program Integration

Poverello staff seamlessly incorporated SBIRT into their existing survey and referral protocols. To sustain SBIRT beyond E2i funding and expand their capacity to meet their clients' overall health needs, the Poverello Center is applying for a state license to provide in-house mental health and substance use treatment services. Additional funding is being sought from government agencies, private institutions, and private individuals.

"It's rewarding to not just assist people with food and housing, but also to understand each one of them. Here is the place where our clients know that they won't be judged. They tell us things they won't tell a therapist." —Poverello peer staff member

Lessons Learned

» **Tracking the status of referrals** has been the biggest challenge for Poverello. Since they do not yet provide onsite behavioral health services, Poverello staff must continue to follow-up with clients and community partners to determine the status of referrals. In addition, some clients have experienced difficulties in accessing community resources.

» **Not all clients are ready for help:** It is difficult to persuade some clients to get help, even with the additional tool of the brief intervention. Sometimes it takes time for clients to feel comfortable enough to trust the staff and feel ready to access help. Clients may be ambivalent about accessing services for a variety of reasons. The SBIRT provider can take time during the brief intervention to try to understand why the client feels uncertain about accessing help. It is also important to assure clients that it is up to them to decide if and when they would like services.

Contact Information

The Poverello Center
2056 North Dixie Highway, Wilton Manors, FL 33305
954.561.3663 • poverello.org

APPENDICES

APPENDIX A. IMPLEMENTATION SCIENCE AND EVALUATION: FRAMEWORK AND METHODS

The Center for AIDS Prevention Studies (CAPS) at the University of California San Francisco conducted the evaluation of the E2i program implementation. The evaluation used the Proctor Model Framework for Implementation Research.[22] This approach suggests that program assessment should include an understanding of the process of implementation and its impact on all people and systems that are involved in the implementation:

1. The core elements of the program (intervention strategies).

2. The efforts to put the program into place (implementation strategies).

3. How the program is viewed by the people involved (implementation outcomes).

4. How the program is delivered (service outcomes).

5. The impact on the participants (client outcomes).

The E2i Proctor Model

Intervention Strategies	Implementation Strategies	Outcomes		
Evidence-Informed Interventions	• Systems Environment • Organizational • Group/Learning • Supervision • Individual Providers	*Implementation Outcomes:* • Acceptability • Appropriateness • Adoption • Feasibility • Fidelity • Penetration • Sustainability • Costs	*Service Outcomes:* • Equity • Efficiency • Effectiveness • Timeliness	*Client Outcomes:* • Symptomatology

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[22] Proctor E, Silmere H, Raghavan R, et al. Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. Adm Policy Ment Health. 2011;38(2):65-76.

Six types of information were gathered over the three years of E2i program implementation. These include:

Organizational Assessment: Every six months the program director completed a survey. This survey had questions about the organization (e.g., number of patients, types services provided, and staffing). It also included questions about program delivery and how the staff views the program.

Proctor Concepts

» Implementation strategies (systems environment, organizational, group/learning, supervision)

» Implementation outcomes (acceptability, appropriateness, adoption, feasibility, fidelity, penetration, sustainability, costs)

Document Review: Evaluators reviewed documents that were created during implementation and technical assistance activities. Documents were created by either the sites themselves or by The Fenway Institute/AIDS United and included: E2i funding applications, site visit reports, quarterly reports, monitoring call notes, cohort call notes, and presentations in meetings.

Proctor Concepts

» Implementation Strategies (systems environment, organizational, group/learning, supervision, individual providers, individual patients)

» Implementation Outcomes (acceptability, appropriateness, adoption, feasibility, fidelity, penetration, sustainability)

Observations: Sites participated in two Learning Session Meetings each year. Evaluators took notes on discussions and presentations. These notes focused on barriers and facilitators to implementation.

Proctor Concepts

» Implementation Strategies (systems environment, organizational, group/learning, supervision, individual providers, individual patients)

Costing Data: Program managers and financial administrative staff completed two cost workbooks. One was for the three-month preparation/planning period and the first year of program implementation. The other was for the second year of program implementation. Costs included personnel and expenses paid for by E2i as well as in-kind donations.

Proctor Concepts

> » Implementation Outcomes (costs)

Intervention Exposure: Information was collected on clients who participated in the intervention between September 2018 and December 2020. Demographic information was collected on enrollment forms. Intervention exposure forms were collected whenever staff had program-related interactions with participants. These forms included information such as: date of the interaction, the staff person who had contact, type of interaction, activities completed, and outcomes of the activities.

