



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Strategies for Early Intervention and Treatment for Adolescent Alcohol Use in Health Centers

September 3, 2015



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS



**Aaron Williams, MA (webinar moderator)**  
Director Training and Technical Assistance for  
Substance Abuse for the SAMHSA-HRSA Center  
for Integrated Health Solutions (CIHS)

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# Before We Begin

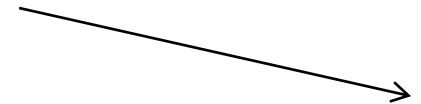
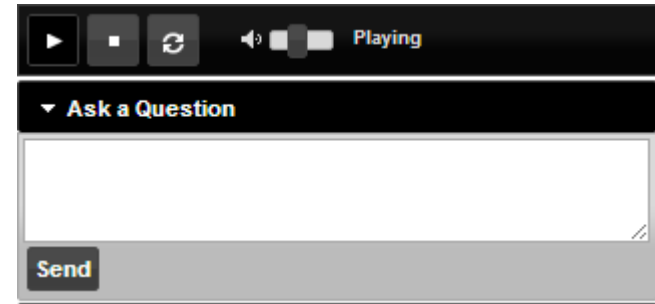
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Substance Abuse and Mental Health Services Administration  
**SAMHSA**  
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)

# Today's Purpose

Today's webinar will provide practical and research-based information on how to implement alcohol prevention and treatment services for adolescents in HRSA-supported safety-net settings. The webinar will explore examples of how to talk with adolescents about alcohol use and learn practical implementation strategies to engage adolescents in services.



## Today's Speakers

- **Vivian B. Faden, Ph.D.**  
Director, Office of Science Policy and Communications,  
Associate Director for Behavioral Research, National Institute  
on Alcohol Abuse and Alcoholism, National Institutes of Health
- **Shannon Gwin Mitchell, Ph.D**  
Senior Research Scientist, Friends Research Institute, Inc.
- **Laura Brey, BA, MS**  
Vice President for Strategy and Knowledge Management,  
School-Based Health Alliance
- **Tosan Oruwariye M.D. MPH MSc**  
E.V.P & Chief Medical Officer, Morris Heights Health Center



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## Welcome Remarks



Vivian B. Faden  
Director, Office of Science Policy and Communications,  
Associate Director for Behavioral Research,  
National Institute on Alcohol Abuse and Alcoholism, National  
Institutes of Health



# Poll Question 1: Do you currently use a screening tool to assess adolescents' alcohol and substance use?

- Yes
- No





# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## Adolescent SBIRT Implementation in an Urban Federally Qualified Health Center



Shannon Gwin Mitchell, Ph.D, Senior  
Research Scientist, Friends  
Research Institute, Inc.

**NIDA grant #1R01DA034258-04**

**ClinicalTrials.gov #NCT01829308**

# Implementation Research Team

## Friends Research Institute

- Robert P. Schwartz, MD
- Barry S. Brown, PhD
- Jan Gryczynski, PhD
- Kristi Dusek, MA
- Kevin E. O'Grady, PhD

## Yeshiva University

- David Lounsbury, PhD

## Total Health Care

- Arisa S. Kirk, MD

## RTI

- Carolina Barbosa, PhD
- Laura J. Dunlap, PhD

## Mosaic Group

- Marla Oros, MS
- Colleen Hosler, MA

# Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- SBIRT typically uses universal screening (S) with validated brief self-report questionnaires to identify those at-risk for substance use problems (Knight et al, 2003).
- Those who screen positive are given a Brief Intervention (BI), or a referral to treatment (RT) if specialized treatment for substance use disorders appears warranted.

# Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- Although the U.S. Preventive Services Task Force indicated that there is inadequate support for providing BIs in primary care, the American Academy of Pediatrics and the NIAAA recommend that pediatricians provide substance use screening and counseling to all adolescents.
  - Yet research shows that the majority of physicians do not follow this recommendation (Millstein & Marcell, 2003).

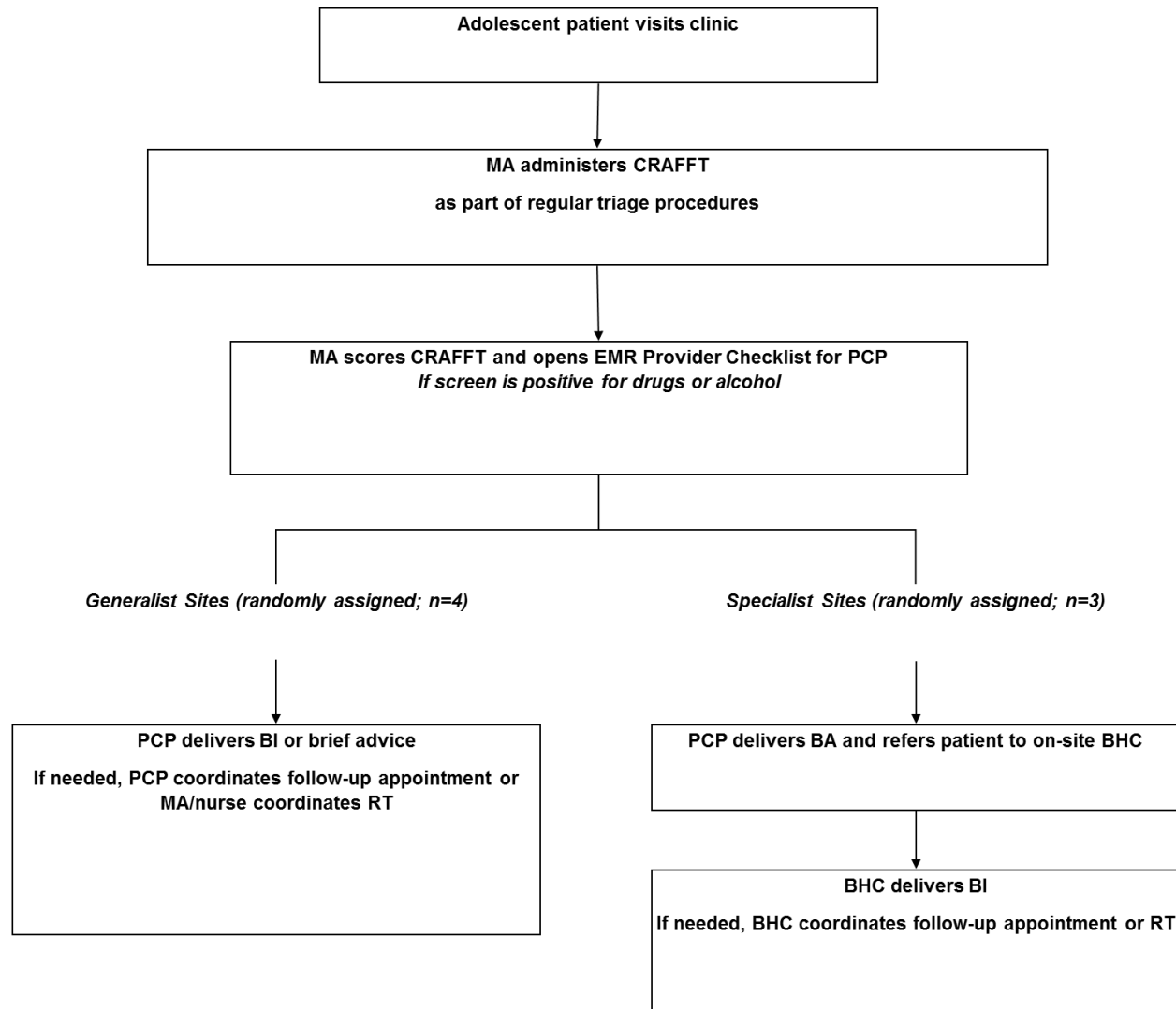
# Study Design:

