

# S·BI·RT PLANNING TOOL

**SCREENING • BRIEF INTERVENTION • REFERRAL TO ASSESSMENT • FOLLOW-UP**

*Adapted from the **Screen and Intervene Playbook** • [www.SBIRTNH.org](http://www.SBIRTNH.org)*

## Key Points:

- The significance of S·BI·RT is that it focuses on stopping substance misuse before it starts, and/or catching early use before it escalates into addiction.
- The goal is the universal screening of youth as a strategy for reinforcing healthy behaviors, identifying problematic drug and alcohol use early, reducing substance misuse, and referring to treatment those who need it.
- Implementing a new process requires a quality management approach that includes: quality planning to systematically design a process that will be able to work; monitoring alignment of the process with identified goals and aims; and using data-driven actions to make processes better through quality improvement.
- The Playbook ([www.SBIRTNH.org](http://www.SBIRTNH.org)) provides an organizing framework for this quality management approach. The following content has been taken from The Playbook and adapted for consideration by NH Juvenile Court Diversion Programs.

## Play 1: Forming a Team

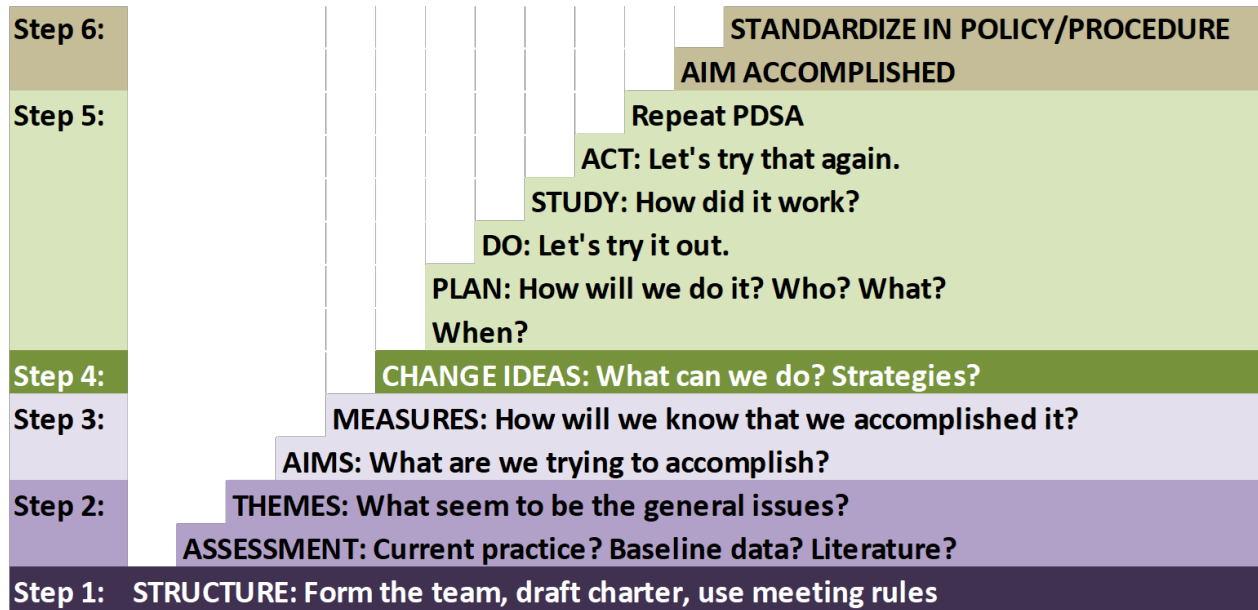
Team members should represent the various disciplines. Who might be involved or affected by any process change? Are the right members included? Is anyone missing? Early decisions on team structure will save potential misunderstandings later. The team leader does not need to be the organizational leader. In fact, roles may get confused if the organizational leader is the team leader.

ROLE	NAME	NEXT STEPS
Agency Director		
Program Coordinator		
Direct Services Staff (paid or volunteer)		
Administrative Assistant		
Other?		

## Play 2: Using a Change Model

Review the Clinical Microsystems Model (below) for use as a change model. It is critical to your S·BI·RT implementation success and sustainability that your team addresses planning and implementation issues together systematically, and that your team is in agreement about decisions. Using a change model as a framework for implementation will help your team reach its goals and measure success faster and more effectively.

The Clinical Microsystems model for improvement looks like a ramp. The version below is an adaptation of the original model.



ASSESS CURRENT PRACTICES	
At what point in the intake do you interview the youth to determine level of alcohol or drug use?	
Who is part of that conversation?	
Where does that conversation happen?	
What tool do you currently use or what question(s) do you ask?	
How is confidentiality handled with regard to the parents being informed?	

