



SBIRT

**A Resource Toolkit for Behavioral Health
Providers to Begin the Conversation with
Federally Qualified Healthcare Centers**

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The Opportunity

This guide is written for Behavioral Health Providers seeking to engage their local FQHC/CHC to begin the conversation on implementing SBIRT. Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Partnering in an SBIRT project provides the opportunity to begin the early step toward a model of service integration. SBIRT is part of a larger shift toward a public health model for addressing problems related to behavioral health (Mental Health, Substance Abuse, Co-occurring). In the future, substance abuse treatment, mental health, primary care, and related services will be increasingly integrated in an effort to reach more people and provide them with a more seamless recovery-oriented system of care. As the shift occurs behavioral health professionals will be called upon to work collaboratively with primary care and other settings where services such as SBIRT and medication-assisted treatment are being offered (NFATTC Addiction Messenger, 2010).

The Affordable Health Care for America Act - HR 3962 will have a profound effect on the funding and delivery of behavioral health services. On the horizon, the expected increase in Medicaid enrollment will challenge the service delivery system. As an example, the mission of the public health departments is to provide public health models. Thus, states may be shifting primary care services from county public health units to Federally Qualified Healthcare Centers (FQHCs) and/or Community Health Centers (CHCs). According the National Association of Community Health Centers, “Spread across 50 states and all U.S. territories, there are 1,250 Community Health Centers that provide vital primary care to 20 million Americans with limited financial resources” (p. 1). It is clear that a momentum is building toward health/behavioral health integration as a method to improve outcomes and efficiency. Payment methods, fee structure, and the sharing of health information are only a small example of the complexities involved as the provisions of the act unfold over the next several years. The development of an integrated model provides the opportunity of mutually beneficial relationship that reduces the treatment cost for the FQHC by addressing patients’ behavioral health needs while increasing the number of referred to the behavioral health provider.

The Panel

Experts from the state and federal government, health, behavioral health, and education were consulted in the creation of this guide. We would like to thank the following individuals for their contributions to this guide:

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Why Should I Partner with my Local FQHC?

What is an FQHC?

A **Federally Qualified Health Center (FQHC)** is a reimbursement designation referring to several health programs funded under the [Health Center Consolidation Act](#) (Section 330 of the [Public Health Service Act](#)). Health Centers Consolidation Act of 1996 brought four programs under section 330 of the PHS Act:

- “Neighborhood Health Centers” funded in 1964.
- Congressional authorization of Community Health Centers and Migrant Health Centers: sections 329 and 330 of the Public Health Service Act.
- Authorization of Health Care for the Homeless Program (1987)
- Public Housing Primary Care Programs (1990)

FQHCs:

- Are located in or serve a high need community (designated Medically Underserved Area or Population). FQHC locator: http://findahealthcenter.hrsa.gov/Search_HCC.aspx
- Governed by a community board composed of a majority (51% or more) of health center patients who represent the population served.
- Provide comprehensive primary health care services as well as supportive services (education, translation and transportation, etc.) that promote access to health care.
- Provides medical, mental health and dental care to all regardless on their ability to pay -uninsured or underinsured
- Provides services through all the life cycles-prenatal, pediatric, adult and geriatrics.
- Provides enabling services such as pharmacy, transportation, prenatal and family care services, case management and other referrals to other basic needs agency
- Meet other performance and accountability requirements regarding administrative, clinical, and financial operations.

