

Department of Health Care Services
Fact Sheet

Screening, Brief Intervention, and Referral to Treatment (SBIRT) to Reduce Alcohol Misuse for Adults in Primary Care Settings

March 2014

Effective January 1, 2014, California offers a Screening, Brief Intervention, and Referral to Treatment (SBIRT) benefit to adult Medi-Cal beneficiaries. The SBIRT benefit aligns with the U.S. Preventive Services Task Force recommendation and is offered to all adult Medi-Cal beneficiaries, 18 years and older, in primary care settings.

A Comprehensive Public Health Approach

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive public health approach for delivering early intervention and treatment services to people with, or at risk of developing, alcohol use disorders.

Elements of SBIRT

Health care practitioners have the important responsibility of looking after their patients' general health and welfare. It is critical, therefore, to focus resources and efforts on expanding the continuum of care health practitioners provide for their patients. With SBIRT, alcohol screening is incorporated into mainstream health care settings, such as college health clinics, hospitals and trauma centers. Practitioners screen patients to assess alcohol use, then, based on the screening results, provide the appropriate intervention.

SBIRT is a three-part process:

- **Universal screening** assesses alcohol use and identifies people with alcohol use problems.
- **Brief intervention** is provided when a screening indicates moderate risk. Brief intervention utilizes motivational interviewing techniques focused on raising patients' awareness of alcohol use and its consequences and motivating them toward positive behavioral change.
- **Referral to treatment** provides a referral to specialty care for persons deemed to be at high risk.

A key aspect of SBIRT is the integration and coordination of screening, early intervention, and treatment components into a system of care. This system links community health care and social service programs with specialty treatment programs.

Effectiveness of SBIRT

SBIRT has been declared effective by multiple sources.^{1,2,3} SBIRT is cost effective;⁴ it has been estimated to save health care costs ranging from 3 to 5-fold for every \$1.00 spent,⁵ and decreases the risk of long-lasting physical and emotional trauma related to harmful drinking.⁶

¹ U.S. Preventive Services Task Force. [Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse](http://www.uspreventiveservicestaskforce.org/uspstf/uspdrin.htm). May 14 2013 [cited 2013 Jul 21]. Website: <http://www.uspreventiveservicestaskforce.org/uspstf/uspdrin.htm>

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Covered Services

Screening and Brief Intervention services are covered for risky alcohol use or misuse.

1. An expanded screen, using a Medi-Cal approved screening tool, shall be limited to one (1) unit per member per year, any provider.
2. Brief intervention services may be provided on the same date of services as the full screen, or on subsequent days. The brief intervention shall be limited to three (3) sessions per patient per year, provided by any SBIRT trained provider. The sessions can be combined in one or two visits, or be administered at three separate visits. Each service is limited to one (1) session per unit, 15 minutes per unit, per member.

Non Covered Services

1. Administration of the alcohol pre-screen question on the SHA, or any other pre-screen questions.

Addressing Workflow Issues

SBIRT proponents may encounter barriers related to broad implementation of this evidence-based practice. The SBIRT approach is easy to learn relative to other behavioral treatment techniques. Therefore, it can be implemented by various health care providers such as physicians, nurses, social workers, health educators, and paraprofessionals who work in busy medical settings. California acknowledges issues surrounding workflow and will allow non-licensed health providers with additional training to administer elements of SBIRT while under the supervision of licensed health providers. Training resources will be available for successful implementation of this benefit.

For more information, please visit the [DHCS SBIRT webpage](http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx):
<http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx>

² [World Health Organization](http://www.who.int/mediacentre/factsheets/fs349/en/index.html). Alcohol. No date [cited 2013 Jul 12]. Available from:
<http://www.who.int/mediacentre/factsheets/fs349/en/index.html>

³ National Institute of Health. [Alcohol Screening and Brief Intervention: A Practitioners Guide](http://www.niaaa.nih.gov/publications/clinical-guides-and-manuals/alcohol-screening-and-brief-intervention-youth/resources). No date [cited 2013 Jul 20]. Available from: U.S. Department of Health and Human Services Website:
<http://www.niaaa.nih.gov/publications/clinical-guides-and-manuals/alcohol-screening-and-brief-intervention-youth/resources>

⁴ Bray JW, Zarkin GA, Hinde JM, Mills MJ. Costs of alcohol screening and brief intervention in medical settings: a review of the literature. *Journal of Studies on Alcohol and Drugs* 2012; 73(6), 911.

⁵ Fleming MF, Mundt MP, French MT, Manwell LB, Stauffacher EA, Barry KL. Benefit-cost analysis of brief physician advice with problem drinkers in primary care settings. *Medical care* 2010; 38(1), 7-18.

⁶ Gentilello LM, Ebel BE, Wickizer TM, Salkever DS, Rivara FP. Alcohol interventions for trauma patients treated in emergency departments and hospitals: a cost benefit analysis. *Annals of surgery* 2005; 241(4), 541.