Proctor Concepts

> » Service Outcomes (fidelity, penetration, equity, efficiency, effectiveness, timeliness)

Medical Records: Medical records were collected on participants for the 12 months before enrollment in the program and for the 12 months after enrollment in the program. The information was specific to HIV-related medical care, such as: appointment dates; prescription of ART; viral load test dates; and viral load test results.

Proctor Concepts

> » Client Outcomes (symptomatology)

Quantitative Analysis: Organizational assessment data was used to describe organization characteristics and readiness for implementation based on Proctor Concepts. Client level enrollment and intervention exposure data was analyzed using descriptive statistics to understand client demographics, proportions of clients receiving intervention services, and frequencies of exposures. When appropriate, proportion of clients completing the intervention was included. Repeated measures modeling methods were used to assess changes in HIV Care Continuum outcomes for clients enrolled in the intervention. This compared data from 12 months prior to enrollment to 12 months following enrollment. Costing data was analyzed to provide information on cost of intervention implementation per client enrolled.

Qualitative Analysis: Documents and observations were thematically analyzed using the Proctor Concepts. The intervention was the primary unit of analysis.

APPENDIX B. GENERAL BEST PRACTICES FOR PLANNING TO IMPLEMENT AN INTERVENTION STRATEGY

The following are general recommendations for planning to implement an intervention strategy in an HIV service organization.

Create a Planning Team

» Assemble a team of staff "champions" who are invested in the success of the intervention: who will meet regularly to drive planning, implementation, and sustainability; and who will remain committed to overcoming hurdles and moving implementation forward.

» Consider how to meaningfully involve at least one peer (a person with HIV who also represents the priority population) in the planning and implementation of the intervention (see *AIDS United's resources on meaningful involvement of people with HIV*).

» Hold weekly team meetings or daily "huddles" (i.e., short meetings at the beginning of the day to review client status and discuss recruitment and retention issues, etc.).

Engage Leadership and Staff

Implementing a new service into an established program may require changes in routines, job duties, and administrative procedures. It is essential to obtain buy-in and a firm commitment from the entire organization as early in the planning process as possible.

Meet with executive leadership to discuss:

» How the intervention will support the organization's mission and goals

» The benefits of the intervention for clients and the organization as a whole

» The resources needed to implement the intervention

» The organizational systems and procedures that will be affected by implementation

» The importance of leadership communicating their commitment to the intervention to all staff

» How the intervention team will regularly share the status of the intervention with regard to planning, implementation, enrollment, and client outcomes

Meet with staff members directly and indirectly affected by the intervention to discuss:

» The benefits of the intervention for clients and the organization as a whole

» How staff can help with recruitment and referrals

» Suggestions for outreach and implementation processes

» How the intervention team will regularly share the status of the intervention with regard to planning, implementation, enrollment, and client outcomes

Assess Community Needs

Early in the planning process, organizations should consider conducting an informal or formal needs assessment to better understand the needs of the priority population(s) and how to best tailor the intervention to their needs. Engaging with the local community also helps to establish trust and grow your referral networks.

Community needs assessment strategies include:

» Review existing client data on alcohol and drug use disorders among clients with HIV.

   • What does the data tell you about the needs of your client population?

» Discuss the intervention with community members, providers, clients, and service agencies through informal or formal interviews or focus groups. Ask for their input on the intervention:

   • What might be barriers to implementation? What can be done to overcome these barriers?

   • What can the organization do to reduce stigma related to substance use disorders and HIV?

   • What community agencies would be a good fit for referrals?

Train All Staff

When implementing an intervention for people with HIV, it is important to train all organizational staff in reducing stigma, enhancing cultural humility, using a trauma-informed approach to care, and providing affirming, culturally-responsive care to all people with HIV, including Black, Indigenous, and other people of color, and including lesbian, gay, bisexual, queer, transgender and gender diverse people. Training and resources are available from *TargetHIV*, *AIDS Education and Training Center Program*, and the *National LGBTQIA+ Health Education Center*.

Conduct a Pilot Test

Prior to full implementation, it can sometimes help to conduct a pilot test under "real world" conditions to evaluate the feasibility and acceptability of the process flow, forms, and procedures.

» Consider pilot testing with one provider's client panel or with only new clients.

» Use a *validated quality improvement method* to guide your pilot test.