## ASSESS CURRENT PRACTICES

How is that information communicated to the panels designing consequences?

Do you currently adapt the type of consequence a youth gets based on concerns re: level of use?

How do you currently discuss alcohol and drug use while a youth is enrolled in your program?

Do you do a discharge screening for alcohol and other drugs as the case is being closed? If so, how?

## IDENTIFY CONCERNS

What concerns do you have around introducing SBIRT universally for your Juvenile Court Diversion referrals?

What additional concerns exist?

### Play 3: Developing a Plan – Goals & Strategies

- A goal is a broad statement of what you plan to accomplish.
- A strategy is the change you will make in your practice- what you will do to accomplish the goal.
- An aim statement states specifically what you want to accomplish, and how you will know it when you do. ***It is more specific than a goal and can be measured.***

#### CREATE A FLOWCHART

Make a flowchart or map of how it works—or doesn't work—now. What are the issues? This may inform priority areas to address in S·BI·RT preparation.

Use the space below to draw a flowchart of your program's process:

## Play 4: Confidentiality

There are state and federal laws and regulations that govern confidentiality of alcohol and other drug use information. Your site must be savvy about what does and does not apply to your identified population, and your specific organizational and staffing structure.

### DISCUSSION QUESTIONS

**Reflecting back on Assessing Current Practices, how was confidentiality handled?**

**What forms or practices may need to be adapted to ensure your program meets confidentiality guidelines?**  
*(See S-BI-RT NH Playbook for federal guidelines and technical assistance.)*

## Play 5: Screening Tool(s)

Screening provides a means to identify the level of a youth's alcohol and drug use, from risky use or no/low risk. When Juvenile Court Diversion Programs screen for alcohol and drug use, it offers an opportunity to identify youth that: should be praised for not using; need brief intervention/education; as well as youth that need a referral for a diagnosis and treatment.

Ideally ALL accredited programs of the NH Juvenile Court Diversion Network will use the same tool. NH S-BI-RT initiative is recommending using one of the two evidence-based tools – the CRAFFT and S2BI. Using the information gathered below, the NHJCDN will select the preferred tool.

### DISCUSSION QUESTIONS

**What % of youth do you intend to screen with the evidence-based tool?**

**What are the pros and cons of the S2BI?**

**PROS**

**CONS**

DISCUSSION QUESTIONS		
<p>What are the pros and cons of the CRAFFT?</p>	PROS	CONS
<p>As you think about administering the tool, how will it be done (electronically, paper and pen, verbally)?</p> <p>Include the pros and cons of your preferred method here:</p>	PROS	CONS
<p>Sites across NH are integrating alcohol and other drug screening into comprehensive tools that include tobacco use, depression and anxiety.</p> <p>Review the pros and cons of including additional screening questions into your diversion program screening process.</p>	PROS	CONS

## Play 6: Brief Intervention

In the context of S·BI·RT, brief intervention encompasses a number of approaches ranging from positive reinforcement to brief treatment, from three minutes with a provider to five sessions with a trained therapist. For the purposes of the NH Youth S·BI·RT Initiative the term “Brief Intervention” encompasses positive reinforcement, brief advice and brief intervention as described below.

The brief intervention, ideally a conversation between the healthcare provider and patient, utilizes motivational interviewing techniques to:

- Educate regarding safe® levels of use.
- Increase awareness of the (potential) health consequences of current use.
- Motivate towards changing risky using behavior.

How can that conversation translate to a Juvenile Court Diversion Program?

### DISCUSSION QUESTIONS

**How can programs acknowledge a youth that reports NO use? Do you praise the non-user, take them at face value, reinforce this behavior in some way or ask other probing questions to confirm their non-use?**

**For a youth reporting limited use, what contract provisions could be included?**

**For a youth reporting moderate use, what contract provisions could be included?**

**For a youth reporting severe use, what contract provisions could be included?**

## DISCUSSION QUESTIONS

Based on your responses to the above questions, what materials, groups or opportunities do you currently use or need for youth in your program?

Level of Use	Materials	Next Steps
No reported use		
Limited Use		
Moderate Use		
Severe Use		

## Play 7: Referral to Treatment

Referral to treatment is shorthand for a well-planned process through which a healthcare professional provides an active referral to internal behavioral health resources or external specialty treatment for patients who screen positive AND indicate a willingness/desire for such services during the brief intervention conversation. Whether the process includes internal behavioral health providers and/or external referral sources, an established relationship, referral protocol, and family involvement are key components to successful referral.

## DISCUSSION QUESTIONS

**What connections do you already have in place to link youth with an evidence-based substance abuse assessment and follow-up services?**



## DISCUSSION QUESTIONS

What further relationships do you need to establish to ensure youth reporting severe use have immediate access to an evidence-based substance abuse assessment and follow-up services?