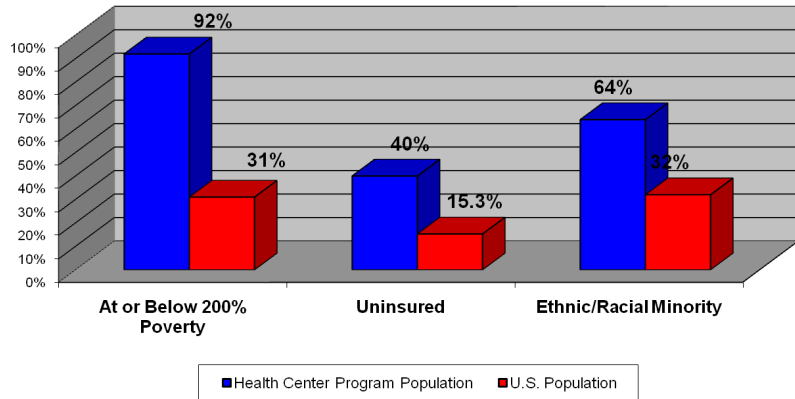
Wikipedia links:

- <http://en.wikipedia.org/wiki/FQHC>
- [Health Center Consolidation Act](#)
- [Public Health Service Act](#)). Health programs funded include:
- [Community Health Centers](#)
- [Medically Underserved Area/Populations \(MUA or MUP\)](#).
- [Migrant Health Centers](#)
- [Health Care for the Homeless Programs](#)
- [Public Housing Primary Care Programs](#)

Why pick an FQHC? (adapted from Lardiere, (2011): <http://www.nachc.com/about-our-health-centers.cfm>)

Many of the people you serve may be eligible or already receiving services through a local FQHC. According to the Bureau of Primary Health Care, In 2009, the health center program made the following impact (Lardiere, 2011).

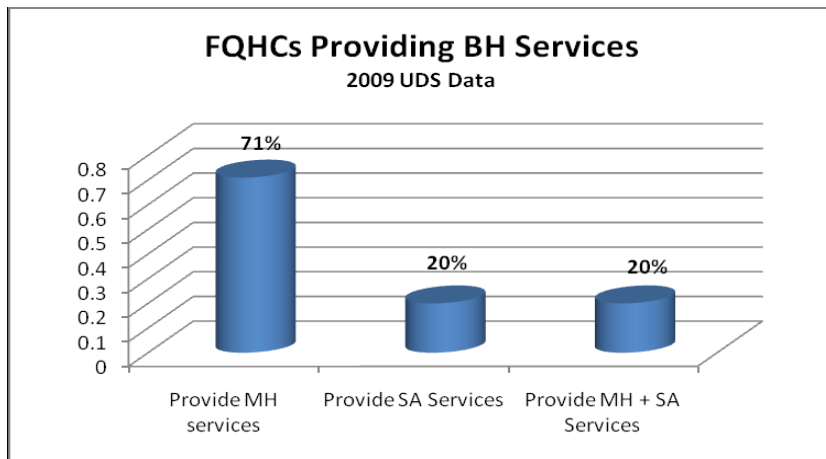
Served 18.8 million patients
 92% below 200% poverty
 71% below 100% poverty
 38% uninsured
 1,018,000 homeless individuals
 865,000 migrant/seasonal farmworker
 165,000 residents of public housing



Provided 74 million patient visits
 1,131 grantees - half of which are located in rural areas
 7,900+ service sites

Employed more than 123,000 staff
 9,100 physicians
 5,800 nurse practitioners, physicians assistants, and certified nurse midwives

- 70% of Health Centers Currently Provide Behavioral Health Services.
- 90% of Health Centers Screen for Depression
- 61% Screen for Substance Abuse
- **However, only 20% of FQHCs provide substance abuse treatment.**



How do I find my local FQHC?

FQHC locator website: http://findahealthcenter.hrsa.gov/Search_HCC.aspx

Find a Champion

A good strategy in approaching your local FQHC is finding a person that has the clout and/or credibility to advocate implementing SBIRT. They may be appointed leaders such as elected officials, board members, or executive directors. Or, they may be assumed leaders such as physicians, patients, or consumer rights advocates who know everyone in the community and have the confidence of the community. “Champions are credible community members—whether appointed or assumed leaders—whom you can count upon to speak enthusiastically in support of your program”.