» After the pilot, communicate to all staff the results of the pilot: what worked, what did not work, and what changes were made to improve operations.

APPENDIX C. SBIRT "GO LIVE" WORKSHEET

Purpose

The purpose of the "Go Live" Worksheet is to:

1. Guide organizations in carrying out the intervention's planning steps and activities

2. Monitor progress in meeting implementation goals

Instructions

The team that is leading the intervention should identify a team member to complete this worksheet over time. Use the worksheet to:

» Develop and drive team meeting agendas

» Document decisions made by the team

» Track progress towards goals

Name of organization	
Name (Who is completing this worksheet?)	
Intervention goals	To identify, reduce, and prevent patterns of substance use that put the health of people with HIV at risk
Core elements	**1.** Universal screening **2.** Brief intervention **3.** Referral to treatment
Eligible population	All people with HIV

Planning and Implementation Activities	
Planning team (Who is on the planning team?)	**1.**
	2.
	3.
	4.
	5.
Language(s) (In what languages will you deliver the intervention?)	**1.**
	2.
Engaging staff (What strategies will you use to gain "buy-in" and feedback from all staff?)	**1. Organizational leadership:**
	2. Relevant staff:

Intervention staff (Who will do what?)	Role/Task	Staff Responsible
	Screening	
	Brief interventions and referrals	
	Diagnostic evaluations	
	Counseling/therapy	
	Substance use counseling/ treatment	
	Billing codes/insurance help	
	Other:	
Trainings (Check if/when completed)	☐ Formal SBIRT training (required for SBIRT providers) ☐ Motivational Interviewing training (recommended for SBIRT providers) ☐ Stigma reduction and cultural humility (recommended for all staff)	
Incentives (What non-cash incentives and vouchers, if any, will you give clients to engage in treatment?)		
Partnerships (With whom will you establish relationships and referral protocols?)	☐ Mental health providers: ☐ SUD treatment providers: ☐ Primary care providers: ☐ Housing providers: ☐ Other:	
Billing and insurance	☐ Billing and coding point person: ☐ Patient assistance programs:	
Building trust (How will you build rapport and trust with clients? How will you determine why a client is ambivalent about services?)		

⬤ *Appendix C.* SBIRT "Go Live" Worksheet

Screening plan	☐ Who will be screened?
	☐ How often?
	☐ Where?
	☐ By whom?
	☐ With what screening tools?
	☐ How will confidentiality be protected/how will screening results be stored and shared?
	☐ How will screening results be shared with staff who provide the brief interventions?
Brief intervention plan	☐ Who will deliver brief interventions?
	☐ When will brief interventions be delivered?
	☐ How will brief interventions be introduced to clients?
	☐ What processes will be used to refer clients?
	☐ How will clients be followed after referral?
	☐ How will brief interventions be documented?
	☐ Who will conduct brief therapy sessions?
	☐ How many brief therapy sessions before termination or referral?
	☐ What will be the termination plan?

Referral plan	☐ Who will conduct diagnostic evaluations?

	☐ Where will clients receive treatment if not in-house?
	
	    ☐ Local treatment service providers
	    Who?
	
	    ☐ State agency for alcohol and drug treatment services
	
	    ☐ Local counselors who work with clients with substance use disorders
	    Who?
	
	    ☐ Local support groups
	    Where?

	☐ How will clients transition into treatment?
	☐ How will client progress be monitored?
	☐ What will be the termination plan?
Workflow (Write or draw a diagram to show the process for a client to go from intake to screening to brief intervention to referral.)	

Implementation tools (What tools will you develop for enrollment, referral, tracking, client feedback, etc.?)	
Pilot the intervention (When and how will you test a pilot of the intervention? What data will be collected and by whom? How will this data be analyzed and shared with staff?)	
After pilot (What worked, what did not work? What changes will you make?)	
Anticipated barriers (What barriers might you encounter for hiring, recruitment, and engagement? How can you minimize barriers?)	
Sustainability (What can you do to make your program sustainable?)	

SMART goals (What are your **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime-Bound goals?)	1.
	2.
	3.
	4.
	5.

APPENDIX D. SBIRT CLIENT-LEVEL IMPLEMENTATION CHECKLISTS

Purpose

The purpose of the checklist is to:

» Provide guidance to staff on important components of the intervention

» Encourage staff to reflect on what activities they did or did not complete

» Monitor how closely staff are delivering the intervention as intended

» Serve as a tool for supervisors to provide feedback to staff delivering the intervention

Instructions

For self-report: Staff who are delivering the intervention can use the checklist as a guide and/or a self-assessment. Use one checklist per client. The checklist can be completed during the interaction with client (to serve as a guide) and/or shortly after the interaction.