- Urban Federally Qualified Health Center in Baltimore City
  - 7 adolescent primary care clinics (pediatrics and family med)
  - Serving 3,600 patients ages 12-17 years
- Co-located mental health services at all clinics
- Implement the same screening procedure at all sites
  - Alcohol, drugs, tobacco
- Implement and compare two different service delivery approaches (Generalist vs. Specialist) for conducting BIs with adolescent patients who screening positive

# Study Design: Multi-site cluster randomized trial ( $N = 7$ )

- Generalist service delivery approach ( $n = 4$ )
  - MA screens adolescent patients at all appointments
  - Enters info into EMR and opens PCP response screen
  - PCP conducts BA or BI
    - Schedules follow-up or referral for assessment or treatment, if needed
- Specialist service delivery approach ( $n = 3$ )
  - MA screens adolescent patients at all appointments
  - Enters info into EMR and opens PCP response screen
  - PCP conducts BA and does “warm handoff” to on-site BHC
  - BHC conducts BI
    - Schedules follow-up or referral for assessment or treatment, if needed

**Fig. 2. Patient Flow in Generalist vs. Specialist Sites.**





# Start-up Phase of Study:

## How We Prepared for Implementation



# Start-up Phase: Screening

- Prior to the study, PCPs were not systematically or consistently asking patients about drug, alcohol, or tobacco use or risky sexual behaviors
- The clinic's EMR was modified to include the CRAFFT (screener for alcohol and drug use)
  - MAs, nurses, and PCPs trained to administer, score, and review the CRAFFT
  - Screen at every visit with 12-17 year old patients
  - Screening moved to section accessed during both routine and acute care visits
- A tobacco use item was moved to be asked in conjunction with the CRAFFT
- Sex risk items were linked with the screening items
  - So they could be easily completed as part of the screening process

# Start-up Phase: SBIRT Training

All clinical staff received training, by site, on:

- SBIRT principles
- Screening process for adolescent alcohol, drug, and tobacco use, and associated HIV sexual risk behaviors
- How to handle positive screens
  - Training varied by Generalist or Specialist service delivery approaches
- Information on local adolescent drug/alcohol treatment providers

PCPs and BHSs received additional BI training based on motivational interviewing

# Implementation Phase of Study:

## How to Support Implementation



# Supportive Elements

Bi-monthly feedback on screening rates, intervention processes and adherence

- Data abstracted from EMR
  - If it wasn't record, then it didn't happen
- Email clinic-level feedback through clinic managers
- Hard-copy feedback delivered to PCPs

Quarterly booster trainings

- In-person 30 minute refresher trainings
- Walk through numbers and trouble-shoot process

# Study Findings



# Service Outcomes: Screening and BI Penetration

No significant differences between Generalist and Specialist conditions in penetration of

- Screening ( $p=.52$ )
- BA delivery ( $p=.77$ )

Significant differences between Generalist and Specialist conditions in penetration of BI delivery

- Generalist Condition had significantly higher penetration of BI delivery than the Specialist Condition ( $p=.005$ )

# Adolescent SBIRT Implementation:

## Points for Consideration





# Points for Consideration

## 1. Organizational buy-in

## 2. Perceived need and acceptability of providing aSBIRT

- BHSs less familiar with model at baseline than medical staff

## 3. Screening barriers

- Barriers noted = time, perceived honesty, and parent presence
- Screening rates increased rapidly and have been well maintained

## 4. Brief Intervention barriers

- Barriers noted = time, honesty, comfort discussing drug/alcohol use

# Points for Consideration (continued)

5. Rates of PCP BIs varied more by site than approach
6. Physician and counselor turnover at Specialist sites
  - Challenges due to siloed management, training, and supervision
7. Efforts to institutionalize adolescent SBIRT trainings for new staff -- and increase accountability for all staff

# Poll Question 2: Do you or your organization provide primary care, mental health, and /or substance abuse services in schools?

- Yes
- No





# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## SBIRT in SBHCs Initiative



Laura Brey, Vice President for Strategy and Knowledge Management, School-Based Health Alliance

# Conrad N. Hilton Foundation

- The Conrad N. Hilton Foundation is a family foundation established in 1944 by the man who started Hilton Hotels.
- Funded substance abuse prevention since 1982.
- Vision: Youth substance use and abuse are detected and addressed early, which provides a path towards healthy living.
- Approach: Due to youth's vulnerability and the potential lifetime consequences of substance abuse, the Foundation has focused its strategy on improving substance abuse outcomes for youth age 15-22 by means of early intervention.

