

<b>Screening, Brief Intervention, and Referral to Treatment SBIRT</b>		
<b>Effective Date:</b> 04/17/2025	<b>Original Date:</b> 07/01/2014	<b>Approval Date (if different from effective date):</b> Trauma Committee 04/17/2025
<b>Number:</b> TP-1001		<b>Version:</b> 2
<b>Facility (Scope):</b> Trauma program		

**POLICY STATEMENT:**

- A. Alcohol and other intoxicating substances contribute to many traumatic injuries. Traumatic injury presents a teachable moment to counsel patients who have been injured as a result of substance abuse. For this reason, Billings Clinic will universally screen trauma patients for substance abuse. Brief counseling and referral for treatment for patients screening positive will be provided to those patients with substance abuse or risk of substance abuse according to their screening.

**DEFINITIONS:**

- A. CAGE screening tool: Acronym for validated 4-question screening tool. Approved screening tool by the American College of Surgeons Committee on Trauma.
- B. CRAFFT Screening tool: a validated 6 question screening tool. This tool is approved for use in patients 12-21 through the America college of Surgeons.

**PROCEDURE:**

- A. Information regarding alcohol/substance use or abuse is to be treated as confidential medical information.
1. Results of screening and testing can be shared with parents or guardians of minor patients without their consent unless the patient is actively “seeking” treatment and articulates that they do not want the information shared. In this case information still may be shared with parents/guardians when:
    - a) The test was done for medical purposes.
    - b) Patients are extremely young and/or lacks the capacity for rational choice.
    - c) Situation poses a substantial threat to life or physical well-being.
- B. Screening
1. The CAGE screening tool will be administered prior to patient discharge for all trauma patients 16 years and older admitted for greater than 24 hours.
  2. Staff that completes screening will chart result in the EMR.
  3. CAGE screening is considered positive with a score of  $\geq 1$ .
  4. For ages 12-15, The CRAFFT Questionnaire will be administered prior to discharge for patients 12-15 that are admitted greater than 24 hours.
  5. CRAFFT will be documented in the EMR.
  6. Any score greater than 2 will be considered positive.
- C. Brief Intervention
1. Patients who have positive CAGE and or CRAFFT screens will receive a brief intervention by trained staff which includes:
    - a) Nurse Care Managers and Social workers
    - b) Mental health/substance abuse counselors
    - c) Nurses

2. Behavioral Health and/or Child Advocacy may be consulted for further assessment/intervention if needed.

**D. Referral for Treatment**

1. Patients will be offered contact information for treatment services local to them including inpatient and/or outpatient options.
2. Patient will be encouraged to consult their primary care provider.

**REFERENCES:**

1. *Resources for optimal care of the injured patient.* (2022). Chicago, IL: American College of Surgeons, Committee on Trauma.
2. *Alcohol screening and brief intervention (SBI) for trauma patients committee on trauma quick guide.* (2007). Bethesda, MD: U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
3. Adzemovic, T., Murray, T., Jenkins, P., Ottosen, J., Iyegha, U., Raghavendran, K., Napolitano, L., Hemmila, M., Gipson, J., Park, P. and Tignanelli, C., 2019. Should they stay or should they go? Who benefits from interfacility transfer to a higher-level trauma center following initial presentation at a lower-level trauma center. *Journal of Trauma and Acute Care Surgery*, 86(6), pp.952-960.
4. Brolin, M., Reif, S., Buell, J., Whitcher, H., Jaghoo, S. and McNeil, P., 2022. Screening and Brief Intervention With Low-Income Youth in Community-Based Settings. *Journal of Adolescent Health*, 71(4), pp.S65-S72.
5. Sheno RP, Linakis JG, Bromberg JR, Casper TC, Richards R, Mello MJ, Chun TH, Spirito A; PEDIATRIC EMERGENCY CARE APPLIED RESEARCH NETWORK. Predictive Validity of the CRAFFT for Substance Use Disorder. *Pediatrics*. 2019 Aug;144(2):e20183415. doi: 10.1542/peds.2018-3415. Epub 2019 Jul 24. PMID: 31341007; PMCID: PMC6855834.

