

**CBH SCREENING PROGRAMS****SUD Screening Program for  
Individuals with Depression****Updated September 2025****Community  
Behavioral  
Health**

# 1. PURPOSE

Community Behavioral Health (CBH) has prioritized the implementation of a substance use screening program. Establishing a formal process of early identification and referral to treatment is essential to promoting optimal health for members included in the HealthChoices Medicaid program. This document outlines information required for all CBH-contracted providers to implement the program, including information about the screening tool and recommendations for follow-up. Provider implementation of the substance use screening program may be monitored through chart and/or policy review.

*Providers are not required to submit documentation of substance use screenings via claims or HL7 messaging at this time.*

# 2. SCIENTIFIC EVIDENCE FOR SCREENING PROGRAM

Rates of substance use disorders (SUDs) among individuals with depression are high, with comorbidity rates ranging from 32 to 54% (Brady & Sinha, 2005) and odds ratios as high as 11.3 for broadly defined dysthymic disorder and drug dependence (Saha et al., 2022). Studies have also indicated that the co-morbidity is even higher for individuals who use multiple substances (Kandel et al., 2001). It has been hypothesized that this could be related to biological factors and brain circuitry (Calarco & Lobo, 2021), though social, familial, and environmental factors are also relevant. Substance use is in the top 20 risk factors for death and disability world-wide, and there is tremendous financial, social, medical, and public health burden associated with substance use (WHO, 2009; Humeniuk et al., 2010).

Among Medicaid recipients, co-existing mental health and substance misuse disorders have also been demonstrated to occur at high rates, from 50% to 100% higher than the general U.S. population, and exceeding most other insurance status groups (Adelman, 2003). Ensuring that individuals with depression are screened for co-occurring SUDs is essential to addressing the complete treatment needs of the individual.

According to the [2022 Community Health Needs Assessment \(CHNA\)](#) conducted in the Greater Philadelphia Metro area, SUDs often co-occur with mental health conditions. The CHNA noted key findings related to mental health including high rates of depression and substance use. Rates of overdose related to the opioid epidemic remain high, and the rate in Philadelphia exceeds the overall state rate (CHNA). Use of other substances including alcohol and binge drinking, cigarettes, and marijuana, as well as vaping use have also been increasingly prevalent since the COVID-19 pandemic. The CHNA also noted that binge drinking for the LGBTQ+ population (38%) was much higher than the rest of the state of Pennsylvania (17%). Addressing AUD in the LGBTQ+ population is one of the [Healthy People 2030](#) objectives for improvement (City of Philadelphia, 2022).

Despite the high prevalence of depression and substance use and the morbidity and mortality associated with these disorders, only a minority of those with depression or substance use receive specialized treatment (McNeely et al., 2024; Behavioral Health, United States, 2012) or minimally adequate treatment (Thornicroft et al., 2017), underscoring the need for early identification and treatment of behavioral health conditions.

Early identification and referral to treatment through screening is an effective step to prevent and improve population health outcomes (U.S. Preventive Services Task Force, 2020).

The [U.S. Preventive Services Task Force](#) (2020) recommends screening for unhealthy drug use in adults age 18 or older. Unhealthy drug use, as defined by the Task Force, includes “using illegal drugs, such as heroin, or using prescription drugs in ways that are not recommended by a doctor, such as to “get high” or affect someone’s mood or way of thinking.” To implement this recommendation, the Task Force recommends the use of accurate, validated screening tools, such as the [Alcohol, Smoking, and Substance Involvement Screening Test \(ASSIST\)](#), which helps to identify those who are using substances in an unhealthy way and help facilitate adequate treatment (U.S. Preventative Task Force, 2020).