Utilizing Champions

With the right amount of ongoing cultivation, champions can help you ...

- recruit new members or volunteers
- raise resources
- increase public awareness
- make formal and informal presentations
- spread word-of-mouth recognition
- serve as board or advisory council members
- widen your organization’s web of support
- open doors to new relationships for you

How to identify a champion:

To make a list of potential champions, do a group brainstorm of all the key leaders and potential champions in your community.

- Talk to other Behavioral Health Providers in your area to identify local champions.
- Talk to an FQHC that has already successfully implemented SBIRT.
- Recruit a local physician that speaks the language of FQHCs.

Use Six Degrees of Separation:

Inform everyone in your network that you are trying to connect with someone who is a champion for the issues the SBIRT addresses; you will usually find someone who knows someone who knows your target.

Close the Deal:

Design a clear message that lets the potential champion know what your organization is doing for the community and why it is important. If someone who is already involved with your organization knows the key leader you want to approach, have them make the “ask” for that person’s support and participation.

Build a Champion for Your Cause

In order for someone to become a true SBIRT champion, you will need to convince the individual of the benefit they will derive from becoming involved in your initiative. Then, you need to give that person a meaningful way to contribute. Determine how SBIRT overlaps with the goals of your potential champions.

* adapted from the Corporation for National & Community Service, 2011

SBIRT Outreach: Talking Points for Behavioral Health Providers

The talking points are intended to aid the behavioral health provider's initial talks/negotiations with FQHCs. The talking points offer salient arguments that will appeal to FQHC's based on interviews with Primary Care Administrators and Behavioral Health SBIRT Providers. The Optional items may be used but are dependent on the operation practices of the FQHC, the service model of your agency, and/or your choice of integration models (see integration models).

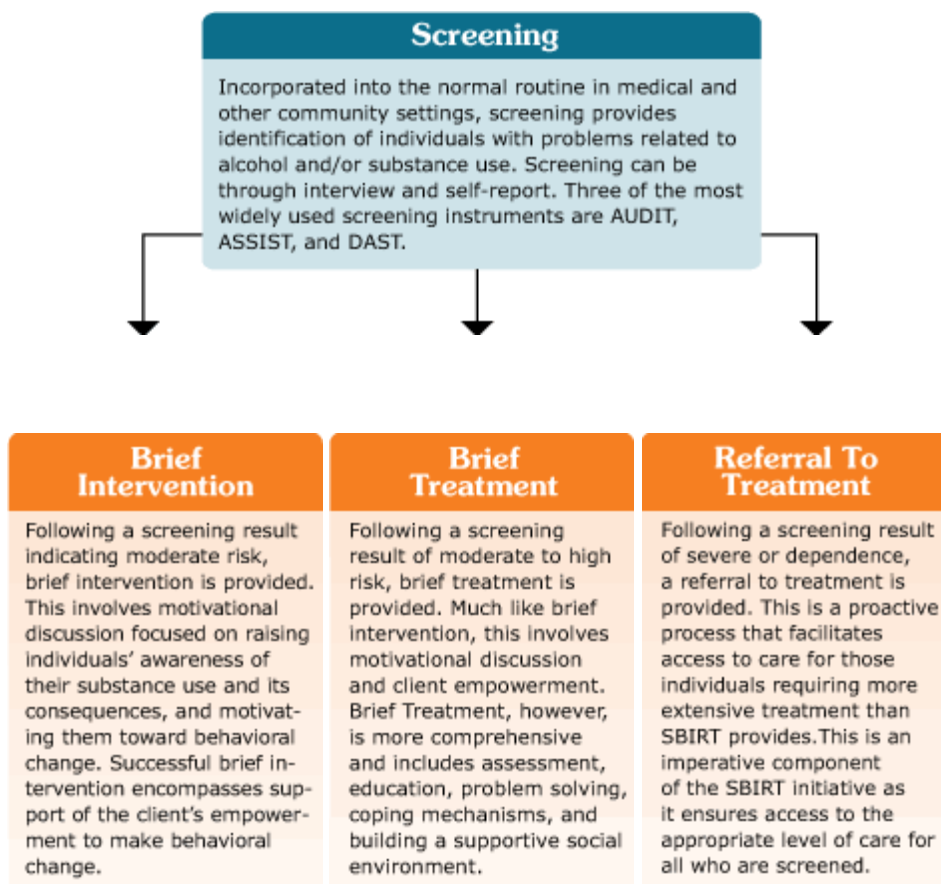
- As a healthcare provider you are already screening for behavioral health issues. If you add a few questions you can bill another Medicaid code. No extra forms needed.
 1. **(Optional)** The screening can be provided while patient are awaiting consultation permitting your physicians access to the SBIRT screening results prior to the actual doctor-patient consultation
- Health improvements reduce the costs of treating your patients. SBIRT is an evidence based model that has recognized health improvement benefits.
- Once the screening is complete our agency can take it from there, no extra staff time or resources needed.
 1. If a Behavioral Health Problem is identified the patient can be referred to our agency for treatment or prevention/education activities.
 - There are many models of practice integration we can discuss to seamlessly integrate the referral process with little to no disruption to your current practices
- What can our agency do for you?
 1. Our staff are trained to provide evidence based prevention and treatment of behavioral health issues. We can offer a cost effective method to integrate behavioral health issues into your treatment practice.
 2. We can provide feedback to your physicians resulting in health improvement that reduce treatment cost
 3. The services are at little to no cost to you or your patients
 4. **(Optional)** We can work in a single integrated health record. Eliminating the need for additional forms or technology training for your staff as well as immediate access to pertinent treatment information.
 5. **(Optional)** The prevention, education, or intervention service can be provided while the client is waiting for primary care services