For rater: A rater (e.g., supervisor, trainer, colleague) can complete the checklist when assessing a client session. The rater can complete the checklist while observing the session in person, while watching a video recording of the session, or while listening to an audio recording of the session.

Date: _____   Staff: _____   Client: _____

Introduce Screening

Were the following activities completed?

Yes	No	
☐	☐	Introduce screening for substance use by
☐	☐	Requesting permission to ask about substance use
☐	☐	Explaining why staff ask about substance use
☐	☐	Defining substances
☐	☐	Explaining confidentiality and the limits of confidentiality
☐	☐	Proceed to **Screening Phase 1** if client gives permission

Screening Phase 1: Assess for Potential Risk

Yes	No	
☐	☐	Screen for alcohol use
☐	☐	For men: How many times in the past year have you had 5 or more drinks in a day?
☐	☐	For women and anyone over age 65: How many times in the past year have you had 4 or more drinks in a day?
☐	☐	For pregnant people and adolescents: Use screening tools specific to each population
☐	☐	Screen for drug use
☐	☐	How many times in the past year have you used an illegal drug, marijuana, or a prescription medication for non-medical reasons?
☐	☐	Proceed to
☐	☐	**Screening Phase 2** if screen is positive
☐	☐	**Positive Reinforcement** if screen is negative

Screening Phase 2: Further Assess Those with a Positive Initial Screen

Yes	No	
☐	☐	Administer a validated screening instrument
☐	☐	Proceed to **Brief Intervention: Brief Negotiated Interview**

Positive Reinforcement: REACT Model

Yes   No

☐ ☐   **Reinforce** healthy choices. For example,

☐ ☐   Assess if person is in recovery from addiction

☐ ☐   Acknowledge and affirm client's healthy choices

☐ ☐   Ask client what helps them maintain their current healthy choicesc

☐ ☐   Reflect and affirm client's strengths/what client is doing well

☐ ☐   **Educate** about risk of substance use. For example,

☐ ☐   Elicit health and safety risks of substance use that client already knows

☐ ☐   Ask permission to share information about risks of substance use

☐ ☐   Share 1-2 talking points based on client's interests and activities

☐ ☐   Elicit client's thoughts about information provided

☐ ☐   **Anticipate Challenges of Tomorrow**. For example,

☐ ☐   Use open-ended questions that explore future barriers to maintaining low risk of substance use disorders

☐ ☐   Elicit potential solutions to the barriers

☐ ☐   **Modify** for people in recovery. For example,

☐ ☐   Congratulate the client

☐ ☐   Ask how long the client has been recovery

☐ ☐   Ask what helps them to maintain their recovery

☐ ☐   Ask for interest in additional support, such as peer support groups

☐ ☐   Ask if client has any concerns about taking prescription medications or other medical issues.

☐ ☐   Ask about smoking and vaping of tobacco and nicotine products

☐ ☐   **Thank** client

Brief Intervention: Brief Negotiated Interview

Yes   No

☐ ☐ **Build rapport** with client. For example,

☐ ☐ Ask about a typical day in their life

☐ ☐ Ask about their values/what is important to client

☐ ☐ Ask permission to talk about alcohol/drugs

☐ ☐ Ask about how use of "X" fits in with their life

☐ ☐ **Explore pros and cons** of substance use. For example,

☐ ☐ Elicit what client likes (pros) about substance use

☐ ☐ Elicit what client likes less (cons) about substance use

☐ ☐ Summarize up and restate in client's own words

☐ ☐ Reflect back cons of substance use

☐ ☐ **Provide feedback** on risk of substance use. For example,

☐ ☐ Elicit risks that client already knows

☐ ☐ Ask permission to share salient information

☐ ☐ Share 1-2 salient facts about risk of substance use

☐ ☐ Elicit thoughts about information provided

☐ ☐ **Discuss readiness** to change. For example,

☐ ☐ Use the Readiness Ruler on Brief Negotiated Interview Card (Appendix E) or ask client to rate "how ready are you" from 1 to 10