# Conrad N. Hilton Foundation- Youth Substance Use Prevention and Early Intervention Strategic Initiative

The Hilton Foundation partners with national medical and professional associations, medical educators, advocacy organizations, technical assistance providers, and research institutions to:

1. Increase skills and knowledge of SBIRT within the medical community serving youth.
2. Improve the implementation of SBIRT services for youth
3. Strengthen the evidence base and promote learning

# SBIRT in SBHCs Initiative- What is it?

## Goals:

- Test adolescent-specific SBIRT integration in non-traditional settings (SBHCs)
- Test use of evidence-based intervention *Teen Intervene* in SBHCs
- Develop a dissemination strategy for integrating adolescent-specific SBIRT and *Teen Intervene* into SBHCs on a national scale

# School-Based Health Alliance

## SBIRT in SBHCs Initiative- What is it?

### Cohort I (September 2014-15)

#### California

- Roosevelt MS
- Skyline HS
- United for Success MS
- Madison MS/HS

#### Oregon

- Merlo Station HS
- Century HS
- Beaverton HS

### Cohort II (January 2015-16)

#### District of Columbia

- Coolidge HS
- Dunbar HS

#### Illinois

- Auburn Gresham MS

#### Maryland

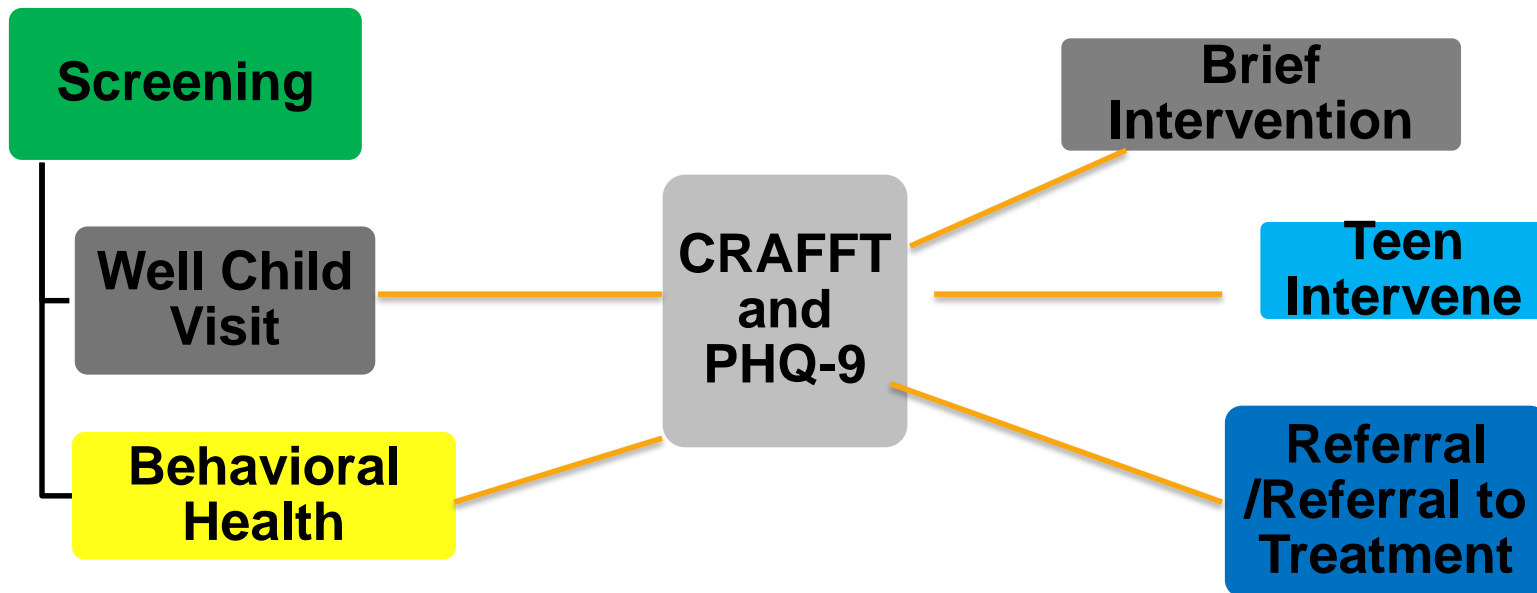
- St. Frances Academy HS
- Northwood HS

#### New Mexico

- Grant MS
- Wilson MS



# SBIRT in SBHCs Initiative



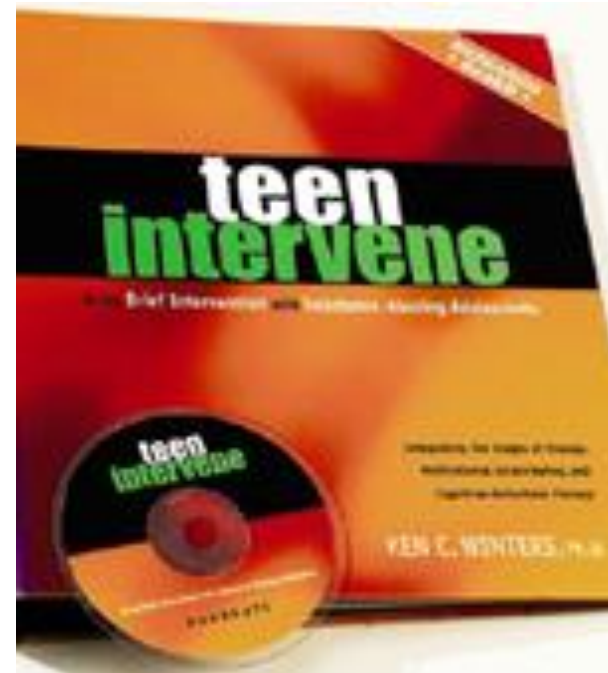
# CRAFFT Screening Tool

- ✓ Validated screening tool for use with adolescents
- ✓ Screens for both alcohol and other drug problems
- ✓ Self-administered version
- ✓ Provider-guided version