Brief Intervention and Treatment

What is it?

As defined by the Substance Abuse and Mental Health Services Administration, SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

- *Screening* quickly assesses for the presence of risky substance use, follows positive screens with further assessment of problem use, and identifies the appropriate level of treatment.
- *Brief intervention* focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- *Referral to treatment* provides those identified as needing more extensive treatment with access to specialty care. SAMHSA Treatment Locator: findtreatment.samhsa.gov/



Adapted from: http://www.sbirt.samhsa.gov/core_comp/index.htm

Brief Intervention: Definition & Resources

Brief intervention comprises a single session, or sometimes multiple sessions, of motivational discussion focused on increasing insight and awareness regarding substance use and motivation toward behavioral change. Brief intervention can be used as a stand-alone treatment for those at-risk, as well as a vehicle for engaging those in need of more intensive specialized care.

- A practice to identify real or potential substance use problems and to motivate an individual to do something about it.
- Non-confrontational, short health counseling technique.
- Not a quick fix treatment.

Manuals and Training

1. Motivational Interviewing <http://motivationalinterview.org/>
2. (American College of Surgeons Committee on Trauma (COT): Screening and Brief Intervention Training for Trauma Care Providers: <http://www.mayatech.com/cti/sbitrain07/>
3. Alcohol Screening and Brief Intervention for Trauma Patients: COT Quick Guide http://www.sbirt.samhsa.gov/documents/SBIRT_guide_Sep07.pdf
4. Alcohol Screening and Brief Intervention Curriculum: <http://www.bu.edu/act/mdalcoholtraining/index.html>

Free web-based training curriculum geared toward generalist clinicians and developed by the Boston Medical Center.