**EXHIBITS:**

- A. CAGE screening tool/job aid
- B. CRAFFT Screening tool

**KEY WORDS AND KEY PHRASES:** NA

**ADDITIONAL POLICY INFORMATION:**

<b>Type:</b> Trauma	<b>Owner:</b> Lanny Orr
<b>Replaces:</b>	
<b>Other required review/approval(s) (name, title, date):</b>	
<b>Regulatory or Accreditation Agency:</b>	

**Exhibit A. CAGE screening tool/job aid**

CAGE Alcohol/Drug Screening Job Aid

Trauma alcohol Screening, Brief Intervention, and Referral for Treatment (SBIRT). Use for all trauma patients admitted >24 hours.

<p><b>ED Nurse Role</b></p> <ul style="list-style-type: none"> <li>Determine if patient has suffered ANY traumatic Injuries. This includes, but is not limited to: trauma activations, falls with intracranial hemorrhage, fall w/ broken bones, etc.</li> <li>If traumatic injuries check "Yes" on intake form</li> </ul>																																																																																									
<p><b>Inpatient Nurse Role</b></p> <ul style="list-style-type: none"> <li>Recognize order for CAGE screening and corresponding <i>Activities and Interventions</i></li> <li>Determine if patient is medically/cognitively able to answer screening questions</li> <li>If patient is deemed able to answer questions, ask CAGE questions and record patient answers</li> <li>If patient is unable to participate in screening leave on the task list until patient is medically/cognitively able to participate.</li> </ul>																																																																																									
<p><b>Care Management/ Social Work Role</b></p> <ul style="list-style-type: none"> <li>Recognize order for care management consult for positive CAGE score</li> <li>Inform patient of screening results &amp; offer professional advice/provide "Alcohol Referral Resource" information.</li> <li>Record delivery of resource information on screening tool in Powerchart.</li> </ul>	<div style="border: 2px solid red; padding: 5px; text-align: center; font-weight: bold; font-size: 0.8em;">CAGE Alcohol/Drug Screening</div> <p>Felt need to Cut down drinking or drug use? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Ever felt Annoyed by criticism of drinking or drug use? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Had Guilty feelings about drinking or drug use? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Ever felt the need for a drink or drug use first thing in the morning to steady your nerves or get rid of a hangover (Eye-opener)? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>CAGE Score: 0</p> <p><b>Scoring:</b> Item responses on the CAGE are scored 0 or 1, with a higher score indicative of alcohol problems. A total score of 2 or greater is considered clinically significant.</p> <p><b>Billings Clinic Only - a Score of 1 or greater will trigger a Care Management/Social Worker Consult Order and Notification to Care Management/Social Worker for follow up information to Patient.</b></p> <p><b>CAGE Job Aid</b> CAGE job-aid - Right click and select "Reference Text"</p> <p><b>Comments</b></p> <hr/> <p style="text-align: center; font-weight: bold; font-size: 0.8em;">Care Management/Social Worker Only</p> <div style="border: 2px solid red; padding: 5px; font-size: 0.8em;"> <p><b>Patient Given Resources For Positive CAGE Score</b> <input type="radio"/> No <input type="radio"/> Yes</p> <p><b>SBIRT Reference Material for Patient</b> SBIRT Referral Information - Right click and select "Reference Text"</p> </div> <div style="border: 1px solid gray; padding: 5px; font-size: 0.8em;"> <p><b>Billings Clinic</b></p> <p style="text-align: center; font-weight: bold; font-size: 0.7em;">Alcohol Referral Resources</p> <p>Alcohol use is a major contributor to traumatic injuries seen at Billings Clinic. Besides traumatic injury, at-risk drinking behavior can increase the incidence of other health problems, including increased risk of heart disease and hypertension, increased risk of stroke and increased incidence of liver disease.</p> <p>The screening questions you have answered concerning alcohol are used by physicians to determine at-risk drinking behaviors. Based on your answers to these screening questions, you have scored positive and your drinking behaviors are in the "at-risk" range. Whether this confirms your own feelings about your drinking behaviors or is new information, we encourage you to consider taking a closer look at your drinking behaviors and to discuss them with your health care team and primary care physician. Below are some local resources that you may find helpful. If you do not see something local to your home area, please contact your county health department concerning mental health/care services.</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.7em;"> <thead> <tr> <th style="background-color: #4a4a8a; color: white;">Alcohol/Chemical Dependence Resources - Yellowstone County</th> <th style="background-color: #4a4a8a; color: white;">Regional Alcohol/Chemical Dependence Resources</th> </tr> </thead> <tbody> <tr> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Resource</th> <th>Phone / Website</th> </tr> </thead> <tbody> <tr> <td>Alcoholics Anonymous</td> <td>(888) 607-2000</td> </tr> <tr> <td>Montana</td> <td>aa-montana.org</td> </tr> <tr> <td>Wyoming</td> <td>aaofwyoming.org</td> </tr> <tr> <td>Montana Foundation</td> <td>(406) 244-2115</td> </tr> <tr> <td>Adult &amp; Adolescent Intensive Outpatient/Inpatient/Adult Day Treatment</td> <td>1-800-227-3503</td> </tr> <tr> <td>Mental Health Center - Addiction Services</td> <td>(406) 252-3028</td> </tr> <tr> <td>Adult &amp; Adolescent chemical dependency assessment/intensive outpatient/CTE/IEU School</td> <td></td> </tr> <tr> <td>Indian Health Board of Billings</td> <td>(406) 244-7318</td> </tr> <tr> <td>Substance Abuse Counseling</td> <td>(406) 247-3920</td> </tr> <tr> <td>Recovery Health Behavioral Health</td> <td></td> </tr> <tr> <td>Addiction Counseling Services</td> <td></td> </tr> <tr> <td>New Day Inc.