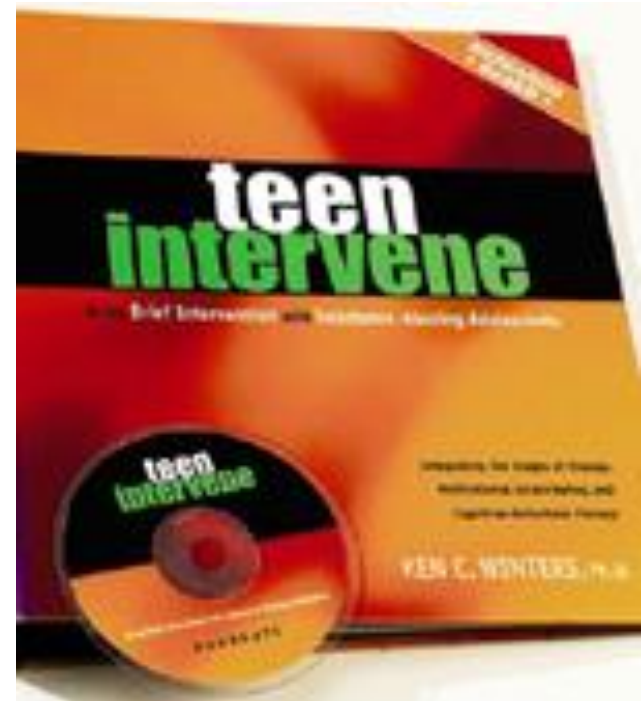
# Teen Intervene

- Organized around these strategies:
  - *Motivational interviewing*
  - *Stages of change*
  - *Cognitive-behavioral*
- Modeled after existing evidence-based approaches



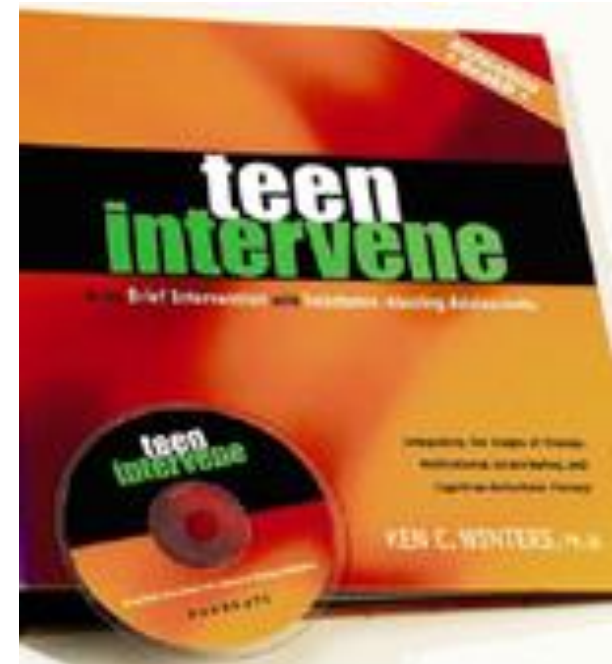
# Overview

- 3 sessions:
  - 2 with adolescent
  - Followed by 1 with parent
- # of sessions depends on length of sessions
- Each session: 60-75 minutes
- 7 – 10 day interval between sessions



# Overview

- End last session with a few minutes for concluding discussion with parent and adolescent client
- Time saver: administer beforehand...
  - *Client Questionnaire* to adolescent before Session 1
  - *Parent Questionnaire* to parent before Session 3



# Research

2 studies showed:

- Significant improvement on drug use after 2 and 3-sessions
- Youth in 3-session group had better outcomes
- Improved problem solving
- Use of community services



# Quarterly Data Collection

## Excel Spreadsheet

- Provider name
- Date
- Visit type
- CRAFFT score
- PHQ-9 score
- Brief advice delivered
- Brief intervention delivered
- Referral type
- Completion of referral
- # of Teen Intervene sessions completed
  - Group
  - Individual

# Data Collection Log (Primary Care Physician)

Date of Visit (MM/DD/YYYY)	Provider name	Student ID#	DOB (MM/DD/YYYY)	Age	Gender	Visit Type	CRAFFT Score
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			
				0			

Brief Advice Completed	Brief Intervention Completed	Referral Action	Referral Follow-up	Comments	PHQ-9 Score	Comments/Action Taken



# Lasting Influences of SBIRT in SBHCs Initiative

## Positive Changes

- SBIRT continuing beyond project timeline
- New understanding of drug/alcohol prevalence
- BA and BI have significant impact on student's willingness to change
- Teen Intervene participants form support group

## Areas for Growth

- Getting all providers on staff comfortable with Teen Intervene
- Improved referral system with school and community based BHPs
- Implementing EHR and electronic system for screenings
- Coding and reimbursement for SBIRT
- Tackling new health issues brought to light by SBIRT

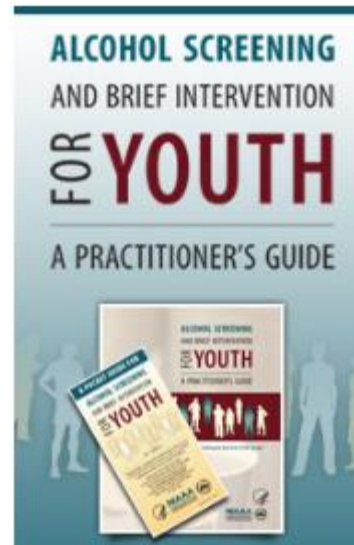
# Educational Materials and Resources

NIDA for Teens: [www.teens.drugabuse.gov](http://www.teens.drugabuse.gov)

The screenshot shows the NIDA for Teens website interface. At the top, there is a search bar and navigation links for Drug Facts, Drugs & Health Blog, Interactives & Videos, Educators, and About Us. The main content area is titled 'Downloads' and lists several categories of materials:

- Drug Abuse Prevention Downloads:** Share drug abuse prevention messages by making your own posters, t-shirts, and more.
- T-Shirt Iron Ons:** Includes items like 'BEANS + YOUR BODY?', 'SOLUBLE', 'the good bird', 'me', 'body in the', 'PINK', and 'DUV'.
- Posters:** Includes 'BEANS + YOUR BODY?', 'SOLUBLE', 'the good bird', and 'me'.
- Stickers:** Includes 'BEANS + YOUR BODY?', 'SOLUBLE', 'the good bird', 'me', 'body in the', 'PINK', 'DUV', 'al Highs', 'KING S', 'Blipped without toids', and 'I rave without'.
- Avatars:** Includes 'BEANS + YOUR BODY?', 'SOLUBLE', 'the good bird', 'me', 'body in the', 'PINK', 'DUV', 'al Highs', 'KING S', 'Blipped without toids', and 'I rave without'.