5. Brief Counseling for Marijuana Dependence: A Manual for Treating Adults: <http://kap.samhsa.gov/products/brochures/pdfs/bmdc.pdf>
6. National Institute on Alcohol Abuse and Alcoholism Helping Patients Who Drink Too Much: A Clinician's Guide: <http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/guide.htm>
7. Ensuring Solutions to Alcohol Problems SBI Implementation Guide for Hospitals: http://www.ensuringsolutions.org/resources/resources_show.htm?doc_id=503275&cat_id=2005
8. BNI ART Institute <http://www.ed.bmc.org/sbirt/>

Referral to Treatment

Patients identified as needing more extensive treatment than what can be offered through an SBIRT program, referral to a specialized treatment provider may be necessary. Referral to treatment is an integral component of the SBIRT process and necessitates strong collaboration between the SBIRT team and substance abuse treatment providers in the community. Some useful links to treatment resources are provided below.

1. Florida Alcohol and Drug Abuse Association Treatment locator: <http://www.fadaa.org/search.cfm>
2. Buprenorphine Physician/Treatment Locator: buprenorphine.samhsa.gov/bwns_locator/
3. SAMHSA Treatment Locator: findtreatment.samhsa.gov/

Coding for SBI Reimbursement

Important Medicare Information: SAMHSA is working with the Centers for Medicare and Medicaid Services (CMS) to educate practitioners about the importance of SBIRT coverage and the Medicare billing rules around these services. In the case of Medicare, SBIRT services are defined as alcohol and/or substance (other than tobacco) abuse **structured assessment** (e.g., AUDIT, DAST) and brief intervention. Medicare may not pay for screening services unless specifically required by statute.

The American Medical Association has approved two codes (based on time devoted to the service): 99408 and 99409. Use of these codes requires documentation in the clinical record.

Services provided under codes 99408 or 99409 are separate and distinct from all other Evaluation & Management (E/M) services performed during the same clinical session (ie, date of service). (Modifier -25, indicating an additional separate and distinct E/M service during the same clinical session, may be coded for some health plans.)

A physician or other qualified health professional uses a validated screening instrument (such as the AUDIT or DAST). An intervention is performed when indicated by the score on the screening instrument. The instrument used and the nature of the intervention are recorded in the clinical documentation for the encounter. If an intervention is not required based on the result of the screening, the work effort of performing the survey is included in the selection of the appropriate E/M service. If an intervention is required based on the screening result, the intervention is conducted. Code 99408 is the most likely service level for most patients.

The Centers for Medicare & Medicaid Services created codes for reporting comparable services for Medicare fee-for-service schedule (FFS) patients.

More information can be found at the Medicare Learning Network: <http://www.cms.gov/MLNgeninfo/>.

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	\$48.00

(reprinted from <http://www.samhsa.gov/prevention/SBIRT/index.aspx>)

About the Project

This guide was created as product of:



In partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Substance Abuse Treatment's (CSAT's) Partners for Recovery (PFR) and Addiction Technology Transfer Center (ATTC) Network, an Advanced Leadership Institute was developed. This intense leadership preparation program was designed to cultivate the development of future addiction leaders. A nine month graduate-level leadership program sought to garner the momentum generated by the PFR/ATTC Network Leadership Institute and further the professional development of a select group of leaders. It created an opportunity for participants to take their knowledge, skills, and expertise to the next level where local, state, and national systems change initiatives will be effected.

The PFR/ATTC Network Advanced Leadership Institute was launch in January 2011 with two pilots: Kansas City, Missouri and Washington, DC area.

CORE ELEMENTS

At each pilot site, Associates experienced an extensive set of development experiences, including the core elements of:

- Various assessments based on individual analysis, as well as input from others
- Leadership instruction though an intensive four-day leader development Immersion session
- Team coaching
- A personally relevant professional support network
- Structured knowledge and skill application, along with reflection
- Personal health, revitalization and self-care
- Continued program instruction by means of a Booster session
- System development through relevant application team projects
- Supplemental resource support (Web-based resources and tools)

THE PROJECT TEAM

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CFBHN's Network strives to maximize revenues and improve access to services, as well as the quality of those services, provided by both the individual agencies and throughout the system of care. CFBHN's administrative office in Tampa, Florida maintains departments for program development, quality management, contracting, finance and accounting, billing, management information systems, purchasing and resource management functions, and provider services.