### 3. SCREENING TOOL

The ASSIST is a brief, eight-item structured questionnaire that assesses the frequency of substance use, substance-related consequences, and substance-related problems. It was developed by the World Health Organization (WHO) in conjunction with an international group of addiction researchers and clinicians to address the public health impact of substance use and is available for use in the public domain. Substances addressed include tobacco, alcohol, cannabis, cocaine, amphetamine type stimulants, sedatives, hallucinogens, inhalants, opioids, and other drugs (Humeniuk et al., 2010).

The ASSIST is a valid screening instrument for identifying psychoactive substance use in individuals who use several substances and have varying degrees of substance use (Humeniuk et al., 2010; Adlard et al., 2023). Providers should utilize the ASSIST Version 3.1 (v3.1). The screening takes approximately 5-10 minutes to complete and is designed to be administered by a health care worker. However, online and self-administered versions do exist such as the [eASSIST Screening Tool](#) (Drug and Alcohol Services South Australia, n.d.).

See Appendix A of the [WHO ASSIST Manual](#) for a copy of the ASSIST.

#### 3.1. Scoring

A risk score is provided for each substance, and scores are grouped into low risk (0-10 [alcohol]; 0-3 [all other substances]), moderate risk (11-26 [alcohol]; 4-26 [all other substances]) or high risk (>27 [alcohol and all other substances]). The risk score informs the level of intervention recommended (e.g., no treatment, treatment as usual, brief intervention, or brief intervention plus referral to specialist treatment) (Humeniuk et al., 2010).

#### 3.2. Target Population

Consistent with the U.S. Preventive Services Task Force (2020) screening recommendations, CBH-eligible members who are identified with a depressive disorder should be screened for SUD. To be eligible for CBH’s adult screening program, members must meet the following criteria:

- ➔ CBH-eligible
- ➔ Adults 18 years of age or older

- ➔ Have an established International Classification of Diseases-10 (ICD-10) diagnosis of a depressive disorder (F32.0 – F33.42)

### 3.3. Mode of Administration

- ➔ The ASSIST v3.1 can be computer self-administered or by an interviewer using a paper-and-pencil format.
- ➔ The paper-and-pencil format takes approximately 7-11 minutes to administer and score.

### 3.4. Frequency

Members should be screened with the ASSIST at the onset of treatment if depression is known, at the time of any new depression diagnosis, and at least annually. More frequent screening is recommended based on individualized risk assessment (self-report of substance use, concerns from family/supports/other providers, clinical presentation, etc.).

### 3.5. Follow-up

Members should be provided with the results of their screening assessment. The results and any recommended next steps should be discussed with them. All members who screen positively (ASSIST >10 for alcohol or >3 for all other substances) should be offered adequate follow-up services. This could include provision or referral to [American Society of Addiction Medicine \(ASAM\)](#) or crisis response center (CRC) assessment, substance use treatment program, medication-assisted treatment, substance use case management, individual and group therapies, or support groups. If possible, results should be shared with existing providers (including primary care). Members who need assistance identifying a provider should be given the phone number for CBH Member Services (888-545-2600).

Individuals may have varied responses to their screening results. Follow-up recommendations should consider the severity of the member's ASSIST score as well as their willingness to engage in treatment. It is important to educate members about health risks of continued substance use. It is important to discuss that abrupt cessation of some substances (e.g., alcohol, sedatives) can lead to a dangerous withdrawal syndrome in individuals who use the substance consistently, frequently, or in large quantity. For these individuals, attempts to cut back should occur under the supervision of medical professionals and it may be recommended for them to seek a higher level of care to address their alcohol use.

### 3.6. Training

CBH recommends that providers offer training to staff on administration of the screening tool and provider policy and protocols regarding follow-up on positive screening. Potential resources for training include:

- ➔ [UConn Health's SBIRT Training Academy, Module 2: Screening for Substance Misuse](#)

#### 3.6.1. Additional Resources

- ➔ [CBH Clinical Practice Guidelines: Alcohol Use Disorder \(AUD\)](#)

- ➔ [CBH Clinical Practice Guidelines: Opioid Use Disorder \(OUD\)](#)

## 4. REFERENCES

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