Each category includes a grid of thumbnail images and links for 'Instructions' and 'View Accessible Version'.



NIAAA:  
<http://www.niaaa.nih.gov/publications/clinical-guides-and-manuals/alcohol-screening-and-brief-intervention-youth/resources>

RealityWorks: [www.realityworks.com](http://www.realityworks.com)

RealCare™ Drug Affected Baby



RealCare™ Fetal Alcohol Syndrome Baby



# Institute for Research, Education and Training in Addictions (IRETA)



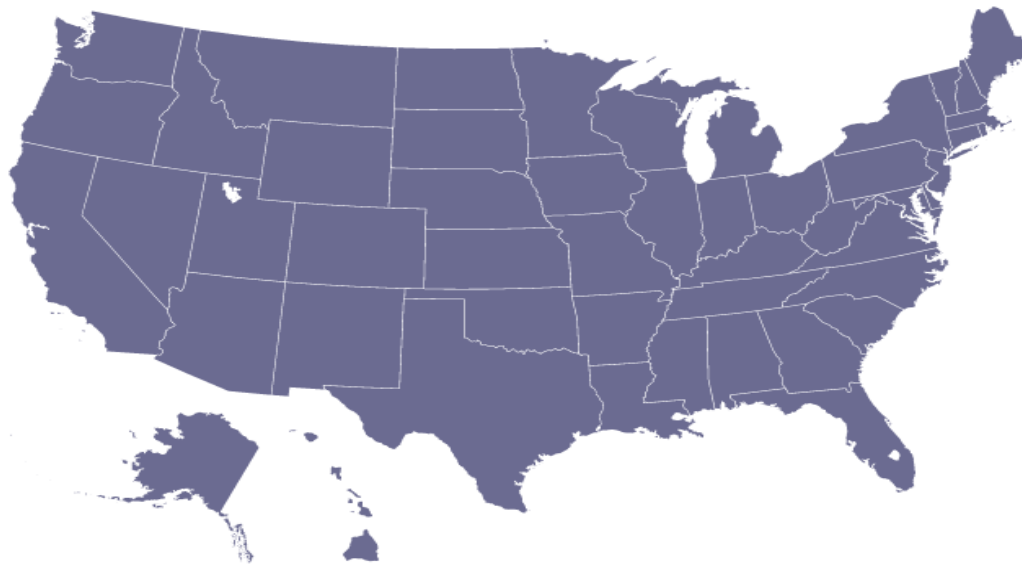
National Screening, Brief Intervention & Referral to Treatment

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

The Institute for Research, Education and Training in Addictions (IRETA) administers the National SBIRT ATTC, a federally funded program.

*Special thanks to Rita Adkins, MPA, Joseph G. Grailer, MFA, Mandy R. Lay, BA, and Barbara E. Keehn, BSN, RN from the Missouri Institute of Mental Health for the development of this information.*



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# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS



## Screening, Brief Intervention and Referral to Treatment (SBIRT): Implementation experiences in School Based Health centers

- Tosan Oruwariye, MD MPH MSc,
- Vickie Hetemi BHSA,
- Jeannie DeCoo, RPA-C,
- Lisa Garland BS,
- Alida Quinones-Reyes, BPS MPH, Verona Greenland, RN MPH

# Disclosures

The presenters have nothing to disclose

# Morris Heights Health Center

Morris Heights Health Center (MHHC) is a not-for-profit, federally qualified health center. MHHC SBHC Network currently serves over 17,000 students in 17 sites in the Bronx, NYC.

- Provide comprehensive primary care services
- Staffed by medical providers, social workers and health educators
- Services at no cost to students
- Improves access to care for students

# MHHC SBHC Network

Assures confidentiality for all adolescents in accordance with the NYS law.

- Staff are trained on adolescent confidentiality and adolescents are made aware of these rights.

Screening for risky behaviors is routine and offered at all visit types.

- Screening is by self report and the Guidelines for Adolescent Preventive Services Questionnaire (GAPS) is used.

# MHHC SBHC Network: Road to Implementation

## Detailed interviews with clients

- To explore the extent and consequences of the problem, key players, school community awareness and possible ideas to address the issue.

## Findings revealed

- Pervasive issue within the school community.
- 6<sup>th</sup> graders admitted to binge drinking, getting drunk, having alcohol parties and missing school.
- Associated with risky sexual behavior, aggression and fights with law enforcement involvement.



# MHHC SBHC network

## Set up team (administrative and clinical members)

- Lack of knowledge, skills and financial resources
- Need for intervention that could be integrated into the clinic workflow
- Engage the school community and maintain confidentiality
- Issues of time and reimbursement

# MHHC SBHC network

## Financial

- Obtained funding from the NYC council to start pilot project (\$40,000).

## Training

- Obtained 2 day training for staff on SBIRT and the readiness to change model from NYS OASAS
- Obtained 2 day training on “Teen Intervene” from NYC DOHMH, Bureau of Alcohol and Drug Use Prevention, Care and Treatment

# MHHC SBHC Network

## Alcohol & Substance Abuse Program (ASAP)

- 2 Pilot sites selected
- Developed Implementation Team.
  - Included Health Educator (lead), PI support, Clinical Champion, Social worker and Administrative person

## Meeting with NYC council to define deliverables and timeline:

- 30 Classroom presentations
- 200 Screenings of students
- 40 Brief Interventions & 40 Brief Treatments
- 2 Substance use health fairs

# MHHC SBHC ASAP

## Considerations for implementation team

- Meeting dates and timeline
- Parental Involvement
- Use of Incentives for clients to complete intervention
- Choice of Screening tools: CRAFFT vs. ASSIST vs. AUDIT vs. DAST)
- Self report vs. Clinician interview
- Integration with other tools vs. use alone
- Expand screening opportunities: all clinic visits vs certain types of visits

# MHHC SBHC ASAP

## Preparing SBHC for implementation:

- Engaging School Community
- Review of Confidentiality law
- Curriculum on alcohol and substance use
- Clinic work flow and data collection
- Obtain educational materials
- Identify community resources
- Develop linkages for referral and follow up
- Explore billing and reimbursement opportunities

# MHHC SBHC ASAP

The Plan Do Study Act (PDSA) cycle methodology:

- Used to implement, track and assess ongoing progress.