Given that parent involvement is crucial for better treatment outcomes, how will you ensure that parents are informed of the need for immediate referral?

## Play 8: Follow-Up

Following up on screening result, brief intervention conversation, or referral to further assessment and treatment is crucial to on-going, whole health management. Follow-up by telephone or text, with signed informed consent, by case management staff may be an option at your site.

## DISCUSSION QUESTIONS

How can your program incorporate follow-up for alcohol and drug concerns during your regular check-in/case management activities during the time the case is open?

How will your program use motivational interviewing techniques to respond to new or continued high risk behavior such alcohol or drug use?

In what ways could the youth's disclosure of continued alcohol and drug use impact their case, even if they are following through on their contract?

## Play 9: Flow

Flow addresses the nuts and bolts of how exactly the screening will be done and how the information is presented to the Court Diversion panel staff/volunteers who will be deciding the consequences for the youth's arrestable offense.

### DISCUSSION QUESTIONS

**How will the results of the screening tool be shared with the panel that decides consequences for the youth? (eg. direct report, using key words)**

**When will the results of the screening tool be shared with the panel that decides consequences for the youth? (eg. Youth present, before youth questioned by panel)**

**Practice role playing the administration of the screening tool and sharing the results with the panel. Review the client's level of comfort having the information discussed in front of him/her vs. without the youth/parent present. What issues arose?**

**What modifications need to be made to the process so it is comfortable for all concerned?**

## Play 10: Data Tracking/Record Modification

While the S-BI-RT Playbook references Electronic Health Records, NH Juvenile Court Diversion Network is concerned with how data will be collected, tracked and reported to meet the Network's Accreditation Standards. In addition, this information will be important to prove effectiveness of juvenile court diversion for youth that misuse substances for a wide array of stakeholders including referral sources, elected officials, the State Advisory Group on Juvenile Justice and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery.

### DISCUSSION QUESTIONS

**How do you currently track youth contract compliance for the purposes of data reporting?**

**As your program expands to include screening and brief intervention for alcohol and drug use, how will you incorporate the youth's improved behavior and healthy choices into data reporting?**

## Plays 11-15: Success & Sustainability

Given that juvenile court diversion programs will be incorporating S-BI-RT into existing systems, and that diversion is not currently insurance reimbursable, sustainability of this practice should be able to be achieved with a minimum of program modification. The S-BI-RT NH Playbook features information related to Plays 11 to 15 in detail:

- Play 11 – Quality Improvement and Data Collection
- Play 12 – Billing/Reimbursement
- Play 13 – Communications
- Play 14 – Training
- Play 15 – Reflection and Celebration

Numerous on-line S-BI-RT trainings are available with CEUs/CMEs and can be a low-cost/no-cost means of ongoing training. Our recommendations are available at <http://sbirtnh.org/resources/>.

**Continue reading for the S2BI and CRAFFT Screening Tools.**

# Screening to Brief Intervention (S2BI)

*Developed at Boston Children's Hospital with support from the  
National Institute on Drug Abuse.*

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by clicking on the box next to your choice.

**In the past year, how many times have you used**

Tobacco?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

Alcohol?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

Marijuana?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

**STOP** if answers to all previous questions are "never." Otherwise, **continue** with questions on the right.

**In the past year, how many times have you used**

Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

Illegal drugs (such as cocaine or Ecstasy)?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

Inhalants (such as nitrous oxide)?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?

- ☐ Never
- ☐ Once or twice
- ☐ Monthly
- ☐ Weekly or more

**Table 1. Prevalence, sensitivity, and specificity (95% CI) of frequency-only questions vs. CIDI-SAM DSM-5 diagnosis of substance use disorder.**

S2BI frequency category <sup>a</sup>	CIDI-SAM diagnosis	Prevalence <sup>b</sup> N (%)	Sensitivity (95% CI)	Specificity (95% CI)
‘Once or twice’ or more for any substance	Any Substance Use	90 (42.3)	100 (n.a.)	84 (76, 89)
‘Monthly’ or more for any substance	Any Substance Use Disorder	41 (19.2)	90 (77, 96)	94 (89, 96)
‘Weekly’ or more for any substance	Severe Substance Use Disorder	19 (8.9)	100 (n.a.)	94 (90, 96)
‘Once or twice’ or more for alcohol	Alcohol Use	87 (40.1)	96 (89, 99)	92 (86, 95)
‘Monthly’ or more for alcohol	Alcohol Use Disorder	29 (13.6)	79 (61, 90)	96 (92, 98)
‘Weekly’ or more for alcohol	Severe Alcohol Use Disorder	6 (2.8)	100 (n.a.)	88 (83, 91)
‘Once or twice’ or more for cannabis	Cannabis Use	74 (34.7)	100 (n.a.)	96 (92, 99)
‘Monthly’ or more for cannabis	Cannabis Use Disorder	30 (14.1)	93 (77, 98)	93 (88, 96)
‘Weekly’ or more for cannabis	Severe Cannabis Use Disorder	16 (7.5)	100 (n.a.)	93 (89, 96)