☐ ☐ Ask why the client chose that number and not a lower number

☐ ☐ Reflect back reasons for change

☐ ☐ **Negotiate action plan.** For example,

☐ ☐ Elicit specific steps

☐ ☐ Ask permission to provide 1-2 suggestions

☐ ☐ Provide 1-2 concrete ideas for action plan

☐ ☐ Elicit thoughts on suggested ideas

☐ ☐ Ask about challenges

☐ ☐ Ask about past successes (what they did, who/what helped them)

☐ ☐ Use the confidence ruler on Brief Negotiated Interview Card (Appendix E) or ask client to rate "how confident are you" from 1 to 10 to assess confidence in carrying out action plan

☐ ☐ Elicit ways to increase confidence

☐ ☐ Summarize action plan

☐ ☐ **Thank** client

☐ ☐ If considering referral, proceed to **Referral to Treatment/Assessment**

Referral to Treatment/Assessment

Yes   No

☐   ☐   Use open-ended questions to determine level of interest in referral

☐   ☐   Provide list of care options and resources

☐   ☐   Collaborate to determine preferences for care options

☐   ☐   Determine logistical barriers and solutions (transportation, child care, etc.)

☐   ☐   Facilitate warm hand-off (in-person or phone), if possible

If an activity applicable to the client is not completed, explain why below:

_____

_____

_____

_____

_____

_____

_____

Adult SBIRT
Alcohol and Other Drug Screening

Would it be ok if I asked you a few questions about your use of alcohol and other drugs?

1. Do you sometimes drink beer, wine, or other alcoholic beverages?
Yes = Continue to question 2   No = Continue to question 3

2. How many times in the past year have you had [X] or more drinks in one day?
Men [X] = 5   Women [X] = 4   Over 65 [X] = 4

3. How many times in the past year have you used an illegal drug, marijuana, or a prescription medication for non-medical reasons?

• Report of one or more times is considered a positive screen.

• Perform brief intervention and consider further assessment.

Lower Risk Drinking Guidelines	**A Standard Drink**

Lower Risk Drinking Guidelines

	No More Than	
	Per Day	**Per Week**
Men	4	14
Women	3	7
Over 65	3	7

Guidelines from National Institute on Alcohol Abuse and Alcoholism

* If pregnant or planning to become pregnant, advise to abstain. People with medical conditions and taking medications, discuss medical implications of use.

A Standard Drink

12 fl oz beer   5 fl oz wine   1.5 fl oz liquor

~ 5% Alcohol   ~ 12% Alcohol   ~ 40% Alcohol

Negative Screen—REACT

Reinforce
• Tell me a little about why you've made the healthy decision to not use alcohol and other drugs.
• *Reinforce their healthy decisions using a reflection and/or affirmation.*

Educate
• **Elicit:** What do you know about how alcohol and other drugs affect health? Would it be ok if I shared some additional information with you?
• **Provide:** *Share one or two relevant facts.*
• **Elicit:** What do you think about that?

Anticipate Challenges of Tomorrow
• What situations might challenge maintaining your decision to avoid alcohol and other drug use? How might you handle that?

Positive Screen—Brief Negotiated Interview

Build Rapport	I would like to learn a little more about you. What are some important things in your life? OR What is a typical day for you? How does your use of [X] fit in?
Explore Pros + Cons	What do you like about using [X]? What else? What do you like less about using [X]? What else? So on the one hand [PROS] and on the other [CONS]. What do you make of that?
Provide Feedback	**Elicit:** What do you know about the possible effects of [X]? Would it be okay if I shared some additional information with you? **Provide:** *Share one or two relevant facts.* **Elicit:** What do you think about that?
Use Readiness Ruler	Given what we talked about, on a scale of 1–10, how important would it be for you to change any aspect of your use of [X]? Why did you choose ____ and not a lower number like ____ ? *If 1:* What would need to happen for you to consider making a change? *Reflect back reason for change.*
Negotiate Action Plan	If you decided to make a change, what would it look like for you? *If unsure: Use Elicit-Provide-Elicit model for suggestions.* On a scale of 1–10, how confident are you that you could do ____ ? Why did you choose ____ and not a lower number like ____ ? *Reflect back reasons for feeling confident.* What might help you get to a higher number? *Summarize change talk.* Thank you for speaking with me today!

HOW CONFIDENT ARE YOU?

VERY — 10 9 8 7 6

HOW IMPORTANT IS CHANGE TO YOU?

5 4 3 2 1 — NOT AT ALL

Referral to Further Evaluation and Treatment