</td> <td>(406) 256-3224</td> </tr> <tr> <td>Residential/Outpatient day treatment or partial hospitalization/intensive outpatient</td> <td></td> </tr> </tbody> </table> </td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Resource</th> <th>Phone</th> </tr> </thead> <tbody> <tr> <td>Great Falls Recovery Center</td> <td>(406) 671-0300</td> </tr> <tr> <td>Outpatient treatment for alcohol and substance addiction</td> <td></td> </tr> <tr> <td>Spokane Falls Treatment Center - Pullman, WA</td> <td>(406) 768-2822</td> </tr> <tr> <td>Chemical dependency evaluation/intensive Outpatient/Inpatient Counseling / CUI courses / Referrals for inpatient treatment</td> <td></td> </tr> <tr> <td>Big Horn Mountain Recovery Center (Sheridan, WY)</td> <td>(307) 671-4447</td> </tr> <tr> <td>Outpatient Drug Treatment</td> <td></td> </tr> <tr> <td>Eastern Montana Community Mental Health Center</td> <td>www.emcshc.com</td> </tr> <tr> <td>Various outpatient treatment services. 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Outpatient Drug Treatment																																																																																									
Eastern Montana Community Mental Health Center	www.emcshc.com																																																																																								
Various outpatient treatment services. Contact specific location for local service offerings.																																																																																									
Harlow	(406) 234-1916																																																																																								
Deer Lodge	(406) 234-1807																																																																																								
Circle	(406) 377-4915																																																																																								
Cody	(406) 345-7954																																																																																								
Culbertson	(406) 433-4035																																																																																								
Farmington	(406) 385-7604																																																																																								
Glacier	(406) 226-0340																																																																																								
Great Falls	(406) 377-6070																																																																																								
Jackson	(406) 234-1887																																																																																								
Malta	(406) 671-0300																																																																																								
Missoula	(406) 236-5049																																																																																								
Butte City	(406) 234-1807																																																																																								
Plentywood	(406) 795-2580																																																																																								
Poplar	(406) 635-1872																																																																																								
Stockett	(406) 765-2550																																																																																								
Sidney	(406) 453-4855																																																																																								
Terry	(406) 234-1887																																																																																								
Wilsall	(406) 377-6070																																																																																								
Wolf Point	(406) 635-1872																																																																																								

Exhibit B. CRAFFT screening tool

## The CRAFFT Interview (version 2.1)

To be orally administered by the clinician

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

### Part A

**During the PAST 12 MONTHS, on how many days did you:**

- |   |           |
|---|-----------|
| 1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say "0" if none.  | # of days |
| 2. Use any <b>marijuana</b> (weed, oil, or hash, by smoking, vaping, or in food) or " <b>synthetic marijuana</b> " (like "K2," "Spice") or "vaping" <b>THC oil</b> ? Put "0" if none. | # of days |
| 3. Use <b>anything else to get high</b> (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Say "0" if none.          | # of days |

**Did the patient answer "0" for all questions in Part A?**

Yes



**Ask CAR question only, then stop**

No



**Ask all six CRAFFT\* questions below**

### Part B

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| <b>C</b> Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>R</b> Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>A</b> Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F</b> Do you ever <b>FORGET</b> things you did while using alcohol or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F</b> Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>T</b> Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?  | <input type="checkbox"/> | <input type="checkbox"/> |

**\*Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →**

**NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:**

The information on this page is 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.