a. See table 2 for screen interpretations

b. Prevalence rates from CIDI-SAM criterion standard measure

**Table 2. Sensitivity and Specificity of screen for tobacco use and dependence**

	CIDI-SAM Prevalence N (%)	Sensitivity (95% CI)	Specificity (95% CI)
<b>Past-year Tobacco Use</b>	34 (16.0)	94 (79, 99)	94 (89, 97)
<b>Nicotine Dependence<sup>a</sup></b>	20 (9.4)	75 (52, 89)	98 (95, 100)

a. We are reporting rates of nicotine dependence (DSM-IV) based on CIDI-SAM interview because the CIDI SAM did not include a question on craving, which is one of the possible criteria for DSM-5 diagnosis of Nicotine Use Disorder.

**Table 3. Risk Levels and Recommended Interventions**

Frequency of using tobacco, alcohol, or marijuana	Risk level	Brief intervention
Never	No use	Positive Reinforcement
Once or Twice	No SUD	Brief Advice
Monthly	Mild/Moderate SUD	Further assessment, brief motivational intervention
Weekly or more	Severe SUD	Further assessment, brief motivational intervention, referral

This tool was validated with 213 participants, aged 12-17 presenting to primary care or to an outpatient substance abuse treatment program in a pediatric hospital in Boston, MA.

For More Information: Levy, S., Weiss, R. D., Sherritt, L., Ziemnik, R., Spalding, A., Van Hook, S., & Shrier, L. A. (In Press). Screening to Brief Intervention (S2BI): An Electronic Screen for Triaging Adolescent Substance Use by Risk Levels. *JAMA Pediatrics*.

# The CRAFFT Screening Questions

Please answer all questions honestly; your answers will be kept confidential.

## Part A

During the **PAST 12 MONTHS**, did you:

No

Yes

1. Drink any alcohol (more than a few sips)?

☐☐

2. Smoke any marijuana or hashish?

☐☐

3. Use anything else to get high?

☐☐

"anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff"

If you answered NO to ALL (A1, A2, A3) answer **only B1** below, then STOP.

If you answered YES to ANY (A1 to A3), answer **B1 to B6** below.

## Part B

No

Yes

1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

☐☐

2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

☐☐

3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

☐☐

4. Do you ever FORGET things you did while using alcohol or drugs?

☐☐

5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

☐☐

6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

☐☐

### CONFIDENTIALITY NOTICE:

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

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# Screening to Brief Intervention Scoring Cheat Sheet

PROGRAM: Use the score sheet below to assess the appropriate response for the youth and to enter the results into your internal tracking data base.

Screening to Brief Intervention (SZBI) Tool						
In the past year, how many times have you used:		Never	Once or Twice	Monthly	Weekly or More	
Tobacco?		0	1	2	3	
Electronic vapor product?		0	1	2	3	
Alcohol?		0	1	2	3	
Marijuana?		0	1	2	3	
Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?		0	1	2	3	
Illegal drugs (such as cocaine or Ecstasy)?		0	1	2	3	
Inhalants (such as nitrous oxide)?		0	1	2	3	
Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?		0	1	2	3	
RESPONSE	Not screened	Positive reinforcement during intake	Education: Individual or Group	Further Assessment + (whatever else is needed)		
SCORING CODE	N	PR	E	FA+		
Patient Health Questionnaire -2						
In the past two weeks how often have you been bothered by any of the following problems?		Not At All	Several Days	More Than Half the Days	Nearly Every Day	
Little interest or pleasure in doing things		0	1	2	3	
Feeling down, depressed or hopeless		0	1	2	3	
	N	O	GS Getting Services R referral-primary care/MH			

Official Use Only: Confidence

☐ Low

☐ Moderate

☐ High





# NH JUVENILE COURT DIVERSION NETWORK

## Screening to Brief Intervention

Please have the youth completed this form in a private and safe place.

	0	1	2	3
In the past year, how many times have you used:	Never	Once or Twice	Monthly	Weekly or More
<b>Tobacco?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Electronic vapor product?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Alcohol?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Marijuana?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Illegal drugs (such as cocaine or Ecstasy)?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Inhalants (such as nitrous oxide)?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	1	2	3
In the past two weeks how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
<b>Little interest or pleasure in doing things</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Feeling down, depressed or hopeless</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>