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Penfield Christian Homes is a Christian recovery program for reclaiming the lives of adult men suffering from addiction to drugs and alcohol. Penfield has been in operation for over thirty years, helping approximately 900 men a year find freedom from addiction and live happy, productive lives through our unique, Christ-centered approach. The men are taught to apply, through the power of Jesus Christ, Biblical principles as expressed in the Twelve Steps of Alcoholics Anonymous. At Penfield Christian Homes, these principles are referred to as Twelve Steps for Successful Christian Living. The ministry of Penfield is rooted in the belief that recovery from the addictive use of alcohol and drugs can be achieved through a personal faith in Jesus Christ.

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Sutton Place Behavioral Health is a private, not-for-profit agency which is available to provide psychiatric treatment, mental health counseling and substance abuse services for residents of Nassau County, Florida. Sutton Place is dedicated to ensuring that individuals and families receive quality services that are well coordinated, individualized, and cost effective while overall, helping form a system of care that meets the total behavioral health needs of the community we serve. We strive to continually improve the quality of health care we provide and respond to changing community behavioral health needs in collaboration with other community health providers, including private clinicians, family service agencies and other key stakeholders.

Appendices

I. Resources

II. Model Memorandum of Understanding

III. SBIRT: Extended Health Care Questionnaire

Resources

SBIRT

- <http://www.adp.cahwnet.gov/SBI/screening.shtml>
- <http://www.samhsa.gov/prevention/SBIRT/index.aspx>

Substance Abuse and Mental Health Services Administration SBIRT Website

- <http://www.sbirt.samhsa.gov/index.htm>

NIAAA Alcohol Alert on Screening for Alcohol and Alcohol Related Problems

- <http://pubs.niaaa.nih.gov/publications/aa65/AA65.htm>
The Alcohol Alert (2005) from the National Institute on Alcohol Abuse and Alcoholism focuses on the use of routine alcohol screening in a variety of medical settings.

NFATTC

- *SBIRT: Part 1 - why screen and intervene?*
from http://www.nattc.org/regcenters/index_northwestfrontier.asp
- *Part 2 – breaking the model down*
from http://www.nattc.org/regcenters/index_northwestfrontier.asp
- *Part 3 – taking it to the field* (13), 9.
from http://www.nattc.org/regcenters/index_northwestfrontier.asp

NIDAMed

- <http://drugabuse.gov/nidamed/>
NIDA Resource Guide: Screening for Drug Use in General Medical Settings
- <http://www.nida.nih.gov/nidamed/resguide/>

State SBIRT Websites

- Colorado http://www.improvinghealthcolorado.org/about_faqs.php
- Oregon site <http://www.sbirtoregon.org/index.php>
- Pennsylvania www.ireta.org/sbirt/
- Massachusetts www.mass.gov
- Texas www.utexas.edu/research/cswr/nida/researchProjects/sbirt.html
- Washington www1.dshs.wa.gov/rda/projects/wasbirt.shtm

Project ASSERT

- <http://www.ed.bmc.org/assert/assert.htm>
- <http://sbirt.samhsa.gov/grantees/state.htm>

Resources: continued

ACEP project

- <http://acepeducation.org/sbi/>

SAMHSA's SBIRT Cooperative Agreements

SBIRT Coding for Reimbursement

- www.ireta.org/sbirt/pdf/SBIRTBillingManual20100217.doc
- www.sbirt.samhsa.gov/SBIRT/documents/SBIRT_Coding_Chart2.pdf
SAMHSA's downloadable coding chart
- www.dhfs.state.wi.us/Medicaid/updates/2007/2007-09att16d.htm
Medicare/Medicaid Health and Behavior Assessment and Intervention Codes
- www.cms.hhs.gov/mlnmattersarticles/downloads/MM5878.pdf
www.cms.hhs.gov/transmittals/downloads/R1433CP.pdf
Smoking and Tobacco Use Cessation Counseling Billing Code Update to Medicare
- www.ensuringsolutions.org/resources/resources_show.htm?doc_id=385233
Ensuring Solutions SBI Reimbursement Guide: Everything You Need to Know to Conduct SBI and Get Paid for It:

FQHCs

- http://findahealthcenter.hrsa.gov/Search_HCC.aspx
- <http://www.nachc.com/>
- Lardiere, M., R. (2011). *Federally qualified healthcare centers*. <http://www.nachc.com/about-our-health-centers.cfm>
- National Association of Community Health Centers (2011). *About our health centers*. <http://www.nachc.com/about-our-health-centers.cfm>

Primary Care / Behavioral Health Integration

- <http://www.milbank.org/reports/10430EvolvingCare/EvolvingCare.pdf>
- http://www.thenationalcouncil.org/cs/tools_tips

**MEMORANDUM OF UNDERSTANDING
BETWEEN**

AND

This memorandum of understanding has been developed to establish a collaborative agreement between _____ and _____ Screening Brief Intervention, Referral and Treatment (SBIRT) Initiative in an effort to integrate medical, behavioral health support services.

PURPOSE: This memorandum of understanding serves the following purposes:

- To maximize resources; facilitating effective service integration between _____ and _____
- To offer comprehensive screening and support patients; improving their health outcomes

CONSUMER ELIGIBILITY:

_____ persons that meet the follow criteria:

- _____
- _____
- _____

ACTIVITIES:

Screening and Assessment

_____ staff will provide health screening and/or assessments to _____ patients. Screening will be offered on a voluntary basis.

Follow-up

If a patient exhibits behavioral health risk and/or symptoms as determined through the screening and assessment process, _____ staff will provide appropriate follow-up. Follow-up may include, but not be limited to, information and referral, brief educational intervention and post discharge follow-up as appropriate.

Communication Plan

On an ongoing and as needed basis, _____ and _____ staff will communicate with one another regarding the initiative and patient progress. This communication can be initiated by either party and will be conducted to ensure continuity of care. Furthermore, both agencies will ensure that they keep each other informed of updated relevant consumer information.

Both agencies will obtain the appropriate signed consent from consumers to share protected health information across agencies in an effort to provide continuity of consumer care and HIPAA compliance.

LIAISONS:

This memorandum can be updated, revised, amended and/or terminated at the request of either agency.

SIGNATURE

Date

Date

Health Care Agency's Logo

Extended Health Care Questionnaire

We are aware that even a small amount of alcohol or use of prescription and/or over the counter medications, as well as illicit drugs, can effect the treatment that the doctor will prescribe for you, or may interfere with medications that he/she may prescribe. Therefore the questions below are to assist the doctor in providing the best care possible and your participation in completing this questionnaire is greatly appreciated.

On average how many days per week do you drink alcohol? _____

On a typical day when you drink, how many drinks do you have? _____

What is the maximum number of drinks you had on any given day in the past month? _____

In the last year have you tried to cut down on the drugs or medications that you use? _____

Yes _____ No _____

In the past year have you used prescription or other drugs more than you meant to?

Yes _____ No _____

During the past month have you often been bothered by feeling down, depressed or hopeless?

Yes _____ No _____

During the past month have you ever been bothered by little interest or pleasure doing things?

Yes _____ No _____

(Please circle answer)

Date of Birth: __/__/____

Race: W AA Asian Indian Native Hawaiian/Pacific Islander Other _____

Are you Hispanic or Latino? Yes No (If yes, please circle one below)

**Cuban, Puerto Rico, Central America, Mexican
Dominican, South American, Other _____**

Age ____ Gender: M F Print Name: _____

Are you a Veteran? Yes No Last 4 digits of SS# _____

Are you a family member of a Veteran? Yes No