Successful outreach to school/community with data shared with key authorities

- Access to all classes for presentation over a 3 month period
- School substance use counselors engaged
- Alcohol and Substance use School fair planned
- Community agencies engaged (DAYTOP)

# MHHC SBHC ASAP

## Screening

- Prescreening questions are included with the CRAFFT with specific instructions for self report.
- Offered to students at all visit types and integrated into work flow with other screening tools.
- Positive screens are referred to either the social worker or health educator for further assessment and brief intervention.
- ASSIST is used for further assessment to capture level of risk of alcohol and substance use.

# MHHC SBHC ASAP

## Assessment to ascertain level of risk

### Low/Moderate Risk

- Eligible for 4 Brief intervention sessions
- 2 Brief Intervention sessions with documentation of behavior change accepted as completion.

### Moderate/High Risk

- Eligible for 4 Brief Treatment sessions
- 2 Brief treatment sessions with documentation of behavior change accepted as completion

### High Risk

- Indicates dependence and addiction
- Proactive approach that facilitates referral to treatment



# MHHC ASAP

## Use of Brief Intervention:

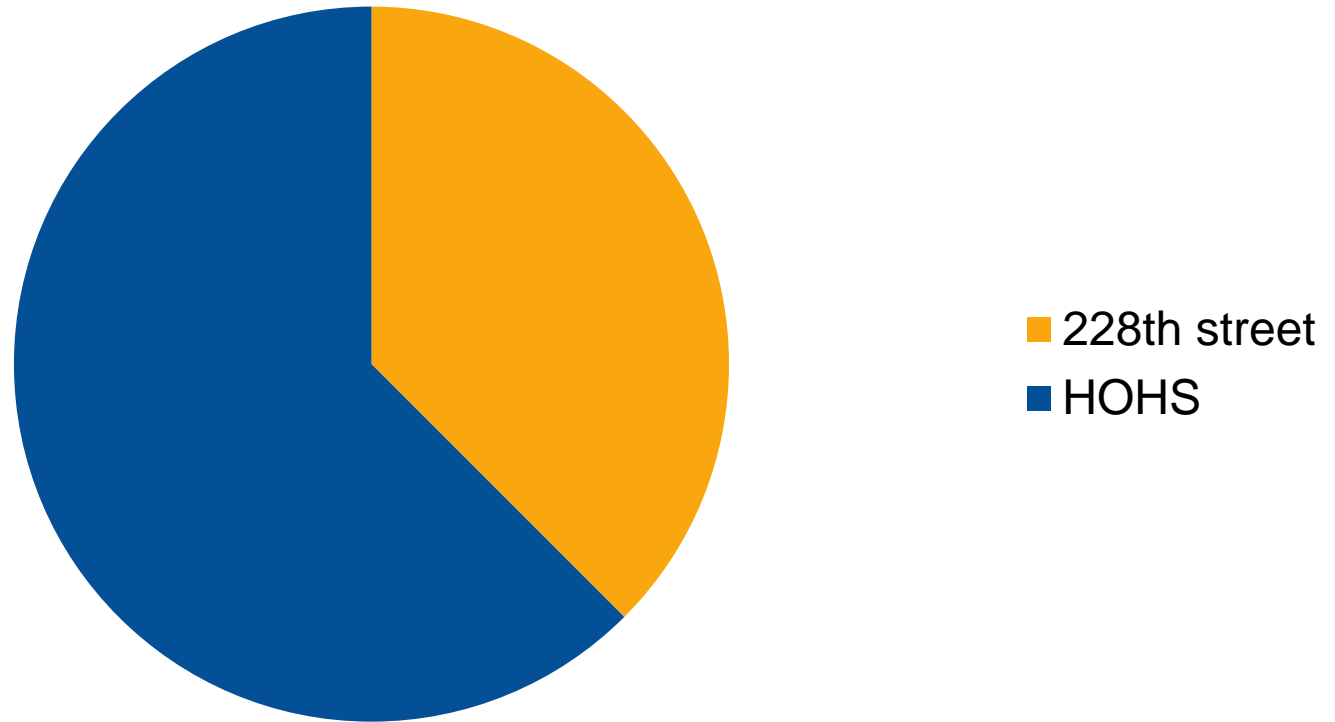
- Stand alone approach with low and medium risk teens
- As a prelude to participate in more extensive treatment

## Other uses

- To bridge time for high risk youths on a waiting list
- To facilitate change during intensive treatment
- To facilitate referrals for additional specialized treatments.

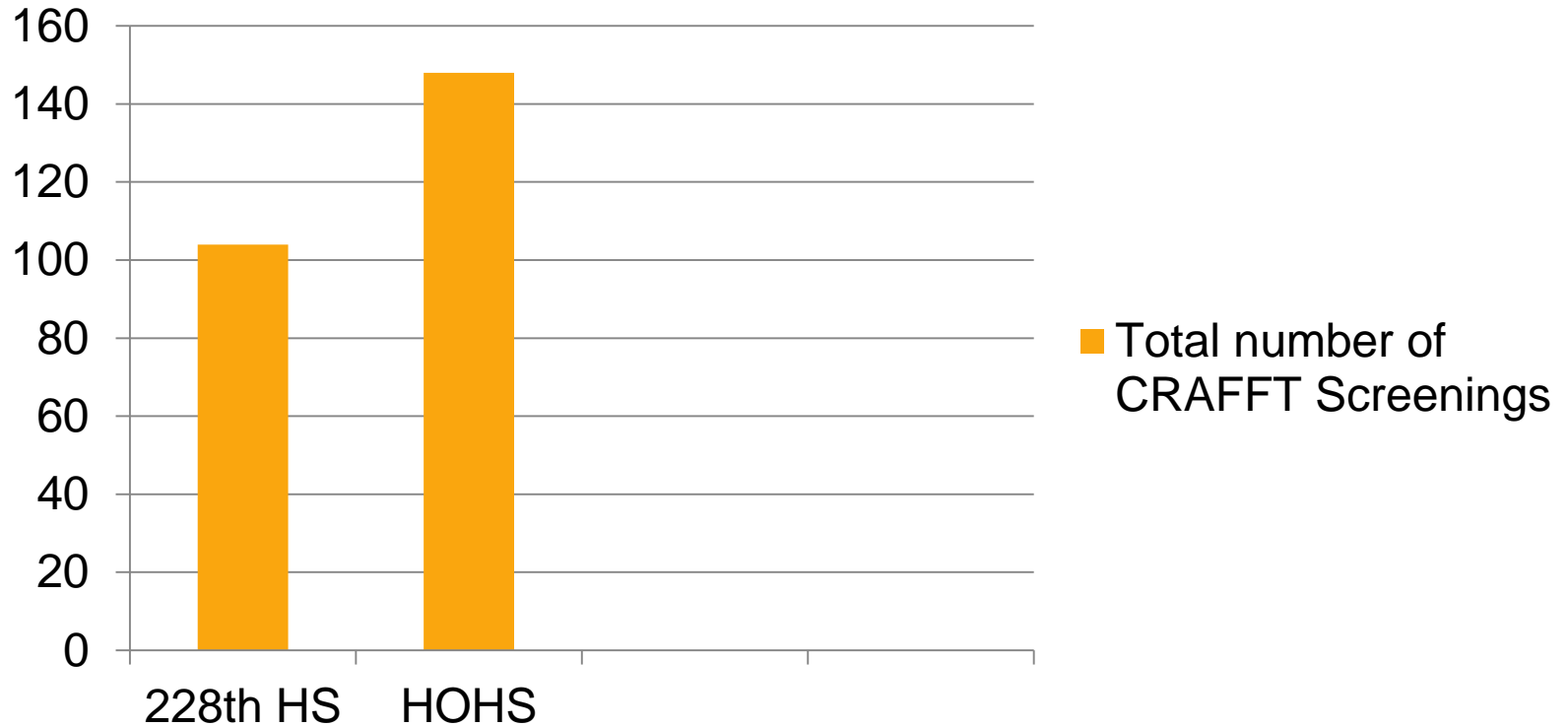
# MHHC SBHC ASAP: Results

## Classroom Presentations

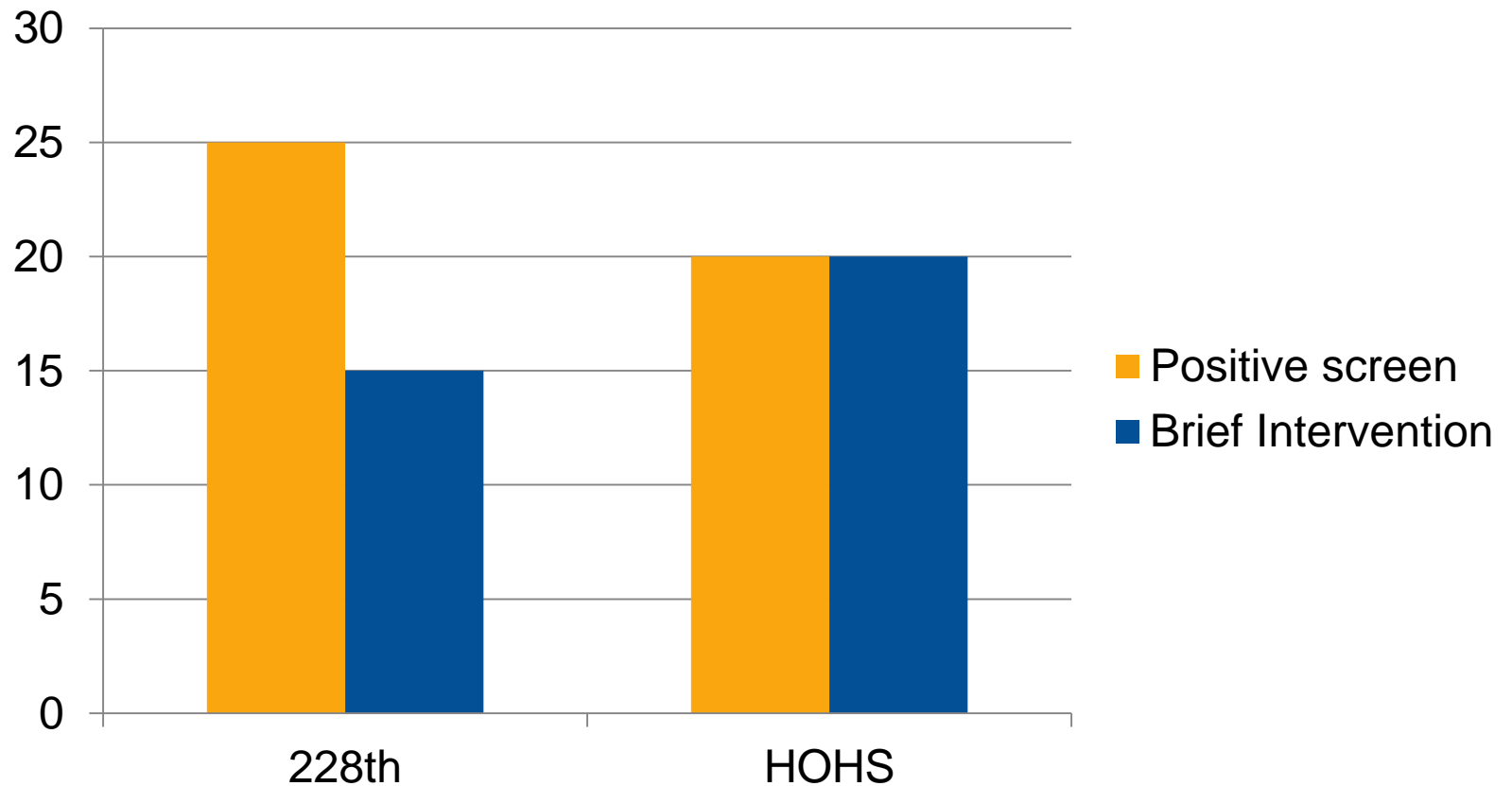


# MHHC SBHC ASAP: Results

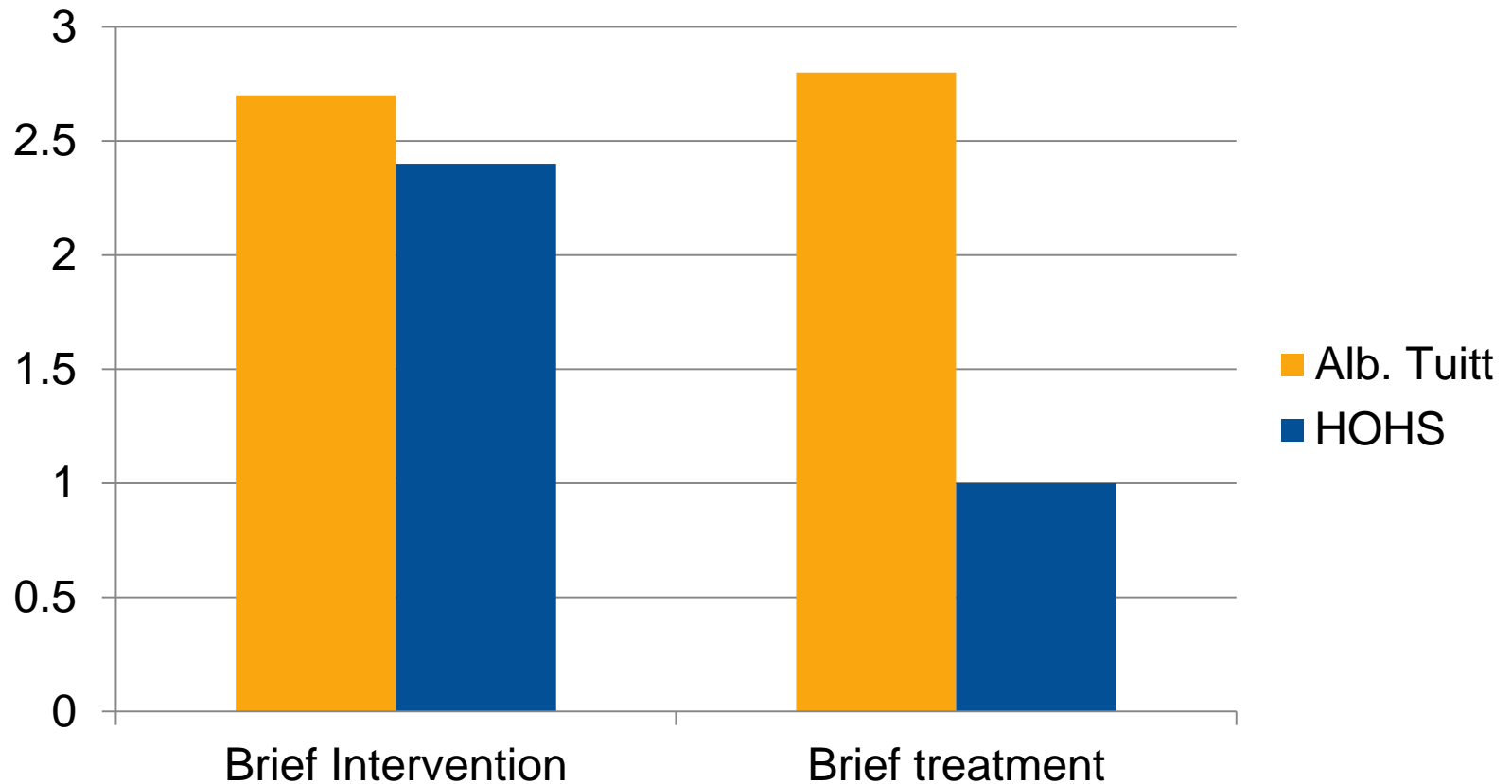
## Total number of CRAFFT Screenings



# MHHC SBHC ASAP: Brief Intervention



# MHHC SBHC ASAP: Results Summary



# MHHC : Billing and Sustainability

- Explored state reimbursement requirements
- Codes include 96110, 99406-8
- Ancillary provider certifications:
  - CHES, training requirements
- Hospitals with different rate codes compared to FQHC's
- Billing methodology- APG vs. FFS

# MHHC HEALTH CENTER roll out

- Educate staff
- Train all staff
- Social Worker-Key role
- Integrate tools into EMR
- Integrate screening into routine workflow
- Share data to all staff

# Acknowledgments

- NYS OASAS SBIRT Project
- NYC DOHMH-Bureau of Alcohol & Drug Use Prevention, Care and Treatment.
- NYC Council

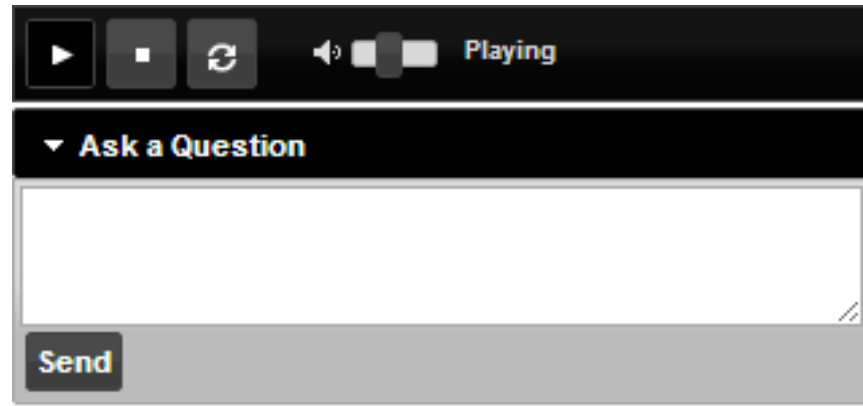


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# Questions ?

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# Resources

- **CIHS SBIRT Clearinghouse**  
<http://www.integration.samhsa.gov/clinical-practice/sbirt>
- **Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide CME course**  
<http://www.medscape.org/viewarticle/806556>
- **NIAAA Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide**  
<http://www.niaaa.nih.gov/publications/clinical-guides-and-manuals/alcohol-screening-and-brief-intervention-youth>
- **TAP 33: Systems-Level Implementation of SBIRT**  
<http://www.integration.samhsa.gov/sbirt/TAP33.pdf>

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### Additional Questions?

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# For More Information & Resources

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or  
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# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

**Thank you for joining